Central London Community Healthcare **NHS**

NHS Trust

Barnet ▮ Hammersmith and Fulham ▮ Kensington and Chelsea ▮ Westminster

CLCH Quality Account 2011/12

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Section One - Overview

Case Study: Looked after Children Nursing Service "It's all about our patients - where the patients go, we follow."

About the service
The Looked After Children (LAC) Nursing service, provided by CLCH across all of our boroughs, is a service aimed at improving the health outcomes of looked after children – some of the most vulnerable in our community. In Barnet the service is called 'Children in Care'. With a range of profiles including safeguarding backgrounds, mental health and behavioural issues, sexual exploitation, and drugs and substance misuse, the children that the service works with have associated health needs.

Engaging people
Due to their specific needs, this group of service users is particularly challenging and can be very hard-to-reach and resistant to care. However, the LAC service truly puts the service user at the heart of everything they do, embedding engagement within their everyday practice in innovative and creative ways to ensure that the service is completely shaped by service users. Some examples of how the LAC service engages with their users include:

- **Putting the individual at the centre of everything they do, for example:**
  - meeting for health assessments at times and sites chosen by the service users
  - communicating with the service user by their chosen method (eg email or text)
  - communicate with service users in ways that are flexible/accessible, ie make changes to language used and references specific to the user group
  - limiting note-taking during health assessment discussions to retain personal connection; assessments written up directly after meeting

- **Happy hands:** use of creative arts to elicit feedback from children using the service; children are asked to draw around their hand and then on the handprint write their feedback about their nurse. This feedback informs ongoing service delivery. Specific changes have been made in response to feedback; for example, staff now wear jeans and more casual clothing to be more approachable.

- **Patient stories:** use of written patient stories about their experience of the service; highlight the things that are important to the service users

About our Quality Account 2011/12

What is a Quality Account?

A Quality Account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This is so you know more about our commitment as Central London Community Healthcare NHS Trust (CLCH) to provide you with the best quality healthcare services. It also encourages us to focus on service quality and helps us find ways to continually improve.

Why has CLCH produced a Quality Account?

CLCH is a community healthcare provider. We provide healthcare to people in their homes and the local community. Therefore we must publish a Quality Account. This is the second year, from April 2011 to March 2012 that we have published a Quality Account.

What does the CLCH Quality Account include?

Over the last year we have collected a lot of information on the quality of all of our services within the three areas of quality defined by the Department of Health: safety, clinical effectiveness and patient experience.

We have used the information to look at how well we have performed over the past year and to identify where we could improve over the next year, and we have defined three main priorities for improvement which we set out later in our Quality Account.

This Quality Account covers the four boroughs in which we were working during 2011/12: Hammersmith and Fulham (H&F), Kensington and Chelsea (K&C), Westminster, and Barnet.

You can find this in the Publications section of our website www.clch.nhs.uk

How did we produce this Quality Account?

To make sure that our priorities also reflect the priorities of our patients, the wider public and the people we work with, we involved different groups to help us put the report together: patient and community representatives, our commissioners and our staff.

We have a dedicated Quality Accounts Stakeholder Reference Group to provide comments and feedback right from the start of the drafting process in February this year.

The membership of this group includes representatives from Local Involvement Networks (LINks), local council Overview and Scrutiny Committees (OSCs),

commissioners and GP consortia, as well as clinical and managerial members of our own staff.

We hope that this group will continue throughout the year to provide assurance and feedback as we implement the plans laid out in this report. You will find more about the involvement of different groups in their own statements (to be inserted).

How can I get involved now and in future?

At the end of this document you will find details of how to let us know what you think of our Quality Account, what we can improve on and how you would like to be involved in developing the report for next year. See the feedback section (to be inserted).

How do I request a hard copy of the CLCH Quality Account?

To request a hard copy of the CLCH Quality Account, contact the CLCH communications team by phone on 020 7798 1420 or by email to communications@clch.nhs.uk.

What if I want to know about the quality of a specific service that I use or am interested in?

This Quality Account covers the quality of services as a whole across CLCH. However, we understand that you may be interested in a specific service or services that you have used, for example foot care or health visiting.

To find out how a specific service of interest to you performed during 2011/12, please go to the Publications section of our website, www.clch.nhs.uk, where information on individual services and service areas can be found in a series of service-level Quality Reports for 2011, produced in February 2012.

What if I want to talk to someone about CLCH's services or my experiences?

If you would like to talk to someone about your experiences of CLCH services or need to know how to find a service, you can contact our patient advice and liaison service (PALS) in confidence on 0800 368 0412 or email to clchpals@nhs.net You will also find these and other contact details in our 'Useful contact details' section on page 45.

Case Study: Soho Walk in Centre

As a result of the feedback received from our patients using the Walk in Centre in Soho, the service has taken action to reduce the waiting times experienced by service users by increasing capacity. A new clinic room is now operational and as a result patient throughput is improving.

About CLCH

In February 2012 we officially launched our refreshed vision and mission statements:

Our vision is to lead out of hospital community healthcare

Our mission is to give children a better start and adults greater independence

We want to continue to deliver the very best healthcare and treatment to people in the community and closer to home. We recognise how important it is for us to strengthen our partnerships with hospitals, GPs, social care, the voluntary sector and our communities in order to make a real difference to people's lives.

We are the largest community healthcare organisation in London and we were the first in London to be awarded NHS Trust status. As such we are at the forefront of changing the way community healthcare services areprovided to achieve the best possible results for our patients.

We employ more than 2,600 community healthcare professionals who provide out-of-hospital, community-based healthcare services for nearly one million people who live and work in the London boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

We provide healthcare from more than 160 locally based sites and in many cases in people's own homes in order to make access to our services as easy as possible.

The full range of CLCH services includes:

- Adult community nursing services – including 24 hour district nursing, community matrons and case management

- Child and family services -including health visiting, school nursing, children's community nursing teams, speech and language therapy, blood disorders, and children's occupational therapy

- Rehabilitation and therapies - including physiotherapy, occupational therapy, foot care, speech and language therapy, osteopathy

- End of life care – for people with complex, substantial, ongoing needs caused by disability or chronic illness.

- Offender health services – at HMP Wormwood Scrubs

- Continuing care – services for older people who can no longer live independently due to a disability or chronic illness, or following hospital treatment

- Specialist services – including elements of long term condition management

- Walk-in and urgent care centres – providing care for people with minor illnesses, minor injuries and providing a range of health promotion activities and advice.

For further information about our services in each area, please visit our website www.clch.nhs.uk

Our journey to becoming an NHS Foundation Trust

We were formed in 2008 from the three healthcare organisations which were formerly part of the primary care trusts in Hammersmith and Fulham, Kensington and Chelsea, and Westminster. We became a standalone NHS Trust in November 2010. In April 2011 Barnet Community services also joined us to become part of our single organisation now spanning all 4 boroughs.

We are one of only two NHS Trusts in London that exclusively deliver out-of-hospital, community-based NHS healthcare services, and one of just18 across England. Most community healthcare services in England have been merged into either hospital trusts or mental health trusts.

We aim to become a Foundation Trust during the summer of 2013 and as part of this we look forward to building a membership, made up of local people, patients and employees. We believe that as a Foundation Trust we can continue to provide patients with the very best care and treatment, by really focusing on community-based services. We would be even more responsive to people's healthcare needs, because they would be part of the organisation helping to shape local community services. We would also have the additional advantage of having the freedom to invest in state-of-the-art care and treatment for patients.

CLCH works with partners, such as GPs, acute and mental health trusts and other providers, local councils and primary care trusts (PCTs), across our local boroughs, aiming to provide joined-up and seamless care pathways for our patients. The main hospital trusts that we work with are Chelsea and Westminster Hospital NHS Foundation Trust, Imperial College Healthcare NHS Trust, The Royal Free NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust.

The communities across H&F, K&C, Westminster and Barnet share some common characteristics. For example, the people in all three inner boroughs are on average younger and more mobile than the London-wide average. Communities tend to be densely populated and ethnically diverse, with a high proportion of people born outside the UK. Health inequalities are evident between people living in the most affluent and the most deprived areas. Overall, the main causes of illness and premature mortality are circulatory diseases and cancer, and there are also high rates of mental ill-health. However, there are also some differences between boroughs:

Hammersmith and Fulham has relatively poor health and deprivation indicators. The borough also includes Wormwood Scrubs prison and the healthcare of

offenders placed there is the responsibility of the NHS.

In **Kensington and Chelsea** the health divide appears to be widening as people become healthier in line with London as a whole, but health in the more affluent areas is improving more rapidly and therefore widening the divide.

Westminster has high numbers of homeless people and those living in temporary accommodation, with the associated adverse impact on health. There are high numbers of older people living alone and the daily influx of commuters and tourists swell the population considerably.

Barnet has a diverse community that includes both disadvantaged and affluentareas. There are high levels of health inequalitieswhich include high rates of heart diseaseand cancer. Smoking remains a substantialcause of lower life expectancy and highdisease rates along with relatively high incidence of obesity.

Case Study: Continence Service

Incontinence, both urinary and bowels, is a very embarrassing condition that is underreported therefore it is very difficult for patients to speak with anyone about it. The perception is that the condition is inevitably age related. It is therefore important that the clinicians are very empathetic and to involve patients in the clinical decisions taken regarding their care.

There have been big improvements in the last year to make the service more accessible to patients. The service now runs 13 clinics weekly across Kensington and Chelsea and Westminster. This has been increased from 9 clinics per week last year meaning that patients can now be given clinic appointments closer to where they live in order to make travelling easier. There are also afternoon clinics so patients now have more choice in their appointment times. In addition to having more clinics open for longer we now provide every new patient with a one hour face-to-face assessment, up from 45 minutes last year. Every patient also receives a telephone call the day before their appointment to remind them.

There is seamless referral between the physiotherapist and the nurses for patients in Kensington and Chelsea PCT and Westminster according to clinical needs and with the full agreement of the patient. The service collaborates with the Urogynaecology nurse specialist, the urology nurse specialist at St Mary's Hospital and the Women's Health physiotherapists at the Imperial College. We also refer patients to the acute sector for further investigations and management of both bladder and bowel symptoms if the need arises.

The majority of our patients have reported that the service we offer is good and that they are treated with respect and dignity.

Executive Summary
Statement from our Chief Executive

Our Board is committed to providing quality healthcare for our patients and their families.

James Reilly
Chief Executive

Central London Community Healthcare NHS Trust has made a firm commitment through our Quality Strategy and Patient and Public Engagement Strategy to keep patients at the heart of everything we do.

We are there to respond promptly and to help people get back on their feet as quickly as possible. We also provide support for the long term -to help people to live with any conditions as actively as possible with our help.

In this Quality Account, we reaffirm the importance CLCH places on the three pillars of quality: **Safety, Clinical Effectiveness and Patient Experience**. We have reviewed the detailed data available to us on our performance in each of these areas over the last yearand aspire to build on some of the positive findings to maintain our focus on quality improvement. This Quality Account openly describes what we do well and also where we need to make improvements. It focuses on the reasons why I and thousands of other staff have chosen to work in the NHS –to strive for safe, effective care of which patients and staff can ultimately beproud. Our job is to understand what our patients want from us, to truly listen to what they tell us about their care, their experiences about what worked well and what could be better.

We continue to remind ourselves that the quality of patient care is our highest priority but this needs to be evident in the everyday experiences of people accessing our services. Much of what is written in this account reminds us of why so many people are quite rightly proud of the NHS but also that staff need help and support to change things for the better. For example, whilst we have seen progress in how patients rate our services through the collation of patient experience measures, there is more work for us to do to prevent pressure ulcers which can be a significant cause of sickness and discomfort and lead toa reduced quality of life for patients. This Quality Account also sets out other issues and risks we must address and identities the five priorityquality areas we are committed to improving over the next year.

I wish to take this opportunity to thank our staff who continuously strive to improve the care they deliver, ourpatients for taking their time to tell us when we got it right but also where we could do better and ourcolleagues across the local health and social careeconomy for working with us to provide a comprehensive local service.

> **Patient comment– district nursing**
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> 'Excellent service; mum has had a district nurse for many years with ulcers and oedema. Legs clear due to very good attention. All very kind and attentive.'

Our view of the quality of services provided during 2011/12

Safety: We made good progress towards building a culture of openness and learning from experience. The most significant safety concerns are associated with the development and deterioration of pressure ulcers whilst under our care and standards of clinical record keeping. During 2011/12 the Trust has undergone a number of external assessments, which have provided the Trust Board with a level of assurance that effective patient safety systems are in place. We know the Trust still has work to do to ensure that we remain compliant and that we continue to improve yet further. Key to improving within these areas will be enhanced clinical supervision by colleagues and service heads.

Clinical effectiveness: In line with the Government's principle of "no decision about me without me", we worked hard last year to develop and implement ways of measuring the effectiveness of the care we provide from the patients' point of view. Specifically, we conducted Patient Reported Outcome Measures (PROMs) surveys in 96% of our service areas. This year we are very eager to continue to build on this work to collect better evidence of the effectiveness of our care, and to use that evidence to improve the outcomes that our patients achieve. We will do this in a variety of ways including: improving the quality of our clinical audit programme, conducting more PROMs surveys in more areas, and developing new ways to organise our services so that they take greater account of the overall needs of each patient.

Patient experience: We focused a great deal on developing our understanding of patient experience through the systematic collection of patient feedback surveys known as Patient Recorded Experience Measures (PREMS). Overall, indicative results from these surveys were positive – 89% of the 12,657 patients surveyed rated overall experience of their care as "good" or "excellent". Next year we want to build an even richer, more robust understanding of the experience of our patients by using electronic devices wherever possible and reaching those groups who are seldom heard. We are also increasingly using patient stories as a method to hear the patient's voice and see quality through their eyes.

Summary of our five main improvement areas for 2012/13

Having reviewed the data available to us during 2011/12 and looking across the whole Trust, we have identified five main areas for improvement for 2012/13. These priorities have been determined through consultation with our staff, key stakeholders such as the Local Involvement Networks, as well as our own patients. We will monitor and report on progress against each of these areas over the course of the year:

Safety: Supported by enhanced clinical supervision from fellow colleagues and service heads

1. **Reduce the number of preventable pressure ulcers in the community**

2. **Strengthen clinical record keeping practice to support patient care pathways**

Effectiveness:

3. **Demonstrate service improvements as a result of clinical and patient reported outcomes**

4. **Implement comprehensive Patient Reported Outcome Measures (PROMs) and outcome measures along all clinically agreed pathways of care**

Patient Experience:

5. **Continue to develop a more detailed understanding of patient experience applied consistently across all services– particularly the increased use of patients stories as a way of gaining feedback**

This Quality Account has been developed in consultation with our patients, staff, Local Involvement Networks (LINks), commissioners and Board members, based on evidence of how we performed in 2011/12 and what our patients have told us. We would like to express our sincere thanks to all involved in supporting us with the production of this account.

To the best of my knowledge, the information contained in this document is an accurate reflection of our performance for the period covered by the report.

James A. Reilly
Chief Executive Central London Community Healthcare NHS Trust

Statement from the Chair of the Patient Safety and Quality Committee

Julia Bond
Non-Executive Director

During 2011/12 the Trust has made significant progress in measuring and benchmarking the quality of the services we provide. We have developed measures which have enabled patients and families to access detailed information about the effectiveness of the care they receive. We have presented some of these measures in this Quality Account.

This year we have been proactive in developing better processes and systems that enable us to capture at an early stage any issues affecting the quality of our care and the experiences of our patients, so that we can take immediate and appropriate action. Along with many quality improvement initiatives throughout the Trust, we can build on our current position and provide increasingassurance to service users and carers, staff and stakeholders.

The dedication and continual commitment from our staff is fundamental to improving the quality of the services we provide and we are proud of them. I acknowledge that there is room for improvement and with this in mind much attention this coming year will be centred on building the capability and capacity of our workforce to put robust systems in place and supporting them to build a culture of quality across the organisation.

Julia Bond
Non-Executive Director and Chair of the Patient Safety and Quality Committee

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Case Study: Involving service users in service delivery at Alison House Learning Disabilities Service

Alison House provides men and women with learning disabilities aged 18 to 65 with a short respite break away from home. The service has a strong focus on service user engagement and empowerment.

Working with a challenging group of service users, it would be very easy for staff to allow them to be passive recipients of care. This is especially true of service users who are non-verbal. However, at Alison House they are actively engaged in all aspects of their individual care and of shaping service delivery and the strategic direction of the service. The types of engagement activity have been modified specifically for individuals and for this group.Examples include a PREMs programme using photo symbols on electronic devices, participation in a choosing staff panel and regular coffee mornings for service users and carers.

Statements from our stakeholders

Please note that the following statements have been reproduced exactly as they were provided by these groups and have not been amended for consistency in form or style in line with the CLCH style guide. (Statements to be included)

Statements from our Local Involvement Networks (LINks)

Hammersmith and Fulham LINk statement
Kensington and Chelsea LINk statement
Westminster LINk statement
Barnet LINk statement

Statements from our local Overview and Scrutiny Committees (OSCs)

Royal Borough of Kensington and Chelsea Overview and Scrutiny Committee statement
Westminster Overview and Scrutiny Committee
Barnet Overview and Scrutiny Committee

Statement from our commissioners

Statement from Inner North West London PCTs re: Central London Community Healthcare Quality Accounts 2011-12
Statement from North Central London Commissioners re: Central London Community Healthcare Quality Accounts 2011-12

Patient comment

'Friendly, knowledgeable nurses, being looked after in my own environment a definite bonus'

Patient story – children's community nursing

"The children's community nurses come to see me at home to give me an injection. If they did not give me the injection my eye could get worse and I could go blind.

The thing I like least about them coming is the injection. The cold spray helps with the pain. I know that I have to have the injection.

Sometimes I have to have an injection at the hospital V (Play Specialist) comes with me and takes my mind off that injection (which is very painful) by doing Arts and Crafts. I don't mind if I have the injection at home or at the hospital. It is fine in both places.

I like it when C (Children's Community Nurse) comes to see me. She takes my mind of the injection. She asks me about school and things. It is nice to have the chance to share it with someone.

I don't like it when nurses leave when I have got to know them, like J and H. C has been coming to see me for a long time now.

The Community Nurses come to see me after school so that I don't miss any of my schooling.

Sometimes the nurses arrange for me to go to concerts and things through charities. I really like that. Last year I went to see JLS"

Section Two–Our priorities for providing high quality services

PATIENT STORY: Stoma Care

'Prior to the operation I had an appointment with one of the specialist stoma nurses, who gave me all the practical information I needed in dealing with a stoma and how to manage after the operation. I did find the realisation that I would probably have to live with a stoma a bit of a shock as the surgeon had said I had only had a 50/50 chance of needing to have one. The meeting was, however, extremely useful as I was then able to come to terms with it prior to surgery and I was also able to practice empting the bag.

On the day after my operation a specialist stoma nurse came to see me and to help me prepare and empty the bags and then visited me daily. Their kindness, extraordinary patience and support were invaluable and I returned home confident that I could cope with my ileostomy.

The week after I got home a specialist stoma nurse contacted me every day to ensure I was OK. They also visited me on two occasions to check I was managing the stoma care until I was well enough to attend their clinic.

In hospital I developed an infection in my operation scar which continued after I arrived home. I needed to have the wound dressed every day and this was done firstly by the district nurses and then by the practice nurses at the surgery. After a few weeks I think that the wound dressings might have interfered with the ileostomy bag as the bags began to leak at the top which was rather alarming. This made me feel very insecure so I contacted the stoma nurses, who saw me the next day and suggested a different type of bag, which was fine and I didn't experience any more problems. I then continued to visit the stoma nurses regularly at the hospital, who made sure that my stoma template was regularly corrected and that everything else was OK. They were also extremely helpful regarding diet and other general lifestyle advice. It was so reassuring to be able to talk to them regularly and their help and advice was invaluable.

I found that I experienced few problems in dealing with the bag, except the leakage, during the first few weeks as I was pretty much housebound and only went out for short periods. As I got back to normal life and started going out more, e.g. going to the office, visiting friends and the theatre etc., I did find I was constantly anxious about emptying the bag as however prepared you are, you worry about finding a toilet and also about the smell which isn't very pleasant but the odour elimination sprays did help quash some of my anxieties.   I found that I needed to empty the bag 6 – 10 times in a 24 hour period which was quite restrictive and I was constantly checking to see if it needed empting.

I was very lucky, as after only 3 months I was able to have the reversal operation but the stoma nurses were still there to pack and dress my wound every few days. I am now completely healed and back to normal. During this whole process I felt fully supported by the stoma care nurses and think that the fact that they knew me throughout the process, from before the first operation into my home and afterwards, made such a difference to my recovery process, both physically and psychologically.

I can't thank the specialist stoma nurses enough for their tremendous support and care. I really don't know how I would have coped without them.'

Safety

What do we mean when we talk about safety?

"Treating and caring for people in a safe environment and protecting them from avoidable harm"– for example, by ensuring that patients are protected from community acquired infections.

We treat safety as an absolute priority at all times. We ensure safety is on the agenda of every CLCH Board meeting. Our approach is to learn from our experiences and to improve patient safety and the safety of our staff wherever possible. We take the safety of our patients and staff very seriously and work closely with our partners and statutory agencies to reduce our risks. There is a positive safety culture of risk management in the Trust. We encourage staff to report incidents and near misses as we feel that this is the only way to learn lessons and stop mistakes happening again. We also encourage patients to be involved in the risk assessment process and encourage patients to report incidents.

For further information related to the safety of our individual services, please see the service-level Quality Reports for 2011, in the Publications section of our website www.clch.nhs.uk.

Looking back: What have we done over the past year to improve safety?

1	Improved discharge processes from hospitals to the community
	This was a priority for us last year and so we carried out a pilot to test ways to improve processes of getting patients out of hospital when they were ready in a safe and co-ordinated way. We placed community liaison nurses in St. Mary's and Chelsea and Westminster hospitals for three months, to work in partnership with hospital and social care staff in improving patient discharges into our community nursing services. Some of the aims of the pilot were to reduce the number of safety incidents related to discharge planning, improve information on community nursing referrals and increase the amount of time community nurses spent with their patients by reducing time spent on poor referrals. We saw some very positive results: • A 40% reduction in safety incidents relating to poor discharge at Chelsea and Westminster and 15% at St Mary's hospital in the pilot

period compared to the same period last year
- Around 71 hours of district nursing time was saved as a result of the community liaison nurse informing community nurses that their patients had been admitted to hospital, increasing time with their otherpatients by 8% compared to the same months in the previous year
- The majority of the patients were satisfied with their discharge experience whilst the community liaison nurse was involved in their care.

Overall, the pilot demonstrated that the community liaison role had made a significant difference to the quality of discharge, but also highlighted the gaps in providing seamless care. It therefore helped us formulate a number of recommendations and a framework for further improvement, some of which are listed below:

- To adapt the community liaison nurse role into a more integral role of a health and social care coordinator who will be based within the hospitals, to assist in the planning of future care specific to patients' existing needs.
- For the local hospitals and CLCH to quarterly review all safety incidents reported about poor hospital discharges, particularly around medicines management.
- To develop a CLCH single point of access that will help easy access into our services
- To develop an electronic referral form that contains mandatory information sections, thus improving the quality of referral information for our staff.
- To provide a CLCH community nursing leaflet for patientscontaining the relevant contact details of teams and the service we provide.

2	Strengthened results of clinical and patient reported outcomes (PROMs)
	To tackle this issue we have: - Provided central support to ensure that each of our services can carry out the improvement actions that they have identified in their area - Improved the quality of clinical audits so that we can identify further ways to improve clinical effectiveness - Implemented guidance from the National High Impact Actions for Nursing and Midwifery. As a result of this 96% of our services have articulated the numbers and types of patient reported outcomes (PROMs) within their service level Quality Reports but developments have been uneven in terms of how data is being used as clear evidence of the outcomes delivered. Further work will need to be undertaken to understand the extent to which outcomes are dependent on a range of services working together, and in many cases also working with other organisations.

An information technology solution has been developed to support the delivery and analysis of PROMs.

All of our services have developed detailed clinical audit forward plans and are routinely using clinical audit as a tool to measure effectiveness. A new clinical audit strategy has also been launched.

We therefore intend to continue the development of clinical effectiveness systems in the coming months, and in particular to:

- Complete a gap analysis of existing outcome measurement tools developed
- Identify potential for sharing of approaches between services
- Identify priority services for refinement and development of outcome measures
- Undertake development work and training with staff teams.

Looking ahead: What are our priorities over the coming year?

1	Reduce the number of preventable pressure ulcers in the community
	Pressure ulcers, also known as bed sores or pressure sores, is damage that occurs on the skin and underlying tissue and can be caused by three main things:

Pressure ulcers, also known as bed sores or pressure sores, is damage that occurs on the skin and underlying tissue and can be caused by three main things:
- *Pressure – the weight of the body pressing down on the skin*
- *Shear – the layers of skin are forced to slide over one another, for example when you slide down or are pulled up*
- *Friction – rubbing the skin.*

We have identified that pressure ulcers are one of the most common healthquality issues across all our services and so we need to be more proactive in tackling this.

We have established a pressure ulcer working group to take this forward. We have already implemented a common care plan to help us to assess patients using the right sort of tools and have developed patient information for patients and carers to help themselves better manage the condition if it occurs. Staff have received targeted training and it is becoming more custom and practice to routinely take photographs of wounds to help us to track the healing of wounds.

In addition to this, over the next year we will:
- Review trends in ulcer development, identification and management in different parts of the organisation.
- Review clinical guidelines for the prevention and treatment of ulcers, and recommend changes in practice where this is necessary
- Develop better information for patients and carers
- Review how we can best supportpatients who do not follow our advice.

		• Develop more robust systems for enhanced clinical supervision.
2		**Strengthen clinical record keeping practice to support patient care pathways**
		Clinical records *are the documents which relate to a patient's medical history, diagnoses and therapies and provide a record of the care that has been delivered.* ***Care pathways*** *are multidisciplinary plans of care, which outline timings and treatments for patients with a particular condition. They are based on best practice and standard policies to improve the quality of care for patients.* Themes identified from incident reporting and a subsequent clinical recording keeping audit has highlighted poor standards in clinical record keeping practice. Record keeping forms a vital and integral part of clinical care and professionalpractice and protects the welfare of patients by promoting continuity of care with the patient and also across multi-disciplinary teams. We are going to ensure that all services using paper-based records should be working to the same core record keeping standardcriteria. Training is being implemented into both paper-based and electronic records. A review of patients'records will be built into staff appraisal and clinical supervision processes. We will strengthen the clinical supervision process to ensure that staff are adequately supported and monitored in clinical practice.

A more detailed breakdown of our safety performance can be found in the BackgroundInformation section on page tbc.

> **Case Study: Tackling specific issues within individual service areas: Communication from hospitals discharging children to the community - appropriate hospital staff informed of the lack of information**
>
> <u>Communication from hospitals discharging children to the community</u> - An "in-reach" service pilot started at the end of October 2011. A named children's community nurse visits St Marys Hospital and Chelsea and Westminster paediatric units on a weekly basis in order to improve communication and feedback prior to discharge into the community.
>
> In Barnet, there have been similar issues to Inner CLCH – lack of notification of children being discharged into the community. There are two hospital-based community children nursing teams (Barnet & Chase Farm and Royal Free Hospitals); improving communication with the borough based complex care nursing team by hospital visits to raise the service profile and caseload reviews.

Patient story

'Now that I am better I miss those two nurses who used to come and visit me, they were the ones who helped wash my hair, watched me till I fell asleep. They also told me never to give up when things were getting tough.'

What do we mean when we talk about clinical effectiveness?

"Clinical effectiveness is about whether or not a patient's care or treatment was successful. In other words, did it have the impact that it was supposed to have? And did it achieve the best possible result or outcome for the patient?

This may include improvement in specific medical or health conditions, but in the community we also have a strong focus on improving quality of life, for example: independence, mobility, activities of daily living and social participation."

Providing effective healthcare is at the heart of our vision and mission; it is the guiding principle behind everything that we do. Our aim is to make sure that the care we provide to our patients and their families achieves the best possible impact on their health, wellbeing and quality of life.

One of the key tools we use to measure how successful treatments are is to collect data on patient reported outcomes (PROMs).

A Patient Reported Outcome Measure (PROM) is essentially a questionnaire that the patient will fill in once at the start of their treatment, and then once more at the end of their treatment. The questions can be general – about basic aspects of quality of life, such as how anxious the patient is feeling, or about mobility. They can also be more specific to the patient's particular condition – these PROMs focus on particular sorts of limitations or problems that people can experience as a result of a very specific condition (for example, the restless Leg Syndrome, or ask questions relevant to a wider set of conditions that affect a body part. By measuring the difference between the patient's answers at the start and at the end of their treatment, we can see whether the treatment was effective. This helps the NHS measure and improve the quality of its care.

For more information related to the clinical effectiveness on our individual services, please see the service level Quality Reports for 2011 in the Publications section of our website www.clch.nhs.uk

Looking back: What have we done over the past year to improve clinical effectiveness?

3	Involved patients more in designing and managing their own care – "No decision about me without me"
	To increase the involvement of patients in managing their own care we have: • Improved support for patients with long term conditions (specifically respiratory) to manage their own conditions where appropriate • Implemented Patient Reported Outcome Measures (PROMs) more broadly across the Trust so that more patients are involved in joint goal setting and measurement. From this work we have identified further areas for improvement including: • Defining clearly the patient population that requires a management plan provided as part of their care • Standardising the content and format of the management plan • Delivering a written self-management plan, irrelevant of the barriers encountered.
4	Improved service models and developing 'integrated pathways' of care
	*A **clinical pathway of care** is a multidisciplinary plan of care, which outlines timings and treatments for patients with a particular condition. They are based on best practice and standard policies to improve the quality of care for patients.* To make improvements in this area we have: • Developed and testing patient pathways where care is structured around the patient. In September 2011 CLCH embarked on a transformation project to develop, design and implement high quality clinical care pathways across the services that CLCH delivered. 11 pathway leads were recruited and underwent a two week induction programme that familiarised them with the care pathway model. Ongoing transformational educational packages and individual support is being delivered from the Institute of Innovation and Improvement. There are 19 care pathways identified which are due for completion in September 2012. • Implemented the Liverpool Care Pathway (LCP), which is seen as best practice in end of life care, to improve this across relevant adult services. This has resulted in the improvement in the identification of "end of life" patients as well as improvement in the recording of patients' preferred place of care at the end of their life and achievement of those wishes. More than 190 staff were trained and

	positive feedback was received. We have developed supporting documentation and an IT portal for end of life care so that information can be stored and shared. We have developed an ongoing training programme to provide refresher training for staff and established a strong network of Link nurses to continue to support the use of the Liverpool Care Pathway.

Looking ahead: What are our priorities over the coming year?

3	Demonstrate service improvements as a result of clinical and patient reported outcomes (PROMs)
	This priority area is very simply about taking practical steps to improve outcomes for our patients. It is about the fundamental task of making sure that our patients get the best possible results in every single case.
	We chose this as a priority area in consultation with patient and public representatives from LINks groups. Together, we all agreed that although we already have mechanisms in place to review and improve outcomes on a routine basis, this area is so important that we should make it one of our top priorities in terms of further embedding into practice.
	We will provide training and support to services to help them map out processes for capturing patient reported outcomes (PROMs) and to enable them to use their data effectively. Our approach will also draw on best practice from research being carried out in Europe. This will help our patients by ensuring that we are equipped with the best tools and information to improve the quality of care given.
4	Implement comprehensive Patient Reported Outcome Measures (PROMs) and outcome measures along clinically agreed pathways
	Outcome measures are agreed areas of performance that we look closely at. This enables us to gain an understanding of the effectiveness of treatment that is given.
	Our integrated pathways of care are well under development but we need to do some further work to ensure that we are being effective in the care we are providing. Pathways rely on multiple services coming together and sometimes multiple organisations.
	We will be building on the existing PROM measurement tools and defining clear outcome measures for patients on integrated pathways of care.

A more detailed breakdown of our clinical effectiveness performance can be found in the BackgroundInformation section on page xxxx.

Patient story – pressure ulcers
'I lived with my sores for six years, I used to think about it every day; can I wear these trousers? How long could I stay in bed if I was tired? As soon as I did not do as I was told the sores would deteriorate. I finally got my double mattress so my partner could sleep next to me and she would help me to move during the night. The nurses would sometimes terrify me into compliance as I never wanted another sore or to go back into hospital - thank goodness they did.'

Patient experience

What do we mean when we talk about patient experience?

"Patient experience is about ensuring patients, relatives and carers have as positive experience as possible at every stage of the care or treatment that is being provided. Patient experience refers to the overall experience throughout the course of treatment, and not just the results that were achieved at the end. It is a fundamental part of how we think about the quality of healthcare.

For example, a patient's experience could be strongly influenced by whether they felt treated with dignity and respect, or whether they found it easy to access the service."

Last year we put a lot of work into surveying our patients about their experiences. In 2009/10 we conducted one simple survey across the whole of CLCH which only gave us a very limited view of how patients felt about our services. So last year we improved on this and carried out over fifty individual surveys, known as *Patient Reported Experience Measures (PREMs)*, covering every service area. The questions that were asked in each area were designed for the specific patient group using that service – which allowed us to get a more detailed understanding of what patients were telling us about their experiences of our care.

The results of these surveys indicate a very positive level of overall feedback from patients. Across CLCH an average of 89% of patients rated their overall experience as "good" or "excellent".

For further information related to patient experience of our individual services, please see the service-level Quality Reports for 2011, in the Publications section of our websitewww.clch.nhs.uk

Looking back: What have we done over the past year to improve patient experience?

5	Developed a more detailed understanding of patient experience in order to improve quality
	To achieve this aim we have refined our patient survey questions and methodology (PREMs) and piloted ways to collect experience data from harder to reach groups – including through patient stories and using technology to capture patient feedback. In particular we have achieved the following: • **Detailed feedback:** Collecting feedback from patients and service

users about specific issues relating to each service.

- **Trust wide core questions:** Collecting a core set of feedback across the Trust in relation to the main elements of patient experience, such as being treated with dignity and respect. By asking the same core set of questions across the whole Trust, we'll be able to get an overview of how we're doing and spot where there may be an opportunity for improvement.

- **Showing real-time trends:** Starting to build a robust dataset that will show us trends in improvement over time: the data will be updated and available to view in real-time.

- **Minimising administrative burden:** Gathering and analysing this data in a way that minimises the administrative burden on frontline staff and managers.

- **Getting more representative feedback:** Testing different ways to collect feedback in order to get a really rich, representative picture of how different patients experience our services.

The CLCH PREMs programme has now been widely used for approximately five months. We have successfully piloted an electronic PREMs in the dietetics service and the learning disabilities service. The development of the next phase of the PREMs programme will provide yetmore detailed reporting opportunities and the use of electronic devices and the many benefits associated with their deployment. There will also be several developments with the survey structure and there will be a single set of six core questions applicable across the Trust along with standard demographics. We will also include a "net promoter" survey question – asking patients if they would recommend the service to others who might need it.

We have successfully implemented a framework for patient stories with over 50taken to dateacross a broad range of services. Each CLCHBoard now hears the voice of a patient through a patient story at the beginning of its business.
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Looking ahead: What are our priorities over the coming year?

5	Continue to develop a more detailed understanding of patient experience applied consistently across all services
	We have identified a series of actions to improve our understanding of patient experience, focusing on both breadth (ensuring representative data from all groups) and depth (rich, meaningful data). The main actions that we will take are: - Refine our PREM questionnaires so that we are asking questions that are simple to understand and focus on the issues that are most important for patients - Introduce a standard set of core questions that will be asked in every

- Build on our collection of patient stories – this means providing training to our staff to be able to listen to an individual patient's story and record it in a way that helps to really communicate that patient's experience of our services.
- Capturing the experience of patients for whom traditional methods of engagement have been challenging. Adjustments have been made to the organisational-wide programmes for capturing patient feedback to cater for groups with whom we know we would have difficulties engaging. For example, child-friendly PREMs are in development and a learning disability version of the PREMs has been very successfully piloted using hand held electronic devices.
- Use more innovative methods of capturing views.

A more detailed breakdown of our clinical effectiveness performance can be found in the Background Information section on page tbc.

Patient story – homeless support

"I haven't been in care long. Don't know my mum and dad is dead. I came into care on what is called a Southward ruling and if you didn't know what that means if you're homeless – but the nurse had to explain it to me.

When you are faced with such a big thing that you don't know where to look or what to say it's a problem. I am staring down the barrel of the criminal court gun. There isn't a person in the world who is there for me apart from my nurse. I didn't think I would see anyone but into the cell she trots, not scared of anything or anyone, just wants to know how I am. I lie and say I am fine. She knows I am not! She doesn't judge – anyway there is a man upstairs wearing a wig that will do that! She doesn't make me feel awkward or embarrassed. Ten minutes passes – that is all she is allowed. I see her in court, a quite reassuring body. That's when I find out what nursing is and what nurses do best. My nurse was there. Really I just wanted to say thank you."

Section Three – Background information

Clinical effectiveness case study
Embedding patient reported outcome measurement into standard clinical practice within the Heart Nursing service

Our nursing service sought feedback from some of our patients to see if there was any significant improvement in their quality of life. A questionnaire was offered to 18 clients on two occasions; following their initial assessment and then at a minimum of two months later. There is a reasonable expectation that following a period of support with a clear management plan the client should in most instances feel physically and emotionally stable enough to cope with the associated long term symptoms of their condition.

The results show there is significant improvement in the outcome for most patients. However, in some cases this improvement in their quality of life is not always perceived as evidence of an improvement or positive change. This is often because the patient is either becoming unwell again at the time of the follow up assessment or the improvement is slower than they had expected. This is where encouraging them to participate in developing a care plan is vital.

For example, in one situation a client was able to note the physical improvements in her wellbeing, now being able to go for walks outdoors - however she felt emotionally she was still not coping. By showing her the response of her follow up assessment and comparing the pre/post data she was able to confirm the changes and in fact this spurred her on to adopt a positive outlook on her health.

Formal statements required by the Department of Health

Statement from the Care Quality Commission (CQC)

Central London Community Healthcare NHS Trust is required to register with the Care Quality Commission and its current registration status is registered. In line with the requirements of registration, all service activities and localities were registered with the CQC without any conditions. The CQC have not taken any enforcement actions against the Trust between April 2011 and March 2012.

Use of the CQUIN payment framework

2011/12 framework:

A proportion of CLCH's budget 2011/12 was conditional on achieving quality improvement and innovation goals agreed between CLCH 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 and for the following 12 month period are available in the Publications section of our website **www.clch.nhs.uk**

Our CQUIN goals for 2011/12 were as follows for Inner North West London:
1. To develop an in-reach model for adult's and children's community services
2. To improve self-management for patients with Long Term Conditions
3. To develop and pilot electronic data exchange of Long Term Condition patient data
4. To improve end of life care for adults and children

All of the goals from 2011/12 were achieved for Inner North West London.

Our CQUIN goals for North Central London were as follows:
1. Pressure sore reduction
2. Falls reduction
3. Improving End of Life Care
4. Chronic Obstructive Airways disease
5. Collaborative working in Learning disabilities
6. Effective communication between community and primary care

We are still waiting for final confirmation regarding the goals achieved for North Central London.

The agreed goals for **2012-13** are as follows:

North Central London:
1. NHS Safety Thermometer-Improve collation of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and Venousthromboembolism
2. Improved outcomes for pressure ulcers
3. To reduce the number of patients on the district nursing case load who experience a fall
4. Innovative ways of capturing real-time patient stories through a range of multi-media options
5. Electronic Clinical Communications to GP's
6. Increasing the stop smoking offer in health services

Inner North West London
1. NHS Safety Thermometer-National Standard Template for Falls and Pressure Ulcers
2. NHS Safety Thermometer-Local stretch on pressure ulcers and falls
3. Electronic Clinical Communications to GP's
4. Innovative ways of capturing real-time patient stories through a range of multi-media options
5. Improve health outcomes for patients with autism and learning disabilities
6. Productive referral management-enabling the child health programme
7. Compliance with the Dressing formulary

Participation in clinical audit

Central London Community Healthcare NHS Trust was only eligible for one National audit during 2011-2012 (Parkinson's audit) for inclusion in the Quality Accounts, although due to Trust reconfiguration and the movement of staff, this audit was not undertaken. We have registered for the Parkinson's National audit for 2012-13.

Case Study
Falls: Patient and Public Involvement
CLCH took part in the post-falls patient and public involvement initiative, 'Older people's experience therapeutic exercise as part of falls prevention service', having previously participated in the 2010/11 National Falls Audit. While there were only a small number of responses (19 in total), quality was comparable or better than the National results where this could be determined. Fifteen of the 19 respondents reported being 'Very satisfied' with their exercise programme the other 4 being 'Satisfied' (overall 100% being 'Very satisfied' or 'Satisfied'). Recommendations and actions resulting from the work are currently in progress across the CLCH Falls Services.

Participation in research

During the last year CLCH has developed its research culture internally by appointing a Head of Research and Development, producing a Research Strategy, and also has incorporated a research component in the job description of all professional leads.

In addition externally CLCH has developed new partnerships and is one of 11 partners of the Academic Health Science Partnership (AHSP. The AHSP brings together providers of primary, secondary, tertiary, community and mental healthcare in North West London to work with Imperial College London to improve the health and care of the area's population of 1.9 million people.)

Currently CLCH has supported staff undertaking research as part of their PhD, and Masters level programmes and current research activity is in the region of 18 active studies: fiveNIHR portfolio studies, one commercially funded study, six student research studies and one study was given a prestigious Mary Seacole award. The studies cover a range of specialities, using qualitative, quantitative or mixed methods approaches. Staff have published papers and disseminated their findings, and will have an opportunity to present at our first research conference in July.

Knowledge Research and Information Services supports research through a trust library service and access to Imperial College Library facilities. Remote access to electronic journals means that staff can now access knowledge services from their place of work.

We have also invested in the library at Edgware Community Hospital to provide a quiet dedicated place to work with 14 library computers, allowing access to the national and local electronic journal subscriptions and access to a range of databases. Library staff are available to support research by providing sessions on literature searching, critical appraisal and also fulfil the following functions.

- Enquiry service for face to face and remote users,
- Information services and literature searches
- Alerting services
- Information literacy training & support
- Athens administration
- Obtaining documents from other libraries
- Photocopying/scanning

Future plans include the establishment of research peer support networks or journal clubs, procurement of electronic materials, training to develop research skills and knowledge.

Data quality

Our actions to improve data quality

CLCH will be taking the following actions to improve data quality:

- CLCH is committed to obtaining, holding and making use of high quality data in its clinical and corporate record-keeping systems.

- CLCH can demonstrate that it meets the national targets for collection of ethnicity data and validated NHS Number overall.

- We understand the significance of supporting and training staff to prioritise the collection of high quality data: CLCH has made good progress towards meeting the NHS London KPI around patient facing time within the Health Visiting and District Nursing services by working with staff to teach them the importance of full recording.

- We have undertaken an audit of paper-based record keeping standards twice a year. This has been expanded   to cover electronic records. Following on from this audit a system of peer reviews of clinical records will be implemented.

- The Information team routinely monitors data quality. A range of standard reports are available to staff and team managers to identify missing data items.

- Business managers and the Head of Performance monitor data month on month to identify trends.

- The information team ensures outlying values are investigated and confirmed prior to the issuing of reports.

- The Trust Board has commissioned the Performance Framework project to ensure that we collect meaningful data that will improve services received by our patients, and which can be used by CLCH to manage its services, plan for the future and develop CLCH into the leading community service provider in London.

- We are working to define accurate service line financial reporting to ensure our services offer best value for money.

NHS Number and General Medical Practice Code Validity
CLCH did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit (IGT) attainment levels
The CLCH Information Governance Toolkit submission scored 71 percent overall for 2011/12, for which the Trust achieved a green (satisfactory) rating. During this period, 98.2% of CLCH staff passed the mandatory training module which helped to achieve compliance against 1 of the 40 requirements.

Clinical coding error rate
CLCH was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

More detail on our patient safety performance

Looking back: What have we done over the past year to improve safety?

Developing a robust approach across the organisation
Over the past year we have focused on bringing together our Barnet services with our inner borough services so we have a common approach to managing safety across the whole of CLCH. We want to make sure that staff across the organisation feel supported to be open about reporting specific safety incidents, and that there is a free and honest approach to learning from every experience.

Developing a Culture of Openness, Learning from Experience and Fair Blame
This year CLCH has again placed a strong emphasis on embedding a culture of Being Open, Learning from Experience and Fair Blame.

Learning from Experience: we have continued to embed the robust approach and positive culture to support Learning from Experience throughout the organisation, ensuring that systems were brought together smoothly during the integration with Barnet Community Services.

Being Open: *This refers to communicating honestly and sympathetically with patients and their families when things go wrong.* We have further developed a safety culture that is: supportive of its service users and staff: open, transparent and fair; and is conducive to learning from errors when they occur. We take an open and honest approach to communication with service users and their carers, and between all healthcare professionals and healthcare managers within the Trust.

Fair Blame: we need to continue to ensure that staff are confident in the fairness of the system in order to further develop a culture whereby all incidents are routinely reported and investigated.

In this context we have focused on a number of targets that measure our success in continuing to develop and support such a culture. The key targets that we have tracked in this area are:

1. An increase in the overall number of incidents reported

2. An increase in the proportion of near misses reported

3. The continued development of a CLCH-wide Learning from Experience Group

4. To increase the use of the electronic incident reporting system to feed- back learning – by monitoring the proportion of electronic incident reports reviewed and updated by a manager within seven days.

Safety Targets

The following sub-sections provide detail on our level of progress, lessons learned and next steps in relation to each of these targets.

Target 1: An Increase in the Overall Number of Incidents Reported

We are pleased to again report a significant increase in the overall number of incidents reported over the past year. **The number of incidents reported during 2011/12 was 4,924, which is an increase of 47% from the 3,344 incidents that were reported during 2010/11.**

This increase follows a number of improvement actions that we have undertaken over the past year in this area, in particular:
- A continued effort to embed the online incident reporting system throughout CLCH, which included a programme of training to roll out the system throughout Barnet prior to integration in April 2011.
- An ongoing campaign by the Learning from Experience Team to support staff to use the electronic reporting form, and also liaise with managers to ensure that incidents are reviewed appropriately.
- Increased feedback to staff on the incidents that they report – bi-monthly newsletters containing information on incidents, trends and related learning are now produced by the Learning from Experience Team and distributed to all staff.

Total quarterly incidents April 2010/11 – March 2011/12 by severity
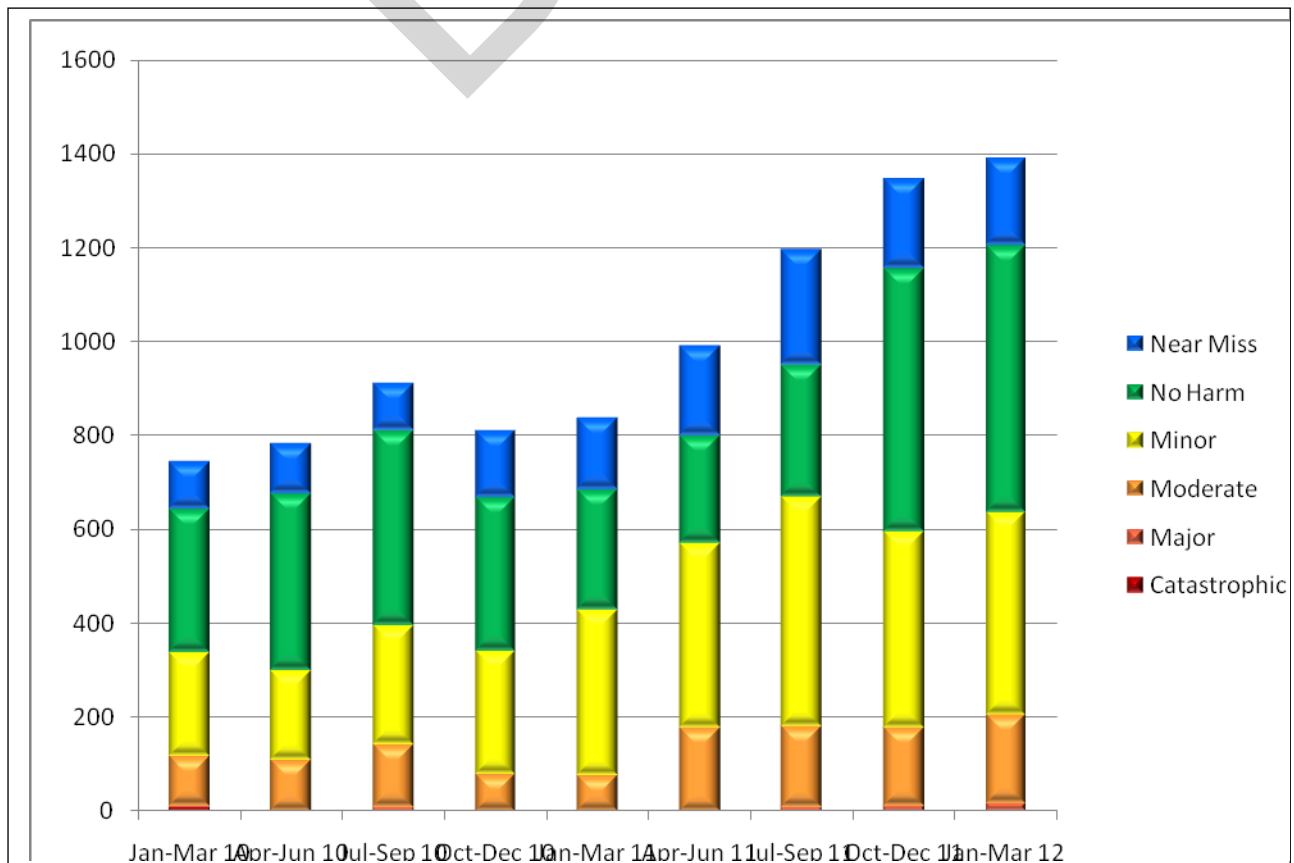
There continues to be relatively wide variation amongst service areas in terms of the level of reporting of incidents and near misses. This is heavily influenced by fundamental differences between service areas around the levels and types of safety issues faced as a result of their clinical setting and specific patient needs.

For example, district nursing, tissue viability and palliative care report a significant proportion of pressure ulcers – and to a large extent this is simply reflective of the fact that under NICE guidance they are required to report newly acquired or deteriorating pressure ulcers as incidents. In reality the vast majority of such incidents reported are in relation to pressure ulcers developed while the patient was in hospital or prior to receiving care from CLCH and were reported by the service following an initial assessment visit. The recording of such incidents does not necessarily reflect poor care, but notes that more intervention is needed and ensures that a manager is aware. It also helps us to map the prevalence of pressure ulcers across the organisation to ensure resources are appropriately targeted.

Next steps:Continue to share best practice, provide training, support staff and provide awareness raising campaigns. In particular targeting specific groups and services that are currently reporting lower numbers of incidents (and where it is expected that there may in fact be more incidents taking place within these settings).

Target 2: An Increase in the Proportion of Overall Incidents Reported as Near Misses

We are continuing to aim for a significant increase in the reporting of near misses as they are a key source of information to enable learning, whilst at the same time without harm occurring to patients or staff.

We are very happy to report a significant increase in the proportion of overall reported incidents during 2011/12 that were near misses rather than actual incidents. During 2011/12 17% of all incidents reported were near misses compared to 14% in 2010/12.This increase is even more marked if we consider that it sits in the context of an overall increase in incident reporting.

Our discussions with NHS London and the National Patient Safety Agency (NPSA) have indicated that a target of 75% of incidents being reported as near misses would be considered ideal practice; however it is acknowledged that this is a highly ambitious target at the present stage.


Case study: Early Supported Rehabilitation Team

This project set out to explore if the existing Early Supported Rehabilitation Team (ESRT) in Westminster Rehabilitation Service offers clinically effective rehabilitation for patients post fractured neck of femur (NOF). The project was designed to:

1. Improve discharge processes from hospital
2. Strengthening the results of clinical and patient reported outcomes
3. Develop a more detailed understanding of patient experience through patient stories

The project group can conclude that the ESRT does offer clinically effective care, as 80% of the patients' goals were achieved for patients and there may be opportunities for potential cost efficiencies in improving the hip fracture pathway of care.

Near misses as a % of total incidents reported, from April 2010/11 to March 2011/12
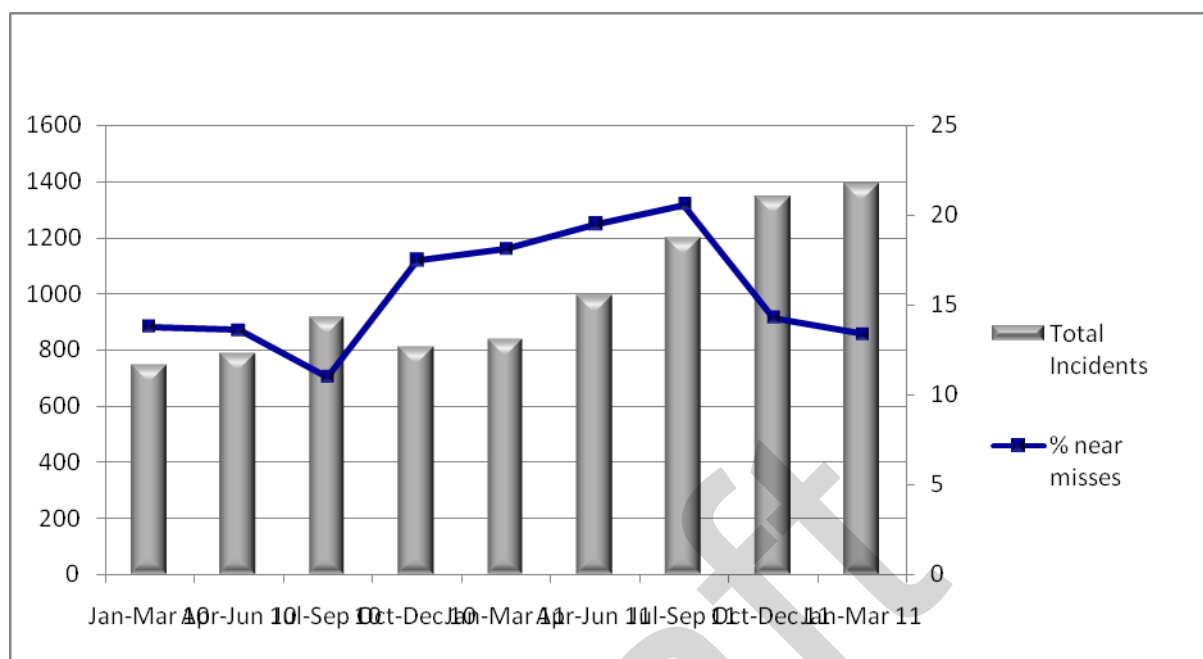
Next steps: the recent increase in near miss reporting can be attributed in part to our ongoing awareness-raising campaign in this area.However it is clear that we still have a very long way to go to achieve the target of 75%. We will continue to conduct awareness training and activities in order to ensure that all staff understand and support the importance of near miss reporting and that they have the appropriate skills and IT support in place.

Target 3:The Continuing Development of a CLCH-Wide Learning from Experience Group

A key aim over the last year has been to further develop the effectiveness of the Learning from Experience Group and ensure that systems for cascading recommendations and learning directly from the Group across the organisation were embedded.

We are happy to report that the Group has continued to meet throughout 2011, with membership evolving in line with the new clinical structure for inner CLCH and integration with Barnet. The Group continues to be chaired by the Director of Operations, with representatives at Associate Director level for all of the clinical areas, and Heads of Department for corporate services. Key functions of the group include:

- Bringing together information from incidents, complaints and PALS into one forum

- Identifying trends to be investigated and alerting Board sub-groups to areas which might require more specialist review
- Assessing all risks identified from investigations for transfer to the risk register

- Identifying key learning points to cascade across the organisation via the Learning from Experience newsletter and other means of communication

A separate monthly Serious Incident Review Group has now been established which reviews all completed Root Cause Analysis investigation reports and action plans. This is to enable the detail within them to be considered appropriately and the action plans properly assessed for robustness.

Next steps:to ensure that learning from incidents is formally discussed at service and team level and fed up to the Learning from Experience Group so that learning and good practice can be more effectively shared.

Target 4: An Increase in the Proportion of Incidents Reviewed/Updated Electronically by a Manager within Seven Days

A key performance indicator (KPI) was introduced in 2010 for 90% of all incidents to be reviewed/updated by a manager within seven days of the incident being reported onto the electronic system. **For 2011, an average of 89% of incidents were reviewed/updated electronically by a manager within seven days.** This is an improvement on the figure for 2010 of 85% but narrowly missing the target of 90%.

However, the KPI was monitored closely through 2011 and the improvement was demonstrated as the year progressed. **For the quarter Oct-Dec 2011, 98% of incidents were reviewed/updated electronically by a manager within seven days.** This figure is expected to also be achieved throughout 2012.

Next steps:To achieve a target of 90% of all incidents to be reviewed/updated by a manager within seven days of the incident being reported onto the electronic system. This will continue to be prioritised by Associate Directors at monthly Operations Directorate Performance Meetings and monitored by the Board.

The Learning from Experience Group now plays a central role in the regular monitoring of safety at CLCH. The data routinely reviewed by the Learning from Experience Group includes:
- Incidents – any unexpected incident that could have or did harm a patient.
- Any contacts received through the Patient Advice and Liaison Service (PALS), including formal complaints
- 'Root Cause Analysis' reports in relation to specific issues
- Serious incidents (SIs) – very serious incidents such as unexpected or avoidable death.

Where a particularly high risk is identified, it will be escalated to the Board for more detailed scrutiny and review, and an action plan will then be developed accordingly.

Tackling specific issues

Looking across the whole Trust, the most common types of incidents reported in 2011/12 were in relation to 'communications' and 'slips, trips and falls' and pressure ulcers. The graph below shows how many incidents of each type were reported across the whole Trust last year.

Pressure ulcers

The Learning from Experience Group has acknowledged that the number of pressure ulcers reported by CLCH services is still increasing. There has also been a considerable increase in the number of grade 3 and 4 pressure ulcers reported that have developed while the patient is receiving CLCH services, and are therefore reportable as Serious Incidents. Root Cause Analysis investigations are carried out on all of these and the Board is notified of learning and recommendations. It is however still the case that the vast majority of pressure ulcers are developed outside of our care, for example in non-CLCH nursing homes or acute hospitals.
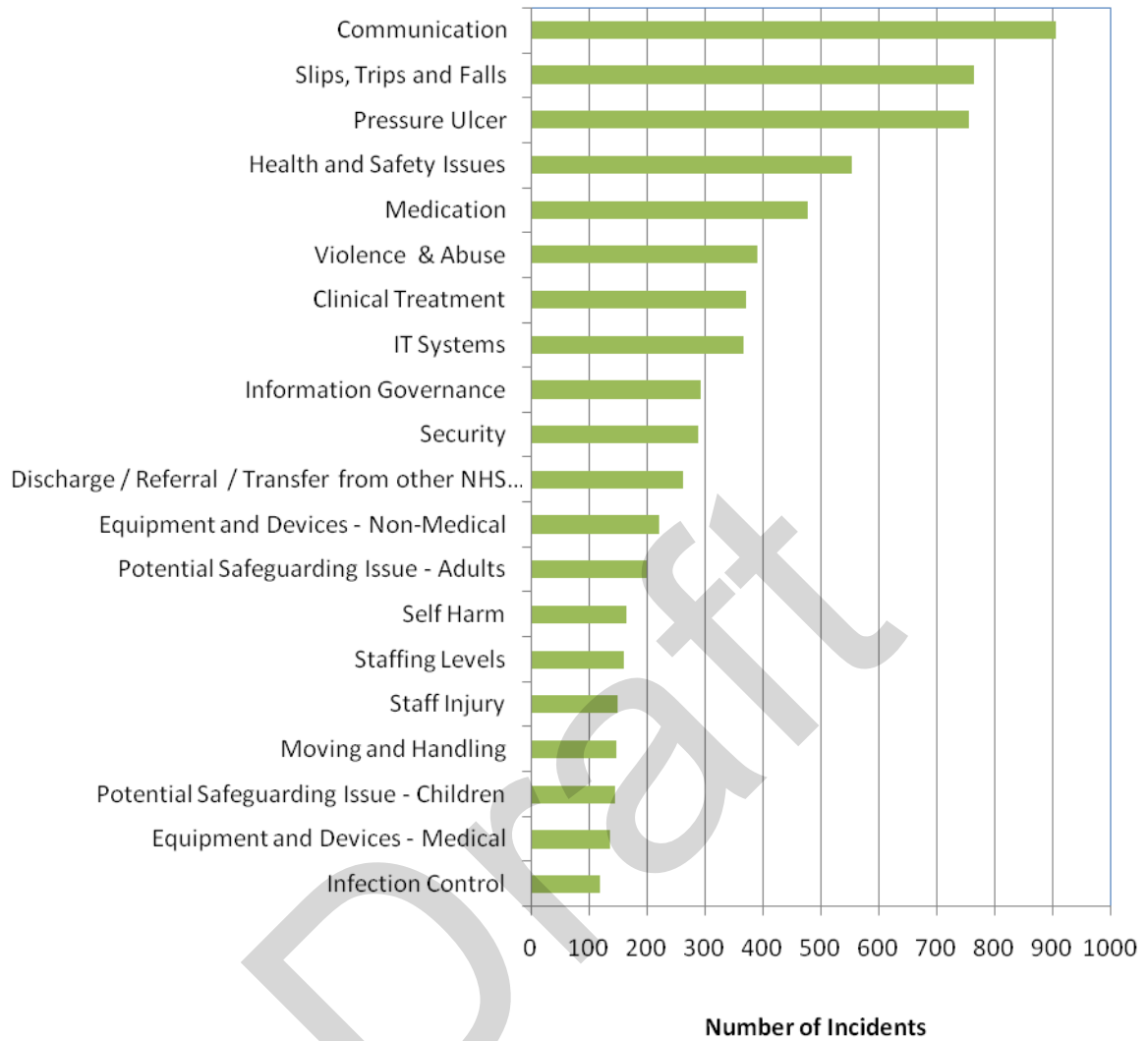
Slips, Trips and Falls

A CLCH wide Falls working group was established to look at falls prevalence and to develop a Trust wide Falls prevention policy which details various falls prevention strategies. Falls prevention services exist in each of the boroughs and a common risk assessment form has now been implemented.

Communication Incidents

The category of these incidents is really quite broad but may involve the way in which we manage our clinical records, systems of communication from one organisation to another, communication issues with patients themselves or between staff. Our learning from experience group will be looking at these in much more detail.

Categories of Incidents

Horizontal bar chart titled "Categories of Incidents" with x-axis "Number of Incidents" ranging from 0 to 1000.

Category	Approximate Number of Incidents
Communication	~910
Slips, Trips and Falls	~760
Pressure Ulcer	~755
Health and Safety Issues	~550
Medication	~480
Violence & Abuse	~390
Clinical Treatment	~375
IT Systems	~370
Information Governance	~290
Security	~285
Discharge / Referral / Transfer from other NHS...	~265
Equipment and Devices - Non-Medical	~220
Potential Safeguarding Issue - Adults	~205
Self Harm	~160
Staffing Levels	~160
Staff Injury	~150
Moving and Handling	~150
Potential Safeguarding Issue - Children	~145
Equipment and Devices - Medical	~140
Infection Control	~120

Summary of safety targets, achievement and next steps

Area	Target	Achievement	Next Steps
Encourage the reporting of incidents	Increase in overall number of incidents reported	• 34% increase (from 2010 to 2011)	✓ Continue to share best practice, provide training, support staff and provide awareness raising campaigns.
Increase the proportion of overall incidents reported as near misses	Increase in the proportion of overall incidents reported as near misses	• Increased from 14% to 18% (from 2010 to 2011)	✓ Continue to emphasise the importance of reporting near misses within a targeted training and awareness raising programme
Embed the appropriate systems and processes to support Learning from Experience	Develop systems for cascading recommendations and learning directly from the Group	• Membership of LfE Group evolved in line with new clinical structure • Serious Incident Review Group established • Bi-monthly newsletters distributed to all staff	✓ Ensure that learning from incidents is formally discussed at service and team level and fed up to the Learning from Experience Group
Embed protocols for feeding back review and analysis from minor incidents and near misses	Increase the proportion of electronic incident records reviewed and updated by a manager within 7 days	• Average of 89% of incidents reviewed and updated electronically by a manager within seven days.	✓ Achieve a target of 90% of all incidents to be reviewed and updated by a manager within seven days. ✓ Continue to prioritise target within individual services and directorates

More detail on our clinical effectiveness performance

This section summarises the main themes and next steps that we have identified across the whole of CLCH in relation to clinical effectiveness. Because the ways of measuring effectiveness are often so specific to a particular service, we have given a number of examples and summarised the general picture.

How do we know if we are achieving the best possible results for our patients?
Each of our services regularly monitors its own effectiveness in order to identify areas for possible improvement. Effectiveness can be monitored in different ways and the approach is often very specific to the particular service that is being provided.

The main ways that we monitor and measure effectiveness are:

- **Clinical Outcome Measures** – measuring a patient's progress or improvement in terms of basic clinical goals. For example, an improvement in a patient's mobility as a result of a successful rehabilitation programme following a stroke

- **Patient Reported Outcome Measures** (PROMs) – in this case, patients set their own goals for how they would like the treatment to affect their health and quality of life. The clinician then works with the patient to review progress against these goals. PROMs are a relatively new approach to measuring effectiveness within community healthcare and so the measurement tools are not yet fully embedded across all of our services.

- **Measuring compliance of our services with best practice guidance** – for example, guidance from the National Institute for Health & Clinical Excellence (NICE). NICE is an independent organisation that issues guidance based on evidence from medical research. NICE guidance provides a very robust standard for us to use when we are deciding how toprovide the most effective care to our patients.

- **Clinical audit** – a formal way of analysing a service against specific standards, and then identifying areas for improvement where necessary. The 'specific standards' could include any of the above measures.

Looking back: What have we done over the past year to improve safety?

Developing and implementing Patient Reported Outcome Measures (PROMs)
Using PROMs to measure effectiveness is a helpful way to make sure that the individual patient is at the very centre of the care and treatment that they are receiving. This is because PROMs measure improvements by the patient's own assessment of themselves, not just through the eyes of the clinician.

They are important because PROMs put people at the centre of our NHS by listening to their perceptions of their health status and health-related quality of life and it enables us to respond to it. It also helps us to make measurable improvement in the aspects of quality of healthcare which patients and their families see as really important. PROMs questionnaires do not ask about patients' satisfaction with or experience of healthcare services, or seek opinions about how successful their treatment was.

As a tool for measuring effectiveness, PROMs are now fairly at a widespread stage of development. We strongly support this approach and we have focused our efforts over the past year to ensure all services have developed PROMs. During 2010/11 we started to use PROMs, or similar approaches, to measure effectiveness in 16 of our services. In some cases this meant using measurement tools that have already been developed and validated by research institutions – for example, the heart nursing service is using The Minnesota Living with Heart Failure Questionnaire, which assesses the impact of chronic heart failure on quality of life.

During 2011-12 96% of our services have developed PROMs. Overall, there were positive initial results from the areas that used PROMs in 2011/12. In each case, the measurements helped us to see evidence of positive results from the patient's point of view.

Case Study

Embedding patient reported outcome measurement into standard clinical practice within the Community Rehabilitation service

The Community Rehabilitation services are now regularly using the Goal Attainment Score (GAS) as their PROM. The GAS involves patients setting some goals they would like to achieve during the course of their rehabilitation therapy. The patient then rates their score on how close they are to achieving these goals, and then after the therapy has finished the patient is asked to rate their achievement of these goals again. The corresponding increase or decreased in report goal achievements can then be used as a measure of the effectiveness of the therapy.

The GAS PROM found that 509 clients had a total of 764 goals agreed. 83% of these goals achieved a score of 10 or more which is a meaningful change.

An improved approach for making sure we are up to date with the latest NICE guidelines

NICE (National Institute of Clinical Excellence) Guidelines refer to nationally agreed best practice guidance for the management of conditions.

Really good implementation practice of new guidelines depends upon a robust system to make sure that our staff have the most recent NICE information at their fingertips. In particular, our NICE manager is dedicated to monitoring and disseminating NICE guidance across the whole of our organisation. The introduction of an electronic voting system has enabled the process to speed up the process.

- NICE guidelines are published each month and cascaded to all professional leads for assessment of their relevance to every CLCH service.

- NICE champions in each service review the guidance.

- Where practice is not in line with the guidance, changes are made to clinical practice and monitored by the clinical audit team. Areas of practice which are not in compliance with NICE guidance are identified on the Risk Register.

Case Study
A good example of how assessment and reviews of guidance work is demonstrated by the Tuberculosis (TB) service which is located on two sites, at Charing Cross and Hammersmith Hospitals. Reviews of new guidance are undertaken in collaboration with Imperial College Working Group. The service makes a brief summary of methods of evaluation and any recommendations for further improvement.

Continuous improvement using clinical audit
Clinical audit is a way of improving the quality of patient care; it means analysing a service to see whether it meets particular standards (for example, NICE guidance), and identifying ways in which the service could improve. We see it as a very important way of understanding how we can continuously improve the quality of our services.

In 2011/12 we conducted 79 clinical audits, 20 of the audits have been completed and 59 are currently ongoing. These audits have helped us to identify many specific areas for improvement. In 2012/13 we plan to expand and improve our programme of clinical audit. We see this as one of the main ways in which we can continue to improve clinical outcomes overall.

Case Study: National Audit of Psychological Therapies (NAPT):

The results from the NAPT were released this financial year. Important findings included:

- Data completeness for age and gender was 100%, but only 58% for ethnicity
- 92% of patients referred with anxiety or depression received a NICE-compliant treatment – above average compared to other services
- 84% of patients reported a high level of satisfaction with the treatment received
- The proportion of therapists in this service who had completed formal training or are currently in training in at least one therapy was 67%.

Following the results an action plan has been drafted and implemented, some of the actions are:

- All therapists have been provided with ethnicity reporting cards and are expected to ask clients routinely during triage or initial assessment stages of the care pathway. To date in 2011/12 (Apr-Dec) the service is reporting an average of 89% data completeness in relation to ethnicity.
- The service will incorporate the findings, regarding the proportion of therapists in the service who had completed formal training or are currently in training in at least one therapy, into the planned training needs analysis work being completed with the Professional Development Department within the Trust.

More detail on our patient experience performance

Looking back: What have we done over the past year to improve patient experience?

Comparative Percentage results of patients rating their experience as "good" or "excellent"
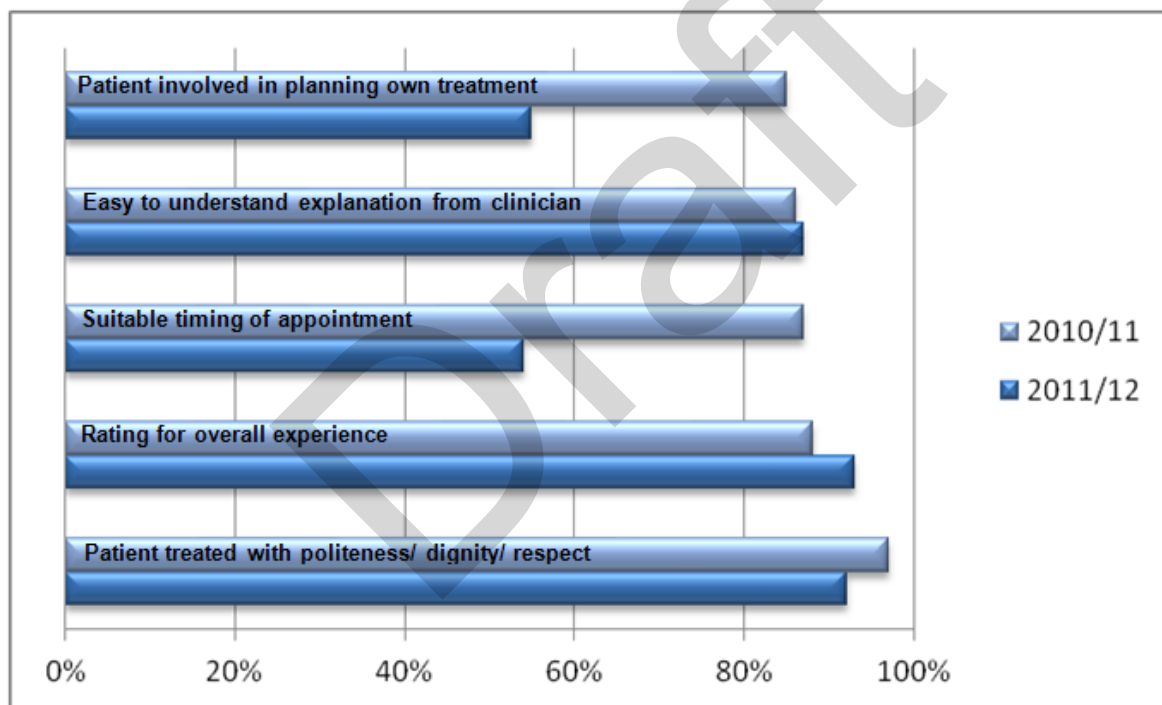
(Note: For the question around whether you would recommend the service to others, the figure reported is for those who answered "yes" to this yes/no question.)

The data in this graph provides only a general indication of how patients responded across all of our service areas. In each area, the questions were asked slightly differently and so when we combined the results we had to compromise some of the statistical robustness in the data. In other words, we have combined information that was not collected in exactly the same way.

The questionnaire we used this year is slightly different to the one used last year. Last year's included an additional set of two questions that does not feature in the

first phase of the PREM exercise for this year. The two additional questions were "Did the healthcare professional listen to the patient carefully" and "Would you recommend the service to others". We were not able to compare the responses for those questions as they were not featured in this year's questionnaire.

The chart indicates that the number of patients involved in planning their own treatment is on a downward trend as was the number of patients saying their appointment was at a suitable time. It is possible that there are changes in the ratings due to a reduction in the patient face to face contact time or how the question is interpreted by patients.

This year the PREMs Exercise is on-going and has drawn responses from 12,657 patients over a period of seven months.

This year we have strengthened the process and whilst we have been able to establish trends in the responses at an earlier stage there is on-going work to ensure we have a processes in place to identify and include sections of the community that are harder to reach so the patient experience data is representative of the communities we serve.

Adjustments have been made to the organisational-wide programmes for capturing patient feedback to cater for groups that we know would have difficulties engaging. For example, child-friendly PREMs are in development and a learning disability version of the PREMs has been very successfully delivered using hand held devices.

In 2012/13 we will strengthen the reliability of this data by updating our PREM surveys again. Each service will continue to select specific questions that relate to the patients in that particular context, but all services will also include a core set of standard questions in their surveys. This core set of questions will be the same right across CLCH and will therefore give us much more robust data to report on overall patient experience next year. It will also help us to compare service areas with each other to identify where there might be need for improvement in a certain area.

What our patients told us and how we responded

In addition to the quantitative data that we collected, we also received a large number of free text comments from patients last year. These came both through the PREMs and through other compliments and complaints that patients sent to us.

> **Patient comment**
>
> 'I had to wait a very long time for an appointment. The system needs to be sorted to get a sooner appointment'

We collected and analysed these comments in each area, and together with the quantitative data this helped us to identify a number of ways in which we could improve the experience that patients are having with our services.

The most common area for improvement that we identified is around timely access to services and healthcare professionals and involvement in decision making about treatment.

There is evidence to suggest from the responses received that on the whole our patients were happy with the services they used. And whilst there was positive feedback overall, we are pleased our patients took the opportunity to highlight to us the areas they felt fell short of their expectations. These included:

- information, communication and involvement in decision-making about care
- better provision of information to and communication with patients
- engagement of the patient in shared decision-making about treatment options

We are aware from patient feedback that some improvements are needed to ensure that our patients do not wait too long for appointments and also to reduce waiting times to be seen by a clinician.

In particular we are working on making sure that patients who do want to be involved in the process of planning their treatment and care delivery are given the opportunity to do so.

The wealth of data from responses from our patients provides the organisation with the intelligence necessary to make inroads to better understand and improve patient's experience. The services have this independent source of data at their disposal to inform decisions and take actions that will lead to the provision of better quality of patient care. This year we will be building on capturing views from the seldom heard and focusing on developing patient stories and other ways of engagng patients.

Complaints and PALS

Review of complaints and compliments is an important source of patient feedback. The Customer Service Team delivers the Patient Advice & Liaison Service (PALS) and Complaints & Compliments function. This service received 126 formal complaints and 420 compliments in 2011-12 from across the organisation. It also resolved311 issues . The team has recently revised its advertising materials and will be promoting the service to staff and patients.

Social media

Digital technology has revolutionised the way in which people communicate and share information – at local, national and international levels. Social media is a term used to refer to online technologies and practices that are used to share opinions and information, promote discussion and build relationships. They can use a variety of different formats, for example text, pictures, video and audio. The term 'social media' is applied to the tools in question, their applications and collaboratively developed practices.

It is essential that CLCH starts using social media to capture the views and experiences of the people who are using our services – especially children and young people who are often less likely to feedback using more traditional methods. In redesigning the bed-wetting (enuresis) care pathway, the pathway lead responsible piloted the use of social media sites (Mumsnet and Netsmum) to capture the views of parents regarding this highly sensitive service. Although only a small pilot, it has shown the usefulness and ease of using this methodology and our

communications team and patient and public engagement lead are now considering how this methodology could be used to harness views on a wider scale.

Equality Delivery System

The Equality Act (2010) requires the Trust to publish an annual equality profile of our patients to better understand the equality issues in service delivery, including any differential experience of using services, access to services and complaints received. In developing the annual profile, patients' equality data (e.g. ethnicity, age, gender and disability) will be collected, analysed and published. Within the framework of the Equality Delivery System developed by the Department of Health to help NHS Trusts assess their equality performance, we have delivered a number of focus groups to identify the views and experiences of patients and interest groups across the nine protected characteristics. This evidence has informed the development of our four year Equality Objectives.

Section Four – useful information

Values &Behaviors/Culture Development within CLCH

Our commitment to Quality is underpinned by a set of values and behaviors, which all staff are expected to commit to.

Research clearly shows a link between strong shared values and improved organisational performance, improved staff commitment, lower turnover rates, increased staff engagement, improved patient safety, patient experience and quality.

A review of the work previously undertaken within CLCH and Barnet in this area was carried out by the Culture Development Steering group. A series of workshops and consultations were conducted to develop a proposed/refreshed set of Values and Behaviours. Feedback from these events emphasised themes round quality, performance, relationships, innovation and caring and formed the basis of the revised more concise proposals from those previously developed in 2009/10.

CLCH Values and Behaviors

Quality: We put quality at the heart of everything we do
1. I take responsibility for the standard and outcomes of my work
2. I provide services which are safe, effective and deliver a good experience
3. I use best practice and feedback to innovate and constantly improve my service

Relationships: We value our relationships with others
1. I work collaboratively and in partnership
2. I am caring compassionate and kind
3. I support the development of skills talents and abilities

Delivery: We deliver services we are proud of
1. I treat people with courtesy dignity and respect
2. I work hard to achieve the aims of my service and the organisation
3. I make the best use of resources and provide value for money

Community: We make a positive difference in our communities.
1. I am visible accessible and approachable.
2. I ensure people, partners and purchasers are actively engaged in planning service and care.
3. I embrace difference, diversity and fairness.

Case Study – Health Information

HealthInform is a free and confidential health information service, based at Edgware Community Hospital. The service offers patients and members of the public quality, evidence-based health information about medical conditions and treatment options and information about support groups and helplines. HealthInform also offers training on how to access good quality consumer health information on the internet.

HealthInform is specifically designed to empower patients to make decisions about their own health and care; it facilitates their involvement in treatment and care planning by giving them the tools they need to make informed choices. It enables patients to be active partners in discussions and decisions about their care.

Glossary of terms not explained elsewhere

Clinical coding
The use of nationally and internationally understood codes to describe a patient's complaint, diagnosis and treatment. Clinical coding assists in the recording of patient data.

Clinical coding errors
When medical complaints, diagnoses or treatments are coded incorrectly which leads to incorrect data collection.

Commissioners
Commissioners are the people responsible for buying services from us for the patients and staff in a particular area or organisation. Commissioners include primary care trusts (PCTs), other health organisations, local councils or private enterprise.

Deprivation indicators
These are the factors that are looked at to help determine the needs of a community. Indicators include income, employment, health, education, housing and crime. Find out more from the Office for National Statistics: **www.statistics.gov.uk**

Hospital Episode Statistics (HES)
HES is a data warehouse that contains information about hospital admissions and outpatient attendances in England. The data in HES comes from the Secondary Uses Service (SUS), which collects data that's passed between healthcare providers and commissioners. The data is published monthly for the last year. (Source: NHS - The Information Centre **www.ic.nhs.uk**) You can also find out more at **www.hesonline.nhs.uk**

Payment by Results (PbR)
A system used to reimburse hospitals in England for their activity. It means that payment is directly related to the number of operations and other activity undertaken.

Qualitative data
Information that cannot be measured or counted numerically, such as a patient's story about their experience or their description of the quality of a service.

Quantitative data
The type of information that can be measured or collected numerically, such as numbers of patients or someone's height and weight.

Useful contacts and Links

CLCH NHS Trust
CLCH Communications
e:communications@clch.nhs.uk
t:0207 798 1420
w:www.clch.nhs.uk

CLCH Patient Advice and Liaison Service (PALS)
e:pals@clch.nhs.uk
t:0800 368 0412

Switchboard for service contacts
t:020 7798 1300

Partners mentioned in our Quality Account
Hospitals
Chelsea and Westminster Hospital NHS Foundation Trust
w:www.chelwest.nhs.uk

Imperial College Healthcare NHS Trust
w:www.imperial.nhs.uk

Primary Care Trusts (PCTs)
Inner North West London Cluster
(Currently based at NHS Westminster – details below)

NHS Hammersmith and Fulham
w:www.hf.nhs.uk
NHS Kensington and Chelsea
w: www.kensingtonandchelsea.nhs.uk
NHS Westminster
w:www.westminster.nhs.uk

NHS Barnet
w:www.barnet.nhs.uk

Local Involvement Networks (LINKs)
Hammersmith and Fulham LINk
e:hflink@hestia.org
t:020 8969 4852
w:www.lbhflink.org.uk

Kensington and Chelsea LINk

e:rbkclink@hestia.org
t:020 8968 7049/ 6771
w:www.rbkclink.org.uk
Westminster LINk
e:general@vawcvs.org
t:020 7723 1216
w:www.vawcvs.org

Barnet LINk
e:link@communitybarnet.org.uk
t:020 8364 8400
w:www.barnetlink.org

Local councils (for Overview and Scrutiny Committees)
Hammersmith and Fulham
e:020 8748 3020
w:www.lbhf.gov.uk

Kensington and Chelsea
e:information@rbkc.gov.uk
t:020 7361 3000
w:www.rbkc.gov.uk

Westminster
e:info@westminster.gov.uk
t:020 7641 6000
w:www.westminster.gov.uk

Barnet
e:first.contact@barnet.gov.uk
t:020 8359 2000
w:www.barnet.gov.uk

Healthcare organisations
Care Quality Commission
w: www.cqc.org.uk

Department of Health
w:www.dh.gov.uk

King's Fund
w: www.kingsfund.org.uk

National Institute for Health and Clinical Excellence (NICE)
w:www.nice.org.uk

National Patient Safety Agency
w:www.npsa.nhs.uk

NHS Choices

w: www.nhs.uk

References

1. NHS Statutory Instruments 2002 No. 3048
   www.legislation.gov.uk/uksi/2002/3048/contents/made
2. NHS Outcomes Framework, December 2010, definition of the safety domain
3. Definitions from the National Patient Safety Agency www.npsa.nhs.uk
4. For further information on clinical effectiveness, see the following useful overview from NHS Scotland:
   www.clinicalgovernance.scot.nhs.uk/section2/clinicaleffectiveness.asp
5. Example question from the daily living PROM used in the New Zealand points system for cataract surgery, quoted by the King's Fund, 2010, "Getting the most out of PROMs"
6. PH – Public Health guidance www.nice.org.uk/Guidance/Type PH
7. TA – Technology Appraisals www.nice.org.uk/Guidance/Type TA
8. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
9. For further information on patient experience, see the following helpful website from NHS surveys: www.nhssurveys.org/improvinghealthcare
10. This scenario, that uses assumptions reflecting local circumstances, is on page 37 of "North West London Strategic Commissioning and QIPP Plan 2014/15 (15 December 2010)"
    http://hillingdonlink.org.uk/wp-content/uploads/2010/12/NWL-Approved-Strategic-Commissioning-and-QIPP-Plan-2011_14-Main-Document-20101215-FINAL.pdf
11. 11 NHS Kensington and Chelsea's Draft QIPP plan 2011/12
    www.kensingtonandchelsea.nhs.uk/media/78327/2.1-qipp-plan2011-12.pdf
12. 12 Page 9 of the paper "Budget Setting and Cost Improvement Plans 2011/12" that was taken to the CLCH Board of Directors on 3 February 2011:
    www.clch.nhs.uk/about/board/Documents/CLCH%20NHS%20Trust%20Board%20Papers%203%20Feb%202011.pdf

Feedback

Now that you have read our Quality Account, we would really like to know what you think, how we can improve and how you would like to be involved in developing our Quality Accounts in future.

Please use the following links or contact details to complete our short feedback survey. The survey should only take five minutes to complete. We appreciate your time.

Go to: www.finaladdresstobeconfirmed.nhs.uk and fill out the survey online.

Alternatively you can download a copy of the survey, fill it in and post it to:
Patient and public engagement
Central London Community Healthcare NHS Trust
7th Floor 64 Victoria Street
London
SW1E 6QP

Write to us if you would like us to send you a paper copy using the address above or via email to **communications@clch.nhs.uk**

Alternatively, if you or someone you know would like to provide feedback in a different format or request a copy of the survey by phone, call our communications team on **020 7798 1420**.