

CLCH QUALITY ACCOUNT 2016-17

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SECTION 1

ABOUT OUR QUALITY ACCOUNT

Welcome to the Central London Community Healthcare NHS Trust (CLCH) Quality Account for 2016/17. The Quality Account is a summary of our performance in the last year in relation to our quality priorities and national requirements

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 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, providing healthcare to people in their homes and the local community and therefore we are statutorily required to publish a Quality Account. This is the fifth year that we have done so.

What does the CLCH Quality Account include?

Over the last year we have collected much 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.

Our updated Quality Strategy

As in previous years we have reported our progress against our quality strategy objectives. This year we are also taking the opportunity to introduce our updated quality strategy, *Simply the Best, Every Time*, and we explain how the quality priorities will be aligned with the strategy. The updated strategy, launched in January 2017, describes how we will be keeping our original three quality strategy campaigns; positive patient experience, preventing harm and smart effective care as well as adding three new campaigns namely; modelling the way (providing world class models of care, education and professional practice); Here, happy, healthy and heard (recruiting and retaining an outstanding clinical workforce) and Value Added Care (using enhanced tools, technology and lean methodologies to manage resources well).

The strategy describes how we will introduce and apply our model of shared governance to ensure that front line staff, as well as patients and members of the public, will be involved in the delivery of care. We also explain the purpose of quality councils (which will be chaired by staff lower than a band 7) showing how they will have two main functions; to achieve objectives as set by their division and to act as a resource for front line staff to provide informed, evidence based advice on issues to assist in the delivery of safe and effective care.

Patient stories

Patient stories have again been interspersed throughout the account to demonstrate how quality makes a difference to our service users. These stories inform us about what we do well and where we might improve. Within the quality account we also provide examples of quality put into practice within our services.

Developing the 2017-2018 Quality Priorities.

Our updated quality strategy describes how the quality account priorities will be aligned to the six quality strategy campaigns. In the light of this, we consulted widely with all our stakeholders asking them for their comments on both the proposed measures for success and what success would look like for them in respect of these campaigns. Where appropriate we have incorporated their suggestions into our 2017-18 priorities.

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 can be involved in developing the report for next year. If you would like to receive a printed copy of the CLCH Quality Account, please contact us via e-mail communications@clch.nhs.uk or telephone 020 7798 1420.

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ABOUT CLCH

CLCH provides healthcare in people's own homes and in a wide range of community settings including GP practices, walk in centres (WiCs) schools and early year centres. We provide services for two million patients with 10 million separate interactions.

We provide a wide range of services in the community including:

- Adult community nursing, including 24 hour district nursing, community matrons and case management.
- Children and family services including health visiting, school nursing, community nursing, speech and language therapy, blood disorders and occupational therapy.
- Rehabilitation and therapies including physiotherapy, occupational therapy, foot care, speech and language therapy.
- End of life care, supporting people to make decisions and to receive care at the end of their life.
- Long-term condition management supporting people with complex and substantial ongoing health needs caused by disability or chronic illness.
- Specialist services including delivering parts of long term condition management for people living with diabetes, heart failure, Parkinson's and lung disease, homeless health services, community dental services, sexual health and contraceptive services and psychological therapies.
- Walk-in and urgent care centres providing care for people with minor illnesses, minor injuries and providing a range of health advice and information. Our Central London walk-in and urgent care centres help support healthcare for the influx of workers and tourists which more than trebles the resident population during the working week.

During 2016-17, the Trust acquired and commenced some significant new service contracts. These included Merton Community Services (from April) and Harrow Adult Community Services (from May). The Trust mobilisation processes worked well and at the end of the first year of delivery these services are delivering effectively and have transitioned towards new models of care. This work has been achieved in close cooperation with commissioners and local stakeholders.

Further and more detailed information about our services can be found in our annual report. Information is also provided on our website at the following link

<http://www.clch.nhs.uk/about-us/who-are-we.aspx>

CLCH provides services in the following areas.

(CLCH map to be inserted here)

CHIEF EXECUTIVE'S STATEMENT

add picture

It gives me great pleasure to introduce my first Central London Community Healthcare NHS Trust Quality Account as Chief Executive.

Over the year we have continued to strive to provide the highest standard of clinical care and ensure that our patients remain central to everything we do. As a learning organisation we have invested in continuous quality improvement processes to ensure that we deliver safe, effective and responsive services to our patients.

The Quality Account contains many examples of our approach to quality, and importantly references our new Strategy; *Simply the Best, Every Time: A strategy for the delivery of outstanding care 2016-2020.*

This year we welcomed a number of new services to the Trust, including community services in the Boroughs of Harrow, and Merton, and I would like to take this opportunity to thank our staff, old and new, who work to improve the quality of care they deliver.

I would like to express my gratitude to our patients and users for taking the time to give us feedback; and our colleagues across health and social care for working with us to provide a comprehensive health service.

I would also like to congratulate the following staff and teams who won or were nominated awards during the year:

- The medicines management team who won the top prize at the Pharmacy Management National Forum for 'Best Medicines Optimization in Primary Care'
- School nurse Ruth Butler, who in addition to winning the prestigious Child Health Award at the Royal College of Nursing awards also achieved runner up in the Innovation in School Nursing category at the Cavell Nurses Trust awards.
- Dimitra Verra , one of our dieticians won the Health Service Laboratories' award for rising stars in the Advancing HealthCare awards
- The speech and language team who were shortlisted in the workforce category for their Newly Qualified Speech and Language Therapists Professional Development Programme

I can confirm that the information contained in this document is, to the best of my knowledge, an accurate reflection of our performance for the period covered by the report.

Signed

Andrew Ridley

Chief Executive Officer

STATEMENT OF THE CHAIR OF THE QUALITY COMMITTEE

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As the newly appointed Chair of the Trust’s Quality Committee I am pleased to introduce the Trust’s Quality Account for 2016/17. Whilst we recognise there is always more to do the committee is pleased to report the progress the trust has made in relation to quality this year.

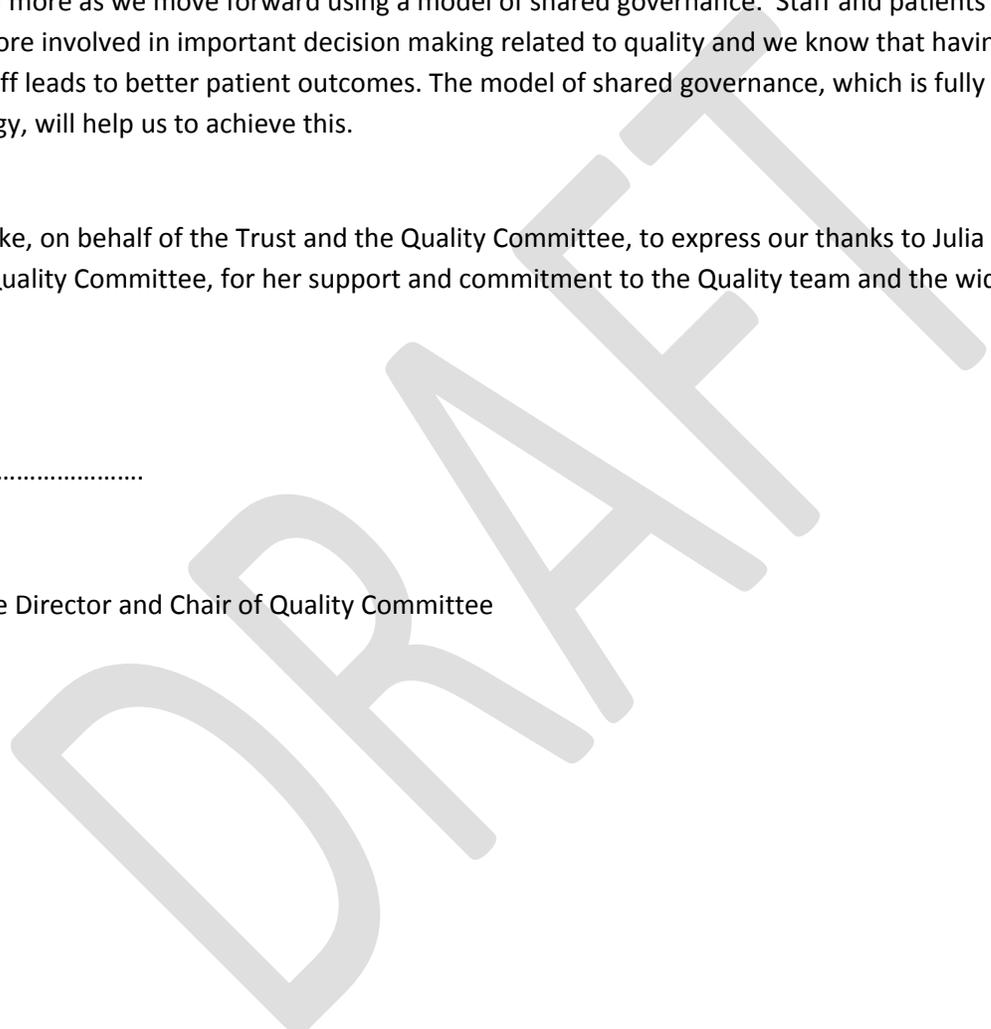
As Committee Chair I am looking forward to seeing progress against our new quality strategy and in particular to involving staff more as we move forward using a model of shared governance. Staff and patients are clear that they want to be more involved in important decision making related to quality and we know that having engaged, motivated staff leads to better patient outcomes. The model of shared governance, which is fully outlined in our quality strategy, will help us to achieve this.

I would also like, on behalf of the Trust and the Quality Committee, to express our thanks to Julia Bond, the outgoing Chair of the Quality Committee, for her support and commitment to the Quality team and the wider organization.

Signed.....

Carol Cole

Non-Executive Director and Chair of Quality Committee



PATIENT STORY – BARNET PHYSIOTHERAPY

I was referred to physiotherapy for knee pain, because I was worried about them and stressed about the swelling I had.

The waiting time wasn't that bad really. The department wasn't hard to find, and the reception staff were wonderful. I was seen on time and the team were very helpful.

When I first came to the department I was worried about what was going on with my knees and what would happen in the session. I wondered if the exercises and the equipment would be right for my knees as when I went to a normal gym I found it was too much for me, but I found I was given information about my condition and information about whether exercise would be good for me or whether or not it would harm me.

I was excited to go to the classes and when it came to the end after 6 sessions I wished I could have stayed for longer, but I wasn't really worried when I had to be discharged as I had felt an improvement. I felt different after physio and think that exercises are the reason why. The exercises in the class were fantastic. I liked being in the class with other people as we could have a chat. Also some of them had started before me so I could ask them how they felt at the end of the class, and because they said they felt good it gave me confidence that the class would work. All the staff were wonderful and very helpful and professional. There was also a student helping in the class who was very good.

When I was finished I asked for the exercises that were done in the class and I bought a mat so I could do the floor based exercises at home. I don't have the other equipment though but I really enjoyed the exercises on the floor.

I work in a nursing home with three floors and I feel bit lighter and quicker now when I'm doing the stairs. The swelling around my knee has also gone.

I would definitely recommend the exercises for anyone else with the same problem. For me there was nothing that I feel that could be done differently or better. If the pain ever came back again I would want to come back to the physio department here.

Learning from this story

A number of good practices were taken from this including sharing relevant information; enabling patients to access and attend appropriate classes and providing exercises that could be replicated at home. In future, in response to the patient's concerns whether classes will be 'right' for them, patients will have their personal exercise programme discussed with them from week one.

SECTION 2 - LOOKING BACK QUALITY IN 2016-2017

PROGRESS AGAINST THE 2016-17 QUALITY ACCOUNT PRIORITIES

AT A GLANCE SUMMARY OF PROGRESS AGAINST 2016/2017 QUALITY PRIORITIES			
Quality domain	Priority	Achieved	Further Action
Positive patient experience/preventing harm	Developing a quality alert process for stakeholders	In progress	Patient experience team to co-ordinate receipt of quality alerts centrally. The system is currently used in Barnet and Merton.
Positive patient experience/preventing harm	Implementing a quality early warning system	Achieved	The red flag system is in place and we will continue to review and improve this system.
Smart effective care	We will ensure the balance between assuring safe effective care and enabling systematic improvement of service quality	In progress	We will continue to work within the framework of the Trust's continuous improvement strategy to achieve this

PROGRESS AGAINST QUALITY ACCOUNT PRIORITY 1

Developing a quality alert process for stakeholders

A quality alert process exists in both Merton and Barnet and the alerts are discussed as part of the CCG quality review meetings. This is being reviewed with the aim of rolling out the process across the Trust. From 2017/18 the Patient Experience Team will co-ordinate the receipt of quality alerts and distribute them to divisions using a similar process to the dissemination of PAL's concerns / issues. This will assist in the development of more quality improvement systems and processes and enable learning to be shared across the organization, whilst ensuring that rapid responses are put in place to mitigate and respond to any quality or safety issues.

PROGRESS AGAINST QUALITY ACCOUNT PRIORITY 2

Implementing a quality early warning system

We developed a set of red flags as our early warning system and the system is now embedded. We will continue to review and improve the system as part of our Quality Strategy.

A monthly list is produced which list highlights services that either do not meet two of the following seven key criteria or which have not met one criteria for two consecutive months. These services are then red flagged. The seven criteria are:

- No leader for 2 months or more
- Vacancies > 12%
- Sickness > 5%
- A reported serious incident
- A 10% increase in incidents causing harm
- Increase in complaints
- New internal (clinical) serious incident

When a team is red flagged, the relevant Associate Director of Quality determines if a quick intervention can be undertaken (for example where the team is already working on the problem) or if they need the support of a Quality Action Team (QAT).

Red flag reports are reviewed monthly at divisional level as well as at the Quality Committee. They also form part of the quarterly quality reports. Each QAT is added to the sustainability log.

PROGRESS AGAINST QUALITY ACCOUNT PRIORITY 3

We will ensure the balance between assuring safe effective care and enabling systematic improvement of service quality

To ensure clinical effectiveness, we agreed to develop and build on existing approaches to embedding continuous improvement into our daily working practices. The following demonstrate our achievements in this area:

- We developed a continuous improvement strategy which enabled us to embed systematic continuous improvement at all levels of the organisation.

- We established a strategic improvement group to oversee the development of a culture of continuous improvement and learning. (This is referred to in more detail elsewhere).

CLCH has also established a closer alignment between the clinical audit and quality improvement processes. This has helped us ensure the balance between quality assurance and quality improvement. We have also established robust systems to strengthen the quality of our clinical effectiveness data.

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PATIENT STORY- CHILDREN'S SPECIALIST HEALTH VISITING

The Health Visiting (HV) left me a card and I was able to call you to arrange to meet, whilst I was pregnant. I was with my sister in hospital when you rang me. I was a bit embarrassed I'd forgotten our appointment. You didn't give up just because I wasn't here. I was able to talk to you, so you got to know me and didn't judge me by only what was written down. I didn't feel you judged me. When I've met people before, they have obviously made a judgement based on their written notes and the way they have looked at me, tells me it was not a good one. I like the fact you have seen him (her son) since he was born, seen him grow and seen him change. You know him that little bit so will look out for him.

I'm not nice when I do drugs and when they have just read a piece of paper and made their own opinion, getting those looks and making snide comments can mean I don't want to meet again and can't really trust them. I've got older children so I have 'done it before', but meeting you made the difference. I felt you weren't judgemental, but you really listened.

I know we have to have meetings, but despite having been to them before they still feel threatening. Home visits make a difference. I like being seen at home and sometimes you just drop by, but I know I can say no. I know I haven't been to a clinic yet, but I prefer just seeing you. I feel I can trust you and don't want to keep re-telling my story. It's not like it's something I can be proud of, 12 years of using and my girls being with my mum.

I like that professionals work together and know me. You (the HV) and the social worker told me the worries, which I knew, but it's helped us see I'm moving forward. 'I want to get my daughter back and I know I need help to do that'. I would be angry, which would lead to an argument if I didn't think people were being honest, then I'd end up not meeting up. When any thing has happened I know professionals are going to check.

I've had lots of health visitors with my two girls; some are more supportive than others. You never know who you're seeing next though, they leave or change. No-one tells you, just a different voice or face. They didn't really bother after she was about 2yrs. I was signed off (by health visitor and social worker) and then trouble started. Being a new mum is scary and I need support, their (babies) bodies changed and babies can be demanding, so you're tired. I was also in recovery and needed someone.

I find it difficult to walk in to new groups. People don't realise, that you can feel really isolated in places like this and you give up trying, after a few moves. People don't realise you 'make friends and then they are gone'.

Learning from this story

The health visiting team took the following learning from this story: that it was important to find appropriate buildings for social groups and meetings; that home visits are as important as service users attending clinics and that even calling a duty line can feel like a big step for some. The team also learned that given the chaotic nature of some people's lives, appointment times may not be adhered to. Finally it was agreed that the provision of effective managerial support for our health visitors was important as their work really makes a difference to isolated families.

PROGRESS AGAINST OUR QUALITY STRATEGY 2013-16

The quality strategy was created to provide a framework through which improvements in the services the Trust offers to patients can be focused and measured. Three campaigns were identified along with clear three year objectives, to focus the quality improvements the Trust wished to make.

The three campaigns were:

- Campaign one: Positive patient experience;
- Campaign two: Preventing harm;
- Campaign three: Smart, effective care

Within each of the campaigns a number of key work streams were put in place. Progress against the priorities is described in the score card and explanation below.

THE Q4/ANNUAL QUALITY REPORT WILL BE INSERTED HERE.

PATIENT STORY - DEMENTIA SERVICE

I started coming to the service to see if I have a brain (!) and to see if my memory is working and that. Having input from the dementia team has been helpful. It makes me feel that I'm not so dumb, or daft what people think I am, because I am, at an age of 90, a lot of people say "no you can't do that, you can't do this." OK, so I do things what I shouldn't do and that's why I have falls but that's not the reason why I have falls, I'm losing me balance.

You service has been A1. I have been happy with you, you are very polite and you enjoy a joke. You are not one of those yes sir, no sir, three bags full sir sort of girls. We filled in that book [The document from the Alzheimer's society] and that was nice I thought, nice to talk about my life so as people like you understand people like me better.

The only problems I have had are that I like to have a phone call first, you do always do that, but sometimes other people don't and I have a lot of hospital appointments, I mean last week, or the week before I went up to hospital 3 times in one week. It's only cos I don't want to miss anyone.

I was treated as a client, and I hope all your other clients feel the same way. I take life to be happy, no point in being miserable, just you coming round here today has taken something off of me, I feel like I'm not just sitting here on my own, you have come and been with me and I feel good that I've seen you. I say things as I see them if people come in here telling me what to do I tell them where to go.

I go to the lunch club weekly. I can sit and have my lunch and it turns out I know some of the other people that go there. The van comes and it takes me, I could walk it but they want to pick me up. I used to go down to Wetherspoons regularly but they moved the bus stop so now I can't go anymore.

Me stepsister Brenda comes out with me and walks by the side of me, she says what if I fall down, I say "call an ambulance" if I'm dead just leave me there. I like the lunch club, I find there a lot of couples that go, but it's getting out isn't it and that can't be bad.

You tried to help me remember things. When you asked me to remember words, coffee, butter and eggs, and I had to draw those pictures. I don't remember doing that before, but I felt good cos I did it and my boy thought I couldn't do it, but I did it with you when he was here. This memory is not that bad is it?

Learning from this story.

This particular patient story was collected by one of the staff members participating in the Dementia Care Champion Programme. The aim of the programme is to help identify service improvements required for people with dementia and for the champion to act as an advocate for people with dementia and a source of information and support for co-workers. Dementia Care Champions are supported to review their service and to make improvements in consultation with their manager, team and those with dementia.

In this story the patient requested a phone call before his appointment. In response to this request, CLCH will follow up our patients with dementia so that they can be absolutely clear when the dementia service is calling (as opposed to other hospital appointments the patients may have).

LOOKING BACK – TRUST QUALITY PROJECTS AND INITIATIVES

As well as the implementation of the quality strategy described above, the Trust was also involved in a number of other quality projects and initiatives. Several of these are described below:

TRUST PROJECTS - POSITIVE PATIENT EXPERIENCE

Recruitment and retention

Along with other London trusts, CLCH has been affected by the shortage of available nursing and other key staff. In order to address this and the associated spend on agency staff, CLCH established a trust wide clinical recruitment and retention forum. A key focus of the forum has been the reduction of vacancies across all divisions. This has involved initiatives such as focused and local recruitment campaigns, fast track programmes, apprenticeships, rotational programmes and overseas recruitment (described further below).

There has also been an increased focus on retention and a working group was established to support improved retention rates and staff experience. The group supported initiatives such as the creation of career clinics which enabled staff to discuss their careers and identify opportunities available to them at CLCH. Additionally a recruitment campaign was developed to attract young people to the Trust with 21 apprenticeships starting in 2016.

Overseas recruitment

CLCH was pleased to welcome several cohorts of staff that had been successfully recruited from the Philippines; the first of these started in January 2017 with the fourth and final cohort arriving in March 2017. The feedback on this initiative from staff and patients, as well as from the new recruits themselves, has been positive.

Although in future the government plans to charge employers for each overseas nurse certificate of sponsorship (currently proposed to be £1000 per employee) the overall cost of recruiting from overseas, particularly where there are known 'hotspots' and difficulties in recruiting, is likely to remain a more effective strategy than the use of interim or agency staff. Given this, an international recruitment sub group meets monthly to ensure that a structured programme is in place to support the continued retention and recruitment of overseas staff. A business case has been developed that proposes a further overseas recruitment campaign to support recruitment for Trust 'hotspots' including the recruitment of community nurses, school nurses and health visitors.

Co design project: Improvement of waiting time satisfaction in our Walk in and Urgent Care Centres

To improve waiting time dissatisfaction and improve overall experience of our patients attending a Walk-in Centres (WiCs)/Urgent Care Centre (UCCs), an experience based co-design (EBCD) project was undertaken. The EBCD approach brought together staff and patients to jointly identify and address areas for improvement with regards to waiting times across each of our 5 centres. The project started with observational visits taking place at each centre. This involved staff and patients being interviewed about waiting times along with their overall experience of working in and using the services. We then proceeded with a co-design event, where selected interview footage, along with other patient and staff feedback, was presented and discussed. This led us to us to identifying 3 improvement areas as described below. For or each of these areas a working group was set-up and the following progress has been achieved.

- **Information and communication:** With the help of our patients we have reviewed and amended the information displayed on our webpages to more accurately reflect the service provided by the centres.
- **Environment:** With support of the trust charity, we have been able to identify and purchase child-friendly equipment to develop dedicated paediatric areas in 3 of the centres to keep our younger visitors entertained whilst they wait to be seen. Work is also ongoing with our IT department to explore enabling Wi-Fi for use by patients in the waiting areas in all centres.
- **Personal and Professional Development of Front of House Staff:** An administrators' development programme was established for front of house staff working across each of the WiCs/UCCs. This included the provision of local induction, ongoing learning and a skills assessment portfolio. In collaboration with Imperial College Health Centre for Engagement and Simulation Science through the use of Sequential Simulation (SqS) we are also developing bespoke customer service training to support our front of house staff to transact their roles effectively.

End of Life Care (EOLC)

EOLC Strategy: The Trust has an EOLC strategy (2015-2018) which sets out plans to improve the care given to as well as well as the experience of people and carers using CLCH services at the end of their lives. To achieve the aims of the strategy, the programme for adults focusses on six objectives, based on the EOLC model and outcomes for the Trust. The objectives are as follows and examples of each area of work are provided below.

- High quality, relationship centred, compassionate care
- Advance care planning/risk stratification
- Assessment and care planning
- Symptom management, comfort and well-being
- Support for families including bereavement care
- Education and training

High quality, relationship centred, compassionate care: Working alongside Chelsea and Westminster NHS Foundation Trust, we have developed a facilitator's programme on self-compassion. The contents of this programme include; compassion in care model and competencies; mindfulness in practice; coaching skills and helping conversations; facilitation skills; providing positive feedback and affirmation and action planning.

The Patient Experience Team is also introducing the concept of patient stories and dynamic patient stories within palliative care services.

Advance care planning/risk stratification: Two national Advance Care Plan documents were implemented within the Trust, supported by Advance Care Planning teaching sessions which have taken place in each borough.

Assessment and care planning: Work continues to develop an Individual Plan of Care to support end of life care. This will be implemented in 2017/18 following consultation with patients and other stakeholders.

Symptom management, comfort and well-being: A review of incidents and complaints highlighted a number of issues including aspects of equipment, the provision and use of equipment and delays in home visits. Following discussion by the EOLC group, it was agreed to develop a standard operating procedure for staff to support the obtaining and setting up of equipment. In addition, local communication processes were established in Barnet to enable District Nursing staff to make direct contact with palliative patients at the beginning and end of each shift in order to discuss any concerns that they might have.

Support for families including bereavement care: Schwartz rounds continue to be undertaken within the Trust with very positive feedback from staff. A further two facilitators have been identified who will undertake training in the next few months.

Education and training: Training for Healthcare Support workers has been taking place, supported by very positive feedback. In addition, Merton services and St Raphael's Hospice have been undertaking joint training of staff.

Children's Work Programme: The current model for EOLC for Children in CLCH is delivered in accordance with the principles embedded with the core care pathway for children with life limiting and life threatening conditions. This is divided into three stages, comprising six standards which specify the level and quality of care that every family should expect. This work is overseen by an EOLC Working Group for Children's Services, the purpose of which is to take forward and embed the six standards contained within the EOLC for Children framework.

PATIENT STORY - MERTON END OF LIFE CARE

I think that some people would struggle, but my Mum was a different type of person and thank goodness she never got down or miserable or angry or upset because there's masses of emotions during that process and for some reason she didn't really go through those emotions as such. I felt really comfortable, it was well explained. I think what the service did was it became the main backbone.

Even a bit of a something that you can go 'right I need this, right this is where I go, I need that – this is who I contact, this is, you know'. A directory, but a simple one. And also day time night time there's a big issue – you know, you contact one number for day, one number for night.

I think the end went really well if I'm going to be honest, I think the end was absolutely... it was magical really. I couldn't fault it at all. I think the whole process was brilliant and I often say to people, you know, it's actually a nice experience, because we, we were in a situation where it was rushed in a way. So we'd seen the hospice people prior and everybody was very much along the lines of "don't worry it'll be months, it won't be years, it won't be weeks, it'll be months and so we're having all these conversations and it is very much with Mum's disease there was no pathway.

Originally Mum had said that she wanted to go into the hospice when she's ready and I said, well we've got so much care in place and at this point we had the DNs clocked in, you've got your caring system which is slightly different to the other caring system, so you had the carers coming in 4 times a day. You've got your night nurse situation and then you also had, the hospice giving us help at night, so we were fairly covered and I said to Mum – you don't really need to go in. I think originally she thought the medical side of it would be an issue. So we all agreed that she didn't need to go in medically and that she was going to get enough cover and basically it worked in that way. I think she went to sleep, as I put it, on the Sunday and then she died on the Tuesday. She kept going though, oh my gosh- she wasn't going to give up.

I think it made a big difference being at home. I don't think she would cope being in a hospital; getting better was actually to be comfortable and that was home. I think the best thing, an attribute, was that she had wanted to go to the hospice, but in the end she didn't because she got enough care at home. There wasn't anything we asked for that we didn't get. It was a hard ask though to get all the services to speak to each other. It's practical stuff as well – all these practical issues – where do we put the meds (medication drugs) do we chuck the meds, do we give them away, where do they go? Who takes that machine – who does that belong to, because don't forget we've got all this equipment in our house and then suddenly they're gone.

There were not any bereavement services I think, I didn't get any.

Learning from this story

Overall the daughter of the lady who was referred to the EOLC team was very complimentary about the service that she and her mother received. Becoming the main point of contact and focal point for coordination and integration of the services helping to meet the lady's needs was apparent. The service delivered what was needed to achieve the ultimate aim of the service: a 'good death' in her preferred place of death, with well managed palliative symptoms.

The main issue for further improvement was in making it even clearer who was involved in the patient's care, in what capacity, how to contact them and their hours of service.

The idea of a resource pack for patients and families at end of life was suggested, which could include a simple directory of services in Merton, with blank spaces so that different people/agencies can be added. Providing leaflets was also advised, covering what to expect when somebody is dying, and practical information about what to do after a death. The need for the service to develop bereavement support was made very apparent during the discussion.

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TRUST PROJECTS - PREVENTING HARM

SIGN UP TO SAFETY

Sign up to Safety is a national patient safety campaign, one of a set of national initiatives to help the NHS improve the safety of patient care. Collectively and cumulatively these initiatives aim to reduce avoidable harm by 50% and support the ambition to save 6,000 lives.

The campaign has five safety pledges:

1. Putting safety first
2. Continually learn
3. Being honest
4. Collaborate
5. Being supportive

We joined the national Sign up to Safety campaign in September 2014 and in response to the pledges, we set out a number of actions that we would undertake to form the basis of our patient safety improvements. Listening events were held which led to the identification of five themes - supporting and signposting patients and carers; raising awareness to raise standards of care; working together within the community; better use of information and technology; and treating the person as an individual.

From the outset of the campaign, CLCH has been clear that clinical staff should lead their own safety projects. This fundamental belief has not changed and therefore the aim remains *'to engage the ambition of staff by identifying the changes to their practice that are required to identify, implement and evaluate change in their service that will improve its quality'* and within CLCH it was agreed that this should continue to be facilitated through the CLIPS (Complaints, Litigation, Incidents and PALS) processes within the organisation. The Trust wide CLIPS group has continued to meet to discuss shared learning and communicate this back across the organisation via the group / committee structure and the Spotlight on Quality newsletter.

The next stage of our campaign will be to integrate Sign up to Safety into our patient safety groups using the shared governance approach set out in our Quality Strategy 2017 – 2020. Sign up to Safety is an enabling strategy; further information about our commitments can be found in our 2017-2020 quality strategy.

More detailed information about the Trust's *Sign up to Safety* plan can be found on the following link:

<https://www.england.nhs.uk/signuptosafety/whos-signed-up/clch/>

DUTY OF CANDOUR

Since November 2015 the *duty of candour* became a statutory requirement. This duty focuses on prompt notification, together with an apology, explanation and reasonable support for patients, or those acting on their behalf, who have been harmed. In practice this means that as soon as practicable after being made aware of an incident that has caused harm, the trust must conduct an investigation and notify the relevant person within ten days. Compliance with the duty is monitored via the trust's DATIX incident reporting system. Additionally the patient safety managers review and support staff to ensure our duty is met.

Compliance is reported via the serious incident reports which are presented to the trust board and in reports which are submitted and presented to the CCG clinical quality review groups. Within 2016/17 we reviewed our Being Open policy (which incorporates the duty of candour) and the DATIX system to ensure this is capturing the compliance data appropriately.

INCIDENT REPORTING

Learning from serious incidents

Serious incidents can be described as events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Within the Trust, we use root cause analysis (RCA) methodologies to investigate every serious incident to enable lessons to be learnt and disseminated across the organisation. Following the RCAs, actions plans are created, monitored and key messages are widely shared.

Discussion of incidents and the associated lessons learnt is important and helps us to reduce the risk of reoccurrence. Incidents are regularly discussed within team meetings to ensure lessons are learnt. Furthermore discussions also take place at specific meetings such as the pressure ulcer working group, the falls steering group, information governance group and complaints litigation, incidents and PALS (CLIPS) group meetings. Summaries and highlights are also presented to the Quality Committee, a sub committee of the board, every month.

In 2016 a trust wide action plan for pressure ulcers was developed which is monitored by the pressure ulcer working group and reported into the patient safety and risk group. Key points from the CLIPS meetings are included in the monthly trust wide *Spotlight on Quality* newsletter.

To further the quality of our services, we took the following actions to improve learning from incidents:

- Ensured a continued control on the quality of the data entry on incident reports. This entailed accurate recording of the degree of harm through quality checking by the patient safety managers and updating of the DATIX to improve the integrity of the data.
 - Regularly included articles in the 'Spotlight on Quality' monthly publication from the Complaints, Litigation, Incidents, PALS and Serious Incidents (CLIPS) group, for example on cold chain incidents, handling personal information and written communication, Duty of Candour/Being Open, transport incidents, information governance breach and falls. Additionally regular DATIX updates are provided.
 - Held incident workshops in July and October 2016 to help raise awareness of the increasing number of data breaches within the Trust, facilitated by the Trust's Information Governance (IG) team and supported by the Deputy Senior Information Risk Owner (SIRO). A total of 33 members of staff attended the workshops and a discussion board was created on the IG Hub page where staff were encouraged to post their questions ahead of the workshops so they can be discussed. The workshops were a good opportunity to engage with staff and raise awareness of IG incidents within the Trust.

During 2016/17 the total number of incidents reported on the Datix system was 7,855. This is a 24% increase from 2015/16 when a total of 6,328 incidents were reported. The Patient Safety Managers continue to work closely with clinical colleagues to raise awareness about the types of incidents that should be recorded on the incident reporting system.

It should be noted that within the arena of patient safety it is considered that organisations that report more incidents usually have a better and more effective safety culture. This is because organisations that report more incidents usually have a better and more effective safety culture, the theory being that if you do not know what your problems are, you cannot learn and improve.

In addition, as part of the Trust statutory and mandatory training programme, a new booklet was launched in November 2016 and this included level 1 training on patient safety.

INCIDENT REPORTING - NHS ENGLAND PRESCRIBED INFORMATION

The following two questions were asked of all trusts.

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

The national and reporting learning system (NRLS) published a report in March 2017 which indicated that we reported 1,370 incidents occurring between the 1st April and 30th September 2016. This is an increase from 1,154 for the same reporting period in 2015.

This time, the NRLS publication did not provide a reporting rate or compare us to other community trusts as it was realised that the variation in services provided by organisations within the NHS Community trust cluster (i.e. comparing CLCH with other NHS community organizations) would render such comparisons inappropriate as it would be misleading.

During this period, we reported 45 incidents (3.3%) resulting in severe harm. Although this was higher than the cluster rate of 0.5%, it is a decrease from the same time last year when 58 incidents (5.0%) resulting in severe harm were reported. The severe harm cases we reported all related to pressure ulcers.

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged—

(i) 0 to 15; and

(ii) 16 or over,

Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

This metric is normally only applied to acute units where the measure is an indication of inappropriate early discharge. As such, it is not reported by community trusts and so has not been responded to.

PATIENT STORY – HOUNSLOW DIABETES COMMUNITY SERVICE

I was diagnosed with Type 2 Diabetes 30 years ago and have been taking insulin treatment for the last 18 years. I was never referred to any diabetes specialist service when I started insulin or when diagnosed. My blood sugar was not controlled and the practice nurse advised me to keep increasing the insulin doses. I was taking 4 injections – 30 units of Novorapid three times a day and 35 units of Lantus. This however made no difference to the rising blood glucose level. I was getting very concerned and thinking what am I doing wrong? Is the insulin not working?

I expressed my concerns to the practice nurse who then referred to the Hounslow diabetes community service. I saw the diabetes specialist doctor and the diabetes nurse in The Grove clinic. This was the turning point for me. The doctor prescribed metformin in addition to my insulin. The nurse explained why the insulin was not working in certain injection sites. She advised me to change my injection sites. She also asked about my diet and advised me to cut down on my frequent snacks of dried fruit and explained the effect of the sugar in the fruit. My blood glucose levels dropped and I was advised to reduce my insulin doses. The diabetes nurse was fantastic; I would describe it as a miracle.

I was also referred to the 6 once a week *XPERT* diabetes course. As soon as the course started the professional manner, confidence, knowledge friendly and adult teaching approach convinced me I was in the right place. Everybody was treated with respect. The explanations, literature, visual resources/food models were very good. We all got an excellent handbook. The course was an eye opener and the best experience. My diet was sugar free but I was eating lots of carbohydrate and snacking often. I never realized the effect of eating these foods and snacking. My cultural needs were taken into account e.g. the diabetes nurse explained how I could fast safely for Ramadan.

I was involved in decisions made about my care. Communication was two-way, very effective. Confidentiality was maintained at all times and the staff asked for consent before treatment. The staff delivered care without rushing.

The results have been positive and motivated me to continue. I feel my health and life has changed in a big way without any negative effects. I think such courses are so important for all patients with diabetes to raise awareness. We often eat without awareness e.g. order pizza and watch TV when eating, not realizing how much we are eating and only thinking about not eating sugar. I share the messages I have learnt and the *XPERT* book with my friends and family so they can also benefit from the learning.

I would highly recommend your service to friends and family. My only regret is that I was not referred several years ago.

Learning from this story

In response to the patient's comment that they should have been referred to the GP earlier, the service has agreed that patients diagnosed with diabetes should be referred to education sessions at the point of diagnosis. The story will also be discussed as a case study and shared with GP practices as a model of good care.

TRUST PROJECTS - SMART EFFECTIVE CARE

CONTINUOUS IMPROVEMENT

Since 2014 CLCH has developed and run an internal improvement skills development programme known as the 'Continuous Improvement Programme.' The aim of the programme is to develop quality improvement skills in front line staff with the intention being for the programme's graduates to take the lead on continuous improvements within their own services.

The programme received excellent feedback and was successful in developing motivated and confident graduates. Although there was success in training individuals, there was limited evidence of organisational impact resulting from the programme. This led to the training programme being paused to allow for the development of the Continuous Improvement (CI) Strategy which was launched in July 2016. In August 2016, CLCH initiated the Continuous Improvement Transformation programme. The aim of this was to ensure that Trust leaders enable and support improvement, build capacity and capability for improvement and develop approaches to embedding continuous improvement into current working practices. This led to the development of a knowledge and skills framework for improvement skills which will be used in future years to ensure more effective targeting of improvement training.

Whilst the training programme was paused, the CI team ran classroom based sessions covering topics including; the introduction to continuous quality improvement; process mapping and improvement analytics and change management. The sessions were well attended and participant evaluations were extremely positive.

The CI team also provided support and assistance for teams to collect and analyse data in order to identify improvement opportunities. These included Barnet Musculoskeletal (MSK) service (analysing referral patterns, patient experience data, demand and capacity data); Merton 0-19 services (caseload analysis, stakeholder experience on referral process for integrated therapies, staff experience in specialised school nursing service) and Pembridge palliative care service (utilisation of administration team): the medicines management team (using statistical, process control to analyse trends in medication incidents) and the Health Improvement team (clinical outcomes analysis).

The team also provided direct improvement facilitation for several projects including three projects which were directly managed by the team, including the Barnet MSK service (project management and rapid improvement facilitation support to improve waiting times) and the Walk in Centres (project management and process mapping support to improve waiting times and efficiency).

Other projects supported by the continuous improvement team included: improving new starter experience project; improving end of life care for patients in Harrow; improving utilisation of administration team in Pembridge; transition to an integrated 0-19 therapies service in Merton and the vulnerable antenatal pathway in Merton.

CLINICAL AUDIT

Following peer review by the Clinical Effectiveness Steering Group and ratification by the Quality Committee, CLCH launched a comprehensive clinical audit and service evaluation programme based on national and mandatory requirements as well as locally driven priorities in the year under review. The programme additionally took into account areas of high risk concerning patient care.

Participation in clinical audits

During 2016-17 there were no clinical outcome reviews (formerly known as national confidential enquiries) which covered NHS services that CLCH provided. Therefore CLCH did not participate in any clinical outcome reviews.

We also registered in all (100%) of the national clinical audits where we were eligible. These are as listed in the table below.

The national clinical audits that CLCH participated in and for which data collection was completed during 2016-17 are listed in the table below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	Participation	Submitted cases or reason for non-participation
SSNAP (Sentinel Stroke National Audit Programme) (Previously known as the National Stroke Audit)	Yes	69 (tbc) Services/team taking part: Stroke ESD team, Merton ESD team, Merton Community Neuro Rehab Team. Data collection is currently in progress.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	126 (tbc). Services taking part: West Herts, Respiratory Service Barnet Respiratory Service, Merton Respiratory Service, Harrow Respiratory Service. Data collection is currently in progress.
National Diabetes Foot Care Audit (NDFA)	No	<i>Reason for non-participation to be confirmed.</i>

LOCAL AND TRUST-WIDE CLINICAL AUDITS

The reports of 12 local clinical audits were reviewed by the provider in 2016/17. The actions CLCH intends to take are incorporated into the table.

Title	Division	Service	Outcomes and actions
1. An audit evaluating the quality of initial assessments by community physiotherapists in Barnet Intermediate Care Services	North	Barnet Intermediate Care Services	<p>The aim of the audit was to evaluate the current practice of assessing patients in the community by Barnet Intermediate Care Services.</p> <p>Findings: Out of 45% of the audited sets of clinical notes that required a multifactorial falls risk assessment, 15% had one completed, 35% of the audited notes had a documented rehabilitation goal. 60% of the audited notes had an initial assessment however only 50% of the total audited notes had a fully completed initial assessment. 60% of the patients audited had a physical assessment completed by the physiotherapist. However only 30% had the physical assessment fully completed.</p> <p>Actions identified: All physiotherapists to complete initial assessments for all patients referred to the service, use the multifactorial falls risk assessment form with patients who score positively on the falls risk assessment tool within three months of the date of this audit, and complete a full physical assessment with all patients seen within the service.</p>
2. PACE/Rapid Response Assessment Pack Documentation	North	Intermediate Care Services	<p>This audit aimed to establish whether the Rapid Response and PACE team are completing the documentation correctly and to identify any areas of improvement to ensure that the paperwork is fit for purpose.</p> <p>Findings: PACE- 100%. Rapid Response - 82%. The target for both was 100%.</p> <p>Actions identified included: staff should complete all required documentation for all the patients, whether PACE or Rapid Response, a shorter version of the pack to be used for the Rapid Response one off visits and shorter visits to help support compliance with the documentation standards, and encourage nursing staff to utilise mobile working devices to complete documentation</p>
3. Venous Leg Ulcer Assessment and Management	North	Tissue Viability	<p>The aim of this re-audit audit was to establish compliance with NICE Clinical Knowledge & Skills guidance: Leg Ulcers; Venous; Uncomplicated venous leg ulcer (2012) and CLCH Leg Ulcer Policy (2015).</p> <p>Findings: Overall compliance was 98.2%; an improvement from 60% in 2015.</p> <p>Actions identified included: Review of all patients attending clinic to determine when Dopplers are due and plan dates. Contact IT to identify how to flag these up on SystmOne, review well leg caseload</p>

Title	Division	Service	Outcomes and actions
			to ensure all on follow up list. Establish and communicate procedure with team and implement, re-audit.
4. Medicines Management audit (documentation)	North	PACE/Rapid Response	<p>This audit aimed to establish whether the Rapid Response and PACE team were completing the documentation correctly and to identify any areas of improvement to ensure that the paperwork is fit for purpose.</p> <p>Findings: PACE- 100%. Rapid Response - 90%. The target for both was 100%.</p> <p>Actions identified included: Ensure all referred patients have correct medication list available, highlight audit results at team meetings, ensure correct procedures are followed when a medication error has occurred, and re-audit.</p>
5. Use of Antimicrobial prescribing at bedded services	Medical Directorate / Trust-wide	Medicines Management	<p>The aim of the audit was to ascertain whether antimicrobial prescribing in CLCH bedded areas is in line with CLCH antimicrobial prescribing guidelines 5 and whether documentation around their use is in line with CLCH guidelines which are incorporated the standards and recommendations made by DoH and World Health Organization</p> <p>Findings: 9 standards were addressed: 3 standards achieved 100% compliance, which is the same as the 2015 audit results. 6 standards achieved a compliance range of 13 % to 99%. This is an improvement from previous audits.</p> <p>Actions identified included: Doctors and pharmacists to review prophylactic antimicrobials that may have been discontinued unintentionally or temporarily when patient is transferred between services e.g. from acute to CLCH, provide induction relating to antimicrobial prescribing for Locum doctors and out of hours doctors (Barn-doc in North beds.)</p>
6. Safe Management and Use of Controlled Drugs - Bedded Areas	Medical Directorate / Trust-wide	Medicines Management	<p>The aim of the audit was to assess compliance with the audit standards for the safe and secure management of CDs as laid out in CD legislation and the CLCH CD policy MM002.</p> <p>Findings: 2 services were fully compliant 2 improved their compliance since the last audit, while 2 services saw a slight worsening of compliance.</p> <p>Actions identified included: Annual and six monthly IP audit reports must be carried out locally by the dental practice and results available at all sites, manual cleaning equipment (if required) must be complete and all products within expiry date.</p>

Title	Division	Service	Outcomes and actions
7. Dental audits	Medical Director ate / Trust-wide	Infection Prevention	<p>This audit aimed to evaluate whether all patients are cared for in a safe and clean environment protected from infection and that all re-usable dental equipment is safely decontaminated.</p> <p>Findings: Two out of fifteen areas did not meet essential quality requirements and one out of fifteen did not meet best practice. Five out of fifteen services scored gold (98 – 100%). The remaining ten services scored green (90 – 97.9%).</p> <p>Actions identified included: Annual and six monthly IPC audit reports must be carried out locally by the dental practice and results available at all sites, spillage kits must be complete and products within expiry date.</p>
8. Clinical Records Keeping Re-audit Audit 2016	Medical Director ate / Trust-wide	Clinical Effectiveness Team	<p>The aim of this re- audit was to obtain assurance that the services that had not met the 90% compliance in the Annual audit had achieved compliance in line with the Trust’s clinical record keeping standards.</p> <p>Findings: the re-audit show indicated overall ≥90% compliance.</p> <p>Actions identified included: the Clinical Records Steering Group to discuss the report and put forward recommendations.</p>
9. Clinical Records Keeping Audit 2017	Medical Director ate / Trust-wide	Clinical Effectiveness Team	<p>The aim of the audit was to monitor Trust record keeping standards and support improvement in patient safety and quality of care.</p> <p>Findings: The compliance level achieved by the Trust was 83% demonstrating a ‘Significant Assurance’ Rag Rating (RAG).</p> <p>Actions identified included: wider publication and dissemination of crib sheets for recording patients’ allergies and sensitivities in advance of the next re-audit, the Clinical Effectiveness Team to deliver training (initially to non-compliant teams) in advance the HRK re-audit in Aug/Sept 2017.</p>
10. Community Nursing NICE Guidance CG179 Pressure Ulcer	Quality/ trust-wide		<p>This audit aimed to measure the extent to which the record of patient care reflects the NICE guideline CG179 for prevention and management of pressure ulcers.</p> <p>Findings: (192) 91% of records demonstrated that patient held records or electronic progress notes were updated appropriately. (172) 81% reported that information and advice on pressure ulcer prevention was given to patients (& carers if applicable), whilst (16) 8%, stated this was not applicable. This shows good compliance with regard to these standards, although not the required 100%.</p>

Title	Division	Service	Outcomes and actions
11. Re-audit of Radiographs taken on Adult patients (Inner CLCH Community Dental Service)	South	Community Dental Services	<p>This audit aimed to ensure that adult patients with the dental service had appropriate radiographs taken, with justification and reporting of films</p> <p>Findings: Compliance in either taking radiographs or recording a valid reason why not has increased from 55% to 82% since the original audit.</p> <p>Actions identified: All dentists to record this in case notes and will be informed by email, with immediate effect, followed up at next Peer Review.</p>
12. Effectiveness of Employee Health Consultations	Quality and Learning	Employee Health Service	<p>The aim of audit was to rate the usefulness of advice to managers provided by Employee Health Medical and Nursing Staff, with a target of a minimum of 60% of all managers referring to the service.</p> <p>Findings: Achievement was 100% indicating the advice was fit for purpose.</p> <p>Actions identified included: Review of the consent process to release reports to managers once a date for revised GMC guidance on confidentiality is released by the Faculty of Occupational Medicine (FOM).</p>
13. Stress Reduction of CLCH Employees	Quality and Learning	Employee Health Service	<p>The aim of audit was to assess the clinical effectiveness of the psychology/counselling service within Employee Health in relation to reducing the stress symptoms reported by CLCH Employees who access its service. The Hospital and Depression Score (HADS) was used as the assessment tool.</p> <p>Findings: Employees reporting improvement 82.63% (target 80%); improved reported 26.97% (target 18%). The results met and exceeded the 2014/15 audit.</p> <p>Actions identified: HADS form to be issued after the 4th counselling session. Additionally, the HADS form to be emailed to telephone consultation clients.</p>
14. Rating effectiveness of physiotherapy interventions within Employee Health	Quality and Learning	Employee Health Service	<p>The audit aimed to ensure that 80% of all employees accessing the service reporting improvement in their symptoms by the end of therapy, and with a minimum improvement of 40% in their EQ-5D-5L scoring.</p> <p>Findings: Employees reporting improvement 82.04% (target 80%), improvement reported: 28.29% (target 40%).</p> <p>Actions identified: Increase training on chronic pain management and provide advice on managing ergonomic risk factors in work settings.</p>

Audit acronyms used.

APC	CLCH Allied Primary Care
ACPIN	Association of Chartered Physiotherapists in Neurology
BCSS	CLCH Barnet Community and Specialist Services
CD	Controlled Drugs
CHD	CLCH Children's Division
CG	Clinical Guideline
COT	College of Occupational Therapists
CSP	Chartered Society of Physiotherapy
DATscan	Ioflupane iodine-123 radiopharmaceutical injection
FURST	Fluid chart, Urine Specific Gravity, Risk factors, Signs and symptom, Treatment dehydration assessment tool
GULP	Gauge, Urine Colour, Look for signs, Plan Dehydration risk assessment tool
IPC	Infection Prevention and Control
INR	International Normalised Ratio
IPU	In-patient Unit
MDT	Multi-disciplinary Teams
MFRA	Multifactorial Falls Risk Assessment
MUST	Malnutrition Universal Screening Tool
NPSA	National Patient Safety Agency
OT	Occupational Therapy
NCNR	CLCH Network Community and Rehabilitation
NICE	The National Institute for Health and Care Excellence
PANG	Palliative Adult Network Guidelines
PH	Public Health guideline
PROMs	Patient Reported Outcome Measures
STarT	Tool for assessing low back pain
TCu380	Intrauterine copper device

PARTICIPATION IN RESEARCH 2016/17

Participation in clinical research (i.e. research that has received a favourable opinion from a research ethics committee within the UK and given Health Research Authority approval) demonstrates CLCH's commitment to improving the quality of care we offer and to making our contribution to the wider health improvement.

At CLCH, research activity is regularly monitored through the Clinical Effectiveness steering group and is overseen by the Quality Committee. This year's opportunities for research growth were mainly focussed in the following service areas: Parkinson's disease, stroke, diabetes, and sexual health. In particular there was, in November 2016, a very successful patients' Parkinson's research event; this attracted so much interest that it will be repeated later in the year.

The Trust continued to make steady progress promoting research activity and developing a research culture in the Trust. The aim of this was to develop a supporting environment by encouraging and facilitating researchers and to make effective partnerships with clinical research networks, other NHS Trusts, academic and industry sector.

During 2016-17, there were over 20 clinical staff participating in research covering 3 specialities that had been approved by a research ethics committee. CLCH is a host site for approximately one third of studies, for a further third, CLCH acts as a participation identification site (PIC) and the remaining studies are educational projects either self-funded by students or funded by the Trust for educational purposes, such as for MSc or PhD qualifications.

Examples of current studies that CLCH is involved in include:

- Sexual health services: A study called SAFETXT. SAFETXT is a randomised controlled trial of an intervention delivered by mobile phone messaging to reduce sexually transmitted infections by increasing sexual health precaution behaviours in young people (16-24).
- Familial Parkinson's study; a study using Genetics to understand Parkinson's disease. This may lead CLCH future involvement into research for new treatments
- Lots to Care- a stroke study – involving participants at 4 month post stroke. The emphasis will be on improving quality of life by addressing unmet needs and enhancing participation.

This year CLCH was involved in 17 clinical research studies in a number of specialities during 2016/17 either as a (PIC) or a host site. The number of patients receiving relevant health services provided by Central London Community Healthcare NHS Trust during 2016-17 that were recruited during that period to participate in research approved by a research ethics committee was 125.

Going forward, the Trust's updated Research Strategy (2017-2020) will be launched in May 2017. Its foundation is the pledge made that 'every NHS patient a research patient' along with the commitment to inform people of research studies they may be able to take part in. The new strategy will expand this to include that every member of staff will have an opportunity to participate in high quality research thereby improving the quality of services and care to patients.

PATIENT STORY – HEALTH IMPROVEMENT TEAM

I was referred by my GP to the healthy lifestyle check programme (run by the health improvement team) but I was really encouraged by my social worker to attend. He did a lot of work with me over the months helping me to think the positives and negatives of changing my lifestyle. Then the instructor rung me and we met. On my way to the meeting I was not sure if I really wanted to do that. My confidence was low and I had been feeling depressed. The Instructor took my blood pressure, weight and had a long chat with me. We talked about things...

We started off gently, training once a week as I had been inactive and overweight for a long time. After 6 weeks, we did another assessment and things were going well. For the rest of the programme, I was training twice a week. I had set my mind to it.

The Instructor listened to me, encouraged me and treated me well. He did not push me too much, just enough when I was ready which helped me a lot. He takes his job seriously and he is always available for help. Sometimes there are other people in the programme who need more help than I do and demand a lot of his attention, so he spends time with them and sometimes I had to wait if I needed to ask a question.

At the end of the programme we did another assessment. I lost a stone in weight, I was 13 ½ and it dropped to 12 ½ stones. My confidence and my mood also improved.

I would *highly recommend* the programme to friends and family if they needed similar care. That is because it helps people with their confidence, to be happier, to eat better, to socialise more and may be take less medication.

I think you (CLCH) should be talking to social workers and carers more. There are many isolated people out there who they don't know about the programme. Also, look for volunteers who want to gain experience as they can help the Instructor with running the sessions. It would be good to do activities outdoors or even go swimming not just stay in the gym. It will make the programme more fun. Also to have a morning session as some people prefer to exercise in the morning.

Learning from this story

Service users informed us that 'it might be hard to know that the healthy lifestyle check existed unless you are involved in the community'. In response to this the service created a new flyer providing information on all the community clinics and shared this with Westminster Health Trainers who are in contact with local people in the borough. The clinics are now advertised in the local library.

The service is also in discussion with other partners, such as the Recruit Team Active Westminster, to see if they can provide additional activities (such as a walking group) to add activities to the programme within the community.

SECTION 3

LOOKING FORWARD - OUR QUALITY PRIORITIES FOR 2017-18 (CS)

Our quality priorities for 2017- 18 are the same as laid out in our Quality Strategy, *Simply the Best Every Time: A strategy for the delivery of outstanding care 2017 – 2020*. The strategy can be found here http://www.clch.nhs.uk/media/232999/quality_strategy_2017-20.pdf

Our Quality Committee has agreed a revised quality dashboard to monitor progress against each of these priorities. Progress against our priorities will be reported to the committee on a quarterly basis as part of our comprehensive quality report.

The priorities, their key outcomes and associated measures of success are as follows:

CAMPAIGN ONE: A POSITIVE PATIENT EXPERIENCE –

Changing behaviours and care to enhance the experience of our patients and service users

Key Outcomes	Measures of success 2017-18
<p>Service developments and plans of care co-designed with patients and service users.</p>	<ul style="list-style-type: none"> • Maintenance of 90% and above of proportion of patients whose care was explained in an understandable way • Achievement of 85% of proportion of patients who were involved in planning their care • The use of co-design will be embedded throughout the organization • Patients will be members of the Quality Councils in each division
<p>Patient stories and diaries used across pathways to identify touch points and 'Always events'</p>	<ul style="list-style-type: none"> • Always Events will be implemented across the Trust • Continued use of patient stories by all services and shared at divisional and trust forums. • Develop a plan to implement patient diaries in services and how these can be used to inform service improvement. • Implement patient diaries into identified services.
<p>Patient feedback used to inform staff training</p>	<ul style="list-style-type: none"> • Implement patient feedback into the Trust Education forum through the use of complaints/ PALs and patient stories • Identify opportunities for patients and carers to participate in training • Develop and implement patient stories as part of the learning from serious incident reviews, for example impact of a pressure ulcer/ fall. • Patients to be members of the Quality councils for education and training
<p>Divisional quality council Objectives</p>	<ul style="list-style-type: none"> • One objective with outcome measures

CAMPAIGN TWO: PREVENTING HARM

Reducing unwarranted variations in care and increasing diligence in practice.

Key Outcomes	Measures of success 2017-18
Systems in place to provide early warning to illness, service failure or a reduction in the quality of care	<ul style="list-style-type: none"> Maintenance of 98% or > harm free care Severity of PU and falls will continue to fall (5%) Red flag reporting will be embedded throughout organization Revised early warning system developed for patients in community setting including revised early warning assessments for falls and pressure ulcers 0% PU in bedded areas 100% RCA completed on time
Safety culture and activities signed up to in ALL services	<ul style="list-style-type: none"> Trust maintains good or outstanding in NHSI learning from mistakes league table No outstanding actions from SI All risk register actions are met by identified completion date.
Variations in practice identified and acted upon	<ul style="list-style-type: none"> All staff are aware of learning from incidents
Divisional quality council objectives	<ul style="list-style-type: none"> One objective with outcome measures

CAMPAIGN THREE: SMART EFFECTIVE CARE

Ensuring patients and service users receive the best evidence based care, every time.

Key Outcomes	Measures of success 2017-18
Clinical staff use the most up to date clinical practices	<ul style="list-style-type: none"> CAS alerts (inc. PSAs) –Monthly Board KPI target for timely alert closure ≥90% NICE – 75% of services complete a Baseline Assessment Form for NICE Guidance within the agreed timeframe.
There will be demonstrable culture of clinical enquiry and continuous improvement across the Trust	<ul style="list-style-type: none"> 76% staff able to contribute to improvements at work (staff survey) Staff to have access to analytics training, tools and support via the intranet
CLCH will be a leader in innovative community practice	<ul style="list-style-type: none"> Develop a learning repository for lessons learnt regarding change projects PID documents to include section for on-going learning
Divisional quality council objectives	<ul style="list-style-type: none"> One objective with outcome measures

CAMPAIGN FOUR: MODELLING THE WAY

Providing world class models of care, education and professional practice

Key Outcomes	Measures of success 2017-18
<p>New roles and career pathways are in place which supports the needs of patients/service users.</p>	<ul style="list-style-type: none"> • The development of clear career pathway frameworks for Bands 1-9 for all services and staff groups with associated competencies and skills required • The continued implementation of Apprenticeship roles • The continued pilot of the Nurse Associate role in Adults and Children services • The continued pilot of the Capital Nurse foundation rotation programme • The implementation of the staffing models into all clinical services following the safer staffing review • The evaluation of existing fast track programmes and the development and implementation of further fast track programmes
<p>Each clinical profession has a clear and successful model of professional practice which includes their role in improving population health as health champions.</p>	<ul style="list-style-type: none"> • Research and develop a model of professional practice for clinical staff
<p>Clinical staff are well led, educated, trained and involved in research to evidence the impact of what they do.</p>	<ul style="list-style-type: none"> • Increase the number of research projects involving/ led by clinical staff within the Trust • Raise the profile of research in the Trust in conjunction with the training and education available to staff and the career pathway mapping • Review the Trust's research strategy
<p>Divisional Quality Council Objectives</p>	<ul style="list-style-type: none"> • One objective with outcome measures

CAMPAIGN FIVE: HERE, HAPPY, HEARD AND HEALTHY

Recruiting and retaining an outstanding workforce

Key Outcomes	Measures of success 2017-18
Staff are fully engaged and involved in the model of shared governance	<ul style="list-style-type: none"> • Three Quality councils per division are established and well attended. • Evaluation of the model used and any changes made to support the effective management of the councils.
Voluntary staff turnover below 10% by 2020 Staff vacancies below 10% by 2020	<ul style="list-style-type: none"> • Voluntary staff turnover below 15% (12% by 3/18) • Staff vacancy rate below 15% by 3/17 and 12% by 3/18
Staff surveys are undertaken which demonstrates improving levels of staff engagement	<ul style="list-style-type: none"> • Staff engagement index score of 3.88 or above
Wellbeing strategy to support staff health and well-being and reduce staff absence	<ul style="list-style-type: none"> • A 2% reduction in the number of staff who report feeling unwell as a result of work related stress in the 2017 Staff Survey. • Sickness absence remains below target of 4%
The Trust is committed to and makes demonstrable reductions to agency spend	<ul style="list-style-type: none"> • The Trust meets its targets relating to agency spend • The number of staff recruited to staff bank increases by 10%
Divisional quality council objectives	<ul style="list-style-type: none"> • One objective with outcome measures

CAMPAIGN SIX: VALUE ADDED CARE

Using enhanced tools, technology and learn methodologies to manage resources well including time, equipment and referrals

Key Outcomes	Measures of success 2017-18
The user experience across CLCH, primary care, specialist services and social care is as seamless as possible	Divisions to assess experience through patient and user involvement
Clinical staff use the latest technology to improve care delivery	<ul style="list-style-type: none"> • Each division has explored how technical innovation can be used to improve quality. • Each division has used improvement tools to improve one service
Front line staff lead new lean ways of working	<ul style="list-style-type: none"> • 5% staff to have been trained to basic level in improvement skills including lean
Divisional Quality Council Objectives	<ul style="list-style-type: none"> • One objective with outcome measures

WHOM DID WE INVOLVE AND ENGAGE WITH TO DETERMINE OUR QUALITY PRIORITIES?

As described elsewhere in the account, in January 2017 CLCH launched its updated quality strategy *Simply the Best, Every Time*.

As part of the launch of the quality strategy, we consulted widely with all our stakeholders, including commissioners, local Healthwatch, Health Scrutiny Committees and our shadow membership, and explained to them how the quality account priorities would be aligned with our quality strategy. We asked our stakeholders for comments on the proposed measures for success for each of the quality campaigns; as well as asking what success might look like for them. We created a web survey that would allow our patients, staff and carers to comment on our quality priorities to respond to us via the survey as well as giving them the opportunity to respond in e mail or in writing.

In accordance with our statutory obligations, we circulated our draft quality account for consultation. The responses to this consultation have been included within this account.

(themes and response demographics will be added)

PATIENT STORY - MERTON FAMILY NURSE PARTNERSHIP

Before I had a family nurse, I don't know how to explain that but I was really living a miserable life. To me that's what I was thinking that I was miserable all the time. I wasn't myself really. I thought I'm worthless but ever since I got you – you are such a blessing in my life to be honest. I feel I'm loved, I matter to everyone. I just feel I'm blessed really. I'm happy. I'm extremely happy with my life now – seriously, so happy I just can't describe it in words.

I was living with my family – my mum, my siblings but life wasn't really easy. I shared a bedroom with my sister then my other sibling came and we shared a bedroom, the three of us and the baby. A little bedroom, lots of clutter – it was just too much for me, too much and I had issues with my mum – it was just too much.

The family nurses came into my life when I was pregnant. I felt so happy- I felt like I've got someone to lean on and talk to, someone to advise me on what to do. Like really you were like my mum – I don't know how to explain it. I am thankful to both you and for the Family Nurse Partnership. I'm so happy – really.

Family Nurses are different – they get to give you time, they come to your home, they listen to you, they give you advice, which you can't really find in other health professionals like midwives and so on – in hospital they can give you the right advise but they can't really give you their full attention all the time cos they need to catch up with other patients and everything. But for the Family Nurse she gives you a time and comes to visit you and listens to your problems, it's such a wonderful job... really.

Without a family nurse, I don't think I'd be here where I am right now. I wouldn't be anywhere, that's what I think. I wouldn't be here, I wouldn't be happy, I wouldn't ... I don't know if I would have made it.

I feel happy now as a parent. I feel I matter, I feel like I'm important. I feel happy, I'm so happy really.

I'll feel ready now I have completed the family nurse programme because we've come a long way. You've really raised me up. Like you've raised me on my feet to able to do things on my own- I gained my confidence in everything. I think really I can cope.

Learning from this story.

The good practice of the Merton family nurse partnership will be shared across all CLCH family nurses.

SECTION 4

REVIEW OF QUALITY PERFORMANCE - REQUIRED INFORMATION

The following is information that has not been reported on elsewhere in this account but that is required to be included by the Department of Health.

CARE QUALITY COMMISSION

CLCH is required to register with the Care Quality Commission (CQC) and the Trust is registered with the CQC (under the provider code RYX) without any conditions. The CQC has not taken enforcement action against Central London Community Healthcare NHS Trust during 16/17. CLCH has not participated in any special reviews or investigations by the CQC during the reporting period that ended 31st March 2017.

The Trust's last comprehensive CQC inspection took place in April 2015, with the report being published in August 2015. The grids below reflect the inspection report ratings.

In their report, the CQC highlighted eight actions that the Trust must take to improve. In response to this, CLCH created plans to address these actions. These actions were completed in March 2016 and shared with the CQC.

The Trust's compliance team is now actively working to move the Trust from good to outstanding. This includes all teams assessing themselves against CQC standards as well as benchmarking our services against trusts that have been rated as outstanding.



Last rated
20 August 2015

Central London Community Healthcare NHS Trust



Central London Community Healthcare NHS Trust



Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

As can be seen from the above grid, CLCH was rated as Requires Improvement in the Safe domain. This was mainly due to staff vacancies in some services. In response to this, CLCH put in place a number of initiatives including a successful nurse recruitment drive in the Philippines. Further information on this is provided elsewhere in the account.

CQUIN PAYMENT FRAMEWORK

A proportion of CLCH's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between CLCH and the three CCGs which make up the Central London, West London, Hammersmith & Fulham, Hounslow and Ealing (CWHHE) Barnet, Harrow and Herts Valley CCGs and NHS England. Our achievements against the CQUIN goals for 2016/17 are detailed in the following tables.

(Please note that the figures below are based on the evidence submitted by CLCH to commissioners and the amount that we believe has been demonstrably achieved. However, we have not yet received formal confirmation of achievement for all of these CQUINS and hence final achievement could vary).

CWHHE

CQUIN	Goal	Plan	Forecast
		£	£
NHS staff health and wellbeing - Initiatives	To improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	£224,783	£224,783
NHS Staff health and wellbeing - Flu Vaccination	Improving the uptake of flu vaccinations for frontline clinical staff of 75%.	£224,783	£94,409
Digital Roadmaps 2020	To support the design, development and delivery of the NWL Digital Roadmap and the associated Digital Programme, and provide appropriate expertise and input into variance governance arrangements	£899,132	£899,132
Tissue Viability	To standardize and improve the quality and effectiveness of Tissue Viability services across the geographical boundaries of the Central London, West London and Hammersmith and Fulham CCGs.	£150,000	£112,500
CWHHE TOTAL		1,498,698	£1,330,823

BARNET CCG

CQUIN	Goal	Plan 16/17 TOTAL £	Forecast 16/17 £TOTAL
District Nursing	Develop and implement Emergency Admission Avoidance Care Plans to deal with care of housebound patients within the community to reduce re-attendance back to hospital.	£221,049	£206,366
Diabetes Self-management	Diabetes- self management support programme for new insulin users.	£147,336	£132,602
Depression Screening	Mapping of local pathways to manage onward referral and draft protocols for initial screening of depression in older people. <ul style="list-style-type: none"> To ensure screening for depression is carried out in the community for older people. 	£81,051	£73,756
Depression Training	Development of virtual depression awareness programme for District Nursing, BILT, Parkinson's and COPD clinical staff.	£66,314	£66,314
Flu Vaccination	Improving the uptake of flu vaccinations for frontline clinical staff of 75%	£110,524	£0
Health and Wellbeing	To improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	£110,524	£110,524
BARNET CCG TOTAL		£736,798	£604,246

HARROW CCG

CQUIN	Goal	Plan 16/17 TOTAL £	Forecast 16-17 £TOTAL
Diabetes Self-management	Diabetes- self management support programme for new insulin users.	£52,998	£52,998
Depression Screening	Mapping of local pathways to manage onward referral and draft protocols for initial screening of depression in older people.	£35,332	£35,332
Depression Training	Development of virtual depression awareness programme for District Nursing, BILT, Parkinson's and COPD clinical staff.	£35,332	£35,332
Flu Vaccination	Improving the uptake of flu vaccinations for frontline clinical staff of 75%	£26,499	£13,250
Health and Wellbeing	To improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	£26,499	£26,499
HARROW CCG TOTAL		£176,660	£144,861

HERTS VALLEY CCG

CQUIN	Goal	Plan 16/17 TOTAL £	Forecast 16-17 £
Ambulatory Care	Identification of Patients with asthma, COPD and bronchiectasis who attend ambulatory care at WHHT to scope and provide review within 2 days.	£36,647	£36,647
Depression and Mental Health Screening	Improvement of screening for common mental health disorders among people with respiratory long-term conditions	£36,647	£36,647
HERTS VALLEY CCG		£73,294	£73,294

NHS ENGLAND

CQUIN	Goal	Plan 16/17 TOTAL £	Forecast 16-17 £
Child Health Information Systems (CHIS)	CHIS teams to consolidate into four CHIS hubs. This CQUIN facilitates quality improvements in this substantial project plan, as per CHIS Strategy for 2017, including the roll out of eRedbook to London parents from December 2016.	£7,610	£7,610
Flu Vaccination	Improving the uptake of flu vaccinations for frontline clinical staff of 75%	£5,045	£0
Health and Wellbeing	To improve the support available to NHS staff to help promote their health and wellbeing in order for them to remain healthy and well.	£12,360	£12,360
AAC Patient Activation	To introduce an Activation System for patients with Long Term Communication Disability Conditions through the use of Talking Mats, in order to support adults and children with long term conditions of complex communication disabilities to communicate their views and enhance patients' activation.	£10,300	£10,300
NHSE TOTAL		£35,315	£30,270
ALL TOTAL		£2,520,765	£2,183,494

MERTON CCG

Merton CCG did not have a CQUIN with CLCH but instead had an incentive scheme, related to the reduction of emergency hospital admissions, as follows:

Scheme for Complex Adults, for those aged 50 and over, which is to proactively support patients and prevent avoidable emergency hospital admissions.

This scheme was worth 2% of the contract value, which would represent £327,109 over and above the contract value. However, the target could not be achieved since it depended on reducing emergency admissions in acute hospitals, which is beyond CLCH's control.

DATA QUALITY

CLCH recognises that Information Governance, which has as a component high quality data, is essential for the effective delivery of patient care and to enable continuous improvements in care provision. This includes ensuring that personal data is treated in the strictest confidence, managed securely and is shared for the purposes of direct care in line with the Caldicott principles.

Given the importance of good quality data to the effective delivery of patient care, the Trust is therefore fully committed to improving the quality of the clinical and administrative data in use across all of its services.

The Trust is fully committed to improving the quality of the data in use across all of its services and the following is a summary of the actions that CLCH has taken to improve its data quality during the 2016/2017 year:

- The data quality strategy has been reviewed and approved in preparation for a revision to the data quality policy.
- Data quality reports are provided on a key number of data items and composite scoring has been introduced and reported through to all performance reports at both divisional and trust level.
- Third-party data quality reports from NHS Digital, relating to submissions to the secondary uses service (SUS), inform areas to address, along with other returns applying data quality checks.

The Performance and Information Data Quality Operations Group (PIDQOG) continues to have oversight of this area of work. It has a very strong operational input supported by the relevant functions responsible for systems and analysis. In the context of data quality this group has the following specific aims:

- To support the accountable officer for data quality and data validation (the Chief Executive) and provide assurance that the quality of data within the Trust is of a high standard for accurate decision making and reporting
- To act as a central focal point for data quality matters within the Trust, for both a clinical and corporate services, including having ownership and responsibility for reviewing data quality issues and developing action plans to address those issues

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

CLCH submitted records during 2016-17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was 94.6% for accident and emergency care. The percentage of records in the published data which included the patient's valid General Medical Practice code was 90.9% for accident and emergency care.

CLCH submitted information about the percentage of records for patients admitted to our Walk in Centres which included the patients' NHS number to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics. We reported that 94.6% of records included the patient's NHS number and 90.9% included their General Medical Practice number.

CLINICAL CODING ERROR RATE

CLCH was not subject to the Payment by Results clinical coding audit during 2016/17

REVIEW OF SERVICES

During 2016-17 CLCH provided and or sub contracted 77 NHS services.

CLCH has reviewed all the data available to them on the quality of care in 100% services. The income generated by the NHS services reviewed in 2016-17 represents 100% of the total income generated from the provision of NHS services by CLCH for 2016-17.

INFORMATION GOVERNANCE TOOLKIT

The Trust has maintained Level 2 compliance against the Information Governance Toolkit and achieved a score of 77%. This represents overall satisfactory compliance which has been confirmed by the Trust auditors.

STAFF SURVEY RESULTS

Key Score 26 (KS19 in 2014 survey) – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2014 Score – 28%

2015 Score – 24%

2016 Score – 23%

This represents a continuing improvement of 5% over the last three years, but it is still above the national average for community trusts which is now 20%, down from 21% in 2015.

Key Score 27– Percentage of staff believing the trust provides equal opportunities for career progression or promotion

In 2014 82% said yes.

In 2015 83% said yes

In 2016 82% said yes

This represents a largely static score over the last three years, but it is still below the national average for community trusts which is now 90%, up from 89% in 2015.

Our Plans for improvement:

We have recently launched careers clinics for all clinical staff, irrespective of their grade or experience, whereby staff have the opportunity to discuss their career aspirations with a senior member of staff and to fully review and develop their personal development plans.

We have identified bullying and harassment hotspots by looking at staff survey data at service level and we are offering workshops to those teams with scores significantly higher than the trust average. This has proved useful in the past because it has helped team members develop effective and more meaningful working relationships.

Additionally we have developed options to prevent bullying and harassment at an early stage. These included developing a local mediation service, raising its profile and recruiting an additional four mediators.

We have also changed our policy framework to provide a greater emphasis on mediation and the greater use of the *restorative practice* approach within teams, which again aims to repair relationships as an alternative to using the formal bullying and harassment policy or disciplinary policy.

We have built management capability through a range of management training options, such as the clinical team leaders' development programme as well as a course designed specifically for managers who are new to management.

We have and continue to increase the profile of health and wellbeing for all of our staff with a particular emphasis on how to spot and handle stress and/or mental health issues. A total of 176 managers have now been trained in how to identify and respond to mental health issues in their teams.

STATEMENTS

Healthwatch

OSC etc

PATIENT STORY – MARJORIE WARREN FINCHLEY MEMORIAL HOSPITAL

I was admitted to a rehabilitation unit after I sustained a fractured hip. I also had a stroke.

My stay on the unit - Yeah it's ok, there is good and bad in most things. Sometime the food is really good sometimes not so good. I have ordered something but they have given me pasta and I know I would have ordered pasta as I can't stand it. Sometimes when they give you food they don't help to cut up the meat or take the cling film off. I only can use one hand and it is very difficult to take the cling film off. I also think they should give you a tea spoon with your yoghurt or pudding as the other spoon is too big.

The nurses are very busy sometimes it can be quite a long time when you press the bell. I understand that they are very busy. The nurses themselves - well 99% of the time are kind and caring and have looked after me well and thanks to all the staff.

I have seen the physio. I have found it difficult this time due to my stroke and now broken hip. It has been difficult to put weight on that side to walk. Sometime when they help me they hold on to me and pull or push me and I feel that I might fall over, I don't like it. I didn't make any progress with the physio as I could not put weight on that side. We talked about going home with a rotastand and 2 carers coming to see me at home.

Then when the physio came to see me again I thought what's the point and refused to do it. Then I thought I would try, we went to the bars and I walked up and down. I set myself the goal to walk again. If I go home with a rotastand then I will need two carers 4 times per day. But that is a lot of time when I am at home on my own between carers. We have talked about going into a care home, but it's too expensive

The worst thing is when the convene (a type of catheter) comes off, I previously had a catheter but I can't have it because of the risk of infection. Some of the nursing staff don't know how to put a convene on.

I don't like the blind at the window (in the hospital) It is down for privacy and then blocks out the light or it is up and you can see the flats, I think there should be net curtains. The cleaner- she does a really thorough job, under the bed, everywhere.

Sometimes when staff have finished helping me, they leave the call bell at the end of the bed but I can't get to it there as I can't use my arm. I have to hope someone walks past.

Learning from this story

The team identified a number of actions in response to the issues raised by this patient. This included looking at the option of providing blinds that maintain privacy as well as allowing light in. Feedback was also provided to the catering manager regarding the cling film and the food likes and dislikes. In respect of the convenes, convene sizes were reviewed and different sizes ordered as appropriate. Staff were reminded to place call bells appropriately and to consider if the patient can access it.

SECTION 5

FEEDBACK AND FURTHER INFORMATION

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. We will be putting a short feedback survey on our website which should only take few minutes to complete.

Go to www.clch.nhs.uk and fill out the survey online. Alternatively you will be able to download a copy of the survey, fill it in and post it to:

Patient and public engagement Central London Community Healthcare NHS Trust
2nd Floor, Parsons Green Health Centre
5-7 Parsons Green
London SW6 4UL

Please 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, please call our communications team on 0207 798 1424 or e mail communications@clch.nhs.uk

Further advice and information

If you would like to talk to someone about your experiences of CLCH services or if you would like to discuss a service, please contact our patient advice and liaison service (PALS) in confidence via email clchpals@nhs.net or on 0800 368 0412.

Useful contacts and links

CLCH

Patient Advice and Liaison Service (PALS)
Email pals@clch.nhs.uk
Tel 0800 368 0412
Switchboard for service contacts Tel 020 7798 1300

Local Healthwatch

Central West London Healthwatch

For Hammersmith and Fulham, Kensington and Chelsea and Westminster Email healthwatchcwl@hestia.org
Tel 020 8968 7049

Barnet Healthwatch

Tel 020 8364 8400 x218 or 219
www.healthwatchbarnet.co.uk

Local Clinical Commissioning Groups

Barnet CCG

Tel 020 8952 2381 www.barnetccg.nhs.uk

Central London CCG

Tel 020 3350 4321 www.centrallondonccg.nhs.uk

Hammersmith and Fulham CCG

Tel 020 7150 8000

www.hammersmithfulhamccg.nhs.uk

Harrow CCG

Tel 020 8422 6644

www.harrowccg.nhs.uk

Merton CCG

Tel 020 3668 1221

www.mertonccg.nhs.uk

West London CCG

Tel 020 7150 8000

www.westlondonccg.nhs.uk

Local councils

Barnet

Tel 020 8359 2000

www.barnet.gov.uk

Harrow

Tel: 020 8863 5611

www.harrow.gov.uk

Hammersmith and Fulham

Tel 020 8748 3020

www.lbhf.gov.uk

Kensington and Chelsea

Tel: 020 7361 3000

www.rbkc.gov.uk

Merton

Tel: 020 8274 4901

www.merton.gov.uk

Westminster

Tel 020 7641 6000

www.westminster.gov.uk

Healthcare organisations

Care Quality Commission

Tel 03000 61 61 61 www.cqc.org.uk

NHS Choices

www.nhs.uk

GLOSSARY

15 Steps Challenge

This is a tool to help staff, service users and others to work together to identify improvements that can be made to enhance the service user experience. The idea is to see the ward through a service user's eyes. Members of the 15 step challenge team walk onto a ward or residential unit and take note of their first impressions.

Baseline data

This is the initial collection of data which serves as a basis for comparison with the subsequently acquired data.

Being Open

Being Open is a set of principles that healthcare staff should use when communicating with patients, their families and carers following a patient safety incident.

Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care services in England. It ensures that the care provided by hospitals, dentists, ambulances, care homes and home-care agencies meets government standards of quality and safety.

Catheter

A catheter is a thin flexible tube which is inserted into the body, usually along the tube through which urine passes (the urethra) or through a hole in the abdomen. The catheter is then guided into the bladder, allowing urine to flow through it and into a drainage bag.

Clinical commissioning groups (CCGs)

CCGs are independent statutory bodies, governed by members who are the GP practices in their area. A CCG has control of a local health care budget and commissions healthcare services on behalf of the local population.

Compassion in practice

Compassion in practice is a three year vision and strategy for nursing, midwifery and care staff, drawn up by the Chief Nursing Officer for England and launched in December 2012.

Commissioning

This is the planning and purchasing of NHS services to meet the health needs of a local population. It involves deciding what services are needed, and ensuring that they are provided.

Commissioning for quality and innovation payment framework (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence. It links a proportion of a healthcare provider's income to the achievement of local quality improvement goals.

Cold Chain: This is the process used to maintain optimal cold temperature conditions during the transport, storage, and handling of certain pharmaceuticals, starting at the manufacturer and ending with the administration of the vaccine to the patient.

DATIX: A web based risk management system, via which the Trust manages its complaints, incidents and risks.

Exemplar ward

These are wards where consistently high quality care and innovation in clinical practice has been demonstrated

Francis report

The Francis enquiry report was published in February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005-2009. The report made 290 recommendations

Incident

An event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public.

Key performance indicators (KPIs)

Key performance indicators help define and measure progress towards organisational goals. As the primary means of communicating performance across the organisation, KPIs focus on a range of areas. Once an organisation has analysed its mission, identified all its stakeholders and defined its goals, KPIs offer a way of measuring progress toward these goals

National Institute for Health and Care Excellence (NICE)

Nice provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

National Health Service Litigation Authority (NHSLA)

The NHSLA manages negligence and other claims against the NHS in England on behalf of its member organizations.

Never event

These are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. A list of incidents described as Never Events is published by the Department of Health.

National reporting and learning system (NRLS)

The NRLS receives confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.

Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with terminal illness. This is through the prevention and relief of suffering by means of early identification and excellent assessment and treatment of pain and other problems that could be physical, psychosocial or spiritual in nature.

PALS

Patient advice and liaison service (PALS) provide a point of contact for patients, their families and their carers, and offer confidential advice, support and information about the services at CLCH.

Patient led inspection of the care environment (PLACE)

PLACE is the system for assessing the quality of the patient environment. PLACE assessments will see local people go into hospitals as part of teams to assess how the environment supports patients' privacy and dignity, food, cleanliness and general building maintenance.

Patient pathways

The patient pathway gives an outline of what is likely to happen on the patient's journey and can be used both for patient information and for planning services as a template pathway can be created for common services and operations. You can think of it as a timeline, on which every event relating to treatment can be entered.

Patient safety thermometer or NHS safety thermometer

The NHS Safety Thermometer provides a 'temperature check' on harm. The tool measures four high-volume patient safety issues (pressure ulcers, falls, urinary tract infection - in patients with a catheter - and venous thromboembolism). The data is used at national, regional and local level (organisational as well as at ward and team level) to support quality improvements through ensuring harm free care.

Patient reported experience measures (PREMS)

These are more commonly known as patient surveys and can include paper based surveys; the use of electronic kiosks; hand held devices; and telephone surveys

Patient reported outcomes measures (PROMs)

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves.

Pressure ulcers

A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers. Pressure ulcers are graded according to severity, with grade one being the least severe and grade four the most severe.

Root cause analysis (RCA)

A systematic investigation technique that looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which the incident happened.

Serious incident

In summary these are incidents that occurred in NHS funded services and resulted in one or more of the following: unexpected or avoidable death; serious harm; allegations of abuse; a prevention of continuation of the provision of healthcare services; or a *never event*.

Schwartz rounds

The Schwartz rounds are an opportunity for staff acknowledge and reflect upon the emotional impact of our daily working lives openly and honestly

Tissue viability

The literal meaning of tissue viability refers to the preservation of tissue. The tissue viability service is a nurse-led specialist service whose aim is to promote the healing of compromised tissue.

Venous thromboembolism (VTE)

Venous thromboembolism is a condition in which a blood clot (thrombus) forms in a vein. It most commonly occurs in the deep veins of the legs; this is called deep vein thrombosis. The thrombus may dislodge from its site of origin to travel in the blood – a phenomenon called embolism.

SECTION 6
APPENDIX - COMPLAINTS ANNUAL REPORT