Central London Community Healthcare **NHS**

NHS Trust

Barnet ▌Hammersmith and Fulham ▌Kensington and Chelsea ▌Westminster

Quality Account
2012 / 13

Draft version 0.6

Contents

About our Quality Account 2012 / 13

What is a Quality Account?

This is Central London Community Healthcare (CLCH) NHS Trust's Quality Account for 2012 / 2013.

The Quality Account evaluates progress we have made against the Quality Improvement Goals we set ourselves last year, and sets out the annual Quality Objectives for the year ahead. All providers of NHS services must publish a similar document each year to inform the public of the quality of the services they provide.

It should help you measure our performance against our commitment to provide you with the best quality services. It also encourages us to focus on service quality and helps us find ways to continually improve the services we provide.

What does the CLCH Quality Account include?

Over the last year we have collected information about the services we provide within the following three areas of quality defined by the Department of Health as:
- Patient safety
- Clinical effectiveness
- Patient experience.

This definition of quality arose from work commissioned by the Department of Health which concluded that patients have a very simple approach to what they need from a high quality service.

Patients would like healthcare services to:
- Do me no harm (patient safety)
- Make me better or help me die in a way I choose (clinical effectiveness).
- Be nice to me (patient experience)

We have used this information to look at how well we have performed over the past year and to help identify where we could improve over the next year. We have also defined ten main areas for improvement and these are set out in more detail later in this Quality Account document.

This document covers the four boroughs in which we provided services during 2012 / 13:
- Barnet
- Hammersmith and Fulham (H&F)
- Kensington and Chelsea (K&C)
- Westminster

How did we produce this Quality Account?

To make sure that our priorities match those of our patients, carers, partners and the wider public, we invited a range of individuals and groups, that included patient and community representatives, our commissioners and our staff, to help us put the document together.

We also have a dedicated Quality Stakeholder Reference Group which provided comments and feedback from the very start of the drafting process. This reference group includes representatives from local involvement networks (LINks), local authority overview and scrutiny committees (OSCs) and commissioners such as the clinical commissioning groups (CCGs). Our own clinicians and managers also fed into the work of this reference group.

We hope the Quality Stakeholder Reference Group will continue to work with CLCH throughout the coming year to provide us with feedback as we seek to implement the plans laid out in this document.

Developing the quality priorities for 2013 / 14

Similarly, we have talked to a range of other groups and individuals as we identified the priorities for the year ahead. When developing priorities for the coming year, we considered a number of factors.

We took account of feedback from our Quality Stakeholder Reference Group members, from our employees through our internal Quality Improvement Group and from our Trust Board members.

At the end of this document we have provided a feedback section with details of how you can tell us what you think of our Quality Account, what we can improve and information on how you can help develop next year's Quality Account.

If you would like to receive a printed copy of the CLCH Quality Account, please contact us via e-mail to: **clch.communications@clch.nhs.uk** or telephone us on **020 7798 1420**

If you would like to know about the quality of a specific service that you use or are interested in

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

To find out how a specific service performed during 2012 / 13, please visit the publications section of our website, **www.clch.nhs.uk**, where service-level quality reports for 2012 hold information on individual services and service areas.

If you would like to talk about CLCH's services or your experiences

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

About CLCH

The new vision and mission statements for CLCH launched in 2012 commit us to leading out-of-hospital community healthcare.

We will do this by giving children a better start and giving adults greater independence.

We want to deliver the very best healthcare and treatment to people in the community and closer to home. We need to strengthen our partnerships with hospitals, GPs, social care, the voluntary sector and our communities so we can make a real difference to people's lives.

We are the largest stand-alone community healthcare organisation in London and we were the first such body in the capital to be awarded NHS Trust status. As such, we are at the forefront of changing how community healthcare services are provided to achieve the best possible results for our patients.

We employ more than 3000 community healthcare professionals who provide out-of-hospital, community-based healthcare services for nearly 1 million people living or working in the London boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. We also provide some services to people that live in Hertfordshire.

To improve access to our services, we provide healthcare from more than 160 locally based sites, as well as treating or supporting people in their own homes.

The full range of CLCH services includes:

- **Adult community nursing services** – including 24-hour district nursing, community matrons and case management.
- **Child and family services** – including health visiting, school nursing, children's community nursing teams, speech and language therapy, blood disorders and children's occupational therapy.
- **Rehabilitation and therapies** – including physiotherapy, occupational therapy, podiatry, speech and language therapy and osteopathy.
- **End of life care** for people with complex, substantial, on-going needs caused by disability or chronic illness.
- **Offender health services** at HMP Wormwood Scrubs. (Mental health services for offender health are subcontracted.)
- **Continuing care services** for older people who can no longer live independently due to a disability or chronic illness, or following hospital treatment.
- **Specialist services** – including elements of long term condition management (such as diabetes, heart failure and lung disease), community dental services, sexual health and contraceptive services and psychological therapies.
- **Walk-in and urgent care centres** – providing care for people with minor illnesses and minor injuries, supporting a range of health promotion activities and advice.

Statement from our Chief Executive

(To be included in final document)

Statement from the Chair of the Quality Committee

This year marks the arrival of the new NHS – one that emphatically confirms the patient is at the heart of all we do.

At Central London Community Healthcare NHS Trust we know that we must always strive to deserve the support of our commissioners and patients on quality, safety and clinical effectiveness.

Looking back over the last 12 months, I believe our performance in many areas justifies that confidence and support. Look, for example, at the impressive performance of our district nursing service in meeting challenging CQUIN targets for pressure ulcers. They have relieved or prevented unnecessary suffering amongst vulnerable people while also reducing related use of acute hospital services.

We have established new working arrangements with the London Ambulance Service to ensure our rapid care services see more patients in their own homes, preventing avoidable A&E visits and hospital admissions. Similarly, we now have community liaison nurses working at St Mary's Hospital to help with the discharge of patients who will receive community services from the Trust. This improves their safety and should reduce emergency re-admissions.

We continue to work closely with our partners and statutory agencies to reduce risks and encourage staff to report incidents and near misses as this is the only way to learn lessons and stop mistakes happening again – something we were reminded of by the Francis report on Mid-Staffordshire Hospitals NHS Foundation Trust.

Now we look to 2013 / 14 with confidence – determined to deliver the ten quality goals developed in partnership with patients and our other stakeholders.

However, as chair of the quality committee I am particularly determined to see continued progress towards reducing the number of preventable pressure ulcers in the community. The quality committee was disappointed with the results of the Trust-wide audit of health records and is pleased to see a strong commitment to improve clinical record keeping in 2013/14.

We will also be keeping a close eye on new quality goals – most notably by ensuring our staff continue to display the compassion that underpins all good healthcare.

Julia Bond

Non-executive director and chair of the quality committee
Central London Community Healthcare NHS Trust

Executive Summary

Our overview of the quality of services CLCH provided in 2012/13

The Department of Health defines quality according to three key areas: safety, clinical effectiveness and patient experience. We outline briefly below our progress against each area in 2012/13.

1 Safety:

The safety of our patients and staff is an absolute priority. We have continued to learn from our experiences and improve safety wherever possible.

The implementation of the Patient Safety Thermometer at CLCH has been very successful and the Trust has received very positive feedback from key stakeholders. We have achieved and gone beyond the CQUIN target of 100% surveying of all appropriate patients. Staff are already acting on the data to reduce harm. The CLCH 'harm free care' percentage has increased from 85.15% (July 2012) to 93.25% (March 2013). The latter is above the current England average.

We made progress towards reducing the number of preventable pressure ulcers in the community. There is still some way to go and during 2013 / 14, pressure ulcers will continue to be an area for improvement. Although the Trust-wide audit of health records in the autumn produced disappointing results overall, some crucial criteria did show significant improvement on the previous year. There is a strong commitment to improve performance and clinical record keeping is an improvement area for 2013/14.

2 Clinical Effectiveness:

Providing effective healthcare is at the heart of our vision and mission; and it is a guiding principle behind everything that we do at CLCH.

Our new online platform has been agreed as the single platform to build our PROMs (Patient Reported Outcomes Measures) database, increasing our ability to centrally report on patient reported outcomes. This platform allows us to produce reports on PROMs which are important as they are measures reported by the patient themselves.

Within our community rehabilitation services, we continue to widely use the Goal Attainment Scale (GAS) tool. The GAS involves patients setting goals they would like to achieve during the course of their rehabilitation therapy. In 2012 / 13 we built an electronic version accessible via our intranet system. An initial report, covering 554 fully completed forms, showed that 78% of patients reported a positive impact while just 2% reported a negative impact.

We have also successfully completed three national audits and a range of local audits that will help us improve the care we provide to our patients.

3 Patient Experience

Every CLCH service has now agreed their own action plan for Patient and Public Engagement, but as an organisation we have actively sought to get a much richer flavour and wider range of feedback in 2012 / 13

As well as surveys such as Patient Reported Experience Measures (PREMs) we developed (amongst other tools and techniques) patient feedback / comment cards, patient stories gathered through semi-structured interviews, mystery shopping of reception areas and of course building our membership community as part of the application process to become a foundation trust.

In the patient survey 90% of patients reported their experience as excellent or good and we have had significant progress in the area of patient experience at CLCH in the last year – however, there is still scope to improve in this area of quality.

In response to stakeholder feedback, we have made acting on the views of patients and their feedback one of our improvement areas for 2013 / 14. This will see us make even more use of the 'you said…we did' poster campaign first used in 2012 / 13.

A summary of our ten main improvement areas for 2013 / 14

CLCH has taken the three key quality areas defined by the Department of Health and set out our three Quality priorities or campaigns for action in 2013 / 14:

- Preventing Harm
- Smart, Effective Care
- A Positive Patient Experience

Our stakeholders are keen that we have clear measurable goals that we are working towards and the data available to us over the last year has helped us identify the ten main goals for improvement for 2013 / 14.

We have shown here how the ten goals fit within the three Quality priorities or campaigns for action in 2013 / 14 and we will monitor and report on progress against each over the course of the year.

Preventing Harm	Smart, Effective Care	A Positive Patient Experience:
1. Reduce the number of avoidable pressure ulcers in the community by at least 10% 2. Reduce the number of catheter associated infections in the community by at least 10% 3. Reduce the number of falls that cause harm, in bedded rehabilitation services by at least 10% 4. Reduce the number of new VTEs by at least 10%	5. Each service within CLCH will work towards the achievement of at least 3 clinical outcomes based on best practice 6. Strengthen and streamline clinical record keeping to support patient pathways 7. Reduce the number of unplanned hospital admissions for patients with long term conditions that are on CLCH (case management) case loads	8. Ensure that we are providing compassionate care to all our patients 9. Act on patient feedback for sustainable continuous improvement 10. Implement the 15 Steps Challenge

Our goals were also shaped by consultation with our staff, key partners and our own patients, including a survey that generated more than 200 responses. The goals have also been informed by the Quality Strategy and recommendations of the Francis report.

Other factors that have been taken into account included:

- Areas where service users have identified they would like to see improvements, eg through comments, concerns, complaints.
- Improvements that all NHS organisations have to make (national targets/priorities).
- Issues highlighted by staff (incident reporting).
- Areas highlighted by partner organisations (LINks, local authorities).
- Common themes identified through the end-of-year service quality reports.
- Areas agreed with commissioners of services to ensure significant progress in quality, eg the Commissioning for Quality and Innovation (CQUIN) payment framework.
- Areas where our performance falls behind other NHS organisations and there is scope for improvement.

Our journey to become an NHS Foundation Trust

We were formed in 2008 from the three healthcare organisations which were formerly part of the primary care trusts in Hammersmith and Fulham, Kensington and Chelsea, and Westminster. We then became a standalone NHS Trust in November 2010.

In April 2011 Barnet Community services joined us to become part of our single organisation now spanning all four boroughs. We are one of only two NHS Trusts in London that exclusively deliver out-of-hospital, community based NHS healthcare services, and one of just 18 across England.

Most community healthcare services in England have been merged into either hospital trusts or mental health trusts. In order to retain our independence as a standalone provider of community health services and to maintain our focus on out-of-hospital, community based care, we are now working to become a foundation trust. We aim to become a foundation trust by spring 2014 and a key component of that journey is the development of a dynamic and representative membership drawn from our patients, local communities and staff.

Foundation trusts have a significant amount of managerial and financial freedom compared to NHS Trusts. Foundation trusts are part of the government's stated purpose to devolve decision-making from a centralised NHS to local communities in an effort to be more responsive to their needs and wishes. We believe that as a foundation trust we can continue to provide patients with the very best care and treatment, by really focusing on community-based services.

As a foundation trust we will be even more responsive to people's healthcare needs because, as members, they will be part of the organisation helping to shape local community services - including commenting on the long term strategy of the organisation. We will also have the additional advantage of more freedom to invest in state-of-the-art care and treatment for our patients.

This is important because as the health economy continues to change dramatically, there is an increased focus on competition, partnership and a wider market. This is seen as a way of driving better quality of care, improved outcomes, providing greater patient choice and delivering value-for-money.

CLCH already works with a variety of partners to improve the quality of services it provides, to support patient needs and improve responsiveness to patient and commissioner requirements. These partners include GPs, acute and mental health trusts, local authorities and other providers. The main hospital trusts that we work with are Chelsea and Westminster Hospital NHS Foundation Trust, Imperial College Healthcare NHS Trust, The Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust.

As an NHS foundation trust, CLCH will have an even greater ability to develop partnerships and increase the provision of joined up care and seamless care pathways for our patients within our local communities.

Accolades for our staff during 2012 / 13

CLCH staff continued to win a number of awards during 2012/13, and we have shared a couple of examples here:

Fiona Macnaughton-Jones was named speech and language therapist assistant of the year at a national awards ceremony in Westminster.

Fiona, who works at the Melcombe children's centre on Fulham Palace Road, was selected for the honour by the Royal College of Speech and Language Therapists.

She received her prize (left) from the royal college's president, Sir George Cox.

Fiona said: "*My favourite part of the job is helping families and making a difference to their lives. I feel really well supported in my role and the encouragement from the rest of the team to try things and come up with ideas has helped me progress.*"

Fiona visits families with new babies in their home. She advises on early interaction and communication milestones, and highlights the importance of talking to your baby.

Our specialist stoma care nurses received a 'highly commended' award at the British Journal of Nursing Gastrointestinal Nursing Awards 2012.

Melanie Jerome and Amanda Gunning, who are based at Chelsea and Westminster Hospital, picked up their certificate (above) at a ceremony in London for their work in providing psychological support to patients who had undergone stoma treatment.

Our priorities for providing high quality services

This patient story comes from District Nursing in Barnet

I think it is the people that make it work, I don't have any complaints about any of the staff and actually I should say a big thank you to them for creating a wonderful and personal service and going the extra mile to put in a lot more than their teaching requires them to.

They do much more than that, both in the field and in the office - that especially has been wonderful, the staff in the office care as well as the nurses too; they phone to ask 'Have you got this message?, has the nurse been around?'

That's wonderful; rarely would people do that, I appreciate it and they were very fast in getting me all the things I needed to make me comfortable which was fantastic.

The nurses are very, very patient, they handle my requests very quickly, and I'm very very impressed with that. They ask questions a lot, they are very interested in what is actually wrong with me and they are very caring.

District Nursing Barnet

Preventing Harm

What do we mean when we talk about safety or preventing harm?

To CLCH, it means treating and caring for people in a safe environment and protecting them from avoidable harm.

We treat safety as an absolute priority at all times. It is on the agenda of every CLCH Board meeting and the Trust works with staff to make risk management a core part of the way we work.

We must learn from our experiences and improve patient safety and the safety of our staff wherever possible.

We work closely with our partners and statutory agencies to reduce our risks.

We encourage staff to report incidents and near misses as this is the only way to learn lessons and stop mistakes happening again. Effective risk management underpins a safe, harm-free environment for patients, service users and staff and improves the quality of our care. We also encourage patients to be involved in the risk assessment process.

For further information about the safety of our individual services, please see the service-level quality reports for 2012, in the publications section of our website **www.clch.nhs.uk**

Looking back – what have we done over the past year to improve safety?

Here we look at progress against the quality priorities we set for 2012 / 13 and the next steps we will take to improve in these areas.

1	We will reduce the number of preventable pressure ulcers in the community

CLCH recognises that pressure ulcers are a harm which can sometimes be prevented, improving patients' lives. The treatment of pressure ulcers can be time-consuming and costly to CLCH services, the wider health economy and patients themselves.

Improving the way we work

We have worked hard this year to ensure that the systems, processes and frameworks are in place to support effective prevention and management of pressure ulcers.

This includes:

- Adopting the Department of Health definition of avoidable/unavoidable pressure ulcers and ensuring that all staff recognise that most pressure ulcers are considered avoidable.

- Developing better information for patients and carers and reviewing how we can best support patients who do not follow our advice.

- The governance for pressure ulcer management has been reviewed and an internal strategic steering group established to oversee and monitor the reduction of avoidable pressure ulcers.

- A comprehensive pressure ulcer policy has been developed and will shortly be rolled out across the Trust. The policy sets clear clinical standards supporting staff across CLCH to prevent, detect and manage pressure ulcers.

- Training for the prevention and management of pressure ulcers is mandatory for all staff who care for patients with, or 'at risk' of, developing a pressure ulcer. Nursing staff will undertake yearly pressure ulcer training updates, in addition to the initial one day training course.

- We are analysing data at team level and identifying outliers. This work has helped us identify teams that need further support and those who are doing well.

- We have examined lessons from root cause analyses and monitored team action plans in relation to pressure ulcer management.

Pressure ulcer CQUIN

As part of the Commissioning for Quality and Innovation (CQUIN) framework, we negotiated a pressure ulcer CQUIN with our commissioners. This CQUIN aims to improve outcomes for patients with pressure ulcers and covers deteriorations, documentation and patient and carer education.

The pressure ulcer CQUIN deterioration indicator recognises that prevention of pressure ulcers is the ideal, but that it is not always achievable - especially as many patients will have developed the condition before they were under CLCH care.

However, once a patient is admitted into the care of a district nursing team with a pressure ulcer, the ulcer's deterioration or healing is recognised as a key indicator of the quality of care being delivered.

The table below outlines the pressure ulcer CQUIN indicators for 2012 / 13.

INWL/NCL Indicator Number	Indicator
2b(i)/2a	Prevention of the deterioration of grades 2/3 pressure ulcers, acquired in any setting, to grades 3/4 pressure ulcers for patients in the care of the district nursing service.
2b(ii)/2b	98% of patients with a grade 2, 3 or 4 pressure ulcer to have full documentation recorded on the central reporting template. This includes photographs which should also be uploaded onto RIO.
2b(iii)/2c	98% of patients who are surveyed for the collection of data for the Patient Safety Thermometer, in any given month, who have either an existing pressure ulcer or are assessed as being at risk of developing a pressure ulcer are to be given agreed information about prevention and/or care.

In addition to impressive performance on full documentation and patient and carer education, the district nursing service achieved the target of less than 5% deterioration from grades 2/3 to grades 3/4.

The tables below illustrate pressure ulcer CQUIN results between July and December 2012.
(to be updated with Q4 figures)

Pressure Ulcer Deterioration: July–December 2012
Target: <5%

		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Grade 2/3 to 3/4 Deterioration	Barnet	1.5%	Nil	1.7%	2.5%	3.3%	3.5%
	Inner London	3.7%	Nil	0.7%	1.6%	0.8%	2.3%

Pressure Ulcer Documentation: July–December 2012
Target: 98%

		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Percentage of PU pts with full documentation	Barnet	95%	92%	86%	98%	94%	100%
	Inner London	85%	100%	100%	90%	97%	100%

Patient and Carer Education: July–December 2012
Target: 98%

		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Patient and Carer Education	Barnet	85%	89%	90%	100%	100%	100%
	Inner London	100%	88%	92%	100%	100%	100%

Reviewing the trend of pressure ulcer incidence and prevalence

Trust-level Patient Safety Thermometer data from July 2012 to March 2013 'all' and 'new' pressure ulcers is illustrated below.

Pressure Ulcers - All

	Cat 4	Cat 3	Cat 2

Pressure Ulcers - New

	Cat 4	Cat 3	Cat 2
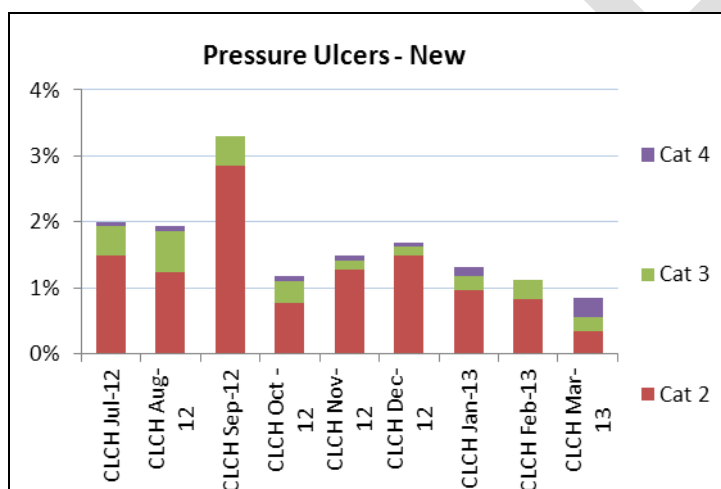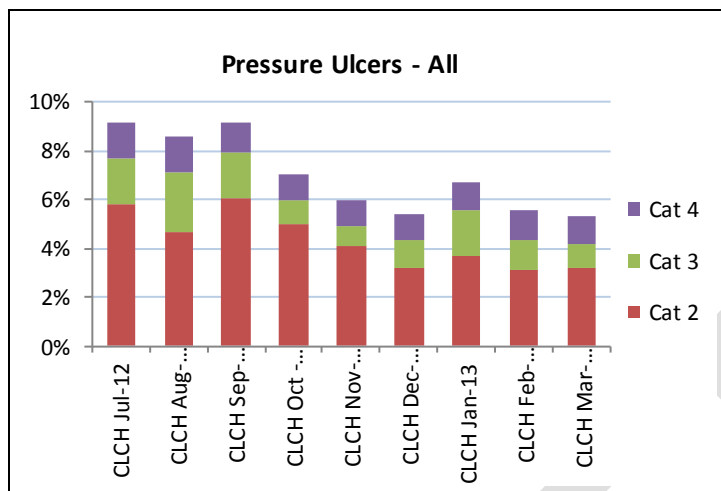
'New' pressure ulcers refers to ulcers developed 72 hours or more after admission to CLCH.

We have reviewed our data on pressure ulcers and the results suggest that we are reducing the overall number of new pressure ulcers. We will continue to track this trend.

We recognise that although the overall trend of pressure ulcers is improving, there are still significant numbers of grade 3/4 pressure ulcers developed within CLCH.

Our work with teams to ensure learning from Root Cause Analysis investigations of these serious incidents will help ensure that key lessons are learned to prevent these harms from occurring.

Most reported pressure ulcers came from our Barnet locality. We therefore targeted specific solutions through the Barnet service, including:

- In 2012 / 13, further investment in the Barnet tissue viability service to increase capacity to support staff in the prevention and management of pressure ulcers.

- Discussions with commissioners around training of staff in independent nursing homes. Of the pressure ulcers reported from Barnet that developed in non-CLCH services, more than a third came from nursing / residential homes.

- Securing recurring funding for additional tissue viability resources in Barnet.

Next Steps

We have a programme of work underway to ensure that we build on our work in 2012 / 13 and improve further in this area in 2013 / 14. More information about this is outlined in the 'looking ahead' part of this section on Preventing Harm.

Case Study – Specialist nurses bring relief from pressure ulcers

Background

'Betty' lived in a nursing home and had been receiving treatment related to a grade 4 pressure ulcer and skin care in an acute setting for nearly two years, either through A&E attendances, outpatient appointments or inpatient admissions.

On average Betty attended hospital once a month. This was distressing for Betty, an elderly and immobile patient, and cost the NHS around £24,000 per year, excluding transport.

Actions

Betty was assessed by one of our specialist tissue viability (TV) nurses who advised nursing home staff on how to treat her ulcers. Betty was visited fortnightly by the TV nurses to monitor her ulcer and document her progress.

Outcomes

- With their new skills, nursing home staff felt more confident in dealing with Betty's ulcer care

- Since the introduction of the specialist nurses, Betty has not had any A&E attendances, outpatient appointments or inpatient admissions relating to her ulcer care. Significantly, with the specialist advice and support of the TVs Betty's ulcer has now healed.

2	We will strengthen clinical record keeping practice to support patient care pathways
	Record keeping is a vital and integral part of clinical care and professional practice. It protects the welfare of patients by promoting continuity of care. CLCH has a comprehensive record keeping policy which includes the following general standards: - All client-centred activities must be entered on the clinical record within 24 hours of patient contact. - All records must be stored in secure storage when not in use. - Multi-agency collaboration with the client or patient will be shown in the records, including copies of all referrals, reports and letters. - Entries will be concise, jargon-free, non-judgemental, objective and client centred. - Known allergies and significant past medical, surgical and social history should be highlighted on the front sheet. - All records should clearly demonstrate the involvement of the service user in decisions about their care.

The national Standard for each criterion is traditionally set at 100% (NHS Litigation Authority guidance). The health record audit reviews what proportion of records have achieved this Standard. The local CLCH Target compliance for the proportion of records having achieved the Standard is 85% or more.

Between September and November 2012, CLCH undertook a Trust-wide health records audit. The findings for the overall results showed that 45% of criteria achieved the local Target compliance of 85%. This compares with 49% for the previous year – although there was an improvement on the previous year in a number of important criteria.

Paper-based records showed a higher proportion of criteria achieving target compliance: 53% of criteria were met in 2012 compared to 49% in the previous audit. Criteria to show improvement, with 2012/13 figures shown first and the figure for 2011/12 in brackets, included: nutritional assessment 77% (65%); skin integrity assessment 75% (60%) and allergies documented 64% (47%).

A Trust-wide action plan and Task and Finish group were created in response to the audit conclusions. We expect this will help narrow the gap between performance and our own target. Local services were also asked to produce action plans describing the actions they would take to improve record keeping in their areas.

Training is now mandatory and a system of peer review of records is currently under development through managerial supervision systems, initially in Children's Services.

Staff are working closely together to effect change. There is momentum for progress and a Record Keeping Summit attended by senior staff in March 2013 was underpinned by a problem solving approach to record keeping and a clear commitment was seen towards continuous improvement.

Next Steps
A re-audit of record keeping for services that scored below 85% overall started in April 2013. An immediate focus is this six-week Trust-wide audit through April and May. Improved clinical record keeping continues to be a priority for 2013/14 (see the 'looking ahead' section for further details of plans to improve record keeping performance).

What else did we do to prevent harm in 2012 / 13?

The Patient Safety Thermometer

The NHS Safety Thermometer, also known as the Patient Safety Thermometer (PST), provides a temperature check on harm and is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. CLCH implemented this tool during 2012 / 13.

> *"The data from the Safety Thermometer is powerful because it allows us over time to establish a baseline against which we can track future improvement."*
>
> *Department of Health, 2013*

Since July 2012, the PST monthly survey has collected data on all relevant patients on one day each month, as required under the agreed national NHS Safety Thermometer CQUIN (Commissioning for Quality and Innovation payment framework). Data is collected on four outcomes – pressure ulcers, falls, urinary tract infections (in people with catheters) and venous thromboembolism (VTE).

A completed PST survey for all relevant patients must be completed for each month in a quarter to trigger the CQUIN payment for that quarter. The 2012/13 CQUIN target of 100% surveying of all appropriate patients was met every month. Data from all nine surveys was sent to the NHS Information Centre for inclusion and publication in the national database. The PST indicates where individuals, teams and organisations might need to focus more detailed review, training and improvement. CLCH PST data is analysed at trust, borough, unit and team levels. The results are shared with frontline staff to identify areas for improvement. There are excellent examples of direct action being taken as a result of the data sharing.

Four Trust-wide groups have been established within CLCH – one for each of the four key harms. They consider the implications of the data and monitor reduction in harms.
The table and charts below include results from our 2012/13 PST surveys.

	CLCH Jul-12	CLCH Aug-12	CLCH Sep-12	CLCH Oct -12	CLCH Nov-12	CLCH Dec-12	CLCH Jan-13	CLCH Feb-13	CLCH Mar-13
Harm Free	85.15%	87.53%	86.71%	89.61%	91.71%	90.96%	90.21%	91.77%	93.25%
Types of Harm	CLCH Jul-12	CLCH Aug-12	CLCH Sep-12	CLCH Oct -12	CLCH Nov-12	CLCH Dec-12	CLCH Jan-13	CLCH Feb-13	CLCH Mar-13
Pressure Ulcers	9.13%	8.61%	9.14%	7.08%	6.00%	5.44%	6.69%	5.53%	5.34%
Falls	2.60%	2.62%	1.21%	1.65%	1.89%	2.47%	2.07%	1.80%	1.12%
Catheters & UTIs	2.08%	1.31%	1.43%	1.31%	1.35%	1.41%	1.38%	0.97%	0.63%
VTEs	2.23%	1.52%	3.14%	1.03%	0.94%	0.28%	0.34%	0.55%	0.28%
Sample Size	1347	1452	1400	1454	1483	1416	1450	1446	1423
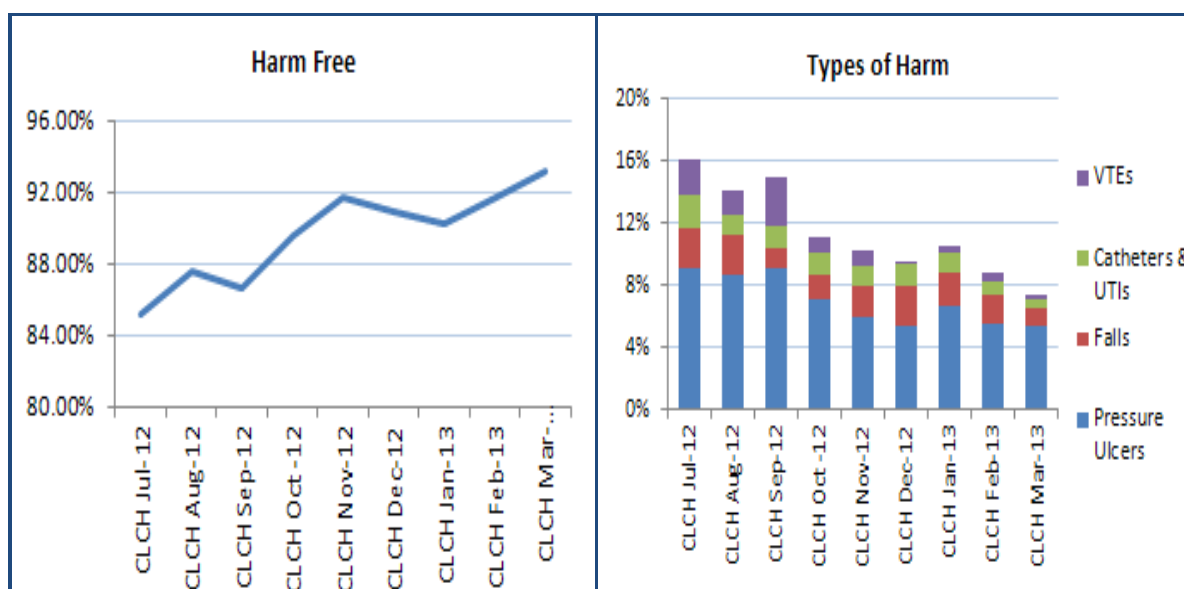
In March 2013 our harm-free care percentage was 93.25% - this is higher than the national average available at the time, 92.33%.

> *"I am delighted with the robust implementation of the Safety Thermometer at CLCH. They are extremely well placed for the 2013/14 CQUIN improvement work"*
>
> **Vicky Aldred, Head of Patient Safety, NHS England**

Next Steps

In 2012 / 13 the focus of the Patient Safety Thermometer by CQUIN was on data collection. However, CLCH has already put in place systems and processes to ensure that the data continues to be used to improve the quality of the care we provide to our patients.

CLCH has been identified nationally as an organisation with robust baseline data and in 2013 / 14 we will formally progress to the next stage of this CQUIN – improvements to reduce the amount of harm that patients experience.

The 2013 / 14 PST CQUIN will focus on improvement in pressure ulcer prevalence.

Case Study – PST: Improving prevalence of CA-UTI

Background

Four Trust-wide groups have recently been established within CLCH – one for each of the four key harms:
- Pressure Ulcers
- Falls
- VTE
- Catheter Associated Infections (CA-UTI)

The groups act on the data provided and oversee reduction in each of the harms – they are already yielding positive results. This complements dissemination of data at trust, locality and team levels. This case study is one of a number of examples of improvement driven by the patient safety thermometer.

Actions

Following the initial CA-UTI Steering Group meeting, actions agreed included

- Production of helpful resources for CLCH clinical staff and key partners (eg staff in residential homes) and incorporation of easy to remember mnemonics
- Set-up of CA-UTI Link Nurse Forums to support the dissemination and embedding of good practice

Clinical and service leads were also tasked with continuing to raise staff awareness around CA-UTI, including signposting staff to available resources.

At Finchley Memorial Hospital (FMH) the implementation of the catheter care bundle is underway. Also, staff are liaising with colleagues in the acute trusts to review catheter use so that where appropriate, catheters are removed prior to transfer of the patient to FMH.

Outcomes

- Clinical practice around CA-UTI is improving: for example staff are increasingly querying catheters in situ to ensure that there are valid reasons for catheter use
- The trend of CA-UTI prevalence is improving.

Developing a robust approach to incident reporting across the organisation

We want to make sure that staff across the organisation feel confident about reporting specific safety incidents, and that there is an open and honest approach to learning from every experience.

During 2012 / 13 CLCH has again placed a strong emphasis on embedding a culture of being open and learning from experience.

> **Being Open** means communicating honestly and sympathetically with patients and their families when things go wrong. We have developed a safety culture that is open, transparent and fair. This approach extends to communication between all healthcare professionals and healthcare managers within the Trust.
>
> We are developing plans to publish the outcomes of incidents and complaints and the lessons taken from them. The first such report should be considered (in public) by the Trust Board by summer 2013.
>
> **Learning from Experience** ensures that lessons are learned from mistakes or incidents and shared throughout the organisation.

In this context we have focused on a number of areas that measure our success in continuing to develop and support such a culture.

Being open

The number of incidents reported during 2012 / 13 rose 10% on the previous year, from 4924 to 5438.

We have continued to encourage staff, patients and families to report incidents and we believe this has contributed to the increase in the number recorded during the year. It had been accepted for several years that historically many incidents were not reported.

Our efforts to improve reporting in the last year included:
- Continued promotion of the online incident reporting system throughout CLCH, which included a series of staff road shows at a number of sites.

- An on-going campaign by the Learning from Experience team to help staff to use the electronic reporting form, with the team liaising with managers to ensure that incidents are reviewed appropriately.

- More detailed information for staff on the incident reporting system – an information pack produced by the Learning from Experience Team and distributed to all staff.

- On-going efforts to benchmark and compare data from other organisations, eg information on pressure ulcers.

This table shows the number of each particular type of incident. For example, whether it involved a breakdown in communication or a specific issue such as incorrect medication.
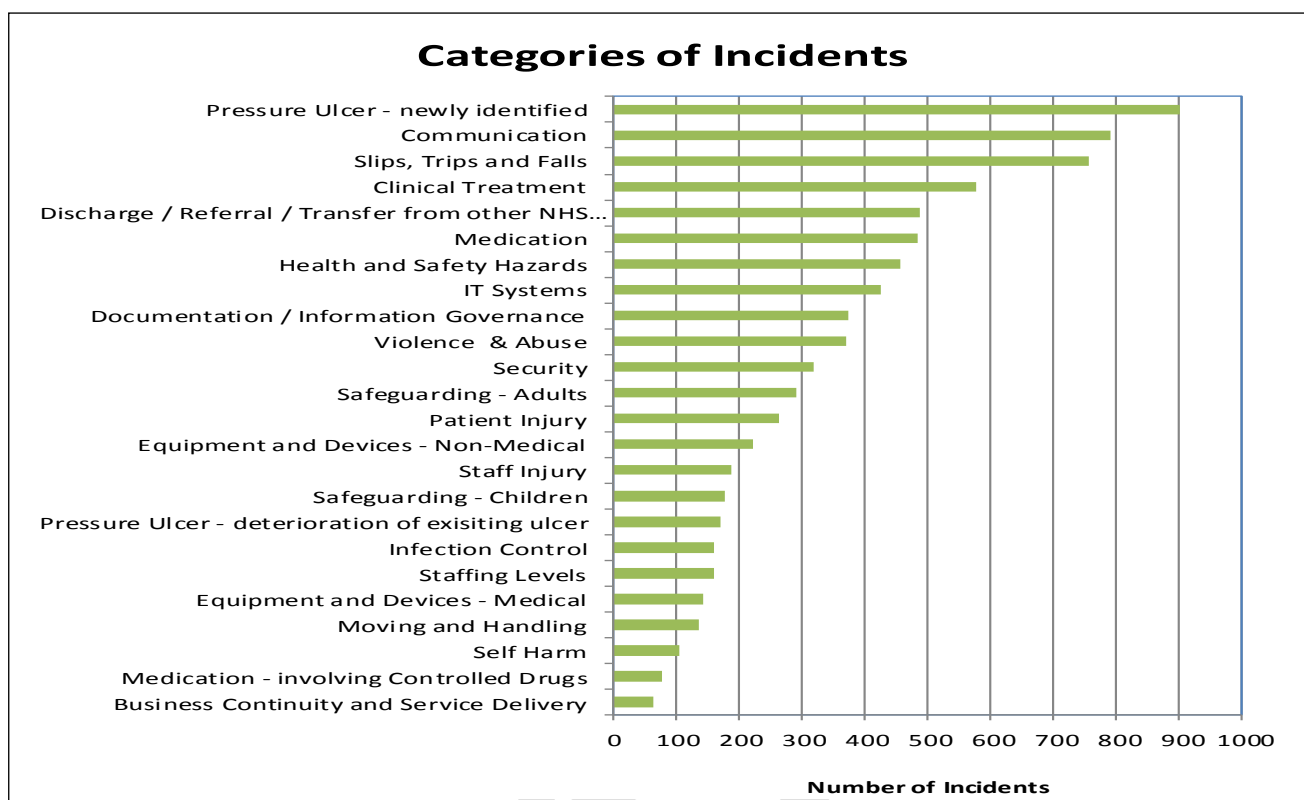
The next table shows the figures separated into the severity of incidents which have actually occurred. We also show figures for where there was a 'near miss'. 'SUIs' are 'serious untoward incidents which we are required to keep particular records on. We show the percentage of each type of incident by type of severity in the table below.

These are both patient and non-patient related incidents. The Trust recognises that a higher proportion of reported incidents should be 'near miss' or result in 'no harm'. We are continuing our efforts to raise awareness around reporting near misses, and the percentage of near misses reported is expected to rise. A 'near miss' is defined as: 'an event or occurrence that had the potential to cause harm, loss or damage but was prevented'. A 'no harm' incident is defined as 'an event or occurrence that did not result in harm, loss or damage'.
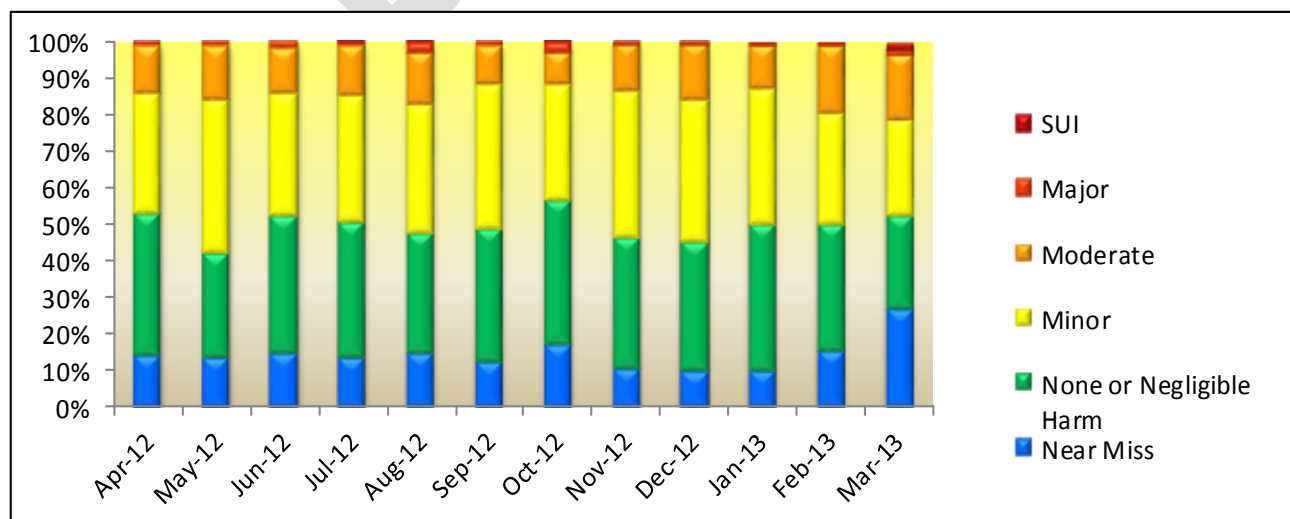
There continues to be relatively wide variation amongst service areas in terms of the level of reporting of incidents and near misses. This is heavily influenced by fundamental differences between service areas in the levels and types of safety issues faced as a result of their clinical setting and specific patient needs.

For example, district nursing, tissue viability and palliative care report a significant proportion of pressure ulcers. To a large extent this reflects the fact that guidance from the National Institute for Health and Clinical Effectiveness (NICE) requires district nurses to report newly acquired or deteriorating pressure ulcers as incidents. The majority of such incidents reported are in relation to pressure ulcers developed while the patient was in hospital or before receiving care from CLCH and were reported by the service following an initial assessment visit.

The recording of such incidents does not necessarily reflect poor care, but notes that more intervention is needed and ensures that a manager is aware of the issue.

We will continue to share best practice, provide training, support staff and provide awareness raising campaigns. We will target this activity on specific groups and services that are thought to be under-reporting.

Learning from Experience

CLCH continues to develop organisation wide 'Learning from Experience' opportunities that aim to further develop the effectiveness of the Learning from Experience Group and its advice and recommendations are applied across the Trust.

To increase the involvement of frontline staff and improve feedback, the Learning from Experience Group evolved during 2012 / 13 into a new format. The former became the Complaints, Litigation, Incidents and PALs Group (CLIPs).

A panel is now chaired by the Chief Nurse and Director of Quality Assurance. This panel receives serious incident investigation reports from the investigator and the team involved. The CLIPS group now plays a key role in the regular monitoring of safety at CLCH. The CLIPS group regularly reviews data around:

- Incidents – any unexpected incident that could have or did harm a patient.

- Any contacts received through the Patient Advice and Liaison Service (PALS), including formal complaints.

- 'Root cause analysis' reports in relation to specific issues.

- Serious untoward incidents (SUIs) – very serious incidents such as unexpected or avoidable death.

Where a particularly high risk is identified, for example an increase in pressure ulcer reporting, it will be escalated to the Board for more detailed scrutiny and review and an action plan will then be developed. This provides the chance for challenge, exploration and reflection, and staff can raise issues and concerns that may have contributed to the incident.

In 2012 / 13, 87% of incidents were reviewed or updated electronically by a manager within seven days. This is lower than the 89% achieved in 2011 and narrowly misses the 90% target. The Board will continue to monitor progress in 2013 / 14

Case Study – Paperlite

Background
SystmOne is the electronic records system used across the Prison service in England and Wales. Until September 2012 at Wormwood scrubs a paper based Medicines Administration Record (MAR chart) was in use alongside the electronic records system used for prescribing medication.

The Paperlite project was set up to replace the MAR chart with the SystmOne medicines administration function to create a single record containing all patient information and reduce duplication of work and the risk of medication errors.

Actions
An additional network point was installed and new personal computers (PCs) were placed in the wing rooms. Staff were trained on how to use the electronic administration function on SystmOne and the service successfully went 'Paperlite' on 3 September 2012.

Outcomes
Using the electronic records system to administer medication means that the patient has a full complete record; all patient information is stored in the same place and is easily accessible to staff. This makes it easier to monitor and respond more quickly to non-compliance of treatment.

This has reduced duplication in work for prescribers, nurses and pharmacists and contributed to a reduction in the number of medication errors.

Case Study – Improving the transfer of care from hospitals into CLCH community services

Background

We have developed a new clinical pathway for improving the discharge of patients from hospital into community services provided by CLCH.

Actions

Central London CCG funded the Trust to appoint two community liaison facilitators (CLFs) to work within St Mary's hospital. They are ensuring patients are discharged smoothly and reducing the number of safety incidents around poor discharge by checking that community staff have enough information to manage referrals.

They are also teaching ward staff what is required to ensure a patient is transferred home safely.

Outcomes

The project is in its early stages, but it is hoped it will result in:

- Patients will typically have shorter stays in hospital.
- There will be fewer incidents, particularly serious incidents, relating to poor information on referral, medication, equipment and supplies for patients.
- Patients are contacted 24 hours after discharge to confirm that their care and recovery is going to plan.
- Improved communication with GPs over notification of patient discharge and their post-discharge needs.
- A reduction in the number of patients re-admitted to hospital within 30 days.

Preventing harm: Looking ahead

This year we will focus on the following Quality improvements:

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

The table below outlines the 'here and now' and success measures for these goals.

Quality Goal	The here and now	Measures of success – 2013/14
Reduce the number of avoidable pressure ulcers by at least 10%	As of March 2013, the Trust was below the national average level of harm caused in relation to the four patient safety thermometer indicators • Pressure Ulcers • Urinary Tract Infections relating to catheters • VTE • Falls	The trust will continue to meet the 100% data collection target for the Patient Safety Thermometer. Quality Action teams will be set up to reduce the levels of harm in the 4 key areas. There will be a 10% reduction in harm against all 4 areas (against 2012/13 data).
Reduce the number of catheter associated infections in the community by at least 10%		
Reduce the number of falls causing harm, in bedded rehabilitation services by at least 10%		
Reduce the number of new venous thromboembolisms (VTE) by at least 10%		

Further detail is provided in the section below:

1	Reduce the number of avoidable pressure ulcers in the community by at least 10%
	Why focus on pressure ulcers? Pressure ulcers (PU) are one of the most common health quality issues across all our services and we need to be more proactive in tackling this. We focused on reducing pressure ulcers as a quality account priority for 2012 / 13, however there is further work to be done – particularly to ensure that good practice and lessons learned are embedded across the Trust.

Current status within CLCH

CLCH recognises that pressure ulcers are a harm which can sometimes be prevented, thereby improving patients' lives. The treatment of pressure ulcers can also be time consuming and costly to CLCH services, the wider health economy and patients themselves.

The Board's engagement with the issue has helped reinforce key messages about the importance of reducing avoidable pressure ulcers. The work is being led by the Chief Nurse and Director of Quality Assurance, who chairs the pressure ulcer steering group.

Plans for 2013/14
- Implementation of the new pressure ulcer policy across the organisation.
- The Trust is also rolling out a comprehensive PU competency assessment programme from 2013/14.
- Continued implementation of the CLCH overarching pressure ulcer action plan.
- Quality action teams (QATs) will be set-up where there is a concern regarding an area of quality, for example an increase in pressure ulcers or concerns regarding a particular team.
- Further work with our partners to establish good co-ordinated practice across the health and social care economy.

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2 — Reduce the number of catheter associated infections in the community by at least 10%

Why focus on CA-UTI?

Catheter-associated urinary tract infection (CA-UTI) is a common healthcare-associated infection causing increased morbidity and suffering as well as increasing healthcare and social costs.

Patients living in community settings are often catheterised long-term (more than 28 days) for bladder management due to urinary retention, incontinence and other reasons. The urinary catheter is the major predisposing risk for urinary tract infection and the longer the catheter remains in situ the greater is the risk of infection. Further complications include blockage of catheters, recurrent urinary tract infections, risk of developing a blood stream infection, antibiotic resistance and more.

There is evidence that the use of catheters and related infection often could be avoided through assessment and consideration of alternative options.

Current status within CLCH

The Patient Safety Thermometer results for CA-UTI have been relatively high since the surveys started - though there has been a recent improvement linked to the

work of the CA-UTI steering group.

A recent audit from January 2013 showed poor standards in some CLCH Inner London continuing care areas. More could be done to ensure that there are valid reasons to maintain a urinary catheter in situ. Alternative solutions should be sought to avoid long term catheterisation to reduce the risks and infection rates.

Plans for 2013/14

- Continue the work of the recently formed CA-UTI Steering Group which aims to reduce the number of urinary catheters in situ and associated infections across CLCH.
- Continue to raise awareness in all nurses to query the need for catheters – with the use of flow charts, mnemonic, refresher training.
- Recruit a group of link practitioners who will promote good practice in relation to urinary catheterisation and catheter care.
- Bladder scans can lead to significantly reduced catheter usage/CA-UTIs; ensure that recently purchased bladder scanners are equally distributed across CLCH and sufficient numbers of staff are trained in undertaking the procedure.
- Review antibiotic prescribing.

3	Reduce the number of falls that cause harm, in bedded rehabilitation services by at least 10%

Why focus on falls?

A patient falling is the most common patient safety incident reported to the National Patient Safety Agency. A person who falls can experience significant morbidity including loss of confidence, hospitalisation and loss of independent living. Slips, trips and falls form a significant percentage of recorded incidents reported in CLCH. Earlier in 2012 this increased in the rehabilitation bedded units and a cross-borough audit was therefore undertaken in April / May of 2012 to look at this in more depth.

Current status within CLCH

The results from the April / May 2012 audit of bedded rehabilitation services demonstrated the following:

- Over a six week period there were 39 falls with seven requiring an A&E assessment.

- Documentation of falls risk was not in line with CLCH falls policy.

- Mitigating actions to prevent falls were not clearly documented.

- The Trust falls policy had been superseded by recent new evidence.

A group was set up comprising clinical leads and service managers from the rehabilitation bedded units and this group has been instrumental in implementing the actions identified in the audit. For example, all units now use the CLCH falls risk assessment and complete this within four hours.

There is a need to ensure staff are trained in this area and apply their training as part of ensuring rapid adoption of best practice in the bedded rehabilitation units.

Falls are an inherent risk in rehabilitation units. However, evidence that the risk has been recognised and mitigating actions put in place is critical.

Plans for 2013/14

- Establish a network to promote consistent falls best practice – this will be driven by the Falls Steering Group which has emerged from the work of the Patient Safety Thermometer.

- Improve the uptake of falls training

- To deploy the quality action teams to undertake targeted interventions for teams that need further support.

4	Reduce the number of new VTEs by at least 10%

Why focus on new VTEs

Venous Thromboembolism (VTE) is a condition in which a blood clot (a thrombus) forms in a vein. VTE encompasses a range of clinical presentations. Examples of VTE presenting at CLCH include Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). VTE is associated with considerable morbidity. Though the prevalence is low compared to acute trusts, each instance of new VTE needs to be reviewed to ensure this harm is reduced at CLCH.

Current status within CLCH

The patient safety thermometer provides data on:
- New and old VTEs – with old VTE the patient had the VTE before admission; and new VTEs are developed after admission.

- VTE risk assessment – whether or not a patient has a documented risk assessment for VTE

- VTE prophylaxis – whether or not an 'at risk' patient has started prophylaxis

The Patient Safety Thermometer has raised awareness around VTE and the percentage of patients with a documented risk assessment has steadily increased from 1.11% in July 2012 to 15.88% in March 2013.

We have set up a VTE group to oversee reduction in new VTEs. An immediate priority for the group has been a 'deep dive' into each case of new VTE.

Plans for 2013/14

- Continuation of 'deep dive' work commenced in 2012/13
- Review of the VTE policy
- Review of VTE training and resources

Case Study – Improving access to early screening and prevention of osteoporosis in primary care

Background

The significant health and social care effects of osteoporosis on both the individual and the healthcare system are well established, and are increasingly prevalent with age.

For example, osteoporotic fragility fractures often lead to disablement and even death. Screening for osteoporosis can improve the safety and wellbeing of many older people.

However, although the development of osteoporosis, as well as many of its associated risks, is often preventable, there is currently no structured screening process for the identification of those at risk. Patients are identified on an ad hoc basis, at times only after a fragility fracture has already been sustained.

Actions

The musculoskeletal (MSK) service in Westminster conducted a one-month pilot aimed at improving patients' access to screening and information on bone health.

All patients over the age of 50 were asked screening questions to determine osteoporotic fracture risk. Where patients presented with risk factors, a World Health Organisation tool was used to determine their level of risk, and they were given advice or referred for treatment as appropriate.

Outcomes

Every patient who provided feedback on the pilot said that their awareness of osteoporosis and risk factors was much improved. Nearly one-third, (31%) previously had no knowledge of osteoporosis. Rolling out screening as a routine part of service provision will increase awareness, and improve early detection and prevention of osteoporosis.

Smart, Effective Care

What do we mean when we talk about clinical effectiveness or smart, effective care?

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

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

Providing effective healthcare is at the heart of our vision and mission. Our aim is to make sure that the care we provide to our patients and their families has the best possible impact on their health, wellbeing and quality of life.

How do we know if we are achieving the best possible results for our patients?

Each of our services regularly monitors its own effectiveness to identify areas for possible improvement. Effectiveness can be monitored in different ways and the approach is often very specific to the particular service that is being provided.

The main ways that we monitor and measure smart, effective care are:

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

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

- **Measuring compliance of our services with best practice guidance** – For example, guidance from NICE, an independent organisation that issues guidance based on evidence from medical research. NICE guidance provides a very robust standard for us to use when we are deciding how to provide the most effective care to our patients and

- **Clinical audit** - A formal way of analysing a service against specific standards, and then identifying areas for improvement where necessary.

For further information about the clinical effectiveness of our individual services, please see the service-level quality reports for 2012, in the publications section of our website
www.clch.nhs.uk

Case Study: Talking Time Programme - supporting and helping to treat mothers with Post Natal Depression

Background

The Talking Times programme is coordinated and run by the Specialist Post Natal Depression Health Visitor in Kensington and Chelsea to support women suffering from Post Natal Depression (PND).

Actions

The programme includes the use of Cognitive Behavioural Therapy (CBT) and runs for a period of 8 consecutive weeks. The service used both Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) to assess the effectiveness of the programme.

The PROM utilised was the Edinburgh Post Natal Depression Scale (EPDS), a questionnaire that is used routinely with mothers during postpartum period for early identification of postnatal depression. The tool was administered to all mothers in the group (21 women) before and after the 8 week programme.

Outcomes

The results showed a significant decrease in the EPDS score following the intervention, with 86% of the women recording a decrease and 50% seeing their scores drop from above to below the depression threshold of 12, above which mothers are likely to be suffering from depressive illness of varying severity.

The highly favourable PROMS outcomes, together with extremely positive patient experience expressed by participants, strongly suggests that the current programme is highly effective in supporting and helping to treat mothers with post-natal depression.

Looking back – what have we done over the past year to improve smart, effective care?

Here we look at progress against the quality priorities we set for 2012/13 and the next steps we will take to improve in these areas.

1	**We will demonstrate service improvements as a result of clinical and patient reported outcomes**

Although we have been able to establish a baseline level of clinical effectiveness from the data that we have captured via our new electronic PROMs platform, the system has not been in place long enough to assess the impact on service quality. However, the baseline data will allow us to assess progress more precisely during 2013/14.

The new system allows us to analyse information question-by-question within each PROM tool. Previously, we could only look at total scores before and after an intervention.

This will help us to assess whether a service has produced positive outcomes for patients. For example, overall quality of life may have improved, but physical mobility might have improved more quickly than confidence.

This greater insight into our services will help us to make informed service improvements based on direct patient input.

Next steps:

- Continue to capture PROMs data and establish a process for reviewing PROMs scores against the baseline data.
- Deeper analysis of individual PROM results, looking at outcomes against specific measures, as opposed to total scores.

2	**We will implement comprehensive Patient Reported Outcome Measures (PROMs) and outcome measures along all clinically agreed pathways of care**

We have conducted an extensive review of the PROMs tools currently being used within the trust, and also researched the existing pool of tools available externally - establishing their suitability for CLCH and its services.

This led us to the implementation in key services of the internationally validated *European Quality of Life* (EQ5D) PROM tool, which asks patients about their quality of life against five measures, including mobility, self-care and pain. These services include community nursing – our largest volume service, and podiatry. We do not yet have enough data to be able to draw conclusions with regard to the on-going suitability of this tool. This will be a continuing piece of work in 2013/14.

Within our community rehabilitation services, the Goal Attainment Scale (GAS) tool continues to be widely used. The GAS involves patients setting goals they would like to achieve during the course of their rehabilitation therapy. The patient rates their score on how close they are to achieving these goals, and again at the end of their therapy. The increase or decrease in reported goal achievements can be used as a measure of the effectiveness of the therapy.

The key development with the GAS tool over the last year has been building an electronic version which is accessible via our intranet system. Within three months of the system going live, 855 GAS forms had been completed online.

An initial report, covering 554 fully completed forms, shows that:

- 78% of patients reported a positive impact
- 2% of patients reported a negative impact
- 20% of patients reported no meaningful change

Two more reporting mechanisms are currently being developed. One will allow us to identify where a GAS score should have been captured, but hasn't been and another will identify an abnormally high score. This is in line with expectations that NHS organisations will examine data that suggests performance is well-above or well-below what is expected. These reporting mechanisms will be implemented during the first quarter of 2013/14.

Alongside the GAS and EQ5D tools, we have developed a questionnaire for preventative services, where the potential benefit of accessing the service is difficult to measure using conventional PROM tools, as it potentially lies in the future. It has three key outcome themes:
- Understanding the condition(s)
- Confidence around self-management
- Being connected to other appropriate professionals (signposting)

This is currently being piloted in a number of children's services. If successful, it will be used more widely.

We have been working to find a balance between using these three tools as widely as possible (so we can compare as much data as possible across services), and agreeing existing localised PROMs that are already well-established in the service. This is being managed on a service-by-service basis to ensure that the existing tools are valid, being used, and being used effectively.

Our new online platform has been agreed as the single platform to build our PROMs database, increasing our ability to centrally report on patient reported outcomes. This platform allows us to produce live reports on PROMs, providing up to date information for those who require it.

In addition to the electronic GAS and EQ5D, we are currently developing online, electronic versions of the specialist PROM tools being used by services. The first of these is the online version of the Falls Efficacy Scale – International (FESI), which the falls service is currently in the final stages of testing.

As a trust, we intend to explore the potential to monitor clinical outcomes data much more centrally, giving us further potential to match this data against PROMs and other forms of patient feedback, such as PREMs and patient stories.

Work is underway to record the range of clinical outcome measures used across the Trust with a view to harmonisation.

Next steps:

- Gather adequate data via the EQ5D tool to firmly establish its suitability as a PROMs tool within CLCH.

- Gather adequate data via the piloted 'preventative' PROMs tool, to firmly establish its suitability as a PROMs tool within CLCH.

- The new electronic GAS system provides us with the ability to easily and effectively identify the cases where a negative impact has been identified. A key goal for 2013/14 is to draw up clear protocols to explore the causes of such reports and make informed interventions and/or service improvements wherever possible and appropriate.

- Another key challenge for 2013/14, now that the GAS system is in wide use, is to undertake an audit of the quality of the goals being set. This will allow us to identify any potential shortfalls in quality and highlight opportunities to support our staff to effectively use this tool to maximise outcomes for patients.

- Further work around strengthening PROMs across pathways within the trust, in order to reduce duplication and identify the most effective and efficient ways of measuring outcomes for patients.

- Assess the potential to record and analyse clinical outcome measures centrally.

Case Study: Medicines Optimisation Pharmacy Service (MOPS)

Background

Many elderly patients have complex long-term conditions with several co-morbidities. This can result in patients having complex medication regimes. There is the risk of adverse drug reactions and poor adherence and/or monitoring of long-term drugs.

This can cause deterioration in condition and lead to avoidable emergency contact with secondary care. Research demonstrates that up to 50% of patients do not take their prescribed medicines as intended. It is thought that £5.8b worth of medicines may not be used as intended.

Actions

The medicines management team successfully secured funding from the Integrated Care Pathway innovation fund to pilot the Medicines Optimisation Pharmacy Service. Since August 2012 we have been visiting housebound patients in Hammersmith & Fulham, Central London Clinical Commissioning Group and Kensington & Chelsea.

A specialist pharmacist reviews the patient's medicine use to improve the individual's understanding of his or medicines, rationalise medicines, stop unnecessary medicines and reduce waste. The service addresses complex pharmacy needs by providing personalised medicines management care.

Outcomes

Between August 2012 and February 2013 the team visited 240 patients. Analysis for 155 patients indicates that the service is at worst cost-neutral. The benefits to patients have been immense, improving their understanding of their medicines. Analysis shows that the average number of prescribed medicines per patient is 10.2 (range 3 to 27).

The pharmacists have on average made four interventions per patient. The total reduction in medicine costs is calculated as £17, 248 (including the cessation of medicines £13, 597). This equates to a cost avoidance of £111 per patient. The cost of the service is £96 per patient which means that the net cost saving is £15 per patient.

Formal feedback is being collected in the Trust-wide Patient Reported Experience Measure (PREM) programme and the GP Reported Experience Measure (GPREM). Work will continue until September 2013.

Case Study: Establishing a Psychological Pathway for Stoma patients with benign disease

Background

Although our stoma patients with benign diseases reported being extremely happy with the service they received, with 94% of patients reporting they received "excellent" care, clinicians were concerned that their patients were often psychologically unprepared for any changes in their life, particularly following emergency surgery, and lacked sufficient support to deal with their situation.

Stoma care specialists reported that patients' conditions often put a strain on their relationships and day-to-day life; for example, that patients were self-conscious and avoided social contact due to colostomy bags, or faced rejection from partners.

Actions

The stoma care service introduced Quality of Life assessments during and following care at six weeks, three and six months, and one year. These focused on the day-to-day experiences of patients rather than just the care they received, and in particular on whether they felt safe.

Where patients reported experiencing difficulties adjusting in their everyday life, they were either referred to GPs for further counselling, or taken to A&E for assessment by a psychiatrist where suicidal ideations were identified.

Outcomes

Staff working in stoma care now feel able to identify and deal with the psychological pressures placed upon patients seeing the service, and to ensure that where patients are struggling they are able to receive the support they need.

This has had a positive effect on patients' psychological wellbeing, and has helped to identify those with acute psychological needs. The assessments have also enabled staff to identify common issues patients experience, and to anticipate these when providing care.

What else have we done to improve smart, effective care?

Clinical Audit

"*Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.*" (NICE 2002)

In 2012 / 13 CLCH completed 47 clinical audits. This represents a 135% increase on the previous year when we completed 20 audits. These audits helped us identify many specific areas for improvement. For example, an audit carried out on nutrition and food waste at a nursing home resulted in changes that led to 100% compliance on meeting dietary needs, increased satisfaction for residents and no food being wasted.

A re-audit undertaken by the podiatry department reviewed adherence to current guidelines on access to anaphylaxis kits within podiatry clinics. The podiatry clinics within Hammersmith and Fulham were found to have implemented all the recommendations made in the previous audit. They are compliant with current guidelines on the management of anaphylaxis should an anaphylactic reaction develop as a result of a podiatric intervention. All the clinics had the full standardised emergency kits for anaphylaxis and all kits were within their expiry date. This audit is carried out annually.

In 2012 / 13 we reviewed our processes around monitoring the status and outcomes of clinical audits. We now have new processes for 2013 / 14 to ensure that:

- Local and national priorities inform the selection of clinical audits
- Audits are approved at the start of the financial year by associate directors and the clinical audit and research steering group (chaired by the medical director).
- Completed audits are signed off by appropriate senior managers.
- It is decided at the planning stage of an audit where the results will be published and shared.
- We have a more accurate understanding of the resources required to conduct the audits.
- Appropriate templates are used to ensure consistency and quality.
- All audits undergo a quality review by quality assurance staff.
- All completed audits are signed off by senior management.
- At any given point, the quality assurance team is able to report accurately on the status of all audits within the trust, with a particular focus on the implementation of actions set out in action plans.
- Deviation from the agreed plans/timescales is identified quickly and communicated to key parties.
- Key Performance Indicators (KPIs) for clinical audits will be expanded during 2013/14, one of which will be to increase the robustness of processes to identify and monitor overall improvement in patient care across all services in CLCH.
- Clinical audit training is regularly reviewed and expanded where appropriate

Central London Community Healthcare Trust was eligible for three national audits during 2012 / 13. These were: National Audit of Falls and Bone Health in Older People; Parkinson's National Audit; and National Audit of Psychological Therapies. These have all been undertaken and CLCH is currently awaiting reports from the respective Royal Colleges and Parkinson's UK.

NICE implementation

CLCH has developed a robust and systematic approach to the embedding of NICE guidelines across the Trust to ensure that there is full compliance with the NICE process.

NICE is essential to CLCH as an organisation; it is important to patients and is important to clinicians to know that a decision about clinical care is based on best evidence and best practice:

- NICE implementation provides evidence that CLCH meets the standards of Quality and Safety as outlined by the CQC regulatory framework, where 2 specific clinical guidelines refer to NICE

- NICE implementation ensures care is based on the best available evidence

- NICE ensures clinicians meet the standards set by regulatory bodies

- NICE implementation meets the NHSLA risk management standards and CLCH Trust benefits from reduced claims and risk management premiums

- NICE enables CLCH to meet the requirements in the NHS operating framework for England for 2012 / 13

- Meet government indicators and targets for health improvement and reducing health inequalities.

These are examples of NICE Guidance or standards implemented during 2012:

- PH 41 Obesity - working with local communities

- PH 40 Social & Emotional wellbeing: early years

- CG 150 headaches

- CG147 lower limb peripheral arterial disease

- CG 139 Infection control, quality standard

- QS Patient experience in adult NHS services

Case Study: School nurses embark on journey to process redesign

Background

Redesign of the school nursing service is a workstream within the Children's Services Project. The overall project objective is to improve the quality and efficiency of services delivered to 0–19 year old children.

A Lean approach for redesign has been adopted. It is centred on a set of beliefs, techniques and tools that give customer-focused continuous improvement aimed at the elimination of 'waste', based on the setting of quality standards, and through participation of all school nursing staff. Lean thinking identifies the least wasteful way to provide better, safer healthcare to client groups – with no delays.

The system that staff work within, not the staff themselves, is scrutinised in order to streamline processes enabling more and more clinical activity by the right person in the right place with the right skills.

Actions

Throughout March 2013 frontline staff across the four boroughs have been working with a Lean facilitator to begin the journey into planning quality and productivity improvements for the school nursing service.

This began with a cross-section of school nursing staff in each individual borough creating an array of 'current state process maps'. This same cross-section of staff then came together for 3.5 days for a redesign planning event – Value Stream Analysis (VSA) using their 'current state process maps' to plan a new and improved school nursing service.

Outcomes

The current state process mapping and VSA event was successful in achieving good staff representation across different bandings and from across all four boroughs. Daily staff feedback and a quality measure on staff wellbeing was undertaken during the VSA event to determine any changes in how staff feel about plans to redesign the school nursing service.

The VSA event culminated with school nursing staff creating a future state map for standardised processes across the four boroughs. All the outputs focus on improving quality, using staff appropriately, right training, and right skill mix.

Next steps in April 2013 include approval of the action plan to implement the future state through continued lean thinking and lean methodology.

Smart, effective care: Looking ahead

This year we will focus on the following Quality improvements:

- Each service within CLCH will work towards the achievement of at least 3 clinical outcomes based on best practice

- Strengthen and streamline clinical record keeping to support patient pathways

- Reduce the number of unplanned hospital admissions for patients with long term conditions that are on CLCH (case management) case loads

The table below outlines the 'here and now' and success measures for each of these goals.

Quality Goal	The here and now	Measures of success – 2013/14
Each service within CLCH will work towards the achievement of at least three clinical outcomes based on best practice	Patient Reported Outcome Measure (PROM) tools are being used in some service areas across the organisation. There is an extensive clinical audit programme but there are not clear measures of successful clinical outcomes.	Every service has a defined set of at least 3 clinical outcomes which they wish to achieve based on NICE guidance and national and international best practice. Each service has a method of assessing those clinical outcomes (PROMs, clinical audit).
Strengthen and streamline clinical record keeping to support patient pathways	The proportion of criteria achieving full compliance was only 45% in the 2012/13 audit. A number of important criteria showed poor compliance.	Overall improvement in the proportion of criteria achieving full compliance by at least 20% in the next audit
Reduce the number of unplanned hospital admissions for patients with long term conditions that are on CLCH (case management) case loads	We have developed and begun to implement our 'better care closer to home' strategy, which focuses on supported hospital discharge, rapid response and rehabilitation.	Service utilisation data and admission prevention/avoidance activities will show a 10% reduction.

Further detail is provided in the section below:

1	Each service within CLCH will work towards the achievement of at least three clinical outcomes based on best practice
	Why focus on clinical outcomes? CLCH is developing a culture of continuously monitoring clinical performance and reviewing the quality of its clinical work. A clinical outcome is the change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions. In taking forward the clinical effectiveness agenda and tracking improvement across the Trust, services need to work towards defined clinical outcomes and to assess performance against these in a

consistent manner.

Current status within CLCH

Each service regularly monitors its own effectiveness in order to identify areas for possible improvement with a variety of methods are used to assess effectiveness - eg Patient Reported Outcome Measures (PROM) tools are being used in some service areas across the organisation and there is an extensive clinical audit programme. However there needs to be more clarity about what services are trying to achieve.

Further detail about individual services is available in the quality reports for each service. Within the reports some services have identified areas for improvement and those areas will link into the focus on defining clinical outcomes for each service.

Plans for 2013 / 14:

- The Trust will develop a set of evidence based clinical standards, guidelines, policies and procedures available to all staff.
- Each service will develop a defined set of clinical standards based on the Trust guidelines, Care Quality Commission outcomes, NICE guidance and professional clinical guidelines.
- The Trust will work towards achievement of NHSL Level Two.

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2 Strengthen and streamline clinical record keeping to support patient pathways

Why focus on clinical record keeping?

Themes identified from incident reporting and the recent Trust-wide clinical record keeping audit highlighted there is room for substantial improvement in this area. Record keeping forms a vital and integral part of clinical care and professional practice and protects the welfare of patients by promoting continuity of care with the patient and also across multi-disciplinary teams.

The proportion of criteria achieving full compliance was only 45% in the 2012 / 13 audit. A number of important criteria showed poor compliance. These included the recording of consent, recording of risk assessments, the use of abbreviations and criteria concerning some aspects of alterations / amendments to the records.

However, further analysis shows that many services are using several types of record for the same patient and there is a need to streamline record keeping to maximise efficiency and minimise risk.

Current status within CLCH

The results of our audits have been discussed with individual teams and services and further localised audits are being performed to drive practice standards up locally. Several resources have been put in place to support staff to record the right things in a consistent manner.

The Trust-wide re-audit is taking place over the first six weeks of 2013/14 and will focus on criteria where compliance has been consistently less than 85%. In selecting which criteria to include, consideration has also been given to high risk areas.

Plans for 2013 / 14:

- Establishment of a formal group responsible for driving up record keeping standards and ensuring that the health records policy is fully implemented.

- Ensuring that record keeping is included in the personal development plan/appraisal of every member of staff.

- Development of a team-based record keeping scorecard to support regular local audits.

- Review of record keeping training, including increasing the frequency of mandatory training.

- Strengthen the clinical supervision process to ensure that staff are adequately supported and monitored in clinical practice.

- In addition to local audits and the Trust-wide re-audit, we will undertake another full audit later in 2013 to monitor improvements in practice.

- We will look at streamlining documentation that staff complete as part of the record - for example where multiple sets of the same information are recorded.

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3 Reduce the number of unplanned hospital admissions for patients with long term conditions that are on CLCH (case management) case loads

Why focus on unplanned hospital admissions for patients with long term conditions?

People with long term conditions face many challenges in living independently in their own homes and communities. Often their needs are complex and they have difficulty managing without appropriate support. In recent years and over the next decade, patients with long term conditions will absorb a significant proportion of health and social care budgets.

With the number of people with long term conditions set to rise, it is becoming increasingly important to ensure we are providing best care and best value. Hospital is too often the answer - we need to ensure CCGs are supported with better planned and more proactive care, delivered out of hospital to provide better

outcomes for our patients at lower cost.

If people with long-term conditions are effectively and proactively supported in the community, they should remain relatively stable and enjoy a quality of life free from frequent crises or unplanned hospital visits.

Current status within CLCH

A recent profile of CLCH's patients within the inner boroughs, suggested an average of 2 emergency/unplanned admissions per patient per year, an 8 day average length of stay per admission, with an average cost per emergency admission at £2,297 and an average cost per patient per year at £4,566. Also, 77% of those who are most frequently admitted to hospital are those aged 65 and over.

In view of this, more could be done to ensure that patients with long term conditions, frail elderly and at risk patients could be proactively supported to maintain them at home and where possible reduce the risks and rates of unplanned hospital visits.

We have developed and begun to implement our "better care, closer to home" strategy, which focuses on supported hospital discharge, rapid response and rehabilitation.

Plans for 2013/14

- Implement the use of planned and standardised care pathways (i.e. case management pathway/strategy, integrated referral management pathway etc.) for all case managed patients across CLCH.

- Develop and implement an integrated health and social care system for our LTC patients that contribute to better care experiences, improved outcomes, and are delivered more cost effectively.

- Continue to implement our "better care, closer to home" strategy - develop and implement the supported hospital discharge and rapid response activities of CLCH.

- Continue to develop and focus our case management strategy on LTC patients.

Case Study: Preventing hospital admissions

Background

The government encourages us to provide more care closer to the patient's home. We have redesigned rapid care services across CLCH's inner London boroughs to meet the rising demand and challenges of out-of-hospital care. These changes have also helped us respond to the out-of-hospital strategy of our local clinical commissioning groups.

Actions

- CLCH rapid response teams work closely with GPs and community matrons to prevent hospital admission. There is now a rapid response nurse in each Medical Assessment Unit (MAU) and A&E department in the acute hospitals. These nurses have helped to prevent admissions from A&E and helped hospital staff discharge some patients early by putting support in place in people's own homes.
- A better-skilled workforce to manage acute care at home - we have looked at the current skills of our rapid response staff and have trained them to deliver more acute care at home.
- We have agreed clinical pathways with London Ambulance Service to reduce unnecessary patient journeys to A&E. The commissioners have also agreed that rapid response staff should be able to organise care packages out-of-hours to avoid unnecessary admissions.
- A patient related experience measure for rapid care measures every patient experience so we understand what patients feel about the service.

Outcomes

We expect to see:
- An increase in the number of patients being assessed and treated closer to home by rapid response teams, resulting in fewer inappropriate admissions.
- Fewer patients being re-admitted to hospital or nursing/residential care due to better information about care options and how to access them.
- Fewer patients suitable for rapid treatment at home being taken to hospital by ambulance.
- With the rapid response team now an accepted part of intermediate care; patients are receiving rapid nursing intervention outside hospital settings. Urgent therapy and social care are also available if they are needed.

A Patient Story - the COPD service at Finchley Memorial Hospital

I have chronic obstructive pulmonary disease (COPD) and I visited Finchley Memorial Hospital where I was assessed and did a lot of tests - such as ones for breathing. I was a bit worried but I was put at ease and it has been really helpful being with other people with the same problems. I came to the COPD clinic for seven weeks and it was really good.I did all the exercises - I was really pleased with myself! The cross-trainer was a bit hard, and lifting weights with my arms. I wondered what that had to do with my breathing, but they explained about muscles wasting and so on so it made sense.

We also had an interesting talk each time and I learnt a lot about COPD, diet, exercise and about other aspects of life and health – it was all new to me. Then we had a cup of tea and biscuit! I found it all very interesting and informative. I did miss the sessions when they stopped but they've told me I can come again in October so I'm looking forward to that.

I would recommend this course to anyone – they tell you everything you need to know.

You said – we did
Some patients fed back that they would have liked more information in addition to the talks at the end of the classes. There is now a "further reading" resource list that is made available to patients, so they can explore the topics further. A number of patients reported that their motivation to continue their exercise regime fell when they finished their group classes. The service already provides patients with an individualised home exercise plan and health plan where the patient identifies their own goals. In addition to

Providing a Positive Patient Experience

What do we mean when we talk about patient experience?

We want to deliver high quality community healthcare that meets the needs and wishes of each individual patient.

We want all of our patients to have as positive an experience as possible at every stage of their care or treatment. The elements which are critical to delivering a positive patient experience are outlined below. They are taken from the NHS National Quality Board's patient experience framework.

Elements for a positive patient experience

- Good access to care; waiting times are short.
- Respect of patient-centred values, preferences and expressed needs.
- Co-ordination and integration of care across the health and social care system.
- Information, communication and education.
- Physical comfort.
- Emotional support.
- Welcoming the involvement of family and friends.
- Transition and continuity.

We ask people about their experience of our services and then, most importantly, we use this feedback to improve services.

Patient Story from a homeless person accessing the passage

In February, I had an introduction to the service at The Passage to see how they could support me. They encouraged me to see the nurse and she helped me with an ingrown toenail. I've also seen the doctor a few times.

The medical team have been fantastic; it's their attitude, the way they talk to you; they never look down on you. They listen to you, and we even talked a bit about Liverpool FC. They have helped me with my high blood pressure and my cholesterol and they gave me information about my diet, which was really helpful.

I feel like they've given me the right tools to look after myself. After all, it's up to me to do it; they can't do it all for you can they? Every time I come away from an appointment I feel a lot better, and I really feel like the service has saved my life!

If I could suggest one thing, it would be to have some leaflets at the centre promoting the health service, just as a reminder to the people who use the centre that it's there.

I've now got a place to live and I'm due to start volunteering tomorrow at the centre, helping other people in the way I was helped when I came to The Passage.

You said – we did:
Leaflets promoting the services are now present in the day centres where health services are provided.

The homeless health team captured 10 patient stories across their services. One of the suggestions made was around signposting patients to other therapies available in the day centres. Staff are now kept regularly updated on the availability of such therapies as foot and Indian head massages provided by volunteers, and are promoting these services when they see patients.

Looking Back: How did we improve the patient experience in 2012/13?

Here we look at progress against the quality priority we set for 2012 / 13 and the next steps we will take to improve in this area.

1	We will continue to develop a more detailed understanding of patient experience applied across all services

Patient and Public Engagement (PPE)

During 2012 / 13, we agreed and started implementing a two-year strategy for patient and public engagement (PPE). We have promised to put people at the heart of care to improve service quality.

Every service has agreed a plan for PPE, including how they will capture and respond to patient feedback, which should result in services being at 'gold' standard by the end of June 2013 – as outlined below.

BASIC	BRONZE	SILVER	GOLD
Starting off	**Early days**	**Good**	**Exemplar**
Divisional and service level PPE action plans in place. Increased staff awareness of PPE.	Further roll-out of PREMs. Review of systems for patient input to care planning. Sharing of patient feedback with all staff.	PREMs fully in place and regularly reviewed by services and teams, alongside other patient feedback. Patients directly involved with shaping service and strategic developments. Improved range of patient information available.	Patients feel they are involved in the planning of their care and treatment. Individual services can demonstrate that they have listened and responded to people's views regarding on-going service delivery. Service redesign activity conducted with evidenced input from service users.
30 September 2012	**31 December 2012**	**31 March 2013**	**30 June 2013**

How do we collect patient feedback?

Patient Reported Experience Measures (PREMs)

The main way we collect feedback from our patients is through Patient Reported Experience Measures (PREMs) – more commonly known as patient surveys. The survey we used in 2012/13 was made up of six core questions, including the 'friends and family' test and with space for additional comments.

All of our services collect feedback from their patients using the same survey provided in different formats:
- Paper-based surveys.
- Electronic kiosks (in our walk-in centres).
- Hand-held devices (in a range of bedded and clinic settings).
- Phone PREMs.
- Learning disability version.
- Children-friendly version.

The PREMs provide valuable information to highlight both areas of good practice and concern. However, we know that to gain a full picture of people's experience we need to complement PREMs with other methods. One size does not fit all and so services use a range of different methods to gather feedback, as outlined below.

Patient stories

This year, we have focussed on collecting and using patient stories – collecting people's feedback on services through conducting a semi-structured interview. This allows people to tell us their story in their own words. We have developed a structured framework for collecting patient stories and trained over 200 members of staff in this technique.
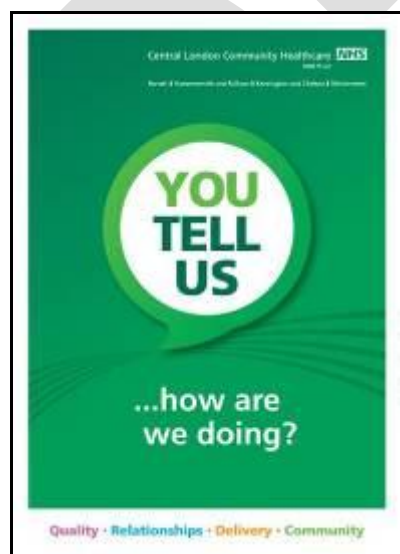
Comments cards

This year, we have conducted a successful pilot of comments cards at seven of our sites and in early 2013 rolled the scheme out across the majority of our clinics. The comments cards ask the 'friends and family' test question and have space for people to write their own comments.

Complaints and compliments

Complaints, compliments and issues and queries are collected centrally by our customer services team and are an important source of patient feedback.

Mystery shopping

This year, we commissioned Local Involvement Networks (LINks) in the four boroughs where we provide services to independently mystery shop all of our reception areas to examine the quality of customer service.

User groups

Several of our services have established or continued their service user groups this year:
- Wheelchair service
- Diabetes
- Heart nursing
- HIV
- Parkinson's
- Early supported discharge.

Creative engagement

Many of our services have undertaken a whole range of creative and innovative activities to capture feedback from their patients. For example:
- Talking mats
- Happy hands (drawing)
- Social media, including discussions on mumsnet
- Focus groups
- Online surveys.

NHS foundation trust membership

We have now recruited over 2000 patient and public members of CLCH and are starting to engage with the members in various ways to collect their views – eg, formal public consultation on organisational plans, online survey on quality priorities and member events on service redesign.

Friends and family test

'How likely is it that you would recommend this service to a friend or family if they needed it?'
This year, CLCH has included the 'friends and family' test in the PREMs, comments cards and had a version online and accessible from the CLCH website.

People responding to the 'Friends and Family' test are categorised as either 'promoters', 'passives' or 'detractors' depending on the score they give us.

> **Overall Friends and Family test score =   'Promoters' - 'Detractors'**

From next year, this question will be used across the NHS and is likely to become mandatory for community health trusts shortly.

Next Steps

There has been a lot of progress in the area of patient experience at CLCH in the last year – however, there is still scope to improve this area of quality. Next steps include:

- Providing more opportunities for our membership to provide their feedback and get involved in shaping services.

- Assessing data more broadly – gaining the full picture by analysing trends across all sources of patient feedback.

- Looking at outliers, not just averages – this will allow targeted work with services and teams that are not scoring highly, and learning from the teams that are delivering an extremely high quality patient experience.

- Ensuring that the new feedbacks methods introduced last year become part of our mainstream work.

- Developing more online solutions.

- Feeding back on the feedback – finding more ways to let people know 'you said…we did'.

Case Study: Using telephony menus to improve access

Background

Despite being in service for over two years the main way of contacting the Central Booking Office (CBO) is the telephone. However, this method of access may be less accessible to some groups of patients, such as those for whom English is not their first language, people with hearing difficulties or patients with particular mental health issues.

Actions

A survey was conducted to determine patients' preferred methods of contact when booking appointments. While three-quarters have email access, only a small number were aware of the CBO email address.

In response to this, the trust changed the telephone menu system at the CBO to inform patients of the email address, as an alternative to booking by telephone, and to provide further information about CLCH.

Outcomes

Following the introduction of the new telephone menus, emails received at the CBO email address increased 15-fold, from fewer than five per month to 69 in December 2012.

While other avenues are necessary to increase awareness – for example, individuals unable to use the phone at all will not be reached by this method – the use of telephony menus has proven an effective way to improve access and choices of contact methods across the population.

More detail on our patient experience performance

What have our patients told us?

We have received a range of feedback this year – which is broadly positive but has also identified lots of areas for improvement.

Complaints and compliments

In 2012/13, the most frequently reported types of categories of complaints are in relation to:

1. Clinical effectiveness
2. Staff customer service
3. Appointments
4. Communication
5. Records management

All complaints are fully investigated and actions taken in response at a service or team level.

Comments Cards

Only a small number of comments cards have been received this year, as the process was being piloted. However feedback from the 200-plus cards received was overwhelmingly positive, with the majority of people scoring us nine or 10 on the 'friends and family' test. Key themes identified from the comments made are:

- Positive attitude of staff. Positive descriptors included: professional, competent, kind, caring, cheerful, friendly, encouraging, gentle, lovely, wonderful, good, thoughtful, helpful, attentive, efficient, patient, considerate and excellent.

- Clinical outcomes: positive difference that service has made to their lives.

"I don't know what I would do without this service."

"Helpful advice and offered appropriate further information"

- Access: ease of access, convenience of locations and clinic times and being seen on time.

"Very convenient for me to get to (disabled parking) "Always on time…"

- Appointments: difficulties with booking appointments and waiting times to get an appointment.

Patient survey results

The new version of the patient survey has been live since July 2012. The top level feedback from the patient surveys is as follows:

- Average 'friends and family' test score for the organisation is 65.29. We compare our scores with a group of other community healthcare organisations.
- 90% of patients reported their experience as 'excellent' or 'good'.

	Number of responses	Friends and Family Test Score 2012/13
CLCH overall	9752	65.29
Barnet	4075	56.52
Hammersmith and Fulham	1858	68.57
Kensington & Chelsea	1552	73.90
Westminster	2267	72.70

Overall experience

How would you rate your overall experience?

Answer to how would you rate your overall experience	Trust-wide 2012/13 % Response	Trust- wide 2011/12 % Response	Borough-specific 2012/13			
			Barnet % Response	H&F % Response	K&C % Response	Westminster % Response
Excellent	55.56%	59.21%	50.24%	61.34%	58.49%	62.46%
Good	34.56%	33.42%	37.40%	32.83%	36.77%	31.86%
Fair	5.42%	4.19%	7.32%	4.22%	4.36%	4.02%
Poor	1.63%	0.52%	2.69%	1.07%	0.26%	1.27%
Very poor	1.16%	0.27%	2.34%	0.53%	0.13%	0.35%
(blank)	1.67%	2.39%	0.00%	0.00%	0.00%	0.04%
Grand Total	**9752**	**14817**	**4160**	**1911**	**1595**	**2318**

	Q4. Were you involved as much as you wanted in decisions about your care and treatment?	Q5. Did the staff treat you with dignity and respect?	Q6. Was your care and treatment explained to you in a way that you could understand?	Q8. To what extent were you satisfied with how quickly you were able to see your healthcare professional?
	Rate & Frequency	Rate & Frequency	Rate & Frequency	Rate & Frequency
CLCH overall 2012/13	**70.00%** *(7007)*	**89.20%** *(8930)*	**82.34%** *(8235)*	**53.41%** *(9984)*
CLCH overall 2011/12	**54.69%** *(8103)*	**91.79%** *(13600)*	**87.24%** *(12926)*	*n/a*
Barnet	**67.15%** *(2705)*	**87.60%** *(3583)*	**81.06%** *(3296)*	**46.64%** *(4160)*
H&F	**75.07%** *(1385)*	**93.13%** *(1736)*	**88.45%** *(1624)*	**48.73%** *(1911)*
K&C	**76.05%** *(1175)*	**92.84%** *(1452)*	**84.72%** *(1309)*	**60.13%** *(1595)*
Westminster	**76.38%** *(1730)*	**93.42%** *(2145)*	**87.49%** *(1993)*	**64.32%** *(2318)*

Analysis of the demographics of respondents to the patient survey show that the respondents were:

- 66.63% female
- 15.96% under 21 years old.
- 17.44% over 70 years old.
- 28.07% from a Black Minority Ethnic background.
- 0.38% of Islamic faith.
- 4% Lesbian, Gay, Bisexual or Transsexual.
- 20.50% with a disability.

A summary of open feedback about how the experience could have been improved is presented in the chart below. Nearly half, 48%, (1353) of respondents did not think any improvement was required. The largest area identified for improvement was waiting times, with 14% (384) of respondents commenting on this.
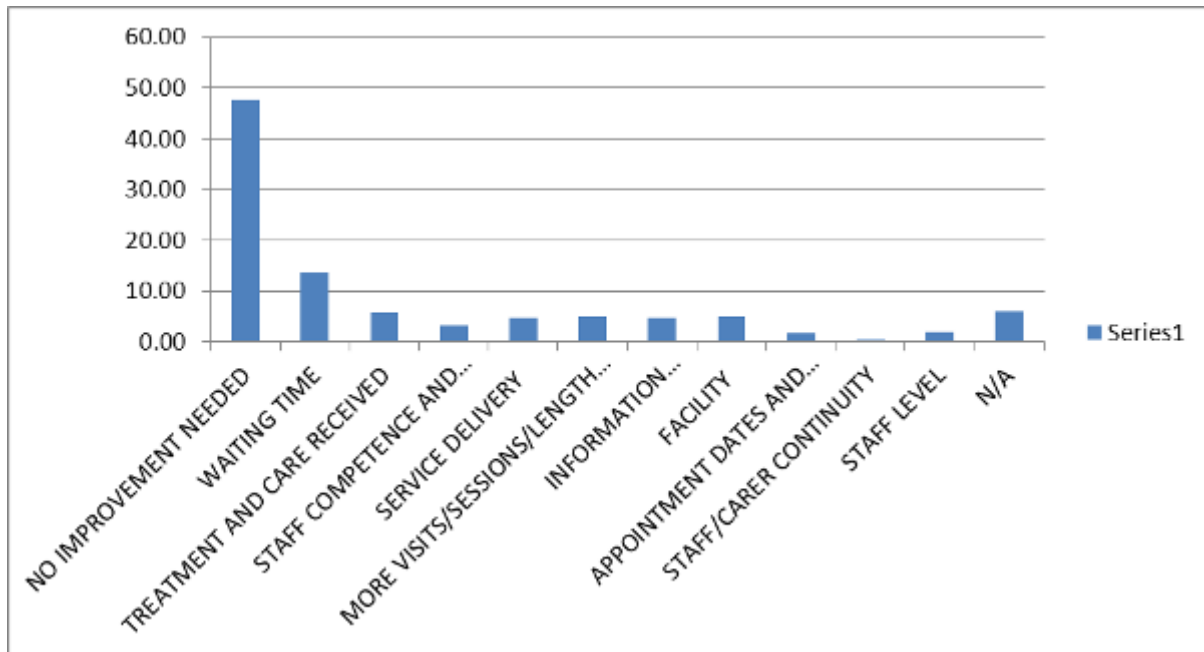
Patient Stories

This year we have collected over 150 patient stories and implemented action plans drawn up in response to the feedback gathered. Key themes identified from the stories include:

- Patients were largely positive about staff knowledge, attitudes and conduct.
- Generally positive feedback around delivering a personalised experience, although some patients reported a lack of this.
- Mixed feedback about the quality of information provided and around effectiveness of communication between services and patients, which linked to some people saying they were uncertain about expectations of them.
- Patients reporting that they did not have enough time with their district nurse and felt rushed.
- Some mixed feedback was captured regarding multi-agency working: how this is carried out affects patients' experiences.
- Continuity of care is an issue that featured across many services, where some patients reported that they would have liked to have had more consistency in terms of who they were treated by over a period of time.

Case Study: Improving physiotherapy practice with Farsi speaking patients

Background

The musculoskeletal physiotherapy department at Edgware Community Hospital sees a growing number of Farsi speaking patients. However, due to language barriers these patients often do not receive the full benefit of the service. They miss more appointments than the general population.

This leaves many Farsi speakers poorly equipped to manage chronic pain issues, as well as representing a substantial cost for the Trust.

Actions

The physiotherapy team set up a focus group to determine the experiences of Farsi speakers, and many reported a lack of understanding of how the service helps manage chronic pain.

Based on feedback from this inquiry, the physiotherapy department determined that a more effective way to reach the population was to run a series of pain management classes delivered in Farsi. The service subsequently piloted a six-week class combining education, exercise and self-management of chronic pain.

Outcomes

Patients involved in the classes showed very high rates of attendance, and reported major improvements in both their ability to manage pain and in their quality of life as a whole.

The department is now making similar classes for Farsi speakers an integral part of its service. In addition to demonstrating substantial advantages in terms of clinical outcomes and reducing health inequalities, the high rates of attendance and lessened reliance on one-to-one interpreter services saved money.

What have we done differently?

This year has seen a real shift for CLCH in terms of having a richer understanding of patient experience of our services, but most importantly in regularly using this feedback to drive forward quality improvements.

Where specific activities have been undertaken, such as mystery shopping and collection of patient stories, the data has been analysed and action plans in response developed and implemented.

For year-round activity, such as PREMs, services have now established mechanisms to regularly review and respond to feedback from their patients. For example, our specialist services meet with a group of their service users on a quarterly basis to review feedback collected, develop improvement plans and to review progress.

Every service now reports on an annual basis, in their quality report, on how they have listened and responded to patient feedback during the year.

Some examples of the things being done differently as a result of patient feedback are outlined in the table below.

Service	You Said	We Did
Adult Speech and Language Therapy Services	"Too many people come in and there are too many staff visits."	We worked with multidisciplinary teams to organise joint visits and reduce the overall amount of visits.
Bedded Rehabilitation Services	"I didn't know what to expect before my stay and couldn't find any information."	We updated the website to include information about room facilities, routines, what to bring, expected length of stays and location details with direction links.
Children's Community Nursing Service	"I'd like to get blood test results as quickly as possible."	We worked with local hospitals and now give results on the same day via phone, text or email.
Community Nursing	"I didn't know who was organising my discharge from hospital and it made me worry."	We piloted using community liaison facilitators. They will be used long-term to ensure patients have a seamless safe discharge.
Continence Promotion Service	"I want more afternoon clinics."	We now offer afternoon sessions in five clinics.
Continuing Care Nursing Homes	"The food is the same and there is too much gravy."	We audited meal plans and gravy and sauces are now offered, not automatically served.
Chronic Obstructive Pulmonary Disease / Respiratory Services	"The service you provide is commendable and of the highest quality. Tell your staff and keep up the good work."	We told our staff the positive feedback to reinforce positive behaviours and delivery of high quality work.

Dental Services	"It was frustrating to wait six months to remove a decayed tooth. The service was great but the wait is too long."	We doubled the number of sessions for minor oral surgery and appointed an extra dentist to increase appointments and reduce wait times.
Diabetes Service	"Before treatment I felt anxious all the time, in discomfort and excluded from society."	We treat all aspects of diabetes including the psychological side and staff are trained in cognitive behavioural therapy.
Health Visiting	"The two year old review is excellent - I recommend it! It was useful to have the reminder too."	We now do reviews of all two-year-old children. A reminder system was set up for all staff.
Heart Nursing	"I need more information about my treatment that's easy to read and understand."	We produced a jargon-free patient service information leaflet.
HIV Service	"We'd like more ownership over the service user group."	Service users now run the group, chair meetings, invite guest speakers and suggest ways to improve the service.
Musculoskeletal Physiotherapy Service	"As a fulltime worker I would like more out of hour appointments."	We extended our hours from 8am to 8pm.
Offender Healthcare	"I didn't know I had an appointment then was told I missed it."	We changed the procedure for handing out notification slips and a member of healthcare now gives them out.
Parkinson's Service	"I feel lonely and would like to meet people with similar conditions."	We set up a database for patients and carers who are happy to be contacted by newly diagnosed patients to share their experiences.
Podiatric surgery	"I'd like rapid treatment for my heel pain."	We co-ordinated our treatments and patients were booked into our injection clinics within a week.
Specialist Weight Management Service	"I need more advice on appropriate exercise."	Exercise has been included as part of the group sessions and a weekly exercise class is available.
Stoma Care Service	"Using a stoma has really affected my confidence, I don't want to go out and I feel depressed."	We assess the psychological wellbeing of stoma patients and monitor it. They receive psychological treatment if needed.
Tuberculosis Nursing Service	"I find it hard to attend the clinic."	We now offer telephone consultations as an alternative to face-to-face appointments.
Tissue Viability	"I don't want active 'hands-on' treatment but need advice on specialist dressings."	We visited the patient and gave advice that enabled them to manage their wound independently.

Involvement of individuals in their own care and treatment

This area has been highlighted as an area for improvement across many CLCH services. As a result, CLCH has emphasised to clinicians the importance of working in partnership with their patients to plan their care and treatment.

This has been identified as a key strand in the organisation's PPE strategy and is now included in induction training for all new staff. Every division and service has implemented a year-long plan to make improvements. These include encouraging shared decision-making, reviewing adherence to care plans, provision of information and liaising with patients directly to identify solutions.

In 2011/12, 55% of respondents responded 'yes, definitely' to the patient survey question: 'Were you involved as much as you wanted in decisions about your care and treatment?' We are delighted that this figure rose to 70% in 2012/13. Further work is planned for this year.

Customer Service

Another area identified as needing improvement across the organisation is staff attitude and customer service standards. This has been flagged as one of the most complained-about areas and also features as a theme in other sources of feedback.

CLCH has responded to this in a number of ways in 2012/13, including:
- Establishment of a transformation programme to improve organisational culture, including customer service standards and values.
- Adapted staff training using feedback from mystery shopping exercises. Changes have been made to induction, customer service and management training courses.
- Customer care standards have been produced and circulated widely to staff.
- Changed the way in which reception staff are managed.
- Reviewing signage across the organisation.
- New ID badges ordered.
- Staff recruitment and appraisal explicitly examine customer service skills.

Closing the feedback loop

We have recognised the importance of feeding back to people the difference they have made to our services – and aim to write to say thank you to all people who participate in activities such as telling us their stories.

This year we have piloted 'you said….we did' posters and are now rolling these out across all of our sites. We also include a regular feature on 'you said…we did' in the quarterly newsletter that gets sent to all of our members.

Mystery Shopping

CLCH recently worked with Local Involvement Networks (LINks), who trained volunteers in each borough to "mystery shop" some of our services. The aims of the project were to:

- Benchmark the current standard of customer service.
- Evaluate the success of customer care training delivered to reception staff.
- Identify whether staff are demonstrating the organisation's customer care standards.
- Identify any areas or sites requiring attention.

The mystery shoppers were looking for good customer care; good communication; their privacy and confidentiality being respected; good teamwork by CLCH staff and a clean and welcoming environment. They were also looking for telephone calls being answered promptly and politely and callers being given appropriate information or re-directed to suitable alternatives. A total of 195 telephone calls and site visits were conducted across 41 sites.

The exercise showed that, overall, frontline service staff deliver good customer service to patients, users and the general public. However, there are some specific areas where improvement is needed.

The main recommendations from the project included:

- Customer service training should stress the importance of non-verbal communication and how to use it to create a welcoming environment.
- Highlight the importance of wearing an ID badge.
- Place compliments / complaints cards in high visibility areas.
- Remove obsolete signage and share signs with other in-house service providers so that the environment has a more coordinated and collaborative feel, with signs placed in appropriate areas.
- Ensure that effective systems are in place to support individual patient needs (ie sensory impairments).
- Create a standard template for automated telephone response services.
- Provide up-to-date and standard information on the Internet, Intranet and automated telephone services.

The Trust's response includes:

- Mystery shopping recommendations and customer care standards are now part of the staff induction programme, as well as our customer service and management training.
- A name badge project to increase use of ID badges and provide patient-facing staff with a hospitality style ID badge is underway.
- YOU TELL US comments cards are being rolled out in all CLCH sites.
- A signage project which brings together recommendations across all four CLCH boroughs is underway.
- Deaf awareness/sensory awareness communications training is being provided for staff
- Customer care standards have been launched in the organisation and are being promoted across all services by the Professional Development lead for administrative staff (a new role for the organisation).
- Staff have been reminded about the CLCH website which contains up to date information on all CLCH services and who to contact to update information when appropriate.
- The recruitment process is being updated to strengthen questions about customer service.

In addition to the above, the findings have been shared with all staff across CLCH and site-specific feedback has been shared with each service, with individual action plans being developed. The findings will also be shared with GPs and other providers who use the same sites.

Positive patient experience: Looking ahead

This year we will focus on the following Quality improvements:

- Ensure that we are providing compassionate care to all our patients
- Act on patient feedback for sustainable continuous improvement
- Implement the 15 Steps Challenge

The table below outlines the 'here and now' and success measures for each of these goals.

Quality Goal	The here and now	Measures of success – 2013/14
Ensure that we are providing compassionate care to all our patients	The national vision and strategy for Nursing and care staff (Compassion in Practise) has been launched by the Department of Health and the Francis Report has been published outlining 260 recommendations.	'Compassion in Practice' will be launched across the organisation with specific multi-grade/ multi-professional forums in place to take forward a clear work plan. This will link to the values and behaviours work being undertaken in the One Culture programme. Recommendations from Francis will be analysed and taken forward by the relevant Executive Directors.
Act on patient feedback for sustainable continuous improvement	Across the organisation, services have started to use patient feedback to make informed service improvements. The average friends and family test (FFT) score for the organisation in 2012/13 was 65.29.	Each Division will have clear objectives in place to improve the patient experience based on analysis of feedback and incidents. These will be cascaded to individual staff level. Every member of staff will have at least one objective to achieve to improve the experience they offer to their patients. The FFT will be consistently above 85 in each Division.
Implement the 15 Steps Challenge	The 15 Steps Challenge is a new initiative at CLCH	The 15 Steps Challenge will be launched across the organisation A "Both Sides NOW" approach will be taken with patient and staff stories being collected digitally, coded and analysed using Grounded Theory [Glaser and Strauss 1967] Findings from the work will be used to initiative continuous improvement cycles

Further detail is provided in the section below.

1	Ensure that we are providing compassionate care to all our patients

Why focus on compassion?

Evidence from the National Patient Survey and from inclusive focus groups shows that compassion is one of the key determinants of high quality patient experience.

In the publicly-funded and free at the point of care Medicare and Medicaid parts of the US healthcare system, a weight of 30% is applied to the patient experience domain of the Value-Based Purchasing Formula because evidence has shown that patients who report better experiences of care are 30% less costly (being lower risk, recovering more quickly, and being readmitted less frequently).

The December 2012 NHS document *Compassion in Practice* sets out six fundamental values for nursing staff – care, compassion, competence, communication, courage and commitment. These '6Cs' resonate strongly with CLCH staff groups who are strongly committed to responding to the Francis Report recommendations.

The Report specifically highlighted that compassion needs to be at the heart of patient care and a single 'culture of compassion' is seen by Robert Francis QC as the single uniting factor underpinning his 290 recommendations.
There is a growing recognition across the health and social care system that we have to change our culture if we want to change our care.

Current status within CLCH
In our most recent tranche of PREMS (Patient Reported Experience Measures), 89% of CLCH patients said that they were treated with dignity and respect. CLCH's aspiration is for 100% of patients to feel treated with dignity and respect.
CLCH also measures patient perception of staff attitude as a theme in complaints received.

CLCH Organisational Values explicitly include compassion – *'I am caring, compassionate and kind'.*

Plans for 2013 / 14
- 'Compassion in Practice' will be launched across the organisation with specific multi-grade/multi-professional forums in place to take forward a clear work plan.

- Clinical leadership sessions will feature patient and staff stories including digital capture

- Continue value based recruitment, selecting, appraising and training staff according to values as well as technical skill.

- Helping staff make every contact count for improving health and wellbeing.

- Further development of our work on values and staff engagement.

	• Review of customer care training, with a focus on compassion. • Introduction of the NHS Institute's 15 Steps Improvement Cycles across all clinical areas

2	Act on patient feedback for sustainable continuous improvement
	Why focus on acting on patient feedback? During 2012/13, we successfully achieved our patient experience priority of developing a more detailed understanding of patient experience across all of our services. The logical next step is to ensure that this rich information is used consistently to improve services. In addition, we consulted with our staff, members, patients and stakeholders on what this year's quality account priorities should be. For patient experience, nearly 61% (123) of respondents selected 'acting upon patient feedback' from a list of options. **Current status** We have plenty of examples from across the organisation of how patient feedback has been used to improve services; and some of these are showcased within this report. All services have reported on 'you said…we did' in their annual quality reports. Additionally, last year, all services considered how they will regularly review patient feedback as part of delivering their patient and public engagement plans. However, there is still work to do in embedding the use of patient feedback in creating continuous improvement across all service areas. **Plans for 2013 / 14** • All services will regularly review and act on patient feedback. They will report at the end of the year how this has improved services. • Reviewing patient feedback will form part of performance monitoring of services and the setting of targets and the development of action plans for improvement. • Targeted work with services and teams that are receiving poor patient feedback – undertaking several '15 Steps programme' evaluations over the course of the year.

3	Implement the 15 Steps Challenge

Why use the 15 Steps Challenge?

NHS Institute's 15 Steps Challenge recognised that first impressions are crucial in establishing the safest, most effective and most fluent clinical relationships in community care settings.

The four Operational Divisions of CLCH are focusing on Integrated Care and the 15 Steps Challenge has the potential to put the patient perspective at the heart of this re-design work while engaging staff and clinical leaders at all levels from Board to Frontline.

Current status within CLCH

The 15 Steps Challenge is a new initiative at CLCH.

Plans for 2013/14

- The 15 Steps Challenge will be launched across the organisation
- Divisional NEDs, frontline staff, clinical leaders and patient representatives will be engaged throughout the process
- A "Both Sides NOW" approach will be taken with patient and staff stories being collected digitally, coded and analysed using Grounded Theory [Glaser and Strauss 1967]
- Findings from the work will be used to initiative continuous improvement cycles
- There will be a focus on inclusion with accessible materials for disabled people and people with cognitive impairments
- NEDs will feed back to the Board
- Communications will support internal and external messaging of the initiative

Case Study: Get it checked! Accessible health checks for learning disabled patients

Background

The Community Learning Disability Team (CLDT) works closely with family and carers to plan and monitor the care of people with learning disabilities who use our services.

Parents and carers of patients with complex or profound health needs often told the team that it was difficult to find time to attend services such as the dentist or optician.

When appointments are set up, carers have to ask for longer appointments, help the clinician understand the patient's communication pattern and manage challenging behaviour.

As a consequence, learning disabled patients are particularly likely to face difficulties accessing basic services such as health checks.

Actions

The team met with clinicians from CLCH's podiatry, community dental, speech and language therapy and ophthalmic services to discuss the particular needs and barriers faced by learning disabled people. Team members advised them on how to make their services more accessible.

Following on from these meetings, the team organised two 'Get it Checked!' afternoon-long sessions. Patients are able to have their eyes, hearing, feet and teeth checked. Reasonable adjustments were put in place – including appointments lasting 20-30 minutes. The CLDT trained the clinicians to communicate with service users, and materials were provided in Easy Read format.

Outcomes

The sessions were well-received, with nearly 80 appointments in two afternoons. Patients received immediate treatments, such as removal of corns, and advice on future treatment, including invitations for full check-ups.

The sessions also proved to be a better use of time than standard appointments, with patients receiving a number of treatments in one afternoon rather than having to make multiple appointments.

The service now intends to run three sessions a year. This will have a marked impact on learning disabled patients' access to basic health services and help to reduce health inequalities. It is anticipated that after further sessions it will no longer be necessary to target patients who are isolated or who have complex needs.

Use of the Commissioning for Quality and Innovation CQUIN Framework

2012 / 13 Framework:

A proportion of CLCH's budget in 2012 / 13 was conditional on achieving quality improvement and innovation goals agreed with Commissioners through the CQUIN payment framework. The tables below outline our 2012 / 13 CQUIN goals for Barnet and the Inner London boroughs.

Financial value achieved to be inserted post Q4 confirmation

Area	CQUIN		Goal
Barnet	1.	NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE.
	2.	Pressure Ulcers	Improved outcomes for patients with Pressure Ulcers
	3.	Falls	To reduce the number of patients on the district nursing case load who experience a fall.
	4.	Patient Stories	To develop a broad selection of patient narratives leading to patient-centred changes as part of a quality improvement project.
	5.	Electronic Clinical Communications to GPs	Develop secure electronic clinical communications to GPs
	6.	Smoking cessation	Increase the number of patients entering the smoking cessation programmes

Area	CQUIN		Goal
Inner London	1.	NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE.
	2a	Pressure Ulcers	Improved outcomes for patients with Pressure Ulcers
	2b	Falls	To reduce the number of patients on the district nursing case load who experience a fall.
	3.	Electronic Clinical Communications to GPs	Develop secure electronic clinical communications to GPs
	4.	Patient Stories	Innovative ways of capturing real-time patient stories through a range of multi –media options
	5.	Improve health outcomes for vulnerable patients	Improve health and care outcomes for patients with autism and learning disabilities
	6.	Productive referral management	Enabling the child health promotion programme
	7.	INWL Dressings Formulary	Compliance with the INWL dressings formulary

Enablers

To facilitate our achievement of the ten quality goals we have set for 2013 / 14 a number of 'enablers have been identified'. These will underpin the work we are doing and include:

New quality governance structure

There will be a Trust wide group for each of the three campaigns – Patient Experience Group (PEG), Risk and Safety Group (RSG) and Clinical Effectiveness Group (CEG), the first two being chaired by the Chief Nurse and the last being chaired by the Medical Director.

Quality Action Teams *(QATs)* will be set up where there is a concern regarding an area of quality, for example an increase in pressure ulcers or concerns regarding a particular team. The QATs will be led by the corporate quality directorate who will muster an appropriate group of professionals together from across the Trust to undertake a time limited piece of work to analyse the problem, recommend evidence based intervention and support the Divisions to implement and evaluate the interventions. Any current QATs will report to the appropriate Trust wide campaign group but also directly to the Quality Committee.

Visible clinical leadership

The Chief Nurse and Director of Quality Assurance is leading weekly Quality Rounding which involves spending tie in each of the 4 Boroughs. This will involve meeting with the key leaders in those Boroughs to discuss any areas of concern.

There will be a strong focus on development of clinical leadership. We will continue to ensure that there are effective learning, development and educational opportunities for staff.

A culture of transparency and learning from our mistakes

Things don't always go to plan and in any public service there may be times when mistakes are made or services fail to perform to the standard we expect. We believe in having systems in place, which pick up quickly on any mistakes or problem areas and rectify them promptly, making sure they don't happen again.

Values and behaviours

The Trust one culture programme to embed the Trust values and behaviours and ensure adequate support and development for key leaders.

We are committed to recruiting and developing a kind compassionate and competent workforce.

Ensuring that we have the right people in the right place at the right time

Development and implementation of successful 'transforming Adult and Children's Services' work plans to ensure the right people are in the right place at the right time.

Formal Statements
Required by the Department of Health

Statement from the Care Quality Commission (CQC)

Central London Community Healthcare NHS trust is required to register with the Care Quality Commission and its current registration status is registered.

In line with the requirements of registration, all service activities and localities were registered with the CQC without any conditions.

The CQC have not taken any enforcement actions against the trust between April 2012 and March 2013.

There are 19 registered locations. CLCH registered locations are listed below:

1. Athlone House nursing Home
2. Athlone House rehabilitation Unit
3. Barnet Learning Disabilities Services
4. Central London Community Health Services
5. Edgware Community Hospital intermediate Care wards
6. Edgware Community Hospital walk-in-Centre
7. Finchley Memorial walk-in-Centre
8. Finchley Memorial intermediate Care ward
9. Fulham Centre for Health
10. Garside House nursing Home
11. Hammersmith Centre for Health
12. HMP wormwood Scrubs
13. Milne House Medical Centre
14. Parson's Green walk-in-Centre
15. Pembridge Palliative Care Unit
16. Princess Louise nursing Home
17. Soho NHS walk-in-Centre
18. Soho Square General Practice
19. St Charles Urgent Care Centre

Statements from other stakeholders to follow

Participation in research

CLCH has much to offer research communities to undertake research in community health settings. There are opportunities for patients and members of the public to participate in research, which can lead to better research, clearer outcomes and faster uptake of new evidence.

Active research within organizations not only promotes the highest standards of care but has a potential to create new knowledge which will benefit many other NHS organizations and works to support the Trust's vision to lead 'out of hospital care'.

Therefore development and promoting of a research culture is high on the Trust agenda and in July 2012, CLCH held its first Research Conference, attracting presentations from 'research active' staff and many researchers from local universities.

CLCH is keen to build on this success and is ambitious to implement all elements of its Research Strategy to develop a supporting environment for health research by encouraging and facilitating researchers to make effective partnerships with partner organizations.

West London Primary Care Consortium (WLPC) provide advice and support for research studies and oversee CLCH research governance to ensure that any research being carried out is undertaken according to the Department of Health Research Governance framework (2005) which promotes good research practice and enhances scientific quality.

At present CLCH has in the region of 16 active studies, and 7 commercially funded studies.

Local investment in electronic resources by the Knowledge, Research and Information services based in Edgware ensures that staff are supported to carry out research with remote access to electronic journals and educational materials.

Data Quality

CLCH is committed to improving data quality at the trust. We have recently developed a refreshed Data Quality strategy and this will be implemented in 2013/14.

Key actions we already undertake as a trust include:

- The Information team routinely monitors data quality. A range of standard reports are available to staff and team managers to identify missing data items.
- Business managers and the Head of Performance Management monitor data month on month to identify trends.
- The information team ensures outlying values are investigated and confirmed prior to the issuing of reports.

Values & Behaviours

Culture Development within CLCH

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

Over the year we have built on the previous achievements e.g. evaluating our first staff awards which were closely linked to our values. Policies, job descriptions, probationary guidance, personal appraisal and development reviews, recruitment information, pre-employment packs, recruitment and selection processes such as assessments and training for managers now reflect the Trust values and behaviours.

Further embedding is planned for the coming year and we are planning a systematic approach to engaging staff based on our values in order to support the delivery of Trust objectives and quality.

QUALITY:	RELATIONSHIPS:	DELIVERY:	COMMUNITY:
We put quality at the heart of everything we do	We value our relationships with others	We deliver services we are proud of	We make a positive difference in our communities
• I take responsibility for the standard and outcomes of my work.	• I work collaboratively and in partnershi.p	• I treat people with courtesy, dignity and respect.	• I am visible, accessible and approachable.
• I provide services which are safe, effective and deliver a good experience.	• I am caring compassionate and kind.	• I work hard to achieve the aims of my service and the organisation.	• I ensure people, partners and purchasers are actively engaged in planning services and care.
• I use best practice and feedback to innovate and constantly improve my service.	• I support the development of skills talents and abilities.	• I make the best use of resources and provide value for money.	• I embrace difference, diversity and fairness.