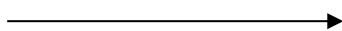


# Part 2

## Barking and Dagenham Community Health Services Quality Accounts 2010/11

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Barking and Dagenham Community Health Services (BD CHS) has approximately 680 staff, 610 whole-time-equivalents, almost one quarter of which work at Grays Court Community Hospital. Others are based in Wigham House (HQ) and in health centres and local authority sites in Barking & Dagenham and Havering. The Discharge Facilitation Team works from Queen's Hospital in Romford.

Our services are provided by four divisions:-

- Health and Well Being

This includes district nursing services and services for people living with long-term conditions (e.g. diabetes and stroke).

- Intermediate care services

These include services for patients who are discharged from acute hospital but need support either at home or in an intermediate care hospital and services that help to prevent patients being admitted unnecessarily to hospital. This includes Grays Court Community Hospital and the Walk-in Centre service provided at Upney Lane.

- Elective care

This includes services that are mainly appointment based, such as therapy services, as well as other services such as the smoking cessation service.

- Children and Family Division

This division provides services aimed at children, such as audiology, health visiting, school nursing and consultant based services treating children with complex problems.

### **What service users have told us in the last year:**

*'I am very pleased with everything that the Paediatric Therapy services have done and as far as I'm concerned nothing could be done to make this any better.'*

*'The service that I have received from the Speech and Language Therapists was to a high standard. I found the professionals in question very supportive.'*

*'The treatment and care I have received from the District Nursing service is first class. It could not have been better.'*

*'I was treated with respect on all accounts by Coronary Heart Disease team.'*

*'I've been to the walk in centre a couple of times now. The staff, from reception to the nurses have always been courteous and helpful. I've not really got any complaints or problems.'*

## Improvement priorities

By working with patients and staff, we have identified four priorities for improvement for 2011/12, and they are presented under the three domains of quality.

Priority	Quality domain
Carer involvement and satisfaction	Patient/Service user experience
Effectiveness of treatment	Quality and clinical effectiveness and patient safety
Range of services available	Quality and clinical effectiveness
Waiting times	Service user experience and patient safety

Each of these domains is considered in turn below. It is important to note that, at the time of writing, local commissioners are yet to agree Commissioning for Quality and Innovation (CQUIN) targets with BD CHS; however, we will be keen to work with commissioning colleagues to ensure that the CQUIN targets help to support the priorities listed below.

### A) Service User Experience

#### Improvement priority

#### Carer involvement and satisfaction

#### How the priority was identified

This issue was identified as a priority through two routes (a) a staff survey on key priorities was undertaken in 2010/11, which identified this as the highest priority and (b) a review of services as part of the process for Care Quality Commission (CQC) registration identified this as an issue.

#### Action

- A Patient and Public Engagement (PPE) event will be held, with invitations sent to 150 people who have identified themselves as willing to be involved
- A PPE strategy for BD CHS will be produced, which will identify key issues and actions promoting carer involvement.
- BD CHS will work with commissioners to support the personal health budget pilots that are being developed across Barking and Dagenham.
- Further training will be given to staff on customer care, carer involvement and personalised care planning.

#### How progress will be measured

- Mock CQC inspections will be undertaken to ensure that the service concerned continue to meet the standards necessary to maintain CQC registration.
- The number of staff attending the appropriate training courses will be monitored.
- The results of the six-monthly patient experience questionnaires that all BD CHS services undertake will be monitored, to determine levels of improvement.
- The number of complaints and comments relating to carer involvement will be monitored.
- The number of 'never events' will be monitored through the normal contractual processes.

### **How progress will be monitored and reported**

- Monitoring will take place through the BD CHS Performance group and Integrated Governance Group.
- Reporting will be through the relevant Performance and Integrated Governance Committees.

## **B) Quality and Clinical Effectiveness**

### **Improvement priority**

#### **Effectiveness of treatment**

### **How the priority was identified**

This issue was identified as the second highest priority through the staff survey in 2010/11 on key priorities, and is a key aspect of the Quality, Innovation, Productivity and Prevention (QIPP) programme led by the Department of Health has identified this as an important issue.

### **Action**

- The results of the patient survey will be reviewed, to identify areas where customer satisfaction may be poor as a result of the treatment provided, and action plans undertaken to address the specific issues.
- A series of outcome measures will be developed with commissioners, with the aim of assessing whether the treatment/intervention has proven successful, from the patient's perspective.
- A series of other measures will be devised, reflecting whether or not services have reduced patients' needs for other, more expensive, services where waiting times are longer. This will include measures such as prevented hospital admissions, emergency re-admissions to hospital within 28 days, improvement in long term condition care and the number of smoking quitters who have continued not to smoke after six months of quitting

### **How progress will be measured**

- The impact on other services will be measured by clearly defined targets identified through contractual arrangements with commissioners. These will be reported on a month by month basis
- The results of the patients' survey will be monitored on a six monthly basis, to identify any trends and allow the development of appropriate action plans.
- The service specific outcomes measures will be monitored through the Quality Framework under development with commissioners, and will be measured on a service by service basis, to help services identify whether the treatment provided is providing effective care from a patient's perspective.

### **How progress will be monitored and reported**

Progress will be monitored by the BD CHS Performance group and Integrated Governance Group, and reported through to the relevant Performance and Integrated Governance Committees. The targets agreed with commissioners will also be reported and monitored through the agreed contractual arrangements.

### **Improvement priority**

#### **Range of services available**

### **How the priority was identified**

This issue was identified as the third highest priority through discussions with staff and commissioners. The commissioners have produced a local response to the national QIPP initiative, which identifies a number of potential changes to existing services, as well as potential new ones, that will be required to meet the QIPP challenge in the years ahead.

## **Action**

- We will work with commissioners to identify opportunities for new service developments, that will bring care closer to patients' homes, and reducing the impact upon acute hospital services.
- We will review current services, to ascertain whether they can be delivered in a different way, to improve the range and quality of services provided across the community
- This will include the development of an integrated care model, where community nursing staff work with GPs, social services and mental health colleagues to identify patients who are at risk of hospital admission, to prevent them being admitted.
- Services for patients with long term conditions, specifically diabetes, chronic lung disease and heart disease, will be adapted according to the plans of commissioners

## **How progress will be measured**

- Specific service developments proposed by commissioners will be monitored as and when they are commissioned. There will be key success measures linked to each service, and these will form part of the service development proposals.
- For existing services, the contract monitoring processes adopted with commissioners will help support discussions around service changes, where services are either over or under performing against agreed targets.

## **How progress will be monitored and reported**

Progress will be monitored through the BD CHS Performance Group and Integrated Governance Group, and reported through to the relevant Performance and Integrated Governance Committees. The targets agreed with commissioners will also be reported and monitored through the agreed contractual arrangements.

## **Improvement priority**

### **Waiting times**

#### **How the priority was identified**

Another priority, which was identified through staff surveys and patient surveys, was waiting times for services. This continues to be a priority for the Department of Health, and supports both patient experience and patient safety, by ensuring that patients are treated before their condition deteriorates further.

## **Action**

- As our computer system, RiO, is rolled out to services, we will have the opportunity to review the way services currently operate, to identify new ways of working that will reduce inefficiencies, and lead to reductions in waiting times.
- We will roll out choose and book (see above), which will provide patients with choice over their appointment time; evidence elsewhere suggests that this results in higher attendance rates.
- We will send patients text reminders for their appointment times, with the aim of reducing Did Not Attend (DNA) rates across services.
- We will roll out a DNA policy that will mean that where a patient does not turn up for an appointment, without prior warning, the patient will be referred back to their GP, rather than offer another appointment. This will also reduce inefficiency within the system.
- We will work closely with commissioners to identify areas where investment is required to support reduction in waiting times, both within our own services, and in acute services, through re-investment.

## **How progress will be measured**

The success of these objectives will be measured by:-

- The longest time spent waiting for 95% patients on a waiting list
- A 5% overall reduction in the DNAs

### How progress will be monitored and reported

- The waiting times for all services offering elective consultant based appointments are currently monitored by the Department of Health, and BD CHS are required to report waiting time on a monthly basis. These are also monitored locally, to identify any trends in waiting times, so that action can be taken as soon as possible.
- The success of choose and book is monitored weekly across all London providers, identifying where patients had problems booking through the system, and the number of outpatient appointments provided through this route.
- The DNA rate for appointment based services will be monitored, along with the number of new and follow up patients seen each month, to help identify areas where action may be required to reduce waiting times.
- The number of complaints relating to waiting times for services will be monitored to identify any service specific patterns.
- Progress against these actions will be monitored through the BD CHS Performance group and reported through to the Trust wide Performance Committee. The targets agreed with commissioners will also be reported and monitored through the agreed contractual arrangements, and central returns against waiting time targets will continue to be submitted.

## CQUINS 2011/12

The following key targets related to quality have been identified by commissioners

CQUIN TARGETS			
Area for Quality Improvement	Why this is important	The improvement we expect to see	How will we achieve this
End of Life Care (EoLC)	Increase in EoLC skills and competency across the work force who are in contact with patients will assist in the delivery of EoLC initiatives such as 'preferred place of death'.	Where patients own home is the preferred place of care, 80% of patients known to CHS are on the Liverpool Care Pathway at time of death  Increase in the % of patients known to CHS dying in their preferred place of death	Regular audits will be undertaken, and staff training will continue
Pressure Sores/Ulcers	To support the monitoring and facilitation of the early identification of pressure ulcers and contribute towards the increase of healing rates of patients with pressure sores/ ulcers.	Reports on the number of grade 2,3 & 4 pressure ulcers known to the service will be provided on a regular basis.	Audit tools will be used, based on incident reporting
Patients	To help identify	Surveys will be undertaken at	Where patients'

understanding of their conditions	gaps in, and improve, patients' understanding of their condition	time of diagnosis and six months after diagnosis to demonstrate an improvement in patients' understanding of their condition.	understanding of their condition does not appear to improve, action plans will be developed and monitored through the responses given.
Assessment of goal achievement – community rehab	To help determine whether rehabilitation services are meeting goals agreed with patients	Audits will be undertaken to determine the level of goal achievement upon discharge	Where goals are not being achieved, action plans will be developed to deliver improvements
Safe Care-Falls	To help reduce the number of falls for identified services.	CHS will identify services affected by a large number of patient falls. CHS to demonstrate joint working with social care and other organisations supporting falls prevention, and evidence of actions applied to reduce the prevalence of falls within the identified services.	Where the prevalence of falls appears to be high, action plans will be developed to deliver improvements, including the development of cases to commissioners, and monitored through the recording processes

# Clinical Audit

## Participation in clinical audits

During 2010, no national clinical audits and no national confidential enquiries covered NHS services that Barking and Dagenham Community Health Service provides.

The reports of 30 local clinical audits were reviewed by the provider in April 2010 – March 2011 and Barking and Dagenham Community Health Service intends to take the following actions to improve the quality of healthcare provided:-

- Organise further training for nurses regarding records and record keeping
- Patients to receive clinical assessment and treatment based on NICE diagnostic criteria
- To discuss with Barking, Havering and Redbridge University Hospitals NHS Trust radiological department to enable paediatricians/medical secretaries have access to radiological tests results electronically, and to establish a multi-agency training programme
- To establish a multi-agency forum to improve communication and adherence to new government guidelines
- To have a central administrator to coordinate the service: in terms of completed forms being received and arranging medicals
- Nursing staff to assess falls risk and complete the Stratify tool on admission. A physiotherapist should review completed Stratify document and revise if required.
- Assess and retrain staff on how to complete the MUST tool
- All wards to have Nutrition Link Nurses
- To ensure that abbreviations used are consistent and agreed by all clinical staff

## Research

### Participation in clinical research









The number of patients receiving NHS services provided or sub-contracted by BD CHS in 2010/2011, that were recruited during that period to participate in research approved by a research ethics committee was 36 up to the end of December 2010.

Participation in clinical research demonstrates BD CHS' commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. BD CHS was involved in conducting two clinical research studies during 2010/2011. The studies were in the following areas:

- Older People's Exercise Intervention in Residential and Nursing Accommodation
- The Relationship Between Language, Feelings and Behaviour (MSc)

During the same period, the ethics committee approved the following new studies in Barking and Dagenham:

- The Predisposition to Serrated Neoplasia and Tumours (PRESENT)
- Patient reported outcome measures for long-term conditions in primary care (PROMS)
- Study of Suicide in the Criminal Justice System

BD CHS also monitors other studies that are being undertaken by         Nationally required information



## Statement from the CQC

BD CHS is required to register with the Care Quality Commission and its current registration status is fully compliant.

The Care Quality Commission has not taken enforcement action against BD CHS during 2010/11.

BD CHS has not participated in any special reviews or investigations by the CQC during the reporting period.

### Data quality

BD CHS will be taking the following actions to improve data quality:

- As services commence using RiO, and for the services already established on RiO, they will have access to the VIPER database. This will enable services to look at the activity data for their teams. VIPER can also be used to improve data quality by running reports to highlight missing demographic data and for any duplication of data.
- In time a VIPER Guide will be produced so that all services on RiO can obtain the best quality data from the system.
- BD CHS adheres to the Data Quality Information Framework (DQIF) where we grade our services against our national and tariff based targets. The DQIF uses the following criteria:
  - Automation
  - Documentation
  - Audit
  - Data Quality checks
  - Guidance
  - Training
  - Granularity

Services are scored (Red/amber/green) on each of the above criteria to give it an overall rating.

- The Performance Team will continue to work with services who use RiO to compare data that is reported from VIPER and what data is manually collected. Only once the service lead is satisfied that VIPER correctly reflects the manual data can it then use VIPER as its main source of activity data reporting.

BD CHS did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data

## Information Governance toolkit attainment levels

The BD CHS Information Governance Assessment Report score overall score for period from 1 April 2010 to date (18 February 2011) was 39% and was graded red (This means requiring immediate action). Several actions are being undertaken to improve this by March 31 2011, including:

- Encouraging staff to participate in the Information Governance Training Toolkit
- Developing an action plan, with clear actions aimed at demonstrating the dedication of BD CHS to ensuring information is governed appropriately.
- Seconding a member of staff on a part time basis, dedicated to ensuring that the actions within this plan are achieved on time.

- Undertaking a data mapping exercise, to identify how data enters the organisation, and the routes by which it leaves the organisation, to ensure that these routes are secure

All BD CHS staff use NHS mail for emailing purposes, which is recognised as a secure and safe emailing process.

## **Clinical coding error rate**

BD CHS was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

# Part 3

## Review of improvement targets

BD CHS set three improvement quality targets for 2009/10, which were incorporated into our Commissioning for Quality and Innovation (CQUIN) targets with commissioners. Each of these is considered in turn:

### 1) Service user experience

#### Area for quality improvement

##### End of Life Care

The National Strategy for End of Life Care (2008) identified that there was a need for a significant improvement in end of life care services. Locally, this has led to a commitment to increasing the opportunity for patients to exercise their preferred location to die. BD CHS committed to a number of improvements, and the table below gives details of performance to date:

Current Performance Indicator	April - June	July – September	October - December	January – March	Target
% of staff trained in the Liverpool Care Pathway	68.6%	73.4%	84.4%		To see an increase in the number trained
% of patients identified as having EOL needs and hand held supportive care plan	100%	100%	100%		100%
% of patients on District Nurse caseload, whose death was known to the service and died in their preferred place of death	0%	0%	0%		An increase in the numbers from April 2010

#### How we intend to sustain/make improvements

- BD CHS has invested considerably in staff training associated with End Of Life Care. There has been an increase in the number of staff trained in the Liverpool Care Pathway, and all patients had a hand held supportive care plan.
- Staff have completed training on discussing patients' preferred place of death, and so we expect to see the number of patients who died in the setting of their choice to rise in the fourth quarter of the year. This will be embedded into core practice for subsequent years.

## 2) Clinical Effectiveness

### Improve uptake of the Common Assessment Framework (CAF)

All vulnerable children should have a CAF assessment; these help all local agencies to provide a co-ordinated service for vulnerable children. Performance to date is shown below:

Number of CAFs initiated	April - June	July – September	October - December	January – March
Cumulative target	50	100	150	200
Cumulative actual (to date)	31	59	81	

#### How we intend to sustain/make improvements

- The number of CAFs undertaken has risen considerably, and BD CHS are confident that the target of 200 will be met by the end of the fourth quarter.
- We will be seeking to identify CAF champions for BD CHS services, so that they can lead on ensuring that CAFs are mainstreamed into children's services in subsequent years.

## 3) Patient safety

### Number of four-week smoking quitters still not smoking after six months

This target was agreed to support NHS Barking and Dagenham's goal to improve mortality rates for Cardiovascular Disease and Cancer, and to help improve the health and well being of staff. The aim was to undertake a baseline assessment of the numbers of ex smokers still not smoking after six months of quitting, by contacting them at a variety of times during the day. Performance to date is shown below:

	April – June	July – September	October - December	January – March	Target
% of 4 wk smoking quitters attempted to be contacted	100%	100%	100%		100%
% of successful contacts (after 3 calls)	58%	51%	62%		
% of 4 wk smoking quitters who are still quitters at 6months (self reported)	42%	47%	52%		
% of 4 week quitters who have relapsed and who have agreed to engage for further support.	46%	34%	40%		

All quitters have been contacted at least three times by the smoking cessation team, and the team recorded an impressive response rate. It is interesting to note that approximately 50% of quitters

had continued to remain as quitters after six months; this is a much higher percentage than has been used for calculating smoking rates across the borough. It is also encouraging to see that approximately 40% of those who have relapsed were keen to re-engage with the service.

At the time of writing, the smoking cessation service is to be put out to tender by NHS Barking and Dagenham, and it remains to be seen whether this work will be incorporated into the specification that they will be basing the redesigned service on.

## Workforce development

### Staff survey results

In addition to the National Staff Survey, BD CHS undertook an Internal Staff Survey as it recognised that the National Staff Survey only surveyed a proportion of BD CHS Staff. A Staff Engagement Group (SEG) was established and through this group an action plan was produced which identified areas for improvement following the staff surveys to demonstrate BD CHS commitment to valuing, engaging and the development of its staff. The action plan covers the following priority areas:

- Clear and rewarding jobs
- Personal development, training and support,
- Health, wellbeing and safety
- Staff involvement and valuing staff
- Staff satisfaction
- Managing equality and diversity
- Workforce development
- Recruitment and retention
- Listening to staff
- Clinical supervision for clinical staff
- Staff benefits – Improving Working Lives

Where BD CHS received high scores:

- 91% felt that their role makes a difference to patients
- 88% were satisfied with the quality of care they give to patients
- 91% feel trusted to do their job
- 90% consider patient information to be treated confidentially in the Trust
- 85% said if they were concerned about negligence or wrongdoing by staff in BD CHS they would know how to report these concerns.
- 82% had agreed a Personal Development Plan
- 79% said they always know what their work responsibilities are

### Health and wellbeing

The SEG also promotes wellbeing, managing illness and enabling independence for all our community. The SEG works in partnership with staff side representatives and has attendance from representatives from our services who are our SEG champions to encourage staff to be empowered to put forward ways to deliver better and safer services for patients and their families.

Our Sickness Absence rate averages around 3.5% with peaks in the winter season. Sickness Absence is managed through training our managers on the management of absence, having robust policies and support through our Occupational Health and counselling services.

A comprehensive training programme on the management of stress in the workplace has been introduced to support staff in response to our staff survey outcome

### Joint Negotiating Consultative Committee

Through our JNCC committee we engage with our staff side representatives in decisions that affect our staff and the services they provide.

## **Leadership development**

During the financial year April 2010 to March 2011, a number of courses aimed at developing leadership and management skills amongst BD CHS workforce were commissioned; this included a variety of certificates and diplomas in leadership, a variety of courses aimed specifically at developing leadership for clinicians, as well as funding staff to participate in both the Certificate in Management Studies and the Diploma in Management Studies.

A key part of the work described in the section above has been to support and develop clinical leaders and senior managers through the establishment of a Workforce Development Group. The purpose of this group is to ensure that BD CHS has the right workforce to provide safe patient care in the most efficient way that ensures effective performance and quality of our services. It provides a forum to seek views from senior clinical leads and representatives from operational services on learning and development initiatives, new roles, allocation of resources and workforce development issues. This has provided an important opportunity to identify and work with staff with leadership potential.

Several of the senior managers within BD CHS have also participated in the organisational development programme commissioned by NELFT with the London South Bank University. Please see the section on Leadership Development within the MHS section for further details.

## **NHSLA**

BD CHS are developing systems to demonstrate that governance structures are in place and effective. One way to do this is by becoming compliant with the standards set by the NHS Litigation Authority (NHSLA). Meeting the standards will show that risks are managed well and that BD CHS has a competent and capable workforce, working in a safe environment, providing good quality clinical care and learning from experience.

The NHSLA assesses Trusts against five Risk Management standards at three levels. During 2010/2011, BD CHS has been working towards Level 1, and can now demonstrate compliance with a number of the required standards. This work will continue.

## **Statements**