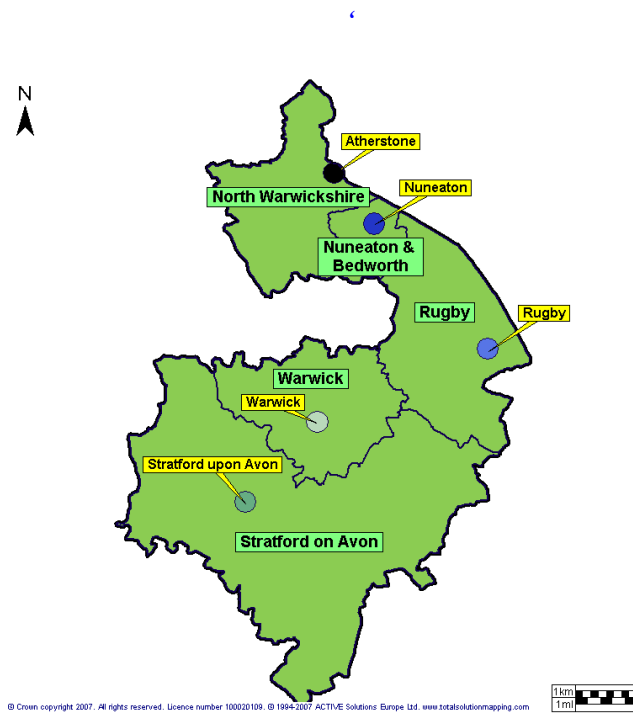


# NHS WARWICKSHIRE COMMUNITY HEALTH

## QUALITY ACCOUNT

APRIL 2010 – MARCH 2011



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## **Part One**

### **Our Commitment**

Since the inception of Warwickshire Community Health (WCH) services in 2006, we have, as a Provider organisation, strived to ensure we are a committed and successful organisation as well as being effective to the patient population we serve.

Much has been done to improve the quality of care we provide to our patients and enhance their experience, whether as an inpatient or in the patients own home.

We have established Patient Safety walkrounds which have been a huge success allowing the Executive Team to hear first hand from patients and staff. Although this initiative was originally intended for inpatient settings, Warwickshire Community Health has adopted this approach to other community settings across Allied Health Professionals, Adult Nursing and Children's Services.

WCH successfully registered with the Care Quality Commission (CQC) in April 2010 and achieved level one assessment with the NHS Litigation Authority in March 2010. Since 2008 WCH has made an 85% reduction in health care acquired infections in the Community Hospital setting.

WCH has taken part in two national audits (Royal College of Physicians National Falls and Osteoporosis Audit and National Audit of Continence Care) as well as undertaking 109 local audits across WCH.

An unannounced visit from the CQC took place to ascertain compliance with the Infection Prevention and Control Code of Practice. Immediate feedback from the CQC confirmed the areas visited had met all the required standards.

Within WCH there has been extensive partnership working both with the Local Authority, Warwickshire Local Involvement Networks (LINK) and other external stakeholders. In particular WCH is proud to have an Integrated Disability Service (IDS) where there is an integrated team between health and social care. Several services, such as, Child Development Service, Birth to Three Portage are part of the IDS. Funding for 3 Health Care Assistants within Children's Community Nursing Team has been provided to enable short break care to children with complex health needs.

Over 50% of Health Visitors and School Nurses are based within Children centres with a partnership agreement between the two organisations thus improving greater working relationships. The Head of Services are members of several partnership committees for example the Integrated Working Board and two Senior Leadership Teams, one for IDS and one for Early Intervention.

Extensive work has also been undertaken in collaboration with the Local Authority and Adult Health services working with Integrated Health and Social Care Teams.

LINK has played an important role within Warwickshire Community Health with representation on the Community Board, Patient Experience Groups and the Health, Safety and Risk Committee.

As we merge with South Warwickshire Foundation Trust, it is imperative all of the excellent developments on quality continue. We will ensure quality remains at the heart

of our care, keeping the trust of our community and never allowing our vision and values to be affected by purely financial decisions.

Michelle Clarke  
Managing Director  
February 2011

## **Executive Summary**

WCH's has a total workforce of approximately 1,600 staff and operates across a catchment population serving approximately 549,257 people within Warwickshire.

WCH vision is to "Provide Care Closer to Home" and as a health provider we have developed and implemented innovative ways of working to ensure our services are easily accessible, are responsive to patient needs and are of a consistently high standard. The three key quality goals identified for the year 2010/2011 were:-

- Deliver improved patient experience, clinical effectiveness and safety.
- Treat more long-term complex cases closer to home
- Achieve sustainable financial balance.

Whilst addressing these goals, service improvement projects have been able to deliver improved quality of care, productivity and cost effectiveness. For example:

- District Nursing documentation has been standardised for all patients
- The Early Supported Discharge Team have enabled patients to leave hospital earlier to be supported in their own homes
- Neighbourhood Teams and Virtual Wards have been established and provide multidisciplinary support to patients in their own homes, thus preventing hospital admission
- Patients suffering with leg ulcers are now able to receive state of the art "VAC therapy" in the community to improve the rate of healing
- Waiting times and waiting lists for therapy services such as Physiotherapy, Speech and Language Therapy and Occupational Therapy have been reduced

The WCH quality agenda has been delivered in conjunction with the Transforming Community Services agenda (DoH 2008). The workforce of Warwickshire Community Health is committed to delivering the transformation agenda with good leadership, engagement and communication with the public, staff and stakeholders, has been at the heart of this transformation.

This quality account will outline:

- Quality improvement priorities for 2010/11 and how the priorities were monitored and performance managed
- Specific achievements
- Learning and action implementation for identified under achievement of the quality improvement priorities
- The new priorities for 2011/12

## **Introduction**

Warwickshire Community Health is currently the 'Arms length Provider' of NHS Warwickshire and provides a comprehensive range of Community based and Community Hospital services across all age ranges. Its focus is on the provision of services for Older People with physical healthcare needs, the provision of services for Children, Young People and Families with physical, health protection and health improvement needs, and the provision of Specialist Nursing and Therapy services (preventative & treatment) to all age ranges.

WCH operates from 22 clinics and health centres and 29 office, store and ancillary premises and 3 community hospitals, however in February 2011, the NHS Warwickshire Board took the decision to de-commission inpatient provision at Bramcote Hospital located in North Warwickshire. One of the Community Hospitals has two specialist units, stroke services and neurological conditions or an acquired brain injury. In addition there are also 7 Special Care Dentistry Clinics and 3 PCT Medical Services.

## **Provider Profile**

Currently the county of Warwickshire has an approximate population of 549,257 of this 116,264 are children aged 0-16 with 74,000 of those being school age. The population in Warwickshire is estimated to grow to 554,700 in 2013 with the biggest increase expected in the over 65 year age group. Newborns are expected to increase by approximately 5% over the next five years. Currently one in ten (6,600) of the older population in Warwickshire are estimated to suffer from Dementia. This is projected to increase in the year 2020 by a further third to around 10,200 cases. The ageing population will have implications on the future demand profile for our services, specifically care of the elderly and associated health conditions. The increase in the elderly population in Warwickshire suggests that this should be an area that we focus on for delivering and marketing our services.

The 2007 Index of Multiple Deprivation highlights a polarised picture of Warwickshire. Nuneaton and Bedworth have the highest levels of deprivation in the county, whilst Stratford-upon-Avon has the lowest levels. The most deprived area in Warwickshire is in the Northern Bar Pool ward located within Nuneaton and Bedworth. This is followed by an area within Camp Hill ward, also within Nuneaton and Bedworth. These two areas feature in the worst 10% of the 32,482 identified areas in England. North Warwickshire; Nuneaton and Bedworth and Rugby have lower than average life expectancies for both men and women. Stratford-upon-Avon and Warwick have higher than national life expectancy for both men and women.

## **Part Two**

### **Priorities for Quality Improvement**

WCH Board ensure the organisation operates to a clear Accountability Agreement linked to the approved Scheme of Delegation and reporting requirements.

WCH successfully registered with the Care Quality Commission's Essential Standards of Quality and Safety in April 2010. WCH is, and will continue to be, compliant with the Care Quality Commission requirements, responding to new guidance and legislation as it comes in to force. WCH was also assessed against the NHS Litigation Authorities Risk Management Standards in March 2010, successfully achieving level one. Indicating WCH works within a structured framework which focuses on effective risk management that delivers quality improvements in organisational governance, patient care and the safety of patients, staff and visitors to the organisation.

WCH is committed to capturing the views and experiences of patients and using this feedback to improve local services and inform local decision making which is key to driving service improvements and being responsive to the preferences and priorities of the local population.

WCH manages equality, diversity and human rights by encompassing organisational processes, systems, culture and the skills of staff.

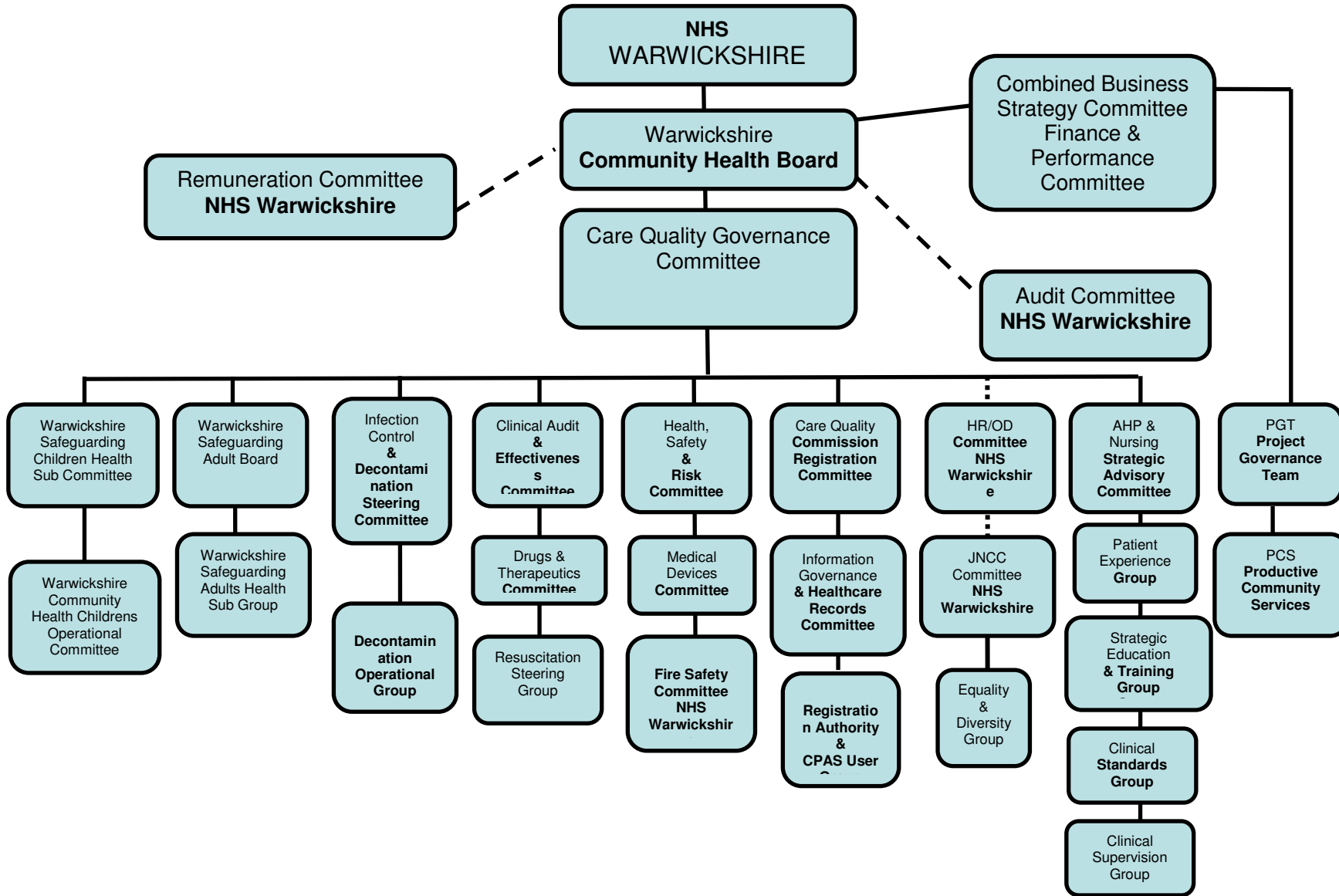
The quality priorities for 2010/11 were decided upon using national, regional and local guidance. Data was collected from the following agencies:-

- Department of Health
- Care Quality Commission
- The NHS Litigation Authority
- Institute for Innovation High Impact Actions
- Commissioning for Quality and Innovation (CQUIN) Payment Framework.
- Commissioning Quality Contract
- Learning from Incidents, Complaints and Claims
- Patient Experience Feedback
- Staff survey feedback
- Stakeholder feedback
- Local Involvement Network
- Community Patient Forums

The national, regional and local guidance was debated by the WCH Board and the quality priorities agreed. In agreeing the priorities the Board considered information collected from patient and staff feedback, learning from incidents, complaints, claims and compliments.

Achievement against the agreed priorities was measured and monitored through the Integrated Governance Structure (table overleaf). Whereby any deviation from the highest standard of achievement was actioned and monitored to maintain the level of achievement desired.

**Integrated Governance Framework**





## **Priority One - Patient Safety**

### **1.0 High Impact Actions**

The High Impact Actions are developed through the NHS Institute for Innovation and Improvement.

WCH recognises that cost effectiveness and high quality care has the greatest impact on patient care.

The high impact actions are a fantastic opportunity for WCH to make a difference to our patients. Clinicians base the care we give, using the following actions

- Your skin matters: preventing avoidable pressure ulcers in NHS provided care
- Staying safe- preventing falls: achieving year-on-year reductions in falls among older people in NHS-provided care
- Keeping nourished - getting better: stopping inappropriate weight loss and dehydration in NHS provided care
- Important choices - where to die when the time comes: avoiding inappropriate hospital admission and giving more people the choice of where they die
- Fit and well to care: reducing sickness absence among nurses and midwives - aiming for no more than three percent
- Ready to go - no delays: letting nurses and midwives manage and lead patient discharges where appropriate
- Protection from - infection: reducing urinary tract infections for patients in NHS provided care.

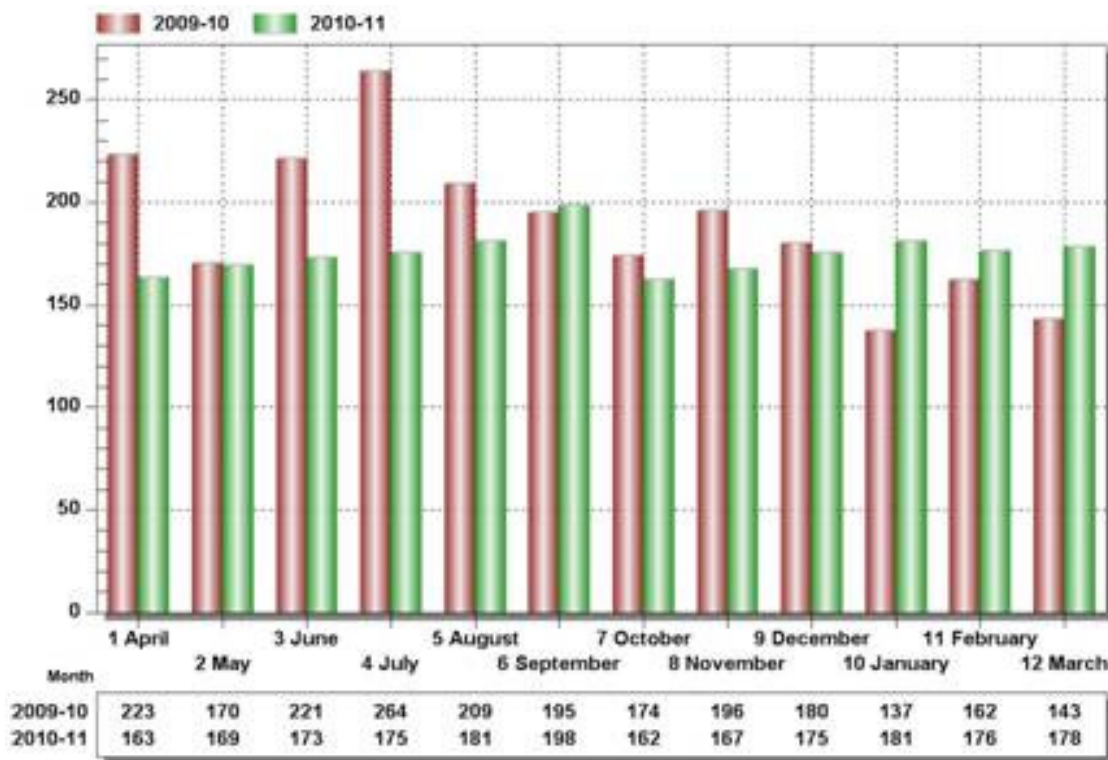
### **2.0 Incidents**

A key component of an effective Risk Management System is the reporting of incidents both clinical and non-clinical. All staff are required to report all incidents, clinical and non-clinical, in line with WCH Incident Reporting Policy. Incident reporting has continued to have a high priority across the organisation with the emphasis on encouraging all groups of staff to report incidents and near misses.

The implementation of electronic incident reporting has enabled staff to have an improved route through which they can report incidents and near misses in an efficient and timely manner. We have seen positive change in the culture of reporting incidents and near misses. Being able to analyse the number of incidents and near misses reported, we can carry out trend analysis and thereby improve on patient safety by disseminating and sharing lessons learnt from the reported incidents.

WCH systematically review all incidents at the Health, Safety and Risk Committee whereby common trends and themes are highlighted and appropriate actions / recommendations are implemented across service areas.

The total number of incidents reported between 1 April 2010 and 31 March 2011 were two thousand and eighty two (2082), compared to two thousand, two hundred and seventy four (2274) between 1 April 2009 and 31 March 2010.



The decreased incident reporting is reflected in the NPSA feedback report, published in March 2011. The NPSA publish a bi-annual comparative report of 90 Primary Care Trusts with inpatient facilities. WCH is in the lowest 25% for reporting incidents per 1,000 bed days. The NPSA report for the previous year stated WCH has well-established systems for incident reporting and the local risk management or clinical governance team should be congratulated.

During this year of transforming community services WCH has experienced a decrease in the number of patient contacts and services and a substantial amount of work has been progressed in reducing the number of patient falls, medication errors and reducing the number of internally acquired pressure ulcers. The consequence of improving patient safety has resulted in a reduction in the number of incidents reported by 230/year.

### 3.0 Serious Incidents (SI)

There were twenty one (21) SI's reported to the Strategic Health Authority (SHA) between 1 April 2010 – 31 March 2011. All SI are fully investigated by a trained members of staff using Root Cause Analysis (RCA). All investigation reports are in line with the National Patient Safety Agency (NPSA) reporting template, which has provided consistency and structure when writing reports.

<b>Type of Serious Incident</b>	<b>Themed Lessons Learnt</b>
<p>Unexpected deaths – inpatient provision GP cover is not provided on a 24 hour basis. All deaths are reported as unexpected and reported to the coroners officer.</p> <p>All deaths are reviewed by the joint mortality group for acute and community services.</p> <p>The healthcare records are reviewed using the NPSA Global Trigger tool. No evidence of suboptimal care identified.</p>	<ul style="list-style-type: none"> <li>• Introduction of Modified Early Warning Score (MEWS) within community hospitals. This is a tool which assists staff in recognising the deteriorating patient</li> <li>• Training for staff to update their knowledge related to venous thromboembolism risk assessments and treatment plans following ratification of the venous thromboembolism policy.</li> </ul>
<p>Grade 3 &amp; 4 pressure ulcers</p> <p>Root Cause Analysis investigations completed</p>	<ul style="list-style-type: none"> <li>• Best practice guidance communicated to Staff.</li> <li>• Staff to be able to recognise and treat different causes of pressure ulcers and appropriate treatment and accurate assessment and stepping up/down of pressure relieving equipment</li> <li>• Wound Care Formulary Implemented</li> <li>• Malnutrition Screening Tool implemented</li> <li>• Nursing Assessment documentation implemented.</li> <li>• To maintain regular visits to support vulnerable patients.</li> </ul>
<p>Clostridium Difficile and other healthcare acquired infections</p>	<ul style="list-style-type: none"> <li>• Mandatory education for all clinical staff implemented.</li> <li>• Best guidance documentation implemented.</li> <li>• Environmental guidance provided</li> </ul>
<p>Security incident</p>	<ul style="list-style-type: none"> <li>• Conflict Management for all staff</li> <li>• Security review by NHS Counter Fraud Security Management Service and best practice guidance provided.</li> </ul>

#### **4.0 Central Alert System (CAS)**

The Central Alert System (CAS) is the national system for disseminating alerts relating to medical devices, estates and medications from the Medicines Healthcare Regulatory Authority (MHRA). WCH is responsible for ensuring all alert notices are brought to the attention of WCH staff and appropriate action is taken. The procedures cover the following alerts:

1. Medical Devices Alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA)
2. Drug Alerts issued by MHRA
3. Public Health Link issued by Department of Health
4. Estates and Equipment Alerts issued by the Estates and Facilities Division
5. National Patient Safety Alerts (NPSA)

The table below outlines the different types of alerts received. All alerts are sent to Service Managers to cascade to their teams, to develop action plans where applicable.

#### **Alerts disseminated during 1 April 2010 – 31 March 2011**

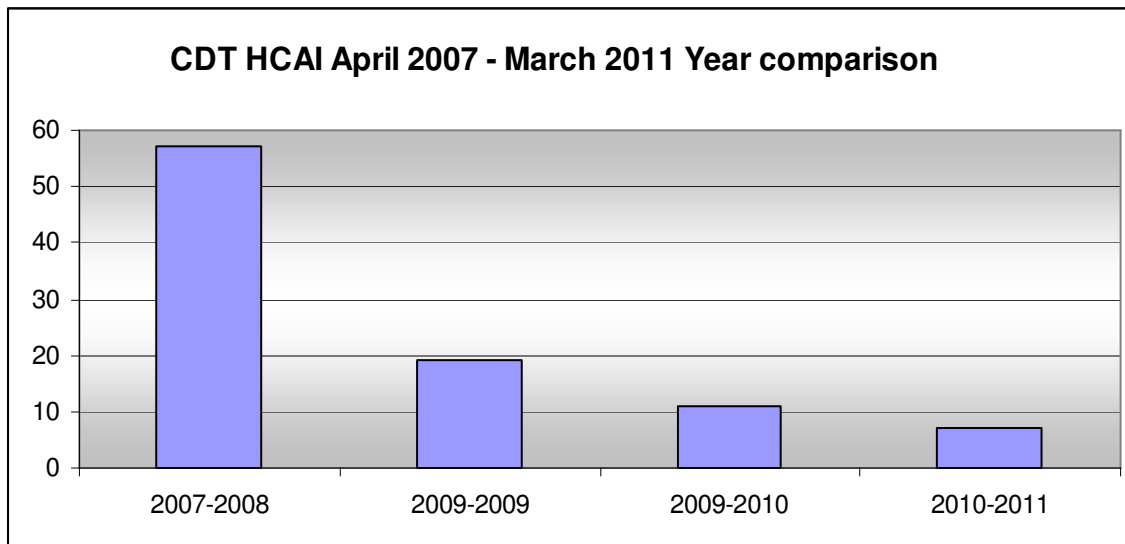
<b>Type of Alert</b>	<b>Total Number</b>
Medical Devices Alerts	107
National Patient Safety Alerts	12
Public Health Alert - DH	4
Estates and Facilities Division Alert	11
Drug Alerts	35
<b>Total</b>	<b>169</b>

The total number of relevant Safety Alerts received by WCH was nineteen (19). Action plans have been developed by the Services to show how they will be compliant with the alerts and any equipment identified has been removed from practice.

#### **5.0 Infection Prevention and Control**

The reduction of Healthcare associated infections (HCAI) has remained an absolute priority for the Trust and the Infection Prevention and Control Team.

WCH have continued to reduce levels of Clostridium Difficile Toxin (CDT) associated infection year on year as illustrated below. Since targets to reduce CDT were made by the Department of Health (DH) in 2008, WCH has made an 85% reduction in the number of healthcare associated CDT infections for inpatients within community hospitals. This sustained reduction in CDT within inpatient areas is clearly a reflection of both improved practices and a clean environment.



WCH have continued to undertake MRSA screening on admission and have recorded 100% compliance.

WCH have dealt with just one outbreak of infection with Norovirus over the 2010 Christmas period, where the ward was closed for almost two weeks to admissions and discharges

WCH has invested in staff, products and systems to further reduce the risk of HCAI for all who use the services we provide. The allocation of funding to support infection prevention and control initiatives has enabled the team to introduce new systems and replace products resulting in an improvement in the standards of cleanliness and care. These initiatives include; continued funding of; disposable curtains, annual deep cleaning, off site decontamination and service of dynamic pressure relieving mattresses and new initiatives that include; the provision of scrubs and single use instruments for minor operative procedures, single use gazeby pump holsters, fogging of isolation areas, wipeable computer keyboard and mouse sets in specific areas, hand hygiene packs for community nursing services and MRSA decolonisation packs amongst other services.

During the last financial year one team has had regular allocation of shifts onto the inpatient areas in order to guide and support the staff and to assist in undertaking the infection prevention audit requirements. This move has had a huge impact on the integration of infection prevention practices at ward level and in the production of accurate timely audits.

All staff are required to undertake infection prevention on both induction to the organisation and annual mandatory updates. In addition we have developed a link staff for infection prevention group, for which we provide bi-annual sponsored education days.

## **6.0 Tissue Viability**

A total of five hundred and eighty eight (588) pressure ulcers were reported within this period. Of these, three hundred and ninety eight (398) patients were transferred into WCH from other care providers with an existing pressure ulcer and one hundred and ninety (190) patients developed a pressure ulcer while receiving care services from WCH.

Pressure ulcer development is a recognised key quality indicator. WCH is compliant with the assessment and reporting of all pressure ulcers as clinical incidents (National Institute of Clinical Excellence (NICE) guidelines 2005). The total number of internally acquired pressure ulcers represents 0.17% of the active patient caseload.

NICE guideline (29) suggests early detection and effective monitoring and management, can reduce the risk of pressure ulcer development. Patients accessing WCH's services are assessed for actual or potential development of pressure ulcers. A risk assessment tool, namely The Waterlow 1985 (reviewed 2005) scoring system, is used in conjunction with the clinicians clinical judgement to assess the potential and actual pre-disposing factors to developing pressure ulcers.

WCH aim to undertake assessments within 6 hours of becoming an inpatient or at first assessment in the community. A skin inspection is completed on all patients. All patients identified as being at risk are put on pressure relieving equipment. New documentation was launched in community teams in December 2010 these included revised tissue viability care plans, decision pathways and repositioning charts. All patients are given information on how to prevent or improve pressure ulcers.

Guidelines for the prevention and treatment of pressure ulcers and an equipment flow chart have been developed and are available to inform and guide staff and new criteria for the supply of preventative equipment have been developed and will cover the provision of equipment to children, young people, adults and bariatric clients.

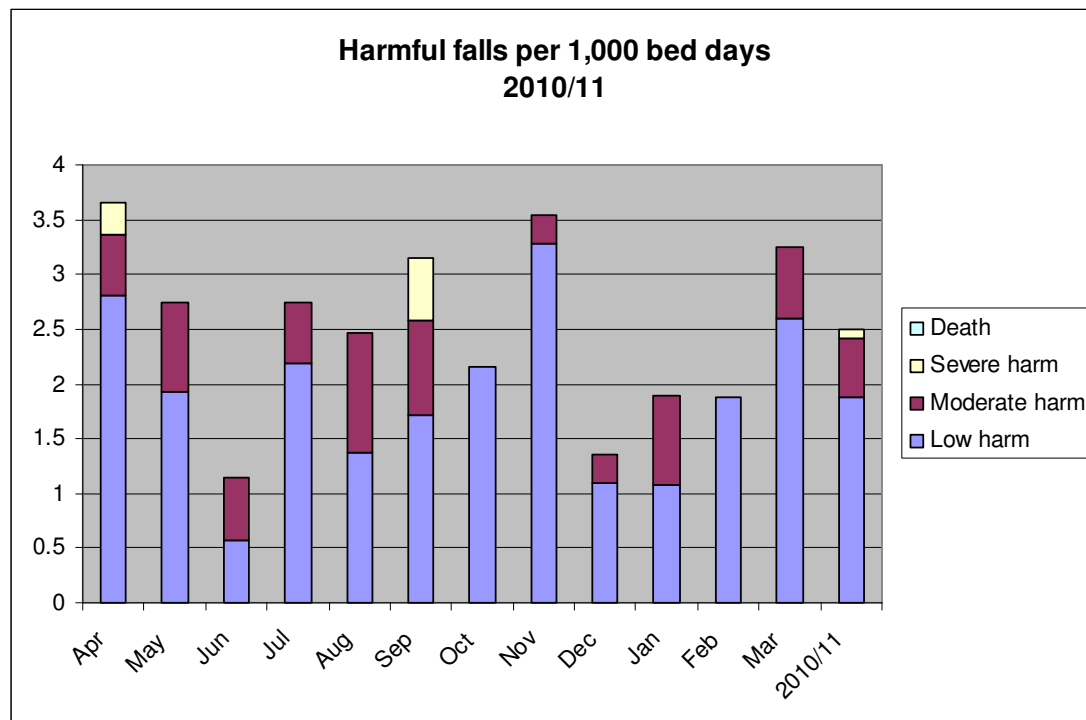
## **7.0 Falls**

The Falls Prevention Framework implements national guidance from the National Patient Safety Agency (NPSA), Patient Safety First and High Impact Actions. This includes analyses and monitoring of falls incidents by the Health, Safety and Risk Committee and reporting to individual wards.

In 2010, WCH developed and implemented a Falls Prevention Framework, to assist in the prevention and management of patients who receive healthcare from WCH services either with a history of falls, following a fall or who are at risk of falling whether as an inpatient or in their own home.

The framework endeavours to ensure all patients at risk of falling receive a falls and bone health risk assessment when admitted to community hospitals or on first contact by community teams. Patients can be referred on for specialist assessment by the Specialist Falls Service, a multidisciplinary team providing multifactorial risk assessment and evidence based interventions.

The graph shows the average ratio of falls rates per 1,000 bed days has significantly dropped since April 2010 compared to the average ratio of falls in 2009/10, from 8.3 to 6.6 falls per 1,000 bed days.



A Post Fall Protocol has been developed to ensure patients receive essential care following a fall and to improve incident reporting for analysis and learning opportunities. The protocol complies with all recommendations in the subsequent released NPSA Rapid Response Report– Essential care after an inpatient fall (NPSA/2011/RRR001).

## **8.0 Safeguarding**

### **Safeguarding Children Team**

The Safeguarding Children Team audit programme has reviewed the attendance of health professionals from Warwickshire Community Health at Initial Child Protection Case Conferences. A commendable rate of 80% was compliant with the standard set by Warwickshire Safeguarding Children Board (WSCB) which stipulates that health professionals attend Initial Case Conferences. Out of the remaining 20%, 83% of those that could not attend either sent a representative or gave apologies.

The Named Nurses Child Protection Team provide supervision to all health staff involved in Child Protection cases, 97% of supervision sessions which were booked were completed as planned across WCH.

The Named Nurses Child Protection Team continue to support Health Visitors and School Nurses with the production of court statements requested by the Local Authority. Figures for 2010/11 demonstrate a 100% increase in Warwickshire of completed requests on the previous year.

There is an ongoing robust programme of in house safeguarding children training for staff in WCH.

## **Safeguarding the Vulnerable Adult**

WCH is committed to delivering, implementing and monitoring the organisation's structures, systems and processes to safeguard adults.

WCH recognises some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency and yet be unable to hold service to account for the quality of care they receive. WCH has particular responsibilities to ensure these patients receive high quality care and their rights are upheld, including their right to be safe.

WCH has representation at the Warwickshire Safeguarding Adult Board and has developed a operational group to:

- Prevent safeguarding incidents arising through the provision of high quality care.
- Ensure effective responses where harm or abuse occurs through implementing multi agency safeguarding adults procedures and polices.

### **9.0 Patient Safety First Campaign**

The campaign was developed and supported by the National Patient Safety Agency (NPSA), The Health Foundation and the NHS Institute for Innovation and Improvement. The aim of the campaign is to provide ongoing vision and strategic leadership to reduce harm to patients by changing practise based on existing evidence. Patient Safety First is about actively looking for examples of harm, examining the causes and learning from them to avoid future incidences.

Sign-up to the campaign is voluntary however. WCH committed to the following areas to improve patient safety and quality:

- Leadership for Safety
- Reducing harm from deterioration

#### **Leadership for Safety**

The Patient Safety First Campaign suggested NHS leaders needed to interact with staff by visiting their work place, creating a shared insight into the organisation's safety issues.

WCH Patient Safety Walkrounds have shown to be very effective within the organisation providing an opportunity to develop action plans and changes to practice. Key themes and significant information from Walkrounds are fed back to the workplace, through follow up Walkrounds. Every Walkround results in the formation of an action plan from discussions with staff.



To summarise, Walkrounds have:

- Demonstrated top level commitment to patient safety
- Established lines of communication about patient safety among employees, directors and managers
- Provided opportunities for senior directors to learn about patient safety concerns
- Identified opportunities for improving safety
- Encouraged reporting of issues, errors and near misses
- Promoted a culture for change pertaining to patient safety
- Established local solutions to minimise risk.

These have been expanded to include not only the inpatient setting but also community based settings.

### Recognising the Deteriorating Patient

WCH is committed to embedding the timely recognition of patients with established or impending critical illness; and has empowered clinical staff to secure experienced help through the operation of a trigger threshold. WCH has adopted a trigger system, known as the Modified Early Warning Score (MEWS). The score aids recognition of a deteriorating patient. The baseline for using MEWS is that daily observations are performed on all inpatients. The MEWS score determines frequency of observation and subsequent transfer to an acute hospital when the patient triggers the highest MEWS score.

To summarise the implementation of the MEWS system has ensured:

- The recognition of patients whose condition is deteriorating.
- Staff are aware of their responsibilities regarding the use of MEWS
- A training and competency package for staff is in place.
- The process is monitored.

Progress made:-

- Clinical Procedure for the implementation of a Modified Early Warning System (MEWS) has been approved and implemented
- An annual audit of the process has been incorporated in the audit forward programme.
- The audit will be monitored through the Clinical Audit and Effectiveness Committee and the Resuscitation Committee.
- The Resuscitation Committee will review any incidents reported involving the MEWS process.
- A training programme and competency package has been incorporated in the organisational training.

### **10.0 Clinical Supervision**

WCH is committed to ensuring that all staff involved in delivering clinical care and treatment receives appropriate supervision, taking into account national guidance from relevant professional bodies.

Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection. The concept of clinical supervision underpins a number of professional and national issues including codes of practice, autonomy, clinical governance, life long learning, risk management, continuing professional development, and reflective practice. To enable this the following is set out in the Clinical Supervision Policy:

- All Clinical Staff will participate in clinical supervision for a minimum of one hour per 8 weeks. Non-Clinical Staff do not have to fulfil this requirement , however support should be offered to facilitate this if the need arises.
- Supervisors and supervisees will keep a written record of each supervision session – on Trust approved documentation.
- Training needs of both supervisors and supervisees will be addressed.
- Each clinical job description will include the statement “will participate in clinical supervision” thereby forming part of the Key Stage Framework (linking to the core values).
- A core part of senior practitioners job descriptions should be an expectation that they will offer clinical supervision to colleagues and other practitioners within the trust and this will be included in job descriptions.
- All line managers should review the adoption of clinical supervision at the point of annual personal development reviews (PDR).
- Each directorate has developed a mechanism for supporting and reviewing the implementation of this policy.
- The uptake of supervision is subject to an annual audit

Face to face Clinical Supervision for Supervisors is provided in centres across the county every 8 weeks, with face to face Clinical Supervision Up-Date sessions being provided 4 times per year, however this will now be provided as an e-learning session in Spring 2011.

## **Priority Two - Clinical Effectiveness**

### **Audit and Effectiveness Position Statement**

Clinical audit and effectiveness are elements of healthcare governance concerned with the identification and monitoring the standards of health care delivery. The publication of Care Quality Commission - Essential Standards and Quality and Safety (2009) created a common set of standards for quality and safety in all NHS organisations and created a framework for the continuous improvement in the quality of care within them.

In addition to the requirements outlined by the Care Quality Commission, WCH must also be able to provide evidence to support the requirements set by the NHS Litigation Authority (NHSLA) in order to achieve accreditation

#### **1.0 Audits**

During 2010 / 2011, two national clinical audits covered NHS services that WCH provides and which they were eligible to participate in. These were:

- Royal College of Physicians National Falls & Osteoporosis audit
- National Audit of Continence Care (NACC) 2010

National confidential enquiries are regularly reviewed but within this period were not relevant to services within WCH.

National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP).

Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

Audit is critical to the improvement of services and WCH has a team, dedicated to supporting a fully comprehensive audit program to demonstrate effectiveness and safety for patient care. The nominated Board lead is the Director of Quality and Clinical Leadership who ensures clinical effectiveness remains a key priority for the Board and has overall responsibility for audits within the Organisation. In clinical areas some audits are carried out on a daily/weekly/monthly or even six monthly basis. Last year the Audit Team worked on a number of audits across WCH in priority areas including pressure ulceration care and clinical records. The results were extremely helpful and have formed the focus of action plans this year to improve a wide number of services prior to re-audits being carried out to measure what improvements have been made.

The Table below shows the breakdown of areas audited within WCH during 2010/11.

Organisational Audit Total	2010/11	109
<b>Audit Breakdown</b>		<b>Audit Numbers</b>
Audit Policy/procedure		59
Nice Guidelines		12
Multiple Standards/guidance		9
National Service Framework		1
Essence of Care		13
Infection prevention and Control		8
Other Audits- Local drivers specific to individual needs		7

### Learning from audit

By definition clinical audit is all about measuring the quality of care and services we provide against agreed standards and making improvements where necessary.

As an example:-

Audits around three of our key concerns – **Falls, Pressure Ulcers and Nutrition** have highlighted areas for further development.

- New patient documentation has now been implemented to prompt and thus ensure
  - Risk assessments are completed by staff, thus identifying concerns before problems arise.
  - Any risk identified is followed up with a patient care plan.
  - A new / updated risk assessment and care plan is completed after a fall or pressure point occurs.
- Staff training around the documentation will raise awareness of the importance.
- Finally a re-audit of these areas will occur later in the year to monitor our improvement and ensure best practice continues to be paramount.

**Infection Control audits** regularly occur throughout WCH which have shown

- A sustained reduction in positive Clostridium Difficile Toxin (CDT) within inpatient areas, a good reflection of both improved practices and a clean environment
- WCH can demonstrate that the community hospitals are 100% compliant with the Department of Health requirement for all admissions to be screened for MRSA from 31<sup>st</sup> December 2010 this initiative ensuring that all patients found to be positive for MRSA are offered appropriate treatment. Interventions are then implemented that will minimise the risk of infection and cross infection

## 2.0 National Guidance

There are many pieces of national guidance currently available which are relevant to services provided by WCH and throughout each year new national guidance is published. This includes guidance from National Institute of Clinical Excellence (NICE), National Confidential Enquiries into Patient Death (NCEPOD's), National Services Frameworks (NSF's), High Level Enquiries and other national guidance.

All relevant guidance is reviewed and incorporated within patient care ensuring that the care provided is both clinically and cost effective.

The table below shows a breakdown of published national guidance and the number relevant to WCH:

<b>Published Guidance 2010/11</b>	<b>97</b>
<b>Relevant to WCH</b>	<b>18</b>
<b>WCH implemented 11 which includes the following:</b>	<b>11</b>
<ul style="list-style-type: none"> <li>• <b>Chronic obstructive pulmonary disease</b></li> <li>• <b>Hypertension in pregnancy</b></li> <li>• <b>Delirium</b></li> <li>• <b>Lower urinary tract symptoms</b></li> <li>• <b>Bacterial meningitis and meningococcal septicaemia</b></li> <li>• <b>Alcohol-use disorders - preventing harmful drinking</b></li> <li>• <b>Prevention of cardiovascular disease</b></li> <li>• <b>Constipation in children and young people</b></li> <li>• <b>Quitting smoking in pregnancy and following childbirth</b></li> <li>• <b>Strategies to prevent unintentional injuries among under-15s</b></li> <li>• <b>Preventing unintentional injuries among under-15s in the home</b></li> </ul>	
<b>The following guidelines are currently in the process of being implemented</b>	<b>7</b>
<ul style="list-style-type: none"> <li>• <b>Neonatal jaundice</b></li> <li>• <b>Chronic heart failure</b></li> <li>• <b>Nocturnal enuresis - the management of bedwetting in children and young people</b></li> <li>• <b>Looked-after children and young people</b></li> <li>• <b>Diabetes (type 2) – liraglutide</b></li> <li>• <b>Osteoporotic fractures – denosumab</b></li> <li>• <b>Pregnancy and complex social factors</b></li> </ul>	

### 3.0 NICE Quality Standards

NICE quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Derived from the best available evidence such as NICE guidance and other evidence sources accredited by the NHS, they are developed independently by NICE and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

NICE quality standards enable:

- **Health and social care professionals** to make decisions about care based on the latest evidence and best practice.
- **Patients** to understand what service they can expect from their health and social care providers.
- **NHS Trusts** to quickly and easily examine the clinical performance of their organisation and assess the standards of care they provide
- **Commissioners** to be confident that the services they are providing are high quality and cost effective

For 2009/10 the NICE quality standards were:

- Stoke
- Venous thromboembolism prevention (VTE)
- Dementia

WCH has action plans in place to ensure that the NICE standards are implemented.

#### **4.0 Essence of Care**

*The Essence of Care*, launched in February 2001, provides a toolkit to help organisations to take a structured approach to sharing and comparing practice, enabling them to identify the best and to develop action plans to remedy poor practice.

WCH has worked with patients and professionals to agree best practice in the quality of care patients' experience.

The Integrated Essence of Care groups looked at following topics;

- Falls – Community Hospitals and Community Teams
- Food and Drink (Nutrition) – Community Hospitals and Community Teams
- Safety (Orientation to ward) – Community Hospitals
- Communication – Community Teams
- Respect – Community Teams

The following recommendations developed from the audits have been implemented:

- New Documentation including Falls risk assessments and care plans to be implemented county wide, re-audit in 6 months time.
- Additional national screening tool and care plan training. National screening tool to be rolled out across the community setting.
- Staff to introduce themselves and identify named nurse on admission, staff to ensure patients are aware of which ward they are admitted to, staff to remind patient's at all opportunities of bed controls and call bell, where they are and how to safely use them.
- Best practice guidance sheets produced and displayed. Staff to follow guidance, particularly where clients are unable to leave a message outside normal working hours.
- Staff to ensure all patients are offered the opportunity to be seen on their own where appropriate and that they are satisfied with their visit.

#### **5.0 Commissioning for Quality and Innovation/Quality Schedule**

The Commissioning for Quality and Innovation (CQUIN) payment framework is a national framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on the achievement of quality improvement goals and innovations agreed between the Commissioning Primary Care Trust and the Provider Organisation. Achievement of the agreed goals enables WCH to earn the full CQUIN payment. The CQUIN targets for 2010/11 addressed the three domains of quality: safety, effectiveness and patient experience.

Description of goal	Indicator	Indicator name
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	number <sup>1</sup>	
Tissue Viability Reduction	1a	Pressure ulcer risk assessment within 6 hours
	1b	Patients assessed to be at risk of ulceration or who currently have a pressure ulcer will have preventative actions taken and documented in their care plan.
	1c	Decrease in numbers of service acquired grade 2, 3 and 4 ulcerations
	1d	Recording and root cause analysis of all service acquired ulcerations of grade 3 or 4. The Director of Nursing will be accountable for the RCA, action, patient care to improve and safeguard the patient and reporting to the Board . The RCA and subsequent action taken will be reported to the PCT contemporaneously
Falls Risk Assessment	2	Falls Risk Assessment
Nutritional Risk Assessment	3	Nutritional Risk Assessment
Improving Dementia Care	4	Dementia Care Training
Patient Experience	5	Patient Experience
Risk Stratification	6	Risk Stratification

## **6.0 Quality Schedule**

Quality, effectiveness and the patient experience are integrated into every element of service delivery agreed within the following Quality Schedule.

There has been extensive work undertaken by WCH, in conjunction with the commissioning Primary Care Trust, to support a system that is transparent and accountable to local people which focuses on outcomes of high quality care and empowers patients through choice and information. Patient experience has been a key priority for WCH and the organisation has used a variety of approaches to capture views and experiences of patients, services users and carers.

WCH reviewed service delivery to enable alignment, where possible, to the quality schedule. The efficiency and effectiveness of the quality schedule are monitored through the monthly Clinical Quality Review Committee.

## **7.0 Care Quality Commission Essential Standards of Quality and Safety Health and Social Care Act 2008**

WCH is successfully registered with the Care Quality Commission (CQC), which is a legal requirement under the Health and Social Care Act 2008 and as such have demonstrated that the Essential Standards of Quality and Safety are met.

A WCH Care Quality Commission Registration Standards Committee has been established and is responsible for monitoring the self assessment tools and action plans to ensure the CQC Essential Standards of Quality and Safety continue to be met.

### **CQC Infection Prevention & Control visit**

The CQC made an unannounced visit to on 28 July 2010 with teams visiting two inpatient facilities - Bramcote Hospital in Nuneaton and Royal Leamington Spa Rehabilitation Hospital in Leamington Spa. The inspection was to ascertain compliance with the code of practice criterion 1, 2, 3, 7 and 9. The visit required the CQC to review the patient environment, policies and processes; in addition to interviewing staff and patients in order to ascertain compliance with the code. Immediately following the review the visiting CQC teams gave verbal feedback to both staff and managers – they confirmed that the environment and the care delivered by WCH in the areas visited had met all of the required standards. The visiting team congratulated clinical staff on the high standards of care observed during the visit and the cleanliness of the patient environment; in addition they informed managers that this had been the first occasion that had not necessitated their use of a camera to obtain photographic evidence of poor practices or a poor environment.

The formal report of the visit is available on the CQC website it noted ***'no cause for concern regarding the providers compliance with the regulation on cleanliness and infection control and we had no concern about the 14 measures we inspected'***

## **8.0 NHS Litigation Authority Risk Management Standards**

The NHS Litigation Authority (NHSLA) is a Special Health Authority who assesses organisations against 50 risk standards. Membership of the scheme is voluntary, however by participating in the scheme WCH can demonstrate:

- A structured framework which focuses on an effective risk management framework which delivers quality improvements in patient care and the safety of patients, staff, contractors, volunteers and visitors;
- Increase awareness and implementation of the national agenda for the NHS;
- A proactive approach to quality and safety improvement;
- A robust risk management culture within the organisation
- A commitment to minimise the number and cost of claims by reducing the number and severity of adverse incidents and the likelihood of recurrence;
- Assurance of the provision of a quality service provision to the Directors, other inspecting bodies and stakeholders, including patients.



In March 2010 the NHSLA conducted an assessment and WCH successfully achieved compliance with the first level of the standard criteria and continues to maintain compliance and progress towards the next level of compliance.

## **9.0 Themed Reviews**

NHS Warwickshire monitors the quality of the care it commissions from WCH through the Clinical Quality Review meetings. However, in order to ensure these processes were reflected in care and service delivery, a series of announced and unannounced inspections, covering key themes is conducted throughout the year.

### **Safeguarding Children**

In April 2010 NHS Warwickshire carried out a themed quality review of our Safeguarding Children and Young People.

The purpose of the visit was to:

- Support providers to review and improve Safeguarding Children and Young People systems, processes and practices
- Promote communication, partnership and integration with multi agencies across health and social care
- Improve services and outcomes through measurement of quality, safety and provision of feedback
- Obtain information to assist with the formulation of the review
- Seek opinion on the future direction of Safeguarding Children and Young People
- Understand and observe staff support, attitudes, and behaviour to Safeguarding Children and Young People.
- Future directions

### **Recommendations**

The following recommendations were suggested to progress the existing Safeguarding Children and Young People arrangements, and areas of good practice within WCH.

WCH was required to develop a Safeguarding Children and Young People Action Plan to improve practices, systems, processes, relationships, multi agency, and inter agency working together across health and social care; incorporating the requirements of 'Working Together to Safeguard Children and Young People 2010'.

The action plan focused on:

- Communication, understanding and involvement between safeguarding children and young people leads and staff in adult services in WCH.
- Reviewing the time named doctors and nurses for safeguarding children and young people have to undertake their roles and responsibilities.
- Ensuring staff are aware of agreed policies for Safeguarding Children and Young People Policies. Ensure that systems and processes are monitored so staff act responsibly to safeguard and promote the welfare of children and young people underpin these.

- Refreshing the Safeguarding Children and Young People training plan
- Enhanced CRB checks for all long term employees completed
- Ensuring all staff have safeguarding children built into job descriptions.
- Reviewing safeguarding children and young people data set to inform and improve performance/practice/training. In particular with regards to the impact and outcomes of single agency, inter agency and e learning training.
- Providing quarterly reports to the WCH Board on progress against safeguarding children and young people board approved single agency and inter agency audit / actions plans.

All areas for improvement have been achieved and the action plan is under continuous review by the Safeguarding Children Operational Committee.

### **Infection Prevention and Control**

In June 2010, WCH received a themed quality review of our Infection Prevention and Control Service. The purpose of the visit was to ensure the services commissioned by NHS Warwickshire and NHS Coventry were safe and complied with Health Care Acquired Infection (HCAI) Code of Practice.

WCH is registered with the Care Quality Commission and meet a range of Government regulations, including one on cleanliness and infection control. To meet legal requirements, WCH must ensure that patients, workers and others are protected against the identifiable risks of acquiring HCAI. The Department of Health provided guidance on what is required under the code of practice regarding HCAI s on the 1 April 2010, under The Health and Social Care Act 2008.

Overall, the panel found the clinical review demonstrated WCH is operating to the HCAI code of practice and sharing their infection control data openly with the public on ward display boards and had introduced several examples of best practice.

### **Risk Management**

In November 2010, WCH received a themed quality review of our risk management process. The purpose of the visit was to ensure the services commissioned by NHS Warwickshire and NHS Coventry were safe and complied with national and local governance legislation. The focus of the Risk Management themed review was to establish how WCH's integrated risk management processes were put into practice and how lessons learnt were embedded throughout the organisation and shared with staff and patients.

The findings of the review did not reveal areas of concern or risk and confirmed WCH has robust systems and processes in place for the management of incidents and complaints. WCH demonstrated they are continually trying to improve their processes to share best practice across the organisation and there are several examples of best practice that have been introduced.

Overall, the panel were delighted with the exemplar progress made. The openness and transparency of WCH and its Governance is to be applauded.

The quality of the evidence provided was of an exceptionally high standard.

The emphasis will be to continue to engage with staff through education, training, supervision; audit and feedback, with support from Director level to ensure service users are protected.

## **10.0 Workforce**

Following the 2009 staff survey there were 4 goals set during 2010/11:

- GOAL 1: To improve communications between senior management and staff.
- GOAL 2: To increase clarity of job role and where job fits.
- GOAL 3: Staff to feel more satisfied with the quality of work and patient care they are able to deliver.
- GOAL 4: To improve the physical, emotional and mental health and wellbeing of staff.

The 2010 Staff Survey response rate has remained high at 67% and the responses received demonstrate that the action plan associated with the goals has been successful.

- Increased senior management visibility, with workplace visits, attendance at team meetings and staff briefing events making a huge impact as staff have rated highly senior management commitment and communications.
- We redesigned the Personal Development Review (PDR) paperwork and have had excellent feedback on the improvements.
- Staff who have had their PDR, feel their work is valued by the organisation and managers, and this is an area which is rated higher than average compared with other PCTs.
- Further work is being undertaken to enable all staff to undertake a PDR.
- Reduction in the use of temporary staff, particularly agency staff.
- A commitment to make substantive appointments where vacancies exist to ensure there is better continuity and commitment.

There has been a significant improvement in the survey responses about staffing levels, the ability to do job to a good standard, the time for staff to carry out their work, which reflects improved staffing levels

Staff want to work here, this is a very clear message in the survey and they also believe we are committed to their work life balance. We have had good responses to the Health and Well Being questions with a big improvement in managers taking an interest in staff's well being.

Areas which need attention in the coming months are uptake of statutory and mandatory training and feedback on incidents.

## **11.0 Service Specific Improvements Adults Services**

### **Neighbourhood Teams**

As part of the transformation of Community Services the reorganisation of teams throughout Warwickshire commenced in March 2010.

The Integrated Health Teams (Neighbourhood Teams) have been able to demonstrate efficiency improvements through the development of integration in conjunction with the effects of rapid improvement events.

Through scheduling and lean office events, the teams have increased nursing hours by 594 per week to date which has enabled the implementation of extended hours within the teams. Taking the principles of scheduling into the daily management of the team caseloads has reduced the travelling costs by £60,000 across the teams.

The final implementation of the roll out plans should be completed by April 2011 relocating 27 teams into 12 larger locality based teams enabling more staff to undertake long term condition modules and degrees.

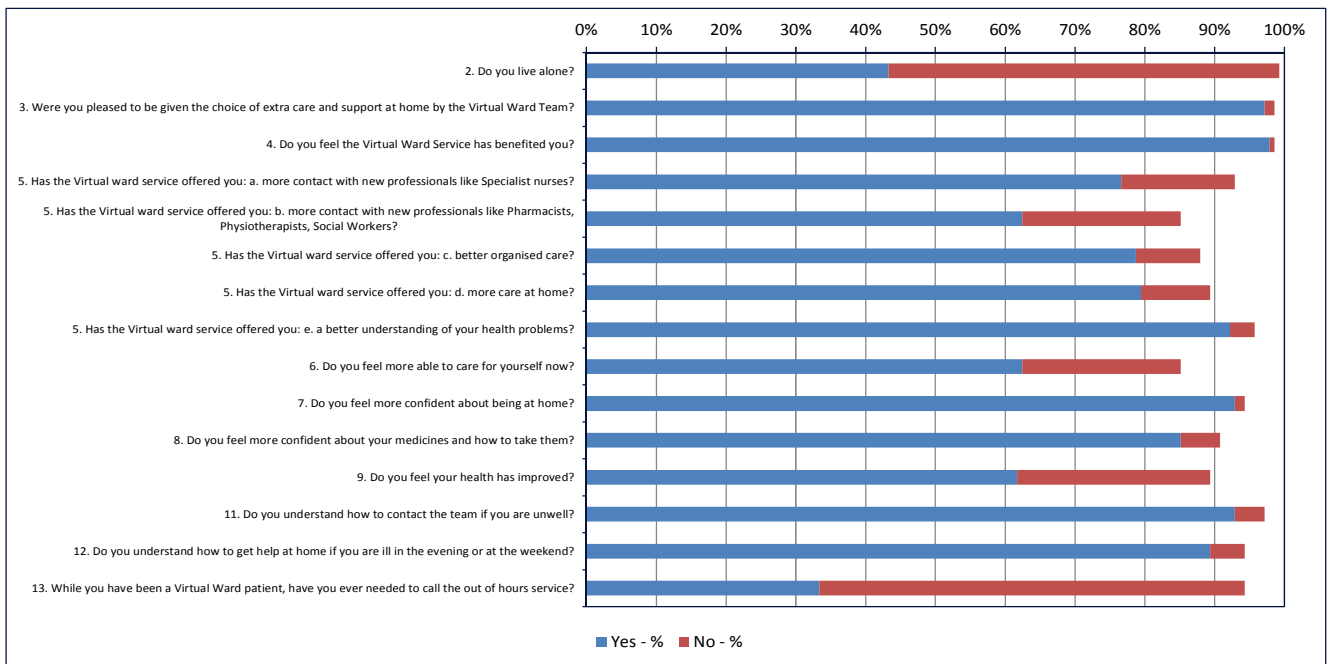
### **Virtual Wards**

The Virtual Ward pilots in North Leamington and Bedworth are now part of core business and on 1 October 2010 the launch of the third Virtual Ward in Rugby proceeded on time. The fourth Virtual Ward in Alcester is due to go live in April 2011.

A 12 week discharge pathway has been implemented to ensure flows of patients from the Virtual Ward to the Integrated Health Team and vice versa. The Virtual Ward have continued their work to proactively recruit patients with long term conditions and at high risk of acute medical interventions.

The key performance indicators (KPIs) for the Virtual Ward have been agreed and routinely monitored through a dashboard. Patients discharged from the Virtual Ward are asked to fill out a patient experience questionnaire giving feedback on the experience and impressions of the Virtual Ward service. Detailed below in *figure 1* is a summary of completed questionnaires. This summary information is based on 141 patient questionnaires collected to October 2010.

## Patient Experience Questionnaire responses – Yes / No questions (Figure 1)



## Children's and Young Peoples Services

### Health Visiting

The priority of the Health Visiting Service in Warwickshire has been to implement the Healthy Child Programme. It has been a challenging task with the rise in child protection cases and the extra workload that this brings. All the health visitors attended a two day course last year on promotional interviewing at Warwick University. Where possible the health visitors are seeing pregnant women at around 28 weeks in their pregnancy to identify any issues that will impact on the future relationship and attachment to their baby after the birth.

More than 50% of the health visiting teams are based in children's centres and the health visitors are working geographically around the children centres with a named health visitor for each centre. A Service Level Agreement has been developed between the health visitors and children's centres to set out the shared responsibilities of the children's centres and health visiting teams in order to deliver a quality service to all the families who access the children's centres. The whole health economy has signed up to the Baby Friendly Initiative and this includes children's centres. There has already been an increase in mothers continuing to breast feed up to six weeks after the birth of the baby particularly in the most deprived areas of the County.

Last year the Child Death Review Process highlighted that there had been eight Sudden Infant Deaths (SUDI or Cot Deaths) across the County and a similar number in Coventry. This led to a Coventry and Warwickshire "Sleep Safe" campaign to reduce the numbers led by the health visitors. A "goody bag" containing appropriate Sleep Safe messages and a number of items such as a room thermometer have been given out at the First Baby Review visit. The evaluation of the campaign carried out in July 2010 showed a greater knowledge of the sleep safe messages.

## **School Nursing**

The School Nursing Teams like the health visitors are focussing on developing the Healthy Child Programme 5-19. A Year 6 health assessment will be starting in September 2011 and the teams are considering ways to support young people in the 17-19 age bracket which are not currently being commissioned but are considered to be a very important group. A Service Level Agreement has been developed in partnership with the Healthy Schools Team in the Local Authority and has been signed off in all schools across the County. The Agreement sets out the roles and responsibilities of the school and the school nurses and includes for example, the provision of appropriate rooms for advisory drop in sessions and agreement as to the support the nurses can provide with the school's health priority. The Team has expanded this year to include Change for Life Advisers who are working with the families and individual children and young people who have been identified with a weight problem in reception and Year 6 following the height and weight programme. The school nurses offer families a number of different opportunities to explore healthy lifestyle changes. Warwickshire has the lowest incidence in obesity in the West Midlands.

All the School Nursing Team has received training in the Solihull Approach and many have had training in the Triple P parenting programme.

## **The Family Nurse Partnership**

The Family Nurse Partnership was launched in Warwickshire in July 2010 and went live in October 2010. The four Family Nurses are based in Children's Centres and provide the programme to young people across Warwickshire.

There have been a total of 101 referrals to the service and so far have recruited 40 clients, 24 from the North, and 16 from the South and Rugby (Mean figure for wave 4 sites is 32 so Warwickshire is within target). In June, July and August the team has received more referrals than it can take, which means that the programme cannot be offered to some clients as the nurses can only take a maximum of four clients per month. Where there are more referrals than the team are able to take the clients are assessed according to the most need and tend to be the younger ones.

90% of clients have additional needs such as mental health problems, leaving care, unstable living arrangements and learning difficulties. For the first month of the programme 87.5% of eligible clients were recruited (fidelity goal is 75%). So far no clients have left the programme. All the Family Nurses have all the resources they require and have completed the pregnancy and infancy training, motivational interviewing techniques and post natal depression training.

## Therapies Service

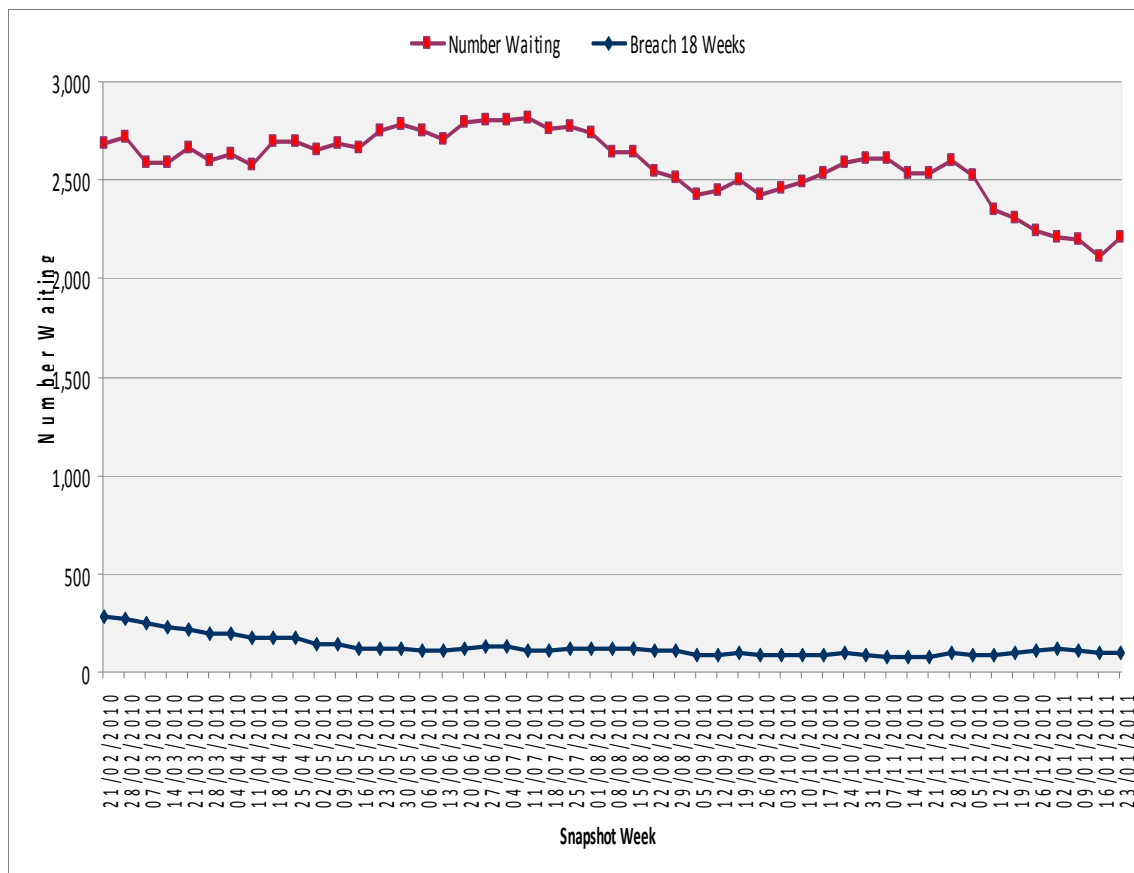
### Bringing down waiting times for therapy

Allied Health Professions (AHPs) have traditionally had long waiting times for their services. The Department of Health has announced that from April 2011 AHP services will now have to collect and report on waiting times for their services. In 2010 WCH was chosen to be a pilot site for the collecting and reporting of Referral to Treatment times (RTT). As a pilot site we have been involved in defining and agreeing what information will be collected nationally and how it will be reported.

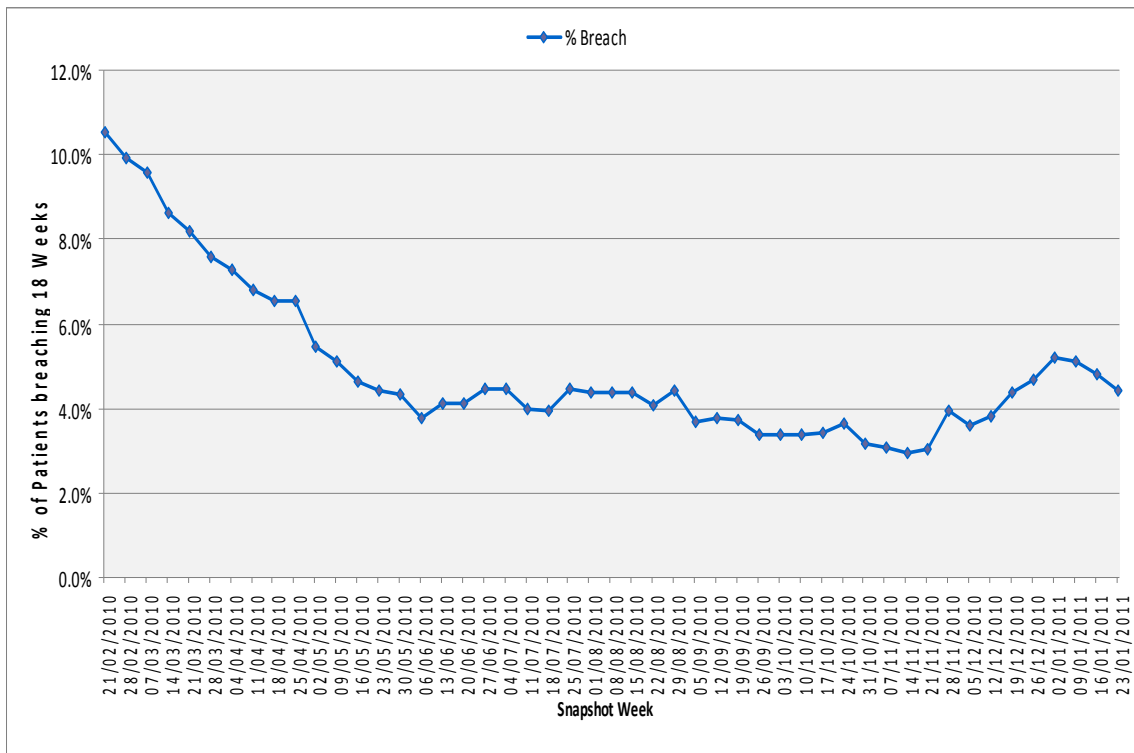
Alongside the RTT pilot we instigated our own waiting list management project. The aims were to reduce waiting times for all AHP services and in particular to eliminate if possible waits over 18 weeks; to develop reports that managers could use to monitor waiting times and to understand capacity and demand for the services. The AHP managers worked with the Information and Service Improvement teams and have successfully developed a number of new reports.

As a result of having better information managers have been able to bring down waiting times significantly, even though the number of patients referred to their services has gone up. At the start of the project there were 2832 patients waiting for therapy, there are now 2538 patients waiting, but the numbers waiting over 18 weeks has fallen from 279 (9.8%) to 75 (2.95%).

### Chart to show total numbers waiting for AHP services:



**Chart to show percentage of patients waiting over 18 weeks:**



The project was presented as a poster at the recent Coventry and Warwickshire Quality Conference and was awarded second prize. The Department of Health visited WCH as a pilot site. They were very impressed with the results we have achieved and have asked us to present the project at a national Transforming Community Services conference in March.

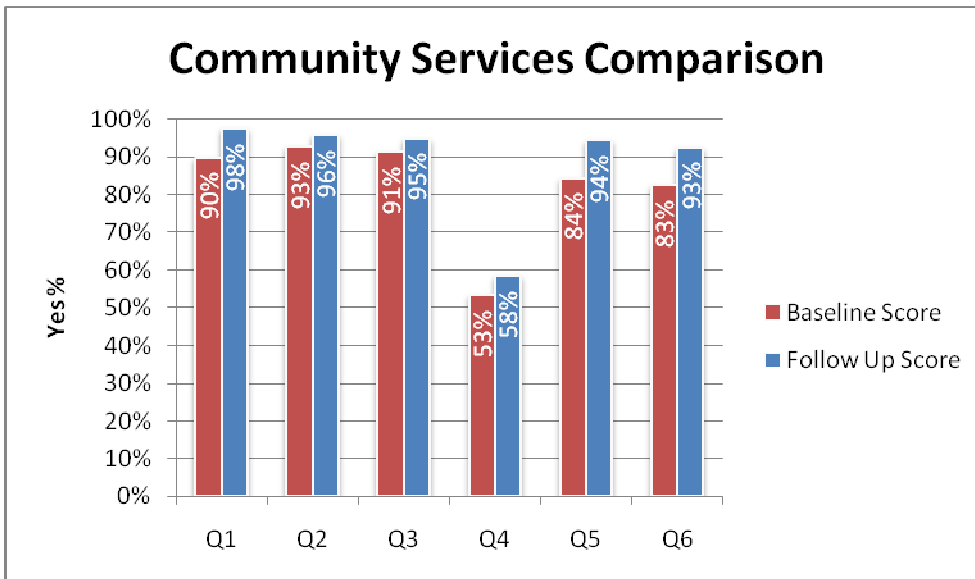


## Priority Three - Patient Experience

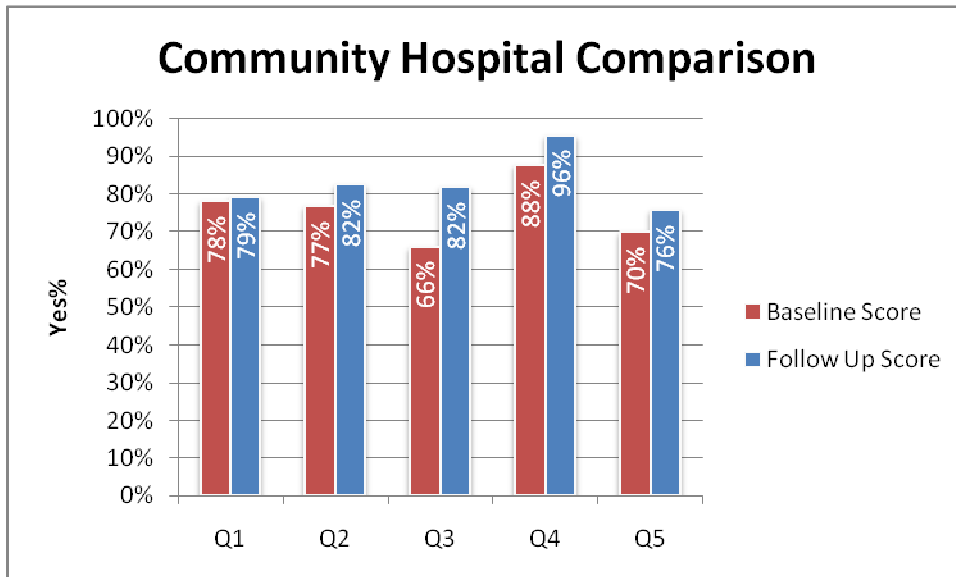
### 1.0 Patient Surveys

The results from both the regional Inpatient and community surveys were positive with overall improvements on patients' views of their stay in hospital and community care provided by WCH. A baseline survey was carried out in May 2010 with a follow up in December 2010.

#### Results from surveys



- Q1** - Have you been involved as much as you wanted in decisions about your care and treatment?
- Q2** - Were you given enough time to discuss your condition with healthcare professionals?
- Q3** - Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?
- Q4** - Do you know what number/who to contact if you need support out of hours (after 5pm)?
- Q5** - Overall, have staff treated you with dignity and respect?
- Q6** - Overall, are you satisfied with the personal care and treatment you have received from community services?



- Q1** - On your arrival were you welcomed, introduced to people on the ward and given information about your stay?
- Q2** - Were you given enough time to discuss your condition, worries and fears with healthcare professionals?
- Q3** - Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?
- Q4** - As far as you know, did hospital staff take your family or home situation into account when planning discharge from hospital?
- Q5** - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- The results overall within the Community Services pathway was positive with all questions receiving over 90% satisfaction, except for Q4 relating to an out of hours contact number only scoring 58%. **All questions showing an improvement on the baseline figures.**
- The results overall within hospital based services were also positive with all questions receiving over 75% satisfaction, with a great improvement around Q3 relating to patients feeling informed about their medication now scoring over 81% an increase of 15%. **All questions showing an improvement on the baseline figures.**

### Recommendations from the patient survey

All patients accessing services who do provide an out of hour's service are supplied with the contact number and arrangements. For non emergency services all patients should be provided with advice on the alternative arrangements. All patients have access to a welcome / orientation package on admission to the community hospitals ward, containing the name of the named nurse, meal times etc. All discharge packages from community hospitals contain contact numbers and information for who and when to call after they are discharged from the hospitals.

The Audit and Effectiveness team continue to work with clinical staff to assure our services are safe, effective and up to date for the patients we care for.

## **2.0 Delivering Same-Sex Accommodation**

The revised Operating Framework for the NHS in England, 2010/11(Department of Health) states that:

- "mixed-sex accommodation needs to be eliminated, except where it is clearly in the overall best interests of the patient"

WCH has eliminated mixed sex accommodation in all Community Hospitals. WCH consistently reports a nil return, for beaches of the single sex accommodation, to the Strategic Health Authority on a monthly basis. A statement outlining WCH's commitment to the provision of single sex accommodation is on NHS Warwickshire's website. In addition guidelines to maintain single sex accommodation are also on the website.

## **3.0 Patient Environment Action Team (PEAT)**

PEAT is an annual assessment of inpatient healthcare sites in England that have more than 10 beds.

It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

An interim inspection was carried out in July 2010 to progress actions from the PEAT in February 2010. Most actions from issues have been completed and some new requests have been raised. All day to day maintenance is completed; any new furniture required has been purchased.

The programme of planned PEAT inspections has provided an excellent reporting mechanism to help facilitate change and make improvements.

WCH endeavours to plot the progress of improvements between each inspection, to ensure that any recommendations have been actioned in a timely way.

## **4.0 Complaints**

WCH Complaints Team has adopted the essence of the Ombudsman's Six Principles of Remedy, October 2007 which are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

WCH believe patients, relatives and carers voicing their concerns provide invaluable feedback and an opportunity to review and question the quality of services they are delivering. During 2010/11 emphasis has been to ensure quality within the process, the investigations, the report, the response and the implementation of any actions required.

This has been achieved by introducing a new complaints process with control measures in place to ensure the internal standard of responding to formal complaints within 25 working days is met. In addition a pool of staff has undergone in-house Specialist Root Cause Analysis Training, based on the National Patient Safety Agency's model, to ensure consistency for all formal complaints and Serious Incidents investigations.

The focus for 2011/12 is to continue to provide an efficient and effective support to our service users and support to the organisation in identifying potential improvements.

The total number of formal complaints received in WCH for the period 1 April 2010 – 31 March 2011 was thirty four (34). Recommendations were made in relation to staff training, communication both internal and external and with outside bodies, record keeping and the review of policies and procedures. WCH has not been informed of any complaints being referred to the Parliamentary & Health Service Ombudsman.

The total population of Warwickshire at 1 April 2011 was 549,257. As of 1 April 2011 WCH employed 1,600 staff and made 600,440 community patient contacts with 767 patients admitted to hospital between April 2010 and March 2011. 0.01% of the population formally complained.

During 2010 there were a number of complaints in Community Hospitals that demonstrated common themes. The themes related to poor communication both written and verbal, knowledge and skills in relation to Dementia and Care planning. Fundamentally there was a need to strengthen leadership at ward level. An action plan to learn from complaints was implemented and has been updated to demonstrate progress.

## **Key Points**

- Leadership development for Ward Managers, Ward Sisters and Charge Nurses commenced in September 2010.
- Roles and responsibilities of this group were reaffirmed and job descriptions were reviewed.
- Training programmes were introduced to address knowledge and skills deficits.
- Standardised care plans are currently being introduced and care plan training is in place.

Improvements implemented include Dementia and care plan training. This has been enhanced by the introduction of the National Assessment tool, red jug and tray scheme to improve nutrition. Leadership has been strengthened with Job Descriptions reviewed and a leadership programme in place. This has also been enhanced by the Leadership Development Programme to increase leadership skills.

In addition a customer service programme has been developed to improve therapeutic relationships and is aimed at all clinical staff.

## **5.0 Claims**

No claims were received during 2010/11. However 3 Clinical Negligence claims and 3 staff claims relating to patient manual handling remain open. All 6 claims predated 1 April 2010.

## **6.0 Compliments**

The total number of compliments received within WCH was eighty five (85). The following table shows the compliments by service area. All staff members who receive a compliment are acknowledged in Exchange and also receive a congratulatory letter from the Managing Director of WCH. An acknowledgment letter is also sent to the person making the compliment.

<b>Service Area</b>	<b>Total number of compliments</b>
Bramcote Hospital	3
Child Development Service	6
Community Neuro Rehab Team	2
Continence Service	2
Dietetic	1
District Nursing	17
Ellen Badger Hospital	12
Health Visiting	2
Intermediate Care Team	18
Physiotherapy	6
Podiatry	5
RLSRH	5
School Nursing	5
Wheelchair Services	1
<b>Total</b>	<b>85</b>

### **Samples of comments received**

Pleasure to be dealt with such charm and efficiency.

Superb support.

Excellent care and attention.

Wonderful job, helpful, polite and efficient.

Praise the standard of care.

All experts in field.

Positive step to avoiding hospital admission.

Good worker and being extremely knowledgeable.

Utmost gratitude for providing a wheelchair.

## **PART 3**

### **Review of Quality Performance**

#### **Warwickshire Community Health CQUIN Targets 2010/2011**

<b>Goal Number</b>	<b>Performance Indicator</b>	<b>Agreed Target</b>	<b>WCH Achievement</b>
<b>1a</b>	Patients assessed for pressure ulcers within 6 hours of admission or on first contact in the community.	95% of all patients	79.9%
<b>1b</b>	Patients assessed to be at risk of ulceration or who currently have a pressure ulcer will have preventative actions taken and documented in their care plan	98% of all patients	86.5%
<b>1c</b>	Decrease in numbers of service acquired grade 2,3 and 4 ulcerations	40% reduction in grade 2 75% reduction in grade 3&4	Grade 2 –numbers remained the same at 39  Grade 3 & 4 – numbers have increased by 50%
<b>1d</b>	Recording and root cause analysis of all service acquired ulcerations of grade 3 & 4	100% of all grade 3&4	100%
<b>2</b>	All patients over 65 years will have a falls risk assessment within 24 hours of admission or initial contact in the community. For those identified at risk, an individualised falls care plan will be implemented	99% of patients over 65 years	63.8%
<b>3</b>	Patients will have a nutrition assessment completed on admission, using a nationally recognised tool. For those identified at risk, an individualised nutrition care plan will be implemented	99% of inpatients	85% had risk assessments 94% had a documented care plan
<b>4</b>	Patient facing clinical staff to have received dementia appropriate to their job role and grade	50%	60%
<b>5</b>	One baseline survey and one follow up survey to be carried out on patients who have been an in patient and patients who are in delivery of care in the community.	At least 4 of the 5 scores for the questions for hospital based services to show an improvement on baseline.  At least 5 of the 6 scores for the questions for hospital based services to show an improvement on baseline.	All 5 scores showed an improvement  All 6 scores showed an improvement

Goal Number	Performance Indicator	Agreed Target	WCH Achievement
6	Appropriate staff to have received risk stratification tool training appropriate to their job role and grade.	90 clinical staff at bands 7&6 and Macmillan nurses to have received the training	Risk Stratification tool to be further developed and this will completed by the NHS Commissioners. WCH was not measured against this CQUIN

The table above demonstrates the quality agenda driving WCH service provision. The targets were agreed with the commissioning PCT to stretch and challenge the systems and processes ensuring that safety, effectiveness and efficiency are at the heart of our core business. The heart of WCH's business is to guarantee the patient experience and clinical outcome are of the highest achievable standard

### **Pressure Ulcer Quality Performance**

- To continue to monitor the incidence and prevalence through Pressure ulcer and prevalence audit cycle.
- To investigate internally acquired pressure ulcers grade 3 and above through root cause analysis and disseminate results back to managers and clinical teams, for learning and action plan implementation.
- On going training in pressure ulcer prevention and treatment continues to be available to all staff.
- WCH wound care formulary available to staff to ensure clinical and cost effective treatment of pressure ulcers. Formulary to be reviewed April 2011.
- The tissue viability team are attending the operational group and health and safety meetings with integrated adult services monthly to regularly update and advise the management team on actions taken.
- To consider whether there are vulnerable adult issues in relation to pressure ulcers and report them through the Warwickshire Vulnerable Adult Safeguarding Health Sub Group.
- Good practice bi-annual audit. Findings reported to the Health, Safety and Risk Committee and cascaded to team leads and managers for learning and action plan implementation.
- New criteria for supply of preventative equipment to be developed for children, young people, adults and bariatric clients.
- New documentation to be embedded throughout the whole organisation by April 2011 which includes revised tissue viability paperwork including prevention of pressure ulcer care plan and decision tree, Waterlow risk assessment, and repositioning chart for all at risk patients and pressure ulcer wound assessment forms.

## **Falls Quality Performance**

- 25% reduction in patient falls achieved
- Approved Falls prevention and Management of Falls Policy
- Warwickshire Community Health sign up to the Warwickshire Falls and Bone Health Implementation Plan 2010-2013
- Annual national audit of Falls and Bone Health
- Bi-annual audit of completion of falls risk assessments and care plan implementation.
- Risk Management Data base adapted to include 'post fall data, allowing better analysis and learning from every incident reported.
- Analysis and Learning from Incidents reported and monitored monthly through the Health, Safety and Risk Committee and bi – monthly through the Falls Committee.
- Training programme embedded within the Training Needs Analysis. Training sessions are arranged throughout the community setting and the Community Hospitals.

## **Nutrition Quality Performance**

- Malnutrition Standardised Tool introduction to all Community Hospitals
- Standardisation of Care Plans and associated care plan training in place will enhance completion of nutritional assessment.
- Training and re-audit of nutritional assessment and care planning to improve compliance.
- An action plan implementation to be monitored by the Modern Matron
- Red Tray/Red Tray system introduced to identify those at risk of malnutrition and/or dehydration
- Volunteer or relatives visit during protected mealtimes to support those patients who require assistance

## **Dementia Training Quality Performance**

- Additional Dementia training has been developed
- Dementia awareness included in the Vulnerable Adult training
- Coventry University has been commissioned to deliver dementia training linking it with the NHS West Midlands Module.
- Learning and Development Department monitor attendance and ensure a compliance report is monitored through line management and the Education, Learning and Development Committee.
- WCH has benchmarked against the National Dementia Strategy.



## **Patient Survey Quality Performance**

Overall an improvement was shown on the level of patient satisfaction within WCH. The results overall within the Community Services pathway was positive with all questions receiving over 90% satisfaction, except for Q4 relating to an out of hours contact number only scoring 58%.

- All Patients contacting via phone will be know emergency details
- Patient Information Leaflets to be designed resourced and distributed
- Report disseminated to all services for action implementation
- report and action plan implementation monitored through Patient Experience Committee and the Care Quality Governance Committee

## **Risk Stratification Tool Quality performance**

The two Virtual Ward pilot sites in the North and South of the county are now part of WCH core business. On 1 October 2010 a further Virtual Ward was launched in Rugby with a total of 120 beds. The Risk Stratification Tool training has still not been validated, however, due to the roll out programme, informal training for Band 8, 7 and 6s has commenced. The roll out programme will continue to ensure that all Adult Community Services have knowledge in and ability to use the Risk Stratification Tool to identify patients who are at risk of frequent acute admissions, Outpatient visits and GP visits.

<b>Grade of Staff</b>	<b>Numbers Trained</b>
<b>5</b>	<b>5</b>
<b>6</b>	<b>7</b>
<b>7</b>	<b>15</b>
<b>8</b>	<b>6</b>

## **Specific Achievements**

### **Service Improvement programme**

WCH Service Improvement programme delivers improved quality of services for Warwickshire residents.

WCH placed service improvement high on its agenda during 2010/11, to support the delivery of its organisational GOAL's:

- Deliver improved patient experience, clinical effectiveness and safety
- Treat more long-term complex cases closer to home
- Achieve sustainable financial balance

Whilst addressing these goals, service improvement projects have been able to deliver improved quality of care, productivity and cost effectiveness. For example:

- District Nursing documentation has been standardised for all patients
- The Early Supported Discharge Team have enabled patients to leave hospital earlier to be supported in their own homes

- Neighbourhood Teams and Virtual Wards have been established and provide multidisciplinary support to patients in their own homes, thus preventing hospital admission
- Patients suffering with leg ulcers are now able to receive state of the art “VAC therapy” in the community to improve the rate of healing
- Waiting times and waiting lists for therapy services such as Physiotherapy, Speech and Language Therapy and Occupational Therapy have been reduced

In January 2010 the Project Governance Team (PGT) were established to support project leads in the successful delivery of their service improvement projects and to enable the identification and celebration of the quality Improvements being achieved.

To support the ongoing focus on delivering quality and productivity improvement, WCH have initiated the roll out of Productive Community Services (PCS) (November 2010), which will be mainstreamed throughout the organisation. PCS forms part of the “Productive Series” of tools designed by the NHS Institute for Innovation and Improvement to support clinical teams in delivering better quality care. WCH believes that PCS will:

*“Empower staff to make improvements within their own workspace to increase quality and safety: Creating a culture of continuous improvement to benefit both patients and staff”*

During 2010/11 WCH have continued to deliver the “Productive Series” Productive Community Hospital (PCH) initiative which has been able to:

- Increase direct patient care time
- Reduce infection risk
- Improve patient engagement via patient forums
- Introduce Ward welcome packs

WCH recognise an essential element to redesigning services is the involvement of patients, carers and staff. During 2010/11 WCH Service Improvement team completed a pilot study looking at the effectiveness of the “Experience Based Design” tool (EBD). EBD involves patients and staff describing the emotional journey they experience when coming into contact with a care pathway or service. Staff worked together with patients and carers from a number of services to understand their experiences and how to improve them.

The Clinical Lead for WCH Nursing Team said “This has been an amazing experience for both families and staff. Just having the opportunity to be open and honest about how they feel has meant that we know that any changes we have made have improved the families’ experience of our service”

Quotes extracted from interviews with patients, talking about their experience of the Community Children's Nursing service, provided invaluable insights into the service delivered by the Team:

"Felt like a lifeline".

"Made me feel confident and relaxed"

"I feel like I'm their priority"

"Brilliant, no stress for me"

Based on the success of the Experience Based Design pilot the service improvement team will now be using this tool support improvement in service quality throughout 2011/12.

## Quality Performance Measures for 2011/12

### 1.0 New CQUIN priorities for 2011

Description of goal	Indicator number <sup>2</sup>	Indicator name
Patient Experience	1a	Community Patients
	1b	Community Hospital Patients
Improved Assessment in Health Prevention	2a	Improved Falls Risk Assessment
	2b	Improved Nutritional Risk Assessment
	2c	Smoking Status and Brief Intervention
	2d	Alcohol Intake Status and Brief Intervention
Supportive Care Planning	3	Patients on the virtual ward have supportive, personalised care plans in place with defined health outcomes
Pressure Ulcers	4	Reduction in grade 2 pressure ulcers
Continuing Health Care fast track	5a	Fast Track monitoring and review
	5b	Multi – Disciplinary Team Assessment
Reduction in Catheter Acquired Infection	6	Reduction of Catheter associated Urinary Tract Infection for Patients in the NHS and Commissioned Care

### **2.0 Patient Safety**

- Ensure patients and relatives know how to complain and compliment
- Implementation of the High Impact Actions for Nursing and Midwifery
- Implementation of the Dementia Strategy
- Develop a nutritional care pathway between hospital and community

### **3.0 Patient Experience**

- Improved Patient Information, particularly consent, smoking, alcohol, discharge,
- Elimination of mixed sex accommodation
- Implementation of a local pathway supporting patients at the end of their lives.
- Improving patient transfer and discharge communication
- Demonstrate patient and public engagement
- Capture Patient Stories
- Patient surveys

### **4.0 Clinical Effectiveness**

- Increase the number of staff receiving Personal Development Plans
- Develop an action plan to address the comments from the staff survey 2010/11
- Deliver the audit forward programme incorporating all local, regional and national requirements
- Monitor and measure virtual wards and neighbourhood teams.

### **Review of the Quality Account**

#### **Statement of verification for NHS Warwickshire Community Health Quality Account**

NHS Coventry and NHS Warwickshire (commissioners of services) have continued to work in partnership with WCH throughout the year to ensure that service users, carers and their families receive excellent care and treatment throughout their healthcare experience.

Following our review of the Account we consider that it provides an excellent description of services and highlights achievements, priorities and future plans for improving services. There is evidence that quality is a key theme throughout all of the strategic developments within the account, however, there is limited evidence of user involvement in its development. Some of the charts and graphs and detail could be referenced to reduce the volume of text in the Account.

As commissioners, we encourage WCH to build upon their excellent work to date in driving up quality and improving the patient's experience.

We would like to commend WCH on several key areas of improvement during 2010/11:

- Working to reduce hospital acquired infections
- Improving dementia awareness and services
- Improving support for patients at the end of their life
- Implementation of the Productive Services Programme

We acknowledge that considerable work has already been completed to reduce length of stay in hospitals. However across the County effective, timely hospital discharge continues to be a challenge. WCH play a key role in supporting other healthcare providers to collaborate to achieve a better experience for people leaving or transferring across services. Commissioners welcome future plans to enhance care pathways and new ways of working like the Virtual ward and re enablement service.

Many of the priorities identified this year are built upon from last year. The Account clearly illustrates progress and lessons learnt.

Reducing patient falls and pressure sores continue to challenge health care organisations and WCH have set targets again this year to further improve quality of care delivery in these areas.

Monthly contract meetings, quality reviews and themed visits have assured commissioners that WCH have internal systems and processes in place to monitor the quality and safety of services delivered and address issues when they are identified. Information provided within this account that does not form part of the clinical quality or contract review process cannot be corroborated.

The quality of care at WCH, as discussed in contractual quality meetings, is good. We support their plans to continue to reduce waiting times for referrals to allied health care professionals.

We have been encouraged by the fostering of an open and transparent staff attitude to quality monitoring and senior nurse leadership support to clinical areas dealing with complex clinical issues. External reviews have demonstrated a positive ongoing relationship which supports commissioners to validate the information provided by the Trust.

WCH have acknowledged the need to improve current methods of capturing service user feedback and have made this a priority for this year. We would encourage WCH to continue to further strengthen engagement with service users and consider promotion to the public of the improvements made as a result of their feedback.

It is difficult to compose a simple concise document about a complex health care service with many challenging issues. We congratulate WCH for outlining their priorities in such detail. However a bullet point summary may be useful to read as an introduction or conclusion to this section. This account may benefit from a glossary or internet web link to support the terminology used within the report or transfer some of the detailed information.

NHS Coventry and NHS Warwickshire are satisfied that the document contains accurate data and information where related to items contractually discussed throughout the year with commissioners.

### **Health Overview and Scrutiny Committee Statement**

The Adult Social Care and Health Overview and Scrutiny Committee considered the draft Quality Account of the NHS Warwickshire Community Health on 7 June 2011.

The committee would wish the following points noted.

- This is the first year in which community health has been required to produce a quality account and is appreciated by the committee. However it was difficult to identify the service's priorities in the document. It would be better to set out from the start "Priority 1, Priority 2 etc"
- Community Health has been involved in extensive partnership working and has regularly worked with the county council, Warwickshire LINK and others. This excellent work is not, however, reflected in the draft Quality Account.

## **Organisation Statement**

WCH welcomes the comments from NHS Warwickshire and the Health Overview and Scrutiny Committee (HOSC) on our Quality Account for 2010/11. However, from the feedback we recognise that in future years the organisation must develop subsequent quality accounts that outline each priority clearly.

We now look forward to continuing to work closely with our stakeholders to improve the quality of healthcare that we provide.