



Bedfordshire Community Health Services

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QUALITY ACCOUNT 2010/11

(Version 16 Final DRAFT)

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Statement from the Chief Operating Officer – Quality at the Heart of the Organisation

Community based services are at the heart of a modern and flexible NHS Bedfordshire Community Health Services (BCHS). BCHS is committed to ensuring that our staff are able to provide the highest quality care to our patients and that the environment in our inpatient facilities is clean, comfortable surroundings. This commitment is enshrined in our strategic vision which is to provide an outstanding local healthcare system and build on our strength as a provider of Community Services. We want our patients/service users to receive the best quality care we can provide and the sort of care that we, or our family, or friends would expect and deserve to experience. Working within our allocated finance is very important, but money is only a means to an end and we want to make sure that every penny is spent effectively on behalf of our patients.

BCHS provides healthcare for a population of over 420,000 covering 1191 square kilometres of Bedfordshire (excluding Luton).

It has approximately 1,100 staff (70% Clinical Services), based at more than 50 locations. BCHS provides 30 different community healthcare services, including the following:

- Community Services including Intermediate Care, District Nursing, School Nursing, Wheelchair Service, Podiatry Service, Continence Service, Occupational Therapy, Speech and Language Therapy, Dietetics and Nutrition, Primary Care Counselling, Neuro-rehabilitation, Acquired Brain Injury.
- Community Hospitals: Biggleswade Hospital (28 beds); Archer Unit (20 beds) and ten commissioned nursing home beds.
- Prison Healthcare
- Stop smoking service and other health improvement initiatives, such as Healthy Steps (ended 31 March 2011) to Employment and Active Bedfordshire (ongoing)
- Specialist nursing – Parkinson's disease, Wound Care, Macmillan Nursing
- Specialist Sexual Health

The very nature and core of our business is to prevent ill health and promote good health. This philosophy underpins everything that we do on a daily basis.

Our commitment is to deliver excellence in everything that we do and to ensure that first class patient care and quality lies at the heart of this. This strong focus on quality reflects the priorities of the NHS as a whole, and we welcome the practical steps to support this agenda.

This includes the legislation to introduce quality reporting for all NHS Trusts and the development of the Commissioning for Quality and Innovation scheme, which acts as a positive force to ensure a strong focus on quality from the 'Service to the Board'. BCHS is overseen by a Committee which fulfils the role of a 'management board' for the organisations and is referred to hereafter as 'the Board'.

In 2010 the organisation registered without conditions with the Care Quality Commission (CQC), which regulates the quality of health and adult social care.

BCHS has worked hard over the past year to bring these initiatives, along with the requirements of the NHS Constitution, together into a coherent, over-arching strategy which will drive improvements in the quality of clinical care and the patient experience in all our services. Actions range from developing a quality and improvement monitoring framework for all clinical services to a new patient experience strategy which enjoyed a very successful launch day. The development of the monitoring framework will be crucial in the monitoring of key clinical indicators, and improvements to the services and inpatient environment. Set out in this report are our priorities for improving patient safety, effectiveness and experience in 2011/12. The aim is that the organisation will move the quality account forward by ensuring every service and every member of staff is focused on quality outcomes from service level to the Board. There will be a clear commitment to increase the Board level emphasis on safety and quality by reporting quality measures.

Both the Board and the Commissioners take a keen interest in this work, and I can personally assure you that the contents of this document meet our rigorous data quality standards. Finally BCHS welcomes the continuation of partnership working to endorse the ethos of this quality account.

BCHS has benchmarked itself with Monitor's Quality Governance Framework (see table in appendix 1). The framework captures the combination of structures and processes at and below board level that drive organisational-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best-practice
- identifying and managing risks to quality of care

Since my appointment to BCHS in September 2010 there has been an increased focus on quality and safety through a review and redesign of governance structures and processes. New mechanisms have been developed to engage the whole organisation in the delivery of necessary standards across a wide range of indicators. The culture of the organisation has been transformed from an organisation in financial 'turnaround' into a very viable business with a 'can do' attitude. We have held a number of communication sessions with staff, patients and our other customers such as the Local Authorities, GPs and PBCs Chief Operating Officers and Chairs. We have listened to what you have told us and introduced changes including new and innovative ways of working.

I can confirm on behalf of the organisation's Board that to the best of my knowledge and belief the information contained in this Quality Account is accurate and represents our performance in 2010/11 and our priorities for continuously improving quality in 2011/12.

We look forward to building on achievements to date and driving forward with targets for the coming year.

Our quality account will be published on our website and a copy can be translated into different languages on request.

If you would like to comment on any aspect of the BCHS Quality Account please email me at Richard.Winter@bedfordshire.nhs.uk

Richard Winter

Chief Operating Officer

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1. Priorities for improvement

Our 2011-2012 priorities

Performance management in the NHS has begun to shift from focusing on inputs (such as the numbers of doctors or nurses employed), through measuring process (such as waiting times), to capturing the outputs – or outcomes – that matter to patients. By focusing on the latter,

- providers will be able to benchmark their performance and introduce improvements in quality
- commissioners will be able to make decisions based on quality as well as cost
- patients will be supported in exercising choice on issues that really matter to them.

BCHS will focus on specific quality priorities rather than general aspirations, thereby enabling us to accurately assess the success of our priorities. BCCHS have chosen 9 priorities, identified on page 10, for improvement for the coming year. BCCHS has concentrated on areas where improvement to the organisations performance is a high priority. Throughout the year we will report our progress against these initiatives directly to the Board on a quarterly basis, and also report externally through our monthly meetings with our Lead Commissioners at NHS Bedfordshire.

Early in our discussions with staff and users it became apparent there was a concern that if an improvement priority was not included in the Trust's Quality Accounts, then this area or issue would not be prioritised. This is not the case; Quality Accounts are at the centre of an over-arching quality strategy, and are just one important vehicle for driving quality improvements.

Directorates and clinical teams will continue, throughout the year, to innovate and develop local and organisational-wide quality improvements, for example by responding proactively to user feedback. An early action is to enhance our patient's experience in all clinical areas.

Our aim at BCCHS is to be the best we can be and reduce variation. The new 'Clinical Service Performance and Improvement Framework is a tool to support improvement and progress in the first instance but it is also a mechanism to identify potential risk for the organisation as a whole and subsequently take appropriate actions to mitigate that risk. It will also:

- ensure that minimum service standards are delivered against agreed national, regional and local targets and standards
- enable clear feedback to be given, together with support and sufficient time to remedy any deficiencies in areas where performance is considered below acceptable standards
- drive up overall performance including identifying areas where BCCHS needs to invest in extra support to improve performance

- identify high performing services and encourage the sharing of good practice
- allow for escalation where there is a clear and consistent failure to perform to acceptable standards or remedy deficiencies

The 'framework' will be an evolving document as the new NHS Operating Framework 2011/12 and subsequent challenges come into fruition.

The list of our 9 priorities was developed:

- by listening to staff via our Senior Managers Forums
- through engagement with our commissioners, PBC Chairs and PBCs,
- by analysis of local and national evidence, audit and policy
- through meetings and feedback from patients and with members of LINK.

Where appropriate we also aligned priorities with our 2010/11 Commissioning for Quality and Innovation Programme (CQUIN).

We have developed plans to achieve each of the quality improvements included in the CQUIN scheme agreed with our commissioners. After consulting with our patients and community about areas they would like to see improved, and with our staff, our priorities for 2011/12 are listed in the table below. Progress against each of these priorities will be monitored, measured and reported regularly to our committee. Together they cover each of the safety, experience and outcome domains of quality and innovative practice.

The views of PBCs and community groups have been essential in shaping these Quality Accounts, and in particular have helped BCHS to identify further areas for improvement in relation to the care of older people that had not previously been considered.

Our Quality Account will enable us to

- Demonstrate accountability to the public for the quality of our services
- Review services and determine improvement priorities
- Supply information on the quality of services to patients
- Involve patients, the public and other stakeholders in shaping services and respond to their feedback

Our priorities for improvement in 2011-12 are detailed below with an indication of why each priority was chosen and how we will measure progress and success. The timescales for the delivery of the priorities below is within the financial year of 2011/12, completion by 31st March 2012. All of the identified priorities have performance baselines with clear measurable improvements?

Domain (related Initiatives) & identified lead	Our quality priorities	Why we chose this?	What is the baseline and what will success look like
<p><i>Patient Safety</i> (Aligned to)</p> <ul style="list-style-type: none"> - Safety Express and CQUIN - Lead DCOO for Adults & Older Adults 	<p>1. Reduce the number of patients who come to harm following a fall.</p>	<p>Across the UK patient falls are the single most common event reported to the National Patient Safety Agency. Whilst acknowledging that all falls cannot be prevented, the Chief Nurse for England recently placed reducing harm from falls as being one of the top health priorities for nurses in England.</p>	<p>Baseline will be taken for inpatient units. This is still in development.</p> <p>The main part of our CQUIN for 2011/12 for this will be a 2 year CQUIN of assessing patients in community as at risk and then identifying baseline.</p> <p>Baseline for Archer/ Biggs for Moderate to severe was 5.</p> <p>Other areas currently being developed.</p> <p>Reduction in the number of falls that result in harm by 50%.</p>
<p>As Above</p>	<p>2. Reduce the number of catheter infections</p>	<p>Urinary tract infections (UTI's) make up a large proportion of healthcare – associated infections (HCAIs) in the UK and four out of every five can be traced to indwelling catheters. The Chief Nurse of England placed reducing occurrence of UTIs as a priority to help save precious healthcare resources and improve the quality of patients' lives</p>	<p>Baseline currently being developed at present – this is an area looking to do PDSA cycle as per Safety Express to audit an area and then begin the work</p> <p>Reduction in the number of catheter infections by 50%</p>
<p>As Above</p>	<p>3. Reduction of community acquired pressure ulcers</p>	<p>The Chief Nurse for England recently placed reducing pressure ulcers as another top health</p>	<p>Baseline to be agreed will possibly use 9 months of data from Aug 10 – Mar 11</p> <p>Reduction in the number of</p>

		<p>priority for nurses.</p> <p>Pressure ulcers reduce quality of life for patients and create significant difficulties for patients, their carers and families. Even a grade one pressure ulcer is very painful. New pressure ulcers affect an unknown proportion of people in the community, as reliable data is not available, but it is estimated that up to 30% of patients may suffer and 20% of patients in nursing and residential homes may be affected.</p> <p>Pressure ulcers can occur in any patient but are more likely in high risk groups such as the elderly, obese, malnourished and those with certain underlying conditions. The presence of pressure ulcers has been associated with an increased risk of secondary infection and a two to four fold increase of risk of death in older people.</p>	<p>avoidable community acquired pressure ulcers by 30%</p>
As Above	4. Implementation of venous thromboembolism (VTE) assessment in inpatient areas	<p>VTE is a significant cause of mortality, long term disability and chronic ill health, it was estimated in 2005 that there were around 25,000 deaths from VTE each year in hospitals in England and VTE has been recognised as a clinical priority for the NHS by the National Quality Board and the NHS</p>	<p>Implementation of VTE assessment in the community hospitals and appropriate administration of prophylaxis. This indicator will be a two year indicator and measurement of achievement and outcome will be assessed in year 2, i.e. 2012/13.</p>

		leadership Team.	
<p><i>Clinical Effectiveness</i></p> <p><i>Lead DCOO for Adults & Older Adults & Head of Pharmacy</i></p>	<p>6. Patients to receive Intra Venous antibiotics at home where appropriate.</p>	<p>To facilitate early discharge from hospital when patients would only be there for IV administration, in line with care Closer to Home agenda.</p>	<p>Baseline: small service at present</p> <p>Success: Implement and Increase the % of patients referred for IV antibiotics administration</p>
<p><i>Patient Experience</i></p> <p><i>Lead DCOO for Improvement & Quality</i></p>	<p>7. Improving our patient experience in the five key areas highlighted by the Department of Health in all service areas:</p> <ul style="list-style-type: none"> • Were you as involved as you wanted to be in decisions about your care? • Did you find someone to talk to about worries and fears? • Were you told about medication side effects to watch out for? • Were you told who to contact if you were worried about your condition? • Were you treated with respect, dignity and courtesy? <p>We will also be using real time data to capture patient experience/outcomes</p> <p>Implementation of</p>	<p>To deliver year on year improvements in patient experience.</p> <p>To be able to address issues as they arise and not have a long time lag for responding-improved timeliness of response</p> <p>Timely response and reducing hospital admissions</p> <p>To build on feedback from patient experience focus day</p>	<p>To increase patient satisfaction and demonstrate improvement through survey results and benchmarking</p> <p>Community hospitals inpatients get medication information from a pharmacist.</p> <p>Improvement in patient experience/survey</p> <p>Completed Implementation of QIPP initiatives</p> <p>Strategy delivered</p>

	<p>initiatives such as Mobile working and Telehealth</p> <p>Delivery of patient strategy by working closely with LINK and encouraging patient led groups Patient experience</p> <p>BCHS will work with LA linked groups (the Learning Disability Partnership Board as well as Carers' networks) to get additional feedback on the patient and carer experience.</p>		
<i>Customer Experience / Reputation</i>	8. Improving our reputation with key stakeholders such as GPs, LAs and PBCs	From our GP survey results we were keen to improve our reputation as a high quality service provider	Improvement on last year's survey
<p><i>Innovation (Aligned to)</i></p> <ul style="list-style-type: none"> - Safety Express and CQUIN - High Impact Actions for Nursing and Midwifery - Lead DCOO for Adults & Older Adults 	9. Implementation of Intelligent Fluid Management Bundle across community teams (Community nursing, Rapid Intervention) to reduce the number of patients admitted to hospital with poor hydration.	<p>Every year, too many patients sustain injuries as a result of poor hydration which have resulted in falls, pressure ulcers and increase risk of developing infection or deep vein thrombosis.</p> <p>Effective and consistent fluid management is recognised nationally as being an area of weak practice (NPSA, NRLS)</p>	<p>Implementation of Intelligent Fluid Management Bundle across community teams (Community nursing, Rapid Intervention).</p> <p>This indicator will be a two year indicator and measurement of achievement and outcome will be assessed in year 2, i.e. 2012/13.</p>

2. A List of BCHS Indicators to Measure our Performance

Data Quality

Good quality information, including notably the quality of ethnicity and other equality data, underpins the effective delivery of patient care and is essential for improvements in care quality.

Information Governance

BCHS keeps person-identifiable information confidential and secure. The Information Governance Toolkit provides a national standard assessment of information security and confidentiality.

BCHS has been working hard to achieve the requirements of the 'toolkit' in relation to ensuring all staff are trained in this important area and after a 'slow' start is now achieving an acceptable level of performance. BCHS will continue to make progress in this area.

Indicator Reporting and Management

Performance against target is reported to the PCT via Balanced Business Scorecards. Internally performance is reported and managed through comprehensive service, locality and team level KPIs and dashboards. From March 2011 this process will be addressed more formally with greater depth and accountability via a Performance Management Framework. This Framework is covered more fully later in this document.

The areas below are an outline of performance attained by BCHS in 2010/11.

Pledge 2

Description	Target	Performance
East of England SHA Pledge 2 (Referral to Treatment within 18 Weeks)		
NHS Bedfordshire	100%	99.3%
NHS Luton	100%	98.8%
Please note that we aim for a 100% target in relation to the NHS Constitution and the EoE SHA pledge 2 (Referral to treatment within 18 weeks) but the actual target requirement is 95%		

Immunisation

Description	Target	Performance
Immunisation rate for human papilloma virus (HPV) vaccine for girls aged around 12-13 years		
Dose 1	83%	91.1%
Dose 2	83%	89.5%
Dose 3	83%	83.9%

Obesity in children

Description	Target	Performance
Percentage of children in reception year with height and weight recorded	89%	93%
Percentage of children in Year 6 with height and weight recorded	88%	90.7%

Breastfeeding

Description	Target	Performance
Proportion of women breastfeeding at 6-8 weeks	52.1%	43.3%
Percentage of children with a breastfeeding status	95%	90.8%

Note: We recognise the benefit of breast feeding for the long term health of mother and babies and working towards achieving UniCEF baby friendly status. Our breast feeding coordinator has been working closely with local authority Children's Centres, and the maternity units at Bedford Hospital and the Luton & Dunstable Hospital to standardise training for staff to support breast feeding mothers. We have trained peer support workers and this year saw the highly successful launch of Baby Brasserie across Bedfordshire. The Brasserie offer a relaxed environment for mothers to meet and gain support. They also provide support for pregnant women to find out about breastfeeding.

Infection Control

Description	Target	Performance
MRSA Screening	100%	100%
Hand hygiene audits	96%	98%
	Limit	Performance
MRSA Bacteraemia	0	1
C. Difficile	5	2

Note: The MRSA screening, MRSA Bacteraemia and C.Difficile performance relates to community hospital inpatients. Further infection control audits such as hand hygiene relate to all clinical services.

Tissue Viability

Description	Target	Performance
All patients at high risk of developing a pressure ulcer will be assessed within 4 hours of admission 2011/12	100%	100%

Smoking Quitters

Description	Target	Performance
Number of BCHS referrals resulting in 4 week quitters	29	36

Note: Although BCHS reported the number of quitters in the NHS Bedfordshire Balanced Business Scorecard no target had been set by the PCT. At the SHA review in September it was agreed that we would set an internal target against which to report to the SHA. The BCHS Committee agreed a target of 30 based on performance last year (29) and the first six months of the current year. There had been 55 recorded quitters up to the end of December 2010, these figures include the prison. The end of February the figure is 36.

3. Review of Last Year's Performance

Our priorities for 2010/11 were largely driven by two issues.

We said we wanted to improve our services, ensuring they deliver high quality, effective healthcare and excellent value for money. This was particularly important in the context of the current economic climate.

We were preparing to transfer from NHS Bedfordshire to another NHS Trust which has since been confirmed as South Essex Partnership Trust (SEPT). We were and still are striving to ensure that the transition is smooth with no loss of continuity of care for patients and no reduction in quality of service. In the face of such change a strong focus will be maintained on patient care and safety throughout the organisation and through our governance arrangements.

Other priorities last year were specified as they are national or locally determined expectations. Our priorities for last year were:-

- Priority 1** **Maintain and improve patient care and patient safety**
- Priority 2** **Develop our services, our quality and our productivity**
- Priority 3** **Improving the experience of patients using our services**
- Priority 4** **Maintain a high priority on control of cross infection**
- Priority 5** **Deliver a waiting times guarantee**

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4. How did we do in the delivery of these?

Priority 1 Maintain and improve patient care and patient safety

BCHS is committed to continuous improvement. We will continue to promote incident reporting and ensure that clinical teams have time to review the learning from incidents. It is recognised that a high level of incident reporting, combined with a low level of harm arising from the incidents is a characteristic of a safety conscious culture.

Why is incident reporting important?

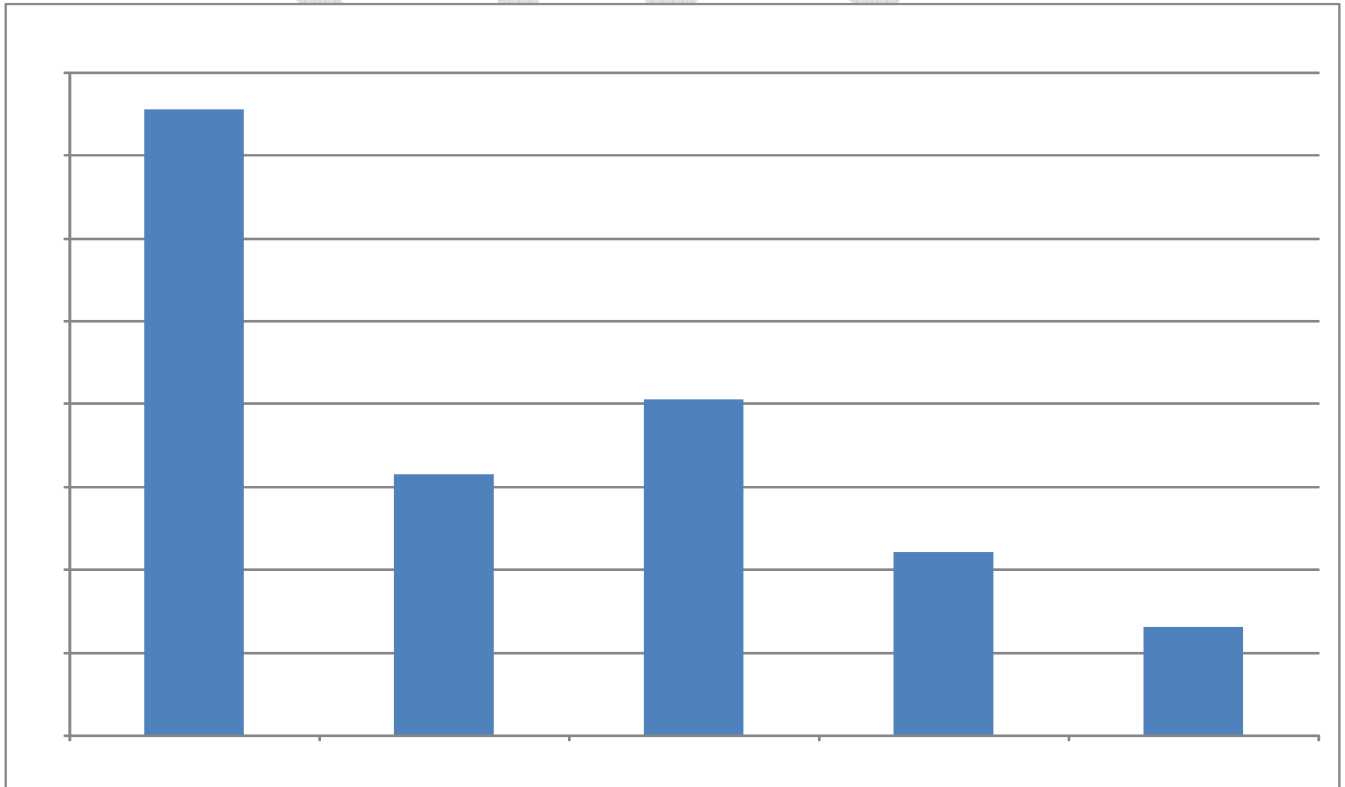
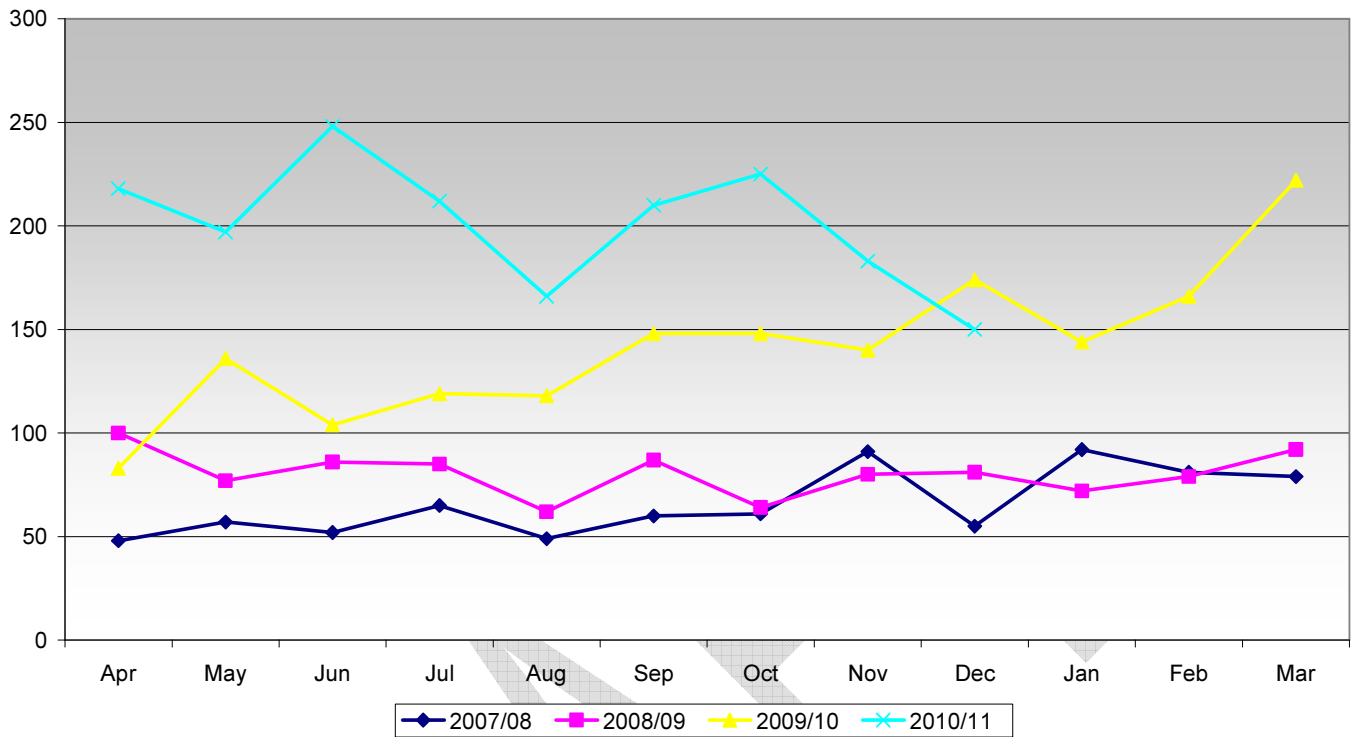
Resources targeted more effectively: reported incidents provide evidence to better target resources. They identify areas for change and improvement in both patient care and patient safety.

Increased responsiveness: timely reporting can help increase responsiveness, particularly when undertaking investigations. It also enables staff to be open with patients and their carers at an earlier stage.

Pre-empting complaints: organisations can prepare proactively for potential complaints and litigation cases. More detailed information on a patient safety incident given to patients and their carers at an early stage may lead to fewer complaints and litigation claims, saving time and resources.

Reducing costs: financial benefits arise from reduced severity of incidents, e.g. reduced costs of treatment, reduced length of stay.

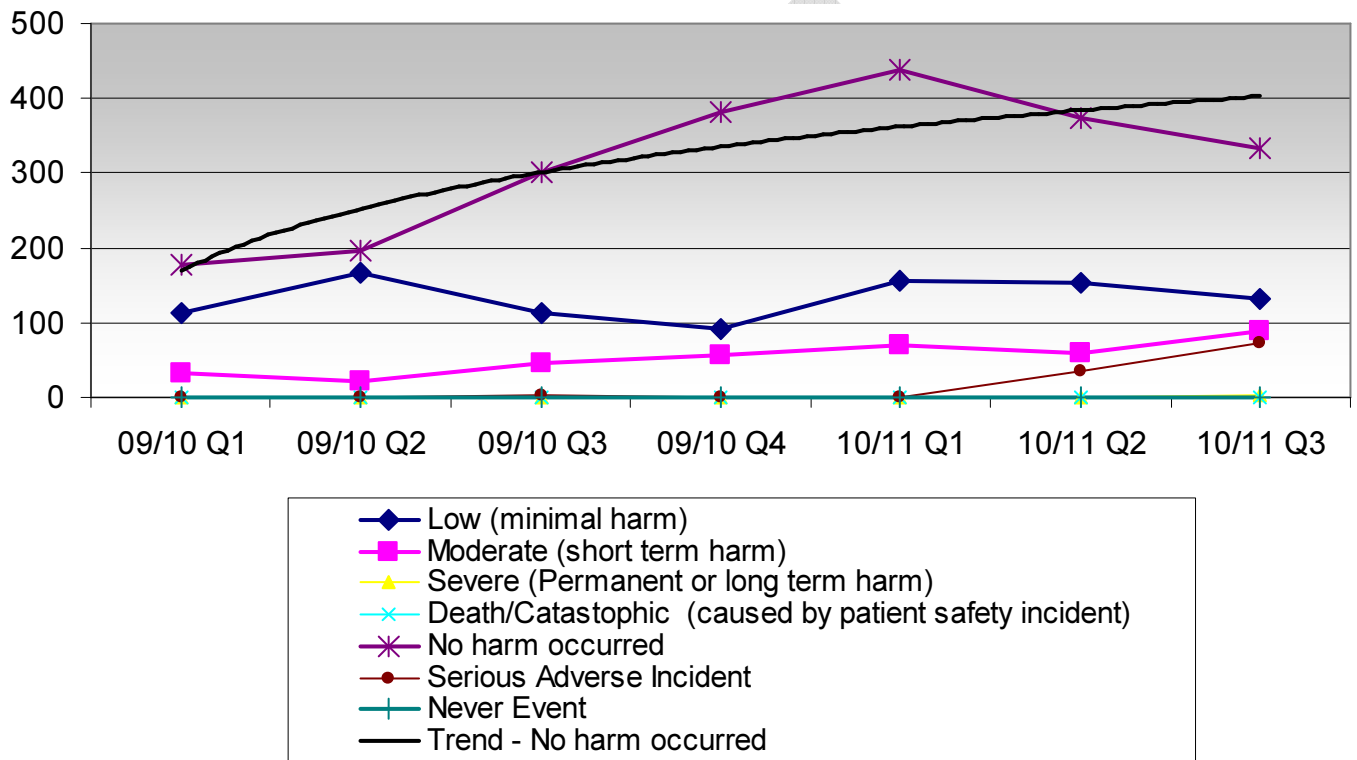
Figure 1 below shows the rise in incident reporting over the last year, evidencing increased vigilance by our staff.



The highest number is clinical incidents which is mainly all the pressure ulcers. There is a countywide action plan in place to reduce the number of pressure ulcers.

- The main theme with the health and Safety incidents reported are slips, trips and falls from patients. There is also a Falls steering group which is part of the Safety Express and CQUIN agenda and has a work plans in place..

Figure 2 below demonstrates that the rise is in “no harm” incidents.



5. Lessons learnt

Lessons learnt from reporting category 3 and 4 pressure ulcers

To work across Bedfordshire health economy in understanding the present position and to agree work to be taken forward ensuring:-

- Timely assessments of skin, nutrition and hydration
- Appropriate equipment in place
- Appropriate and timely referrals to specialist support
- Appropriate interventions and evaluation
- Agreed reporting of pressure ulcers
- Education and training of staff, patients and cares
- Shared leaning from incidents and Root cause analyses

Lessons learnt from a medication error- Patient at HMP Bedford was given medication which was incorrectly labelled and dispensed by the in-house pharmacy staff.

“In-possession” policy has been ratified and training implemented. Securities have been negotiated with HMP Bedford. Medicine boxes have been installed on a rolling programme.

The Pharmacy now ensures that all dispensed medication includes clear labels of drug, dosage, batch and expiry date to ensure nursing staff are able to check dispensed medication against blister pack.

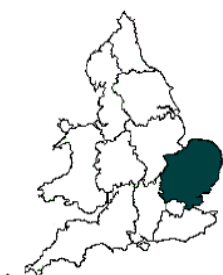
The bagging of medication has ceased. Drug trolleys have been put in place and nursing staff administer medication to patients from stock drugs within the trolley.

Lessons learnt -Loss of patient identifiable information from diary/note book.

A Standard Operating Procedure for safer transportation of patient identifiable information linked to information governance has been developed for Adults services and is being developed for Children’s services

Information Governance training is now mandatory.

We said - We will sustain the improvement in incident reporting. Our goal is to be amongst the best community providers for reporting rates and low levels of harm and we will monitor our performance through the National Patient Safety Agency (NPSA) reports. See below:



Organisation Patient Safety Incident Report

1 October 2009 to 31 March 2010

Bedfordshire PCT

Organisation type: Primary care organisation with inpatient provision

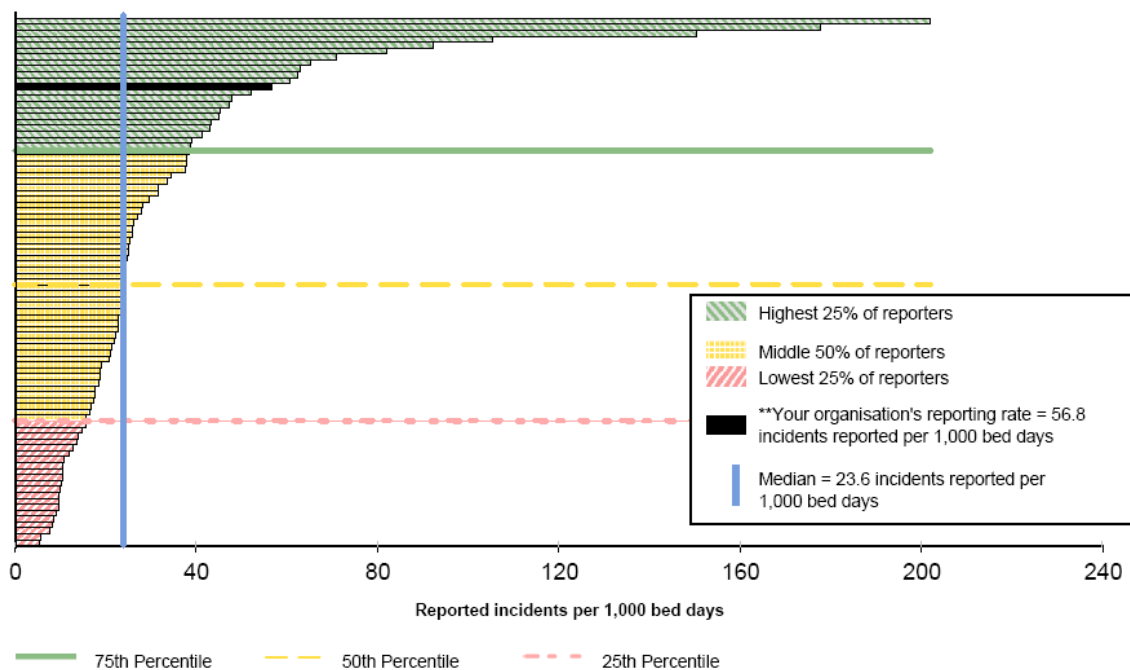
Location: East of England SHA



Are you actively encouraging reporting of incidents?

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (NRLS) between 1 October 2009 and 31 March 2010. 622 incidents were reported during this period.

Figure 1: Comparative reporting rate, per 1,000 bed days, for 90 primary care organisations with inpatient provision.

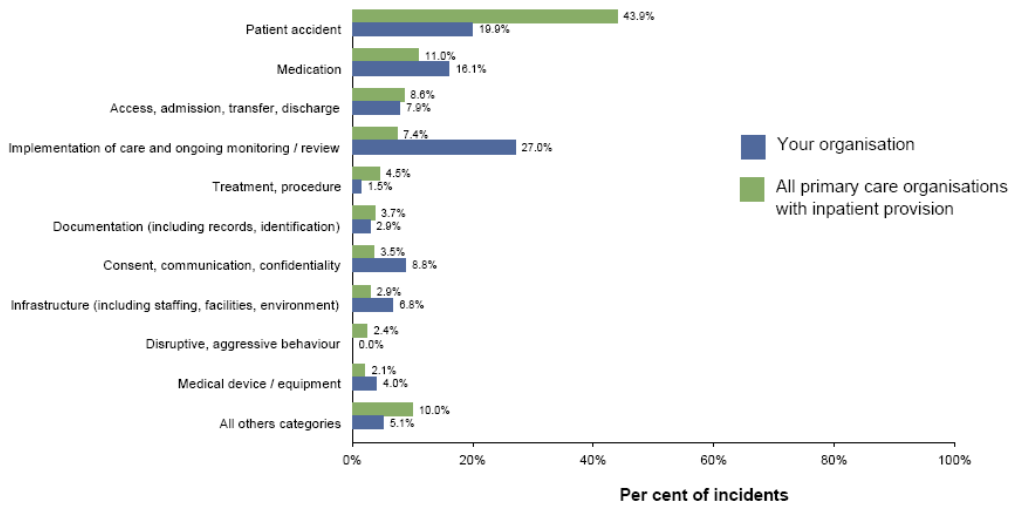


Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.

We did- Improve incident reporting and are in the top quartile as demonstrated above. Ensured action plans were delivered and lessons learnt to prevent incidents of a similar nature. Introduced a log in system for the monitoring of delivery of action plans. Encompassed 'risk' monitoring in service balance scorecards.

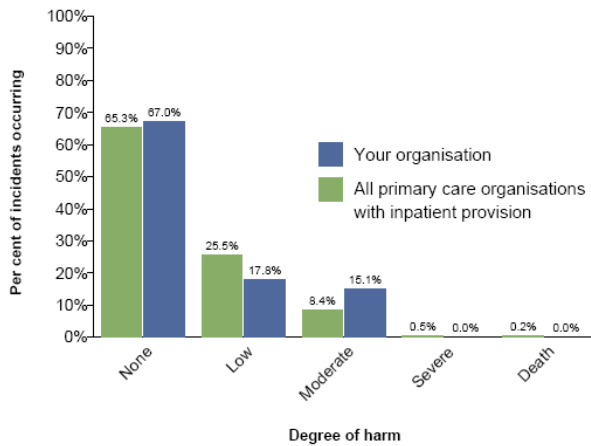
What type of incidents are reported in your organisation?

Figure 2: Top 10 incident types



If your reporting profile looks different from similar organisations, this could reflect differences in reporting culture, the type of services provided or patients cared for. It could also be pointing you to high risk areas. The response system is more important than the reporting system.

Figure 3: Incidents reported by degree of harm for primary care organisations with inpatient provision



Your figures:

Degree of harm	None	Low	Moderate	Severe	Death
Count	417	111	94	0	0

Do you understand harm?

Nationally, 68 per cent of incidents are reported as no harm, and just under 1 per cent as severe harm or death.

However, not all organisations apply the national coding of degree of harm in a consistent way, which can make comparison of harm profiles of organisations difficult.

Organisations should record actual harm to patients rather than potential degree of harm.

We did – Priority 2 Develop our services, our quality and our productivity

We said – We would deliver patient-centred services in conjunction with our partner agencies such as social care by:-

- Improve efficiency
- Increase performance and improve productivity
- Deliver Quality, Innovation, Productivity and Prevention (QIPP) improvements

We did - Improve efficiency through various initiatives but we recognise there is still work to be done in this area and more progress to be made through initiatives such as the Productive Community Services, (PCS). Our Quality, Innovation, Productivity and Prevention plan has been developed to ensure we improve quality but also provide the most cost effective services that are as efficient as possible and deliver the required health outcomes for our patients.

We have demonstrably increased activity and data input quality by running reports to highlight deficiencies. We have also appointed post-implementation SystemOne trainers to help drive data quality.

These, together with QIPP and performance management driven improvements, continue to bring significant productivity increases. They are evidenced by a continual improvement in our position relative to other community providers in the benchmarking opportunities in which we participate. These are mainly co-ordinated by NHS Benchmarking, of which we are active members.

Priority 3 Improve the experience of our patients using our services

We said - we would use the framework below to maintain and improve our responsiveness to patients and carers.

	Information	Feedback	Influence
Individual	Increase the range of patient information leaflets available, and involve service users in the design and “road testing” of new leaflets	Use Viewpoint to capture patient feedback. Use feedback from complaints and compliments to improve quality	Explore opportunities for condition-specific expert patient programmes
Collective	Engage with LINK to inform plans, and review feedback from patients. Develop relationship with media to showcase our work	Conduct regular patient surveys through a rolling programme of surveys.	Use our Patient Experience Group to oversee activities, including the design of surveys and leaflets, and other key measures of the patient experience. Invite patients to take part in evaluation of services.

We did -. BCHS has developed a patient experience strategy from the feedback and work sessions outlined from the highly successful interactive ‘patient focus/experience event held in November 2010. A number of methods are in use to collect feedback including patient satisfaction questionnaires, comment cards and use of PALs (Patient Advice and Liaison service). These are reviewed and fed back to teams through different meetings and forums

to ensure we use the information to help us implement changes and ensure the patient is at the centre of all we do. We will continue to identify further ways to assist with capturing the voice of the patient throughout our services.

Priority 4 Maintain a high priority on control of cross infection

We said - We will sustain the focus we have placed on the control of cross infection, including MRSA and C. Difficile, and will monitor and report our results through key performance indicators.

KPIs for control of cross infection 2010/11

Description	Target	Performance
MRSA Screening	100%	100%
MRSA Bacteraemia	0	1
C. Difficile	NA	
Hand hygiene audits	99%	Awaiting validation

We did- Key performance indicators as agreed with commissioning are being reported monthly for all clinical teams. As a minimum, all clinical teams undertake hand hygiene audits and uniform compliance audits as a minimum. These results are fed back to team meetings and infection control committee. Our inpatient areas undertake MRSA screening on admission and the above table shows we have achieved 100% compliance to this.

There has been one case of MRSA Bacteraemia for which a full root cause analysis was undertaken jointly with Bedford Hospital to identify areas of learning to take forward. The root cause analysis of this case identified that this was an unavoidable case, but learning around discharge information and earlier access to results for our inpatient areas are being taken forward.

There have been two cases of Clostridium Difficile – one in Archer unit and one in Knolls (Nursing home with contracted community beds). Both cases have been fully investigated through root cause analyses to understand the causes and to ensure learning is taken forward. The case on Archer Unit, identified that the main cause was due to inappropriate prescription of broad spectrum antibiotics. The primary exposure to C.Difficile could not be identified as the patient was admitted from L&D following a lengthy admission. The infection appeared to have been triggered by the prescription of three successive courses of broad spectrum antibiotics and has been addressed with the patient's GP by NHS Bedfordshire. There were also concerns raised in timely isolation and treatment once diagnosed and staff training has been undertaken to raise diagnostic awareness and highlight the infection prevention and control requirements for C. Difficile. The pharmacy arrangements for the unit have been reviewed to secure a stock supply of drugs on the ward to avoid delays in commencing treatment and a dedicated unit pharmacist has been employed to help prevent future occurrences of inappropriate prescribing. The second case at the Knolls was another patient admitted from L&D hospital, again following a long admission. The patient had two

lengthy courses of antibiotic treatment while in L&D but these were prescribed under the guidance of the microbiologist and were unavoidable in the light of the patient's condition. Root cause analysis indicated that exposure is likely to have occurred in L&D. It is not clear if the patient developed diarrhoea as a result of C.difficile or a viral infection. Symptoms lasted only 2 days and no treatment was required.

Further to this work, we have maintained our increased audit activity with collection of KPIs, cleaning audits and spot checks across the different locations.

Other work within infection control has included:-

- A new link practitioner programme
- A capital estates works programme undertaken to improve facilities in inpatient areas and clinics.
- Detailed assurance framework
- Infection control annual report
- Development of Dental services to meet essential requirement within the new directive on standards of decontamination (HTM 01-05). A programme of estates work is in progress at present to support this.

Priority 5 Deliver a waiting time guarantee

We said - We will endeavour to offer our patients the shortest possible waiting time for care, adhering to the East of England Pledge 2 target that all patients will commence treatment within 18 weeks of referral.

We did – Achieved 18 week targets for all services, including wheelchair services. We also delivered the NHS Constitution.

Clinical Audit

We said we would develop an annual clinical audit programme to actively encourage clinical staff to undertake audits that would improve the quality and safety of care delivered by their services. The annual programme was monitored on a quarterly basis using a RAG (Red, Amber, and Green) system and was fed back through the quarterly quality schedule reports and the local governance groups.

We did strengthen our Clinical Audit Policy to include a robust monitoring system that include managers adding outstanding action plans to their local risk registers in order to enable systematic monitoring.

CQUIN Audits

The 2010/11 annual audit programme included the following CQUIN audits:

- Pressure ulcer risk assessment audit
- End of life care plan audit

Audit	Service	Indicator	QUIN target (Qtr 4)	Achievement
Pressure Ulcer Risk Assessment Audit	BCHS Inpatient units	All patients to have had a pressure ulcer risk assessment within 4 hours of admission	100%	100%
	Community Nursing	All patients to have a pressure ulcer risk assessment on initial visit	100%	100%
End of life pathway	Macmillan Service	Patients on end of life pathway to have and advanced care plan in place	100%	100%

National Audits

In Qtr 2, BCCHS were involved in the national audit for falls and bone health which was organised by the royal college of physicians. The audit was broken down into the following two parts:

- Clinical audit - Luton and Dunstable hospital carried this out on behalf of BCCHS as this involved Bedfordshire and Luton patients having been admitted to the L & D
- Organisational audit – carried out by the BCCHS community OT team

Local Audits

In addition to organisational audits identified through the CQUIN and Quality schedule requirements staff were encouraged to carry out local audits.

The following table shows just some of the audits undertaken in 2010/11 and the changes identified as a result of the audits

Audit	Service	Actions implemented as a result of the audit
Discharge Summary Audit	BCHS Inpatient units	<ul style="list-style-type: none">• Discharge summary documentation has been reviewed in light of results specifically around infection information.
Internal community Nurse / Community staff Nurse referral process	0-19 team	<ul style="list-style-type: none">• Referral form redesigned to reflect the audit findings.• Guidelines produced and cascaded to the 0-19 teams.
Prescription pad audit	Dental	<ul style="list-style-type: none">• Procedure established for the destruction of prescriptions that had not been completed and then not issued.• Recording prescriptions that are taken on domiciliary visits• Procedure established for destroying prescriptions within clinics and clinical procedures updated.

6. Background to priorities and who has been involved and engaged with to determine the content and priorities contained in the BCHS Quality Account

In 2010/11 BCHS made good progress against the goal of improving quality across the organisation. The organisation has moved from one of financial turnaround to one that is focused on the business of providing services that are high quality, safe, cost effective and innovative, as well as ensuring the patient experience and health outcomes are met. The Strategic Health Authority, NHS East of England, has removed BCHS from 'an organisation of concern' to one of progress and success.

The patient safety focus and ongoing development of clinical indicators will continue and is monitored at Board level to ensure continued improvement in the range of indicators available for service review. In the planning and assurance process this year BCHS has identified some key areas for improvement for 2011/12. These will build on the work done this year and ensure that services for patients are significantly improved next year. The organisation is committed to continue the work which improves the physical environment for patients and the work on embedding quality indicators at service level. BCHS will continue to work with commissioners at NHSB to embed a meaningful CQUIN framework according to national and local priorities.

The priorities for 2011/12 have been chosen to improve safety, clinical effectiveness and patient experience. They have been identified during the year as a result of engagement with staff, clinicians, senior management team and the Board. All the areas for improvement identified will be monitored by the services concerned and a Board level to ensure continual improvement. The organisation has engaged with patients and the local population to identify key areas for concern which have informed the priorities identified in this account but realises the need to increase and improve patient involvement over the next year and has developed plans to do this.

BCHS is pursuing many initiatives, which involve feedback from our patients and our wider stakeholders. A number of these areas are outlined below, showing how they have shaped the priorities for the quality account. BCHS also wants to build on and improve the organisations reputation as well as striving to be a provider of excellence.

- **Safety Express**

This programme was launched on the 6 January 2011 by East of England for a period of 9 months. This is part of a national NHS programme to work in partnership with existing programmes (in particular Energising for Excellence, High Impact Actions, Patient Safety First, the productive series and the National VTE implementation group). BCHS has been chosen as a host organisation for this initiative and is working closely with Luton & Dunstable Hospital (also nominated as host organisation) to ensure the work is taken

forward across the whole health and social care economy. BCHS is holding monthly steering groups with good attendance from acute, community and LINKs services. The aim of the national programme is for a shared aim of reducing harm from pressure ulcers, falls, catheter acquired urinary tract infections and blood clots (venous thromboembolism VTE). The following is a snapshot of the work plan chosen which aligns to the chosen BCHS priorities.

- The county wide pressure ulcer group are continuing to work on reporting of serious incidents, learning from RCAs, transfer of information and patient leaflets. The group focussing on training and support for nursing and residential homes through bidding for QIPP money following findings from the first 20 Root cause analyses undertaken.
- Re-instating the county wide falls group to oversee work streams and partnership working with other stakeholders including Local Authorities and EEAST.
- Implementation of post fall protocol as per NPSA Rapid Response Report – Essential Care after an inpatient fall (13th January 2011)
- Bedford Hospital to lead on VTE work stream and for implementation of VTE assessment in community hospitals.
- Agree data set collection across the county and undertake Safety Thermometer as requested by EoE SHA.

- **Chief Operating Officer Safety Walkabouts**

BCHS continues to develop a culture in which staff openly talk about incidents, errors or harm to patients. The programme of visits to clinical areas by the Chief Operating Officer and members of his senior team give frontline staff the opportunity to share their experience of patient and staff safety in BCHS. We are confident that these conversations will promote our safety culture, incident reporting, and Committee to service level understanding of the important issues and priorities.

- **Safety Strategy Programme**

Our strategy for improving patient safety is set out in our Risk Management Strategy. We are ambitious that all our staff understands their opportunities to identify hazards, and have the confidence and skills to exploit them. We appreciate that patients and their families and carers are valuable partners in this endeavour, and seek to involve them, through their complaints, concerns, and comments and through patient feedback surveys.

We are in the process of drafting a *Patient Safety Strategy*

We have paid particular attention this year to establishing effective leadership for safety, and reducing harm from medicines

We have paid particular attention this year to establishing effective leadership for safety, and to reduce harm from medicines.

- **Board Patient Safety Conversations**

BCHS Committee receives information on a wide range of quality indicators, many described in the Account. The Board Assurance Framework has recently been refreshed by an independent expert and each service area has a risk register where individual risks are scored and escalated to corporate risk register when appropriate. These are reviewed at various meetings and committees. We are confident that these conversations will promote our safety culture, incident reporting and Board to ward/floor understanding of the important issues and priorities. Continuous quality improvement is our first priority and our Board is committed to ensuring this is happening. A recent report by the King's Fund, '**Putting Quality First in the Boardroom**' indicated that 'clinical quality occupies a fragile position in many NHS Boardrooms and often receives far less attention to that of finances, mergers etc. BCHS will ensure that they are successful by delivering further focus on clinical quality by the introduction of a clinical quality strategy. This will provide a framework for all other systems and processes around quality improvement, introducing quality metrics and increasing the frequency of service walkabouts. BCHS has also included quality outcomes in the organisations balance scorecard.

- **Introduction of Risk Panel**

In January 2011 the BCHS Serious Incident process was reviewed to make the process more robust and to introduce a Risk Panel was introduced to scrutinize the draft reports so that they can be signed off by the COO before being submitted to NHSB. This has resulted in no reports being returned from NHS Bedfordshire requesting more detail etc to date. The panel also critically reviews the report with the incident investigator who is the author of the report. This is within a supportive environment and can lead to report changes or further investigation.

- **Development of service improvement and develop of 'dashboard' for clinical services**

Commencing March 2011 BCHS is implementing an innovative service review and improvement framework. This is a comprehensive scorecard encompassing the quality, CQC, CQUIN, Pledge 2, patient feedback, KPIs, process, financials, workforce information and many other areas in its capture and presentation. This RAG rated with direction of travel document is used at structured periodic reviews of services at which the services themselves will be rated and the period until their next comprehensive review determined. The reviews will be driven and managed by the Performance Delivery and Improvement Team and attended by Clinical Leads and Heads of Services.

- CQUIN

A proportion of BCHS's 2010/11 income was conditional on achieving quality improvement and innovation goals agreed with commissioners. The agreed areas are outlined below with a commentary of achievement:

	CQUIN Indicator	Achievement
1a	All patients at high risk of developing a pressure ulcer will be assessed and preventative measures taken within 4 hours of admission.	Full achievement to quarter 3 with 90% of patients receiving assessment and preventative measures taken.
1b	Improve care and promote fast recovery for patients who have a pressure wound.	Achieved to Quarter 3. Pressure ulcer report received, risks identified, lessons learnt and actions to be taken identified and implementation begun.
1c	Implementation of practice changes identified from lessons learnt following investigation in 1b.	Achieved to Quarter 3. Pressure ulcer report submitted with action plan from county wide pressure group established by BCHS and lessons learnt.
2a	Improvement of net promoter score	Patient experience questionnaires for qtr 3 showed a 27.29% improvement from the indicator's baseline, currently on target to achieve 100% of the indicator value.
2b	Improved patient rating of overall care	This indicators baseline is based on qtr1 and qtr 2 data, giving a baseline of 80%, BCHS has achieved this as far as Quarter 3.
2c	Improvements in areas which have attracted negative patient feedback	Achieved to quarter 3 where BCHS have shown areas of improvement. Examples include:- <ul style="list-style-type: none"> - implementation of different water jugs, - patient information leaflets.
3a	Undertake the You're Welcome self assessment in 2 services, identify themes for improvement. Action plan to be agreed with commissioner	This is ongoing at present as Local Authorities have been unable to support local assessors to undertake the assessment. BCHS is planning to undertake this assessment during March if no local assessors are available.
4a	Improve the care of the dying patient	Achieved to Quarter 3. The data provided shows that 70% of patients are dying in their place of choice. The data is taken from SystemOne for the MacMillan Service and KPI

		reports for Community Nurse Services.
4b	Partnership working to enable patients to die in the place of their choice, following a care plan with appropriate involvement from other organisations	Achieved to Quarter 3. From the data provided 100% of patients on an end of life care plan have an advanced care plan in place and their place of death choice was met
5a	Safe and effective discharge for health related transfer of care	Partially achieved to Quarter 3. BCHS has provided evidence of patients who were cared for in the community and early discharge from the acute trusts but further work is in progress, working with the Acute Trusts to agree data collection.
5b	Improved patient and carer experience of discharge process and outcome	Achieved to quarter 3. From the patient surveys returned 93.3% of patients positively responded to their experience of the discharge process, this is around 16% improvement from the baseline.

- **Quality framework: Service Level to Committee**

Patient Safety is only one domain of quality. BCHS recognise that the improvements for patients are achieved through integrating our efforts to improve safety, clinical effectiveness, outcomes and patient experience and engagement.

Bedfordshire Community Health Services is committed to providing safe community healthcare services to the local population. We recognise that to provide high quality and safe healthcare services we must:

- Develop all members of the workforce to be the best they can be;
- Provide regular and frequent training;
- Improve management capability to deliver on our vision of quality, safety and value;
- Implement a robust performance and appraisal system;
- Demonstrate a clear accountability framework that provides regular board assurance that our data is timely, meaningful and actionable so that key risks are being managed and mitigated proactively.
- Promote, through our revised Risk Management Strategy promotes a safety culture that is transparent, accountable, owned within the services and overseen by the Risk Team. The whole process aims to provide safe healthcare services through embedding a proactive risk management culture within BCHS and promoting sharing of lessons learned with other healthcare organisations. For example, it enables staff to report incidents promptly. This supports the integrated risk management process that tracks, analyses and enables effective management of patient safety, complaints and claims

Key deliverables include:

Adherence to policies and procedures for **safeguarding children and vulnerable adults**. BCHS has a dedicated safeguarding lead who works closely with the Local Safeguarding Children Board. A similar structure and process is also in place for Safeguarding Vulnerable Adults. There are several levels of 'safeguarding training' dependant on roles and responsibilities. BCHS training compliance for Safeguarding Children & Adults can be seen in the table below for 2010/11:-

Safeguarding Children Level 1&2	Safeguarding Children Level 3	<i>Vulnerable Adults</i>
One off training	Annual	Bi Annual
100%	70%	96%

Training update has improved over the last 12 months through improved reporting but there is still progress to be made. Each service will have a performance review and mandatory training update is monitored through the service balance scorecard. This is a new development which was implemented the 1st of March 2011.

- **Workforce**

In 2009, our workforce told us that 82% of staff felt satisfied with the quality of work they were able to deliver. 92% of staff felt their role made a difference to patients and 84% of staff felt valued by work colleagues. 93% of staff felt they had clear team objectives and 79% of staff felt they could discuss how to improve their team. Only 38% of staff felt that managers were committed to maintaining work life balance. 87% of staff recognised they had had relevant learning opportunities with 71% of staff having had an appraisal.

85% of staff had had relevant health and safety training with 81% of staff having had control of infection training. 33% of staff had experienced work related stress and 11% of staff had received a work related injury. 31% had witnessed potential harmful errors and 94% of staff reported that they or a colleague had reported these. Job satisfaction overall was reported as 3.38 out of 5 and the intention to leave the organisation was reported as 2.89 out of 5. Only 19% of staff reported that communications with senior management was good. Staff recommending BCHS as a good place to work or receive treatment was scored at 3.19. Staff who are motivated was scored at 3.84 out of 5.

As a result of these returns, our focus for 2010/11 has been on aligning staff to organisational goals; continuing to ensure clear team objectives; to increase reporting of incidents and near misses; to ensure clear feedback to staff by managers, to improve the

number of appraisals; increase job satisfaction while reducing the extra hours worked and reducing work pressure felt by staff.

This work was undertaken through introducing a team coaching model of development, focussing on increasing personal and team performance, introducing regular team bulletin, continuing to focus on mandatory training and improving understanding of risk management and incident reporting. There has also been an emphasis on how individuals and teams can improve performance and affect patient outcomes and experience.

- **Continually Learning**

BCHS is committed to research and innovation as drivers for improving quality of care (including outcomes) and patient experience. A full clinical annual audit programme is in place and 27 clinical audits were registered in 2010/11. Two of these were national audits. This programme is still in process, with 22 audits completed and 5 audits in progress. The outcomes of the audits are disseminated across the relevant teams and discussed at clinical governance groups to ensure wider learning is taken forward.

7. A Listening Organisation

What did staff and patients say about Bedfordshire Community Health Services?

Patient surveys

BCHS does not solely rely on the national patient survey. We are keen to improve on the national survey year on year by have embarked on own 'surveys'. BCCHS collates patient experience stories on a regular basis and examples of these can be viewed at;

http://www.youtube.com/watch?v=R6KB_dcd_bg

Staff Survey

The 2010 survey has identified a number of improvements for our staff and some areas for increasing focus. Our workforce told us that there had been a reduction in the number of staff who felt satisfied with the quality of work they were able to deliver to 73%, however, 92% of staff continued to feel their role made a difference to patients and 82% of staff felt valued by work colleagues. Effective team working was scored at 3.82 which is above average for PCTs. Commitment to maintaining work life balance was scored at 3.43 which is below average. 81% of staff recognised they had had relevant learning opportunities with 58% of staff having had an appraisal. This is reduced from last year and will be an area of focus for 2011/12.

82% of staff had had relevant health and safety training. 29% of staff had experienced work related stress which was a reduction from last year and 12% of staff had received a work related injury. 28% had witnessed potential harmful errors and 100% of staff reported that they or a colleague had reported these. The percentage of staff working extra hours has decreased to 61% and the percentage of staff experiencing work related stress has decreased from 38% to 29%. Job satisfaction overall was reported as an improved 3.49 out of 5 and the intention to leave the organisation was reported as a decreased 2.72 out of 5. 28% of staff reported that communications with senior management was good which represents an improvement from last year. Staff recommending BCCHS as a good place to work or receive treatment was scored at an improved 3.4 Staff who are motivated was scored at 3.81 out of 5, similar to last year. Staff have also reported an increase in the amount of support they receive from managers from 3.52 to 3.65 and an increase in the amount they can contribute to improvements at work from 59% to 63%

As a result of these, our focus for 2011/12 will continue to focus on aligning staff to organisational goals; continuing to ensure clear team objectives; to ensure clear feedback to staff by managers, to improve the number of appraisals and improving work life balance. There is a clear correlation between staff satisfaction and improved patient care. BCCHS has

made improvements over the year which will continue in to 2011/12 focussing performance on the quality outcomes for patients.

Transformational Leadership Programme

BCHS were successful in obtaining Leadership Seed Funding to undertake a transformation project. Originally this work was to be carried out in partnership with Luton Community Services but after the awarding of preferred providers it has been decided to complete the development programmes independently. However, we have ensured that Luton has been able to access the learning from this project.

Our programme has focussed primarily on team and organisational coaching. This has also enabled us to identify and deliver specific skills training as identified via the coaching.

What's changed?

Initially we were aware that the organisational reputation was poor and was having an impact on performance, through self-perpetuating stories, affecting people's belief about what they could and could not do. This has been a focus throughout the coaching and the Senior Management Team worked to change the organisation's story so that perception more closely matched reality. The organisation is now clearer about its strengths and also has specific information about what is not working and strategies to manage this. The style has moved from being directional to a more coaching style throughout the organisation, with more questioning and more shared responsibility and accountability.

There have been quantifiable changes in performance, including:

- Increase in activity through more accurate recording and productivity gains
- All services meeting 18 week targets
- Sickness/ absence rates reduced
- Turnover reduced
- Staff survey results showed an increase in staff satisfaction with better than average effective team working and an increase in staff feeling supported by their line manager.

Although these results cannot be directly correlated to the coaching alone, we know that there has been an impact from changes in behaviour and changes in the stories that are told and the language that is used. There is a greater willingness and ability to manage and discuss performance. As a result we are more aware of what needs to change, what change and what to do to make the change.

Complaints

Our committee receives monthly reports on complaints and the reasons for them. This enables the committee to possibly benchmark with other organisation across the region. Complaints, concerns and compliments are an important source of information in our efforts to improve services, and these results are fed back to the various clinical governance meetings for services where they are discussed in detail and lessons learnt and shared across the organisation to ensure good patient outcomes.

	2010-2011
Total number of complaints	79
Response within deadline as agreed with complainant.	91%*
Referrals to the Ombudsman by referral date	0
Referrals to the Ombudsman by complaint date	0

*Based on 65 complaints as 2 complaints were withdrawn by the complainant before timescales were set and 2 did not proceed as the complainant was not the client and could not provide authority to make a complaint on behalf of the client. 10 complaints remain open with agreed timescales after the end of 2010/11.

The 2010/11 response within deadlines as agreed with the complainant is recorded at 91% this was as a result of annual leave of investigating officers, complaint signatories, changes in senior management and long term sick leave of the Complaints and Quality Co-ordinator who manages the complaint function.

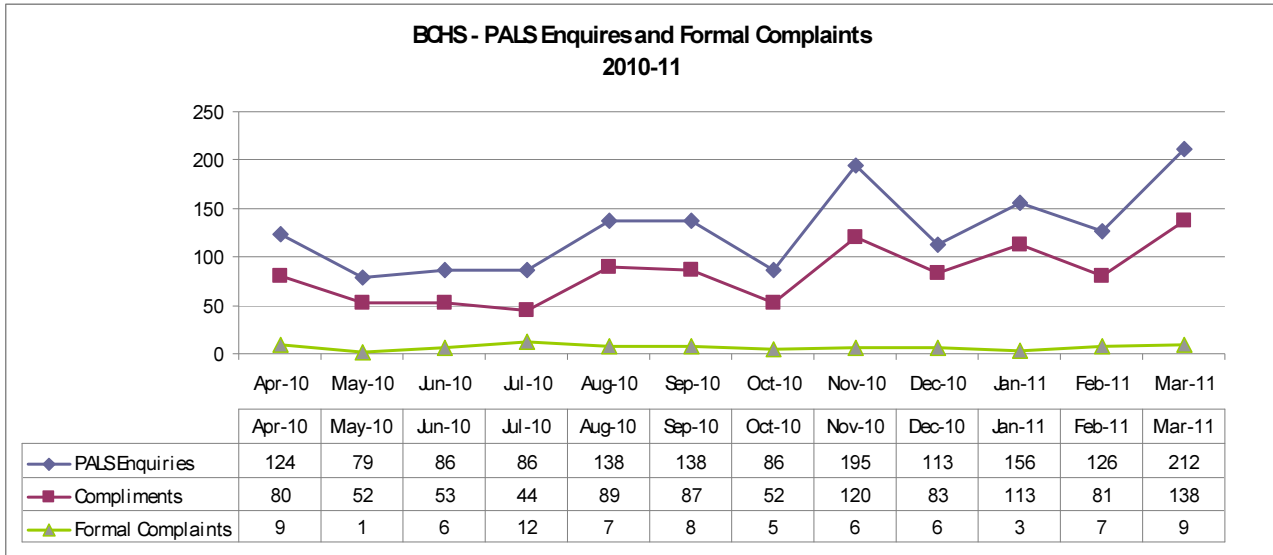
Top 3 complaint categories are as follows:

	2009-2010	2010-2011
Main Issues		
Service provision	23	15
Attitude	13	15
Communication	9	22

The senior management team is monitoring service areas in relation to the above and identifying any correlation or higher numbers in particular service areas or with individuals.

Other categories include;

- Medication, Prison Healthcare, Equipment Choice



Patient Advice and Liaison Service (PALS) enquiries.

BCHS received 1539 PALS enquiries during 2010/11. This was a 96% increase on the previous year when there were only 782 enquiries. PALS enquires can be broken down in to four categories:

- Advice and Information
- Compliments
- Feedback
- Issues for Resolution. These are usually verbal complaints which Service Managers resolve with within a 24 hour period and therefore avoiding escalation to the formal complaints procedures.

Compliments

Of the 1539 PALS enquiries 64% were compliments to BCHS services.

Examples of compliments received

“My Father (77) was taken ill three weekends ago. He had a high temperature, aches and chills and difficulty standing. My mother (74) and I (disabled) were finding it difficult to manage him. I called out an out of hours Doctor who diagnosed a virus/bladder infection (he wasn't sure which).

Your “Rapid Intervention Squad” was called in. They phoned within the hour and arrived at our house shortly after. Over the next 3 days they came to us twice a day. They monitored his condition, helped him wash and dress, arranged for antibiotics and a commode.

If they had not been involved I think my Father would have been taken into Hospital, which he would have hated.

We have had problems with this sort of acute illness before and found the Health Service lacking. This time however your services were excellent. Please pass our appreciation on to your staff. It is much better to be nursed in your own home and also an acute Hospital bed is not taken up.

Thank you for your help, but I hope we don't need it again.”

Received for Rapid Intervention Services

A Dunstable woman who has had five major operations in the past couple of years claims she would not have survived without the support of Macmillan Nurses.

“The Macmillan team are there for you all the time. They made me see there's light at the end of the tunnel and that I wasn't alone.”

Macmillan Team

Bedford is very popular this year your reputations are getting around it seems.

Received for Podiatry from Steve Avil senior lecturer at Northampton University who is responsible for their podiatry undergraduate placement programme regarding 1st year placements

“My daughter's speech therapist is fantastic. She has changed my daughter in five months to a lovely confident, well spoken girl. She has really helped our family and I can not praise her highly enough”

Received for Speech and Language Therapy

“The service was offered to me via the OT Department and I have found the services to be invaluable and crucial. As an MS sufferer the nurse has given me medical information and

support in a professional manner over the past few months to make my suffering more bearable”

Received for Neurological Rehabilitation

Compliments

Compliments Received	Figures for 2009-2010	Figures for 2010-2011
Administration (community/PCT bases)	1	5
Acquired Brain Injury	4	8
Children's Services	5	9
Community nursing (District Nurses)	49	134
Continence Service	6	7
Dental Services	70	2
Dermatology Service	0	223
Facilities (PCT premises)	0	0
PCT owned GP surgery	1	7
Heart Failure Nurses	5	0
Health visiting/school nursing	49	6
Improving Access to Physiological Therapies	0	20
Information	0	0
Intermediate Care	77	0
Leg Ulcer clinic	7	129
MacMillan Nursing	24	0
Community Matrons	4	98
Neurological Rehabilitation	1	6
Occupational Therapy - Paediatrics	0	11
Occupational Therapy - Adults	4	2
Parkinson's Nurses	15	14
Phlebotomy	0	3
Podiatry	12	45
Prison Health Care	0	0
Rapid Intervention Team	24	24
Rehabilitation and Enablement	21	2
Shared Care	0	1
Speech and Language Service	35	57
TB Nurses	6	126
Wheelchair Services	0	27
Totals:	420	1122

- **Local patient experience**

BCHS hosted a very successful 'patient experience' day in November 2011. The purpose of the day was to 'listen' to listen to what patients said about services, what they would like to see in relation to service provision, what we could do better and what was presently going well.

An action plan was developed from the day and from which a patient experience strategy has been developed.

This will be taken to the Patient and Carer Experience Group which is currently being created.

- **Equality and Diversity**

The equality and diversity elements are reflected in our commitment to embed the principles of the NHS Constitution and when benchmarked demonstrates our compliance with Human Rights legislation.

Training is provided for all staff on Equality, Diversity and Human Rights which include patient and public involvement. Additional training is available on how to undertake and complete comprehensive Equality Impact Risk Assessments as well as consider mitigating actions. The impact assessments have resulted in minor changes being made but to date there have been no negative impacts identified. We increased our emphasis on dignity and respect. In 2009/10 we developed Standard Operating Procedures across all services to cover all aspects of care, including the environment so that patients experience a consistent and common approach across all services. Key policies such as Confidentiality, Consent and Respect & Dignity are currently being reviewed in order to capture the essence of promoting equality, respect for human dignity and confidentiality of service users and staff.

- **Key Findings from Patient Feedback of Inpatient Units**

Within our two community hospitals and two nursing homes where we have 12 rehabilitation beds, patient satisfaction questionnaires are completed on discharge. Overall these responses have been extremely positive with the majority reporting excellent or very good responses. These findings are reported back to relevant teams to identify areas and trends to take forward and to ensure wider stakeholder feedback. Areas identified have included:-

- Information to patients about medication side effects
- Patients receiving information prior to discharge from acute trusts
- Clear explanation for care and treatment.
- Involving patients in decisions around their care and treatment.

Actions to take forward from these have included:-

- New patient safety cards implemented within the inpatient areas
- Production of patient information leaflets and passports which are shared with the Acute Trusts for distribution prior to transfer
- New pharmacist appointed who will work closely with units in regards to medicines reconciliation and support staff and patients.

- **General Practitioner Survey**

When the new Chief Operating Officer commenced his role at the beginning of September 2010 anecdotal feedback from GP colleagues indicated some dissatisfaction. A questionnaire was devised to provide a 'snap shot' of how services were perceived and to get a sense of any issues. It also provided a further opportunity to engage with our stakeholders and improve on our reputation and improve or change services through any feedback received. The feedback included; a lack of understanding as to the services BCHS provided, in some instances a lack of 'team connection between district nurses, health visitors and the GP practice and a lack of continuity with staff especially in the 0-19 teams. BCHS staff are currently being asked the same questions to 'triangulate' the responses. We know there is a clear correlation between staff satisfaction and improved patient care. BCHS has made improvements over the year which will continue in to 2011/12 focussing performance on the quality outcomes for patients.

As a result of feedback from this survey an action plan has been formulated to make these improvements and a service directory has been developed which should prove invaluable to stakeholders. Other actions include: each GP practice has an identified lead for communication purposes and continuity, the development of a patient and carer experience group, introduction of focus groups for service users, carers and GPs etc

The Chief Operating Officer is also meeting with all Practice Based Commissioning (PBC) chairs to invite further feedback but also inform of new initiatives etc.

- **PEAT**

Independently assesses Patient Environment Action Team (PEAT) assessments have been undertaken within both the community hospitals. The PEAT team assess the environment from the patient’s perspective, focussing on environment, food and privacy and dignity.

Site	Environment	Food	Privacy & Dignity
Archer Unit	Acceptable	Good	Excellent
Biggleswade	Good	Excellent	Excellent

Biggleswade Hospital has shown a marked improvement within their PEAT scores with achieving excellent in two areas. The environment score has improved from last year, mainly due to the large capital programme that has been undertaken and was in progress at the time of the PEAT assessments for 2009/10. Since the inspection this year, the outside of the hospital has been decorated which it is hoped will further enhance the scoring in this area.

- There was capital work planned for Archer this year but we are waiting a Commissioner intent/decision in relation to this being taken forward.

8. Statements on the BCHS Quality Account received from Key Stakeholders

BCHS would like to thank all stakeholders who have taken the time to feedback and write statements, their views and support is very much welcomed. Changes have been made as a result of feedback received. BCHS will ensure progress on delivering the Quality account is shared with our partners.

- **NHS Bedfordshire**
- **LINK**

BEDFORDSHIRE LINK RESPONSE to the Bedfordshire Community Health Services - QUALITY ACCOUNT

Overall the contents of the BCHS Quality Account document is welcomed by the LINK as it indicates a real drive by the service to improve on past performance and to raise the quality of care, patient safety and outcomes for patients. The document is set out in a very clear, readable format and it contains comments from the patients and relatives where good care/outcomes have been achieved.

Whereas some of the priorities set in the document can be measured in quantitative terms, statistics and graphs, other, particularly parts of numbers 2 and 3, require different more qualitative methods.

1. Development of Services: Development implies change and innovation so it is good to note the emphasis on staff training and coaching e.g. relating to vulnerable children and adults, in health and safety training and by staff appraisals. Further suggestions for future priority developments are mentioned below.

2. Improving the Experiences of Patients: As it says on page 17 “You can’t learn..... and improve if you don’t know what the problems are”.

There are statements about:

- a) carrying out regular patient surveys through a rolling programme
- b) identifying further ways to assist with capturing the voice of the patient and
- c) using PALS*(see below) to get patient feedback. The crucial point seems to be to identify and **REGULARLY USE** effective methods of getting the authentic, frank views of service-users which should include the voices of carers, parents, and workers in voluntary organisations.

In relation to page 16.5 Lessons Learnt: - The episodes reported indicate Lessons Identified. The specific Lessons may not be described as “Learnt” until such time as clear evidence on future performance has been demonstrated.

3. PALS: The provision of an independent, adequately staffed, sufficiently available and approachable service to advice patients, their carers and relations and to liaise between them and health-service personnel is of enormous help when it is there.

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Sadly, only a small percentage of families know about the service but when introduced to one of the number of different PAL services which Bedfordshire patients have to use some of them are found to be less than satisfactory. A patient who is not able, willing, brave or well enough to persist with an issue or complaint – even contacting PALS staff can be very difficult – s/he will soon give up. As it is „the patient“ who must carry the matter forward, not the relative or carer, the issues are often dropped, thus precluding useful learning by the medical personnel.

4) Preventive Work: There is little reference to support and prevention of ill-health in those caring for patients at home.

5) Children’s Special Services : The standards of services for children, particularly those with special needs, as illustrated in the GP Survey, is un-acceptable and needs to be prioritised for urgent priority as it too is preventive”.

6) Also, with regard to the two care/nursing homes to which patients who would have been housed at Steppingly Hospital accounting for a further twelve beds do not appear to be listed in the accounts.

As a LINK we have also welcomed the involvement of lay members in the QIPP task groups, Safety Express meetings, Wheelchair Services meetings with LINK where we have raised areas of concern. We would like to stress the importance of early notification of meetings and circulation of paperwork, so that the meetings are attended by all the key stakeholders required to implement action/change.

We welcomed the BCHS GP survey, which we hope will improve interaction and communication between BCHS and the GPs and community nursing teams.

There is, however, a concern about the number of changes to this organisation over the past few years. Indeed, there is another change in the pipeline when BCHS is absorbed into the SEPT organisation. These changes have affected staff morale and it is hoped that the recent excellent progress made both clinically and administratively will be sustainable under the new culture. It is to be hoped that the various teams will continue this progress and not be disrupted.

There is clearly some work to be done on in terms of communication and attitude; the figures in the account indicating a rise in complaints in relation to these areas. Although very fundamental issues, communication and attitude are very important issues in the patient journey. It is good to see that this is being taken on board by the management team.

Bedfordshire LINK 11 May 2011

Changes made to the as a result of the Bedfordshire LINK statement

BCHS is currently working on a Patient & Carer Strategy, which is in now in draft and circulated for comment. BCHS will then be subsequently being forming a Patient & Carer Committee which will involve members of the GP Consortia.

Communication has been sent to all GP practices inviting members of the Bedfordshire population to become members.

In relation to the comment “The episodes reported indicate Lessons Identified. The specific Lessons may not be described as “Learnt” until such time as clear evidence on future performance has been demonstrated”

BCHS monitor all action plans and can assure evidence is available to demonstrate lessons learnt.

Preventive Work: The very core of BCHS business is to prevent ill-health and promote good health this statement has been included in the Chief Operating Officer’s statement.

Children’s Special Services: There is lots of work being or has been undertaken to improve the reputation and understanding of all BCHS services. The Chief Operating Officer is keen to ensure our reputation is the best it can be with all customers and are their organisation of choice. The Children’s Services are scrutinised along with every other BCHS service through a series of robust services reviews and audits to provide the assurances required both from an internal and external perspective. The survey carried out was with GPs and an action plan is in place to make improvements

“Also, with regard to the two care/nursing homes to which patients who would have been housed at Steppingly Hospital accounting for a further twelve beds do not appear to be listed in the accounts”.- These have been included in the text.

- **Overview & Scrutiny Committee**

Bedford Borough Council’s Adult Social Care and Health Prd Committee

5 April 2011

MINUTE EXTRACT: COMMENT FOR QUALITY ACCOUNT 2011/12

“81. BEDFORDSHIRE COMMUNITY HEALTH SERVICES – QUALITY ACCOUNT 2011/2012

The Committee welcomed Richard Winter, Chief Operating Officer, and Helen Smart, Deputy Chief Operating Officer, Improvement, Bedfordshire Community Health Services who attended to present the draft 2011/2012 Quality Account for Bedfordshire Community Health Services and invited Members to comment on the draft and provide a statement for inclusion in the final published version.

Richard was pleased to be able to report that, in respect of the Bedfordshire Community Health Services’ performance indicators, for the first time, all eighteen weeks targets had been met. This year’s Quality Account priorities were:-

Patient Safety

- Reduction in the number of falls that result in harm by 50%
- Reduction in the number of catheter infections by 50%
- Reduction in the number of acquired pressure ulcers by 30%

Clinical Effectiveness

- Patients to receive Intravenous antibiotics at home where appropriate

Patient Experience

- Improving our patient experience in the five key areas highlighted
- Improve on last year's survey

With regard to breast feeding, it was noted that close work was being undertaken with local authority children's centres and the maternity units at Bedford and Luton and Dunstable Hospitals to standardise training to support breast feeding mothers. Richard reported that, this year, baby brasseries were launched across Bedfordshire to provide a relaxed atmosphere for mothers to meet and gain support. It was recognised that performance remained below the target but Members noted that it was steadily improving and were assured that every effort was being made to achieve the target set of 52.1% of women still breast feeding at 6 – 8 weeks. It was pointed out, however, that where mothers fed their babies by a mix of breast and bottle methods, those cases were not treated as breast fed occasions and were, therefore, not counted towards the target.

Reference was made to the need to reduce the number of pressure ulcers which reduced the quality of life for patients themselves and create significant difficulties for them and their carers and families. This was a 'whole system' priority for all health providers including Bedford Hospital. It was reported that the presence of pressure ulcers was associated with an increased risk of secondary infection and a two to four fold increase in the risk of death in older people. Members recognised the importance of addressing this and noted that the Chief Nurse for England had recently accorded this as a high priority for nurses.

In endorsing the priorities for improvement, the Committee felt that every effort should be made to prevent and where necessary treat pressure ulcers to avoid the discomfort and risk of subsequent secondary infection.

The Chair, on behalf of the Committee, thanked Richard and Helen for their attendance and presentation and for the opportunity for the Committee to comment on the draft Quality Account.

RESOLVED:

1. That the Committee supports the priorities set out in the Bedfordshire Community Health Services draft Quality Account.

2. That the Committee recommends that Bedfordshire Community Health Services work with Bedford partnership Board to improve services for carers.”

Changes made to the as a result of the Bedford Borough OSC statement

BCHS has strengthened the carer elements in their Quality Account and the Deputy Chief Operating Officer will be attending the Bedford Partnership Board to work with the Local Authority on improving services to carers.

DRAFT

9. Glossary

BCHS	Bedfordshire Community Health Services
C. Difficile	Clostridium Difficile
COO	Chief Operating Officer
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation Programme
DCOO	Deputy Chief Operating Officer
EEAST	East of England Ambulance Service Trust
EoE	East of England
GP	General Practitioner
HCAIs	Health Care Associated Infections
HMP	Her Majesty's Prison
HPV	Human Papilloma Virus
IV	Intra Venous
KPI	Key Performance Indicator
LAs	Local Authorities
L&D	Luton & Dunstable
LINK	Local Involvement Network
MRSA	Meticillin-resistant Staphylococcus Aureus
NHSB	NHS Bedfordshire
NHSLA	National Health Service Litigation Authority
NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PBC	Practice Based Commissioning
PCS	Productive Community Service
PCT	Primary Care Trust
PDSA	Plan Do Study Act
PEAT	Patient Environment Action Team
QIPP	Quality, Innovation, Performance and Productivity
RAG	Red Amber Green
RCA	Root Cause Analysis
SEPT	South Essex Partnership Trust
SHA	Strategic Health Authority
UTIs	Urinary tract infections
VTE	Venous Thromboembolism

10. References

- *Quality Accounts toolkit 2010/11*
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf
- *Quality Accounts – Survey of providers*
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http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122544.pdf
- *NCA's for inclusion in Quality Accounts 2011*
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