

Central Bedfordshire
Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Safeguarding and Patient Safety

Meeting Date: 18 July 2013

Responsible Officer(s) Julie Ogley (Director of Adult Social Care, Health and Housing, CBC)
Anne Murray (Director of Nursing and Quality (Bedfordshire Clinical Commissioning Group))

Presented by: Julie Ogley
Anne Murray

Action Required:

- To receive and comment upon the current position and progress towards delivering priority 2 of the Joint Health and Wellbeing Strategy.**

Executive Summary

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| 1. | <p>This paper is written for the Board to receive and comment upon the current position and progress towards delivering priority 2, Safeguarding and Quality of Care, of the Joint Health and Wellbeing Strategy.</p> <p>Central Bedfordshire Council and Bedfordshire Clinical Commissioning Group ensure robust governance of safeguarding and patient safety through the Safeguarding Board, which is chaired by the Director for Adult Social Care Health and Housing. This is a joint partnership Board with Bedford Borough Council and has wide representation including the police, acute hospitals, and voluntary and community sector and children's services. In addition to reviewing local and national developments in safeguarding, all partners report to the Board on progress with developing their safeguarding improvement plans. Reporting focuses on:</p> <ul style="list-style-type: none">• prevention and raising awareness• workforce development and accountability• partnership working• quality assurance and protection• empowerment and involving people• proportionality and improving people's experiences <p>The operational sub group of the Board is responsible for reviewing partners' reporting and addressing any issues or risks that emerge. The Board and</p> |
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operational sub group delegate safeguarding development activity to the county wide sub groups which are responsible for policy and procedures, training, quality assurance and responsibilities under the Mental Capacity Act. These sub groups have recently undertaken pieces of work looking at responses to self neglect and hate crime and discrimination.

The Central Bedfordshire Contracts Team is part of the Social Care Health and Housing Directorate and comes under the managerial responsibility of the Assistant Director for Commissioning. The team comprises two Contract Managers and five Contract Officers, whose primary function is to ensure all social care residential, nursing, and domiciliary care providers who are regulated by CQC have in place a contract with the Council and are monitored against the service specification elements of the contract. This is to ensure good quality outcomes and safety for people using the services.

The activity of the Contracts team is reported through the Adult Social Care Performance Board as part of a set of Performance Indicators within a Balanced Scorecard approach and is monitored through the line management responsibilities of the Assistant Director for Commissioning and the Head of Contracts. The quality monitoring tool used is the ADASS East of England Contract Quality Workbook which comprises of a set of standards aligned to the CQC Essential Standards of care. These are structured to look into how the service is involving its customers in all aspects of the planning and delivery of care; focusing on meaningful outcomes for individuals. The annual use of this workbook to monitor domiciliary care agencies will be supplemented by the use of electronic monitoring-CM2000, which all providers are required to use. This provides real time performance information regarding: duration of calls, missed/late calls and consistency of carer.

Based on the vision for systematic improvement of quality of care as set out in High Quality Care for All, the NHS Operating Framework, the NHS Outcomes Framework and more recently the response to the Robert Francis Public Inquiry, Bedfordshire Clinical Commissioning Group has defined and agreed an approach to monitoring quality within commissioned services and as a response to the statutory duty to assist the NHS Commissioning Board (NCB) to develop quality in Primary Care. The CCG and the Area team of the NCB are developing the working relationship and partnership as co-commissioners of services to ensure clear lines of accountability and governance.

The requirement for systematic approaches to identify early warning signs based on clear accountability, sharing of information and appropriate action when required underpins the approach taken. The Robert Francis Inquiry identified a five point plan that aims to put an end to failures within health care and revolutionises the care that people receive. The five points are as follows: *Preventing problems, Detecting problems quickly, Taking action promptly, Ensuring robust accountability, Ensuring staff are well trained and motivated.*

Bedfordshire Clinical Commissioning Group (BCCG) have patient safety and

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| | <p>risk management processes in place with providers, This is managed through robust contractual methods and assurance processes whilst maintaining collaborative relationships.</p> <p>BCCG ensures that accountability for safeguarding is at the most senior level and the Director of Nursing and Quality takes responsibility for all actions and processes; BCCG supported by senior management ensures all staff carry out mandatory Training and ensure appropriate measures are put in place to safeguard vulnerable adults, children and young people. A comprehensive audit of children’s safeguarding is underway within Primary care, led by the Designated Doctor to develop further understanding and ownership of safeguarding.</p> <p>The CCG Quality, Adults and Children’s safeguarding team members are integrated, therefore sharing of data, raising concerns and the opportunity to triangulate information is strengthened and enables the ability to identify early warning signs and act promptly. This is further facilitated within the partnership with Central Bedfordshire and the joint working at the Adult Services Improvement Group (ASIG). Intelligence on providers is shared and enables further the ability for action.</p> <p>As part of Bedfordshire Clinical Commissioning Group Governance processes a monthly Patient Safety and Quality Committee receives reports on Safeguarding both children and adults and key areas of Quality including i.e. Mortality rates, performance reports, patient experience, serious incidents reports including action taken in relation to key themes and via exception reporting to the CCG Governing Body. Currently this is a shared function with Luton CCG but agreement has been made to separate the function and the resources currently shared with Luton.</p> |
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| Background | |
| 2. | The Health and Well Being Strategy Priority 2: Safeguarding and Quality of Care outlines the importance of safety as fundamental to the wellbeing and independence of people using health and social care, and provides a number of actions and measures to address the priority. |
| 2.1 | The strategy states that as more people are enabled to live more independently with support in the community, it is important to guard against the potential for abuse and neglect and to ensure sustained high quality services. Abuse in any form can impact on a person’s physical and mental health, finances and social interactions. People are more likely to become unwell, socially isolated or may find it difficult to make important decisions in their lives due to stress or coercion. Ensuring that people receive high quality care, are treated with dignity and respect and have their care needs met is essential to achieving good outcomes and is one of the highest priorities for the public and professionals alike. |

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| 2.2 | <p>The strategy sets out the following key actions:</p> <ul style="list-style-type: none"> • Protect people when they are unable to protect themselves, including advocacy services that are available for people who are unable to challenge or change circumstances that they experience • Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused • Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse • Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults • Increased public awareness of safeguarding and improved systems for reporting of possible abuse • Ensuring the accommodation needs of vulnerable adults and children are met • We will follow the national 'Working Together' guidance on how we, as strategic partner and other agencies should work together to safeguard and protect children |
| 2.3 | <p>Nationally there are a number of policy and legislative developments that will impact upon safeguarding arrangements in Central Bedfordshire.</p> |
| 2.4 | <p>The draft Care and Support Bill contains a number of clauses affecting the way we respond to safeguarding concerns.</p> <ul style="list-style-type: none"> • Safeguarding Adults Boards will be placed on a statutory footing, with a minimum membership of the local authority, CCG and police service. There will be a requirement to produce a strategic plan and an annual report. • Safeguarding Boards will be required to arrange for a safeguarding adults review to be conducted when an adult with needs for care and support was experiencing abuse or neglect, and dies. • The draft Bill contains a clause requiring local authorities to make enquiries where they suspect an adult with care and support needs is at risk of abuse or neglect. • Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) will be abolished, but the local authority retains its powers to protect property where the person is away from their home and unable to make arrangements to do so. <p>The Safeguarding Board for Central Bedfordshire and Bedford Borough has had arrangements in place since 2009 that mirror these requirements and is well placed to respond to the new legislation.</p> |

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| 2.5 | <p>While local authorities retain the lead for safeguarding in their areas, the mandate from the Government to the NHS Commissioning Board says: “We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.” The mandate also sets the Board a specific objective of continuing to improve safeguarding practice in the NHS, reflecting the commitment to prevent and reduce the risk of abuse and neglect of adults. The NHS Commissioning Board has published “Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework”. The framework promotes partnership working, clarifies roles and responsibilities, describes the new health system, focuses on professional leadership and expertise, and outlines a series of principles and ways of working to respond to safeguarding of children and adults.</p> <p>As part of the authorisation process, Bedfordshire Clinical Commissioning Group undertook an assessment of the new requirements. Bedfordshire CCG is compliant with all the requirements within the new guidance. This includes ensuring Board accountability and securing the expertise of designated doctors and nurses for safeguarding and looked after children and a designated paediatrician for unexpected deaths in children.</p> <p>The NHS Commissioning Board (NCB) has the same statutory duties as CCGs for its directly commissioned services. Through the Local Area Team, the NCB will need to work in Partnerships with CCGs, GP practices, other providers and local authorities. A local safeguarding forum will be established to support this arrangement.</p> |
| 2.6 | <p>Two significant national reports have been recently published following routine neglect of patients at Mid Staffordshire NHS Foundation Trust, and the abuse of patients with a learning disability at the private hospital Winterbourne View. The “Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust”, by Robert Francis QC highlights the need to end decades of complacency about poor care, by detecting and exposing unacceptable care quickly and ensuring that the system takes real responsibility for fixing problems urgently and effectively. The Government and system wide response sets out actions to ensure consistently safe, effective and respectful care. “Transforming care: A national response to Winterbourne View Hospital”, which is a Department of Health review, sets out timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging.</p> |
| 2.7 | <p>Locally, Central Bedfordshire and Bedford Borough Councils have set up a joint action plan with Bedfordshire Clinical Commissioning Group to respond to the detailed actions, which is being monitored by a steering group.</p> <p>BCCG has developed its approach to the implementation of the Francis Report. This it believes requires an organisational development approach,</p> |

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| | <p>not a traditional 'action plan' of all the recommendations that then operates outside the day to day work of the CCG. The success in implementation will be in embedding the recommendations into the CCGs existing work programmes and ensuring the objectives and outcomes of these programmes reflect the Francis report. It mapped the recommendations, as grouped in the Government Response Patients First and Foremost against its main work programmes, including those that cross organisational boundaries. They are;</p> <ul style="list-style-type: none"> • The Bedfordshire Plan for Patients and Delivering for Patients Programme • Quality Strategy / Work programme. • Communications and Engagement Strategy + Equality & Diversity Strategy • Organisational Development Plan • Locality Delivery Plans <p>These are, being, or will be, refreshed to ensure they meet the requirements. The CCG is producing a formal paper, based on this approach, for its Board meeting to be held in public on 3 July.</p> |
| 3 | Detailed Recommendation |
| 3.1 | It is recommended that the Health and Well Being Board note the work to date in promoting safeguarding and patient safety. |

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| Issues | |
| Strategy Implications | |
| 4. | The Health and Well Being Strategy Priority 2: Safeguarding and Quality of Care outlines the importance of safety as fundamental to the wellbeing and independence of people using health and social care. |
| 5. | This priority is linked to the Community Safety Partnership strategic plan which includes the domestic and sexual abuse strategies. |
| Governance & Delivery | |
| 6. | Delivery and progress will be reported through the Safeguarding Board on a quarterly basis, as well as HCOP and the Health and Wellbeing Board. |
| Management Responsibility | |
| 7. | Responsibility for the delivery of the outcomes rests with Director for Adult Social Care, Health and Housing and the Director of Quality, Bedfordshire Clinical Commissioning Group. This responsibility may be delegated for day to day operational delivery. |

Public Sector Equality Duty (PSED)

8. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any risks issues relating Public Sector Equality Duty No

No Yes *Please describe in risk analysis*

Risk Analysis

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
|-----------------|------------|--------|------------------------|
| None | | | |
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| Source Documents | Location (including url where possible) |
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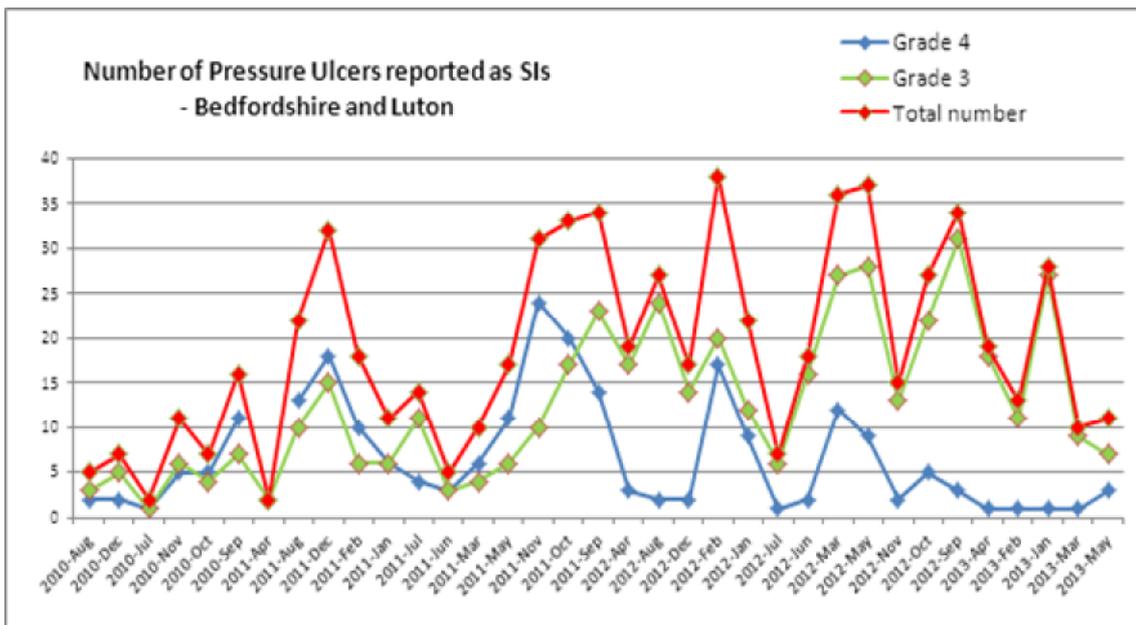
| Progress to Date | |
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| | <p>Ensure robust systems and policies are in place and are followed consistently; to provide training and supervision, to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults.</p> |
| | <p>The Council has a dedicated team with a direct telephone number for reporting safeguarding concerns. Specialist support workers and social workers provide advice and guidance to anyone contacting the Council about safeguarding concerns. As well as responding to all safeguarding alerts made to the Council, the team has responsibility for awareness raising and quality assurance in terms of the responses, systems and policies that are in place in respect of safeguarding.</p> <p>The Safeguarding Board receives quarterly information from all partner agencies that are signed up to the multi agency safeguarding policies and procedures. These include information on prevention and raising awareness, workforce development including training, partnership working, quality assurance, involving people and improving experiences. Key partner agencies are the CCG, police, acute hospital trusts, and community health services.</p> |
| | <p>Next Steps</p> |
| | <p>The Council has a detailed action plan which is updated annually, focusing on prevention and raising awareness, workforce development including training, partnership working, quality assurance, involving people and improving experiences. The six areas of focus are aligned to the Government’s priorities of prevention, accountability, partnership, protection, empowerment, and proportionality. The 2013-14 action plan has 30 milestones addressing these areas.</p> |
| | <p>Protect people when they are unable to protect themselves, including advocacy services that are available for people who are unable to challenge or change circumstances that they experience</p> |
| | <p>A series of consultations were held with people at risk (a group of carers; older people attending a day centre; and people with learning disabilities who participate in the ‘Customer Council’) at the end of 2011. These highlighted a number of priority areas for safeguarding, which included the need to focus on personalising the safeguarding approach, making sure people and their families are fully involved, particularly in protection planning and in safeguarding meetings. A number of developments were undertaken in 2012-13 to build on these consultations.</p> <p>Engagement work with advocacy service POHWER has begun, which has involved safeguarding becoming a standard agenda item at the “voice groups” which different people attend, including those with a learning disability and mental health needs. The positive impacts have been awareness of safeguarding, but through regular meetings with POHWER it is intended that these groups will eventually be able to contribute to the safeguarding board agenda. The advocacy service has continued to roll out its “Keeping Safe” programme which is for people at risk in the community. Every person at risk</p> |

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| | through safeguarding concerns has access to an advocate if they are not able to and do not have anyone else to advocate on their behalf. |
| | Next Steps |
| | <ul style="list-style-type: none"> • Review local partnership forums to evaluate how outreach / awareness might be more effectively undertaken • Continue to engage with PoHWER in raising awareness of safeguarding with support groups, promoting the keep safe training and increasing referrals to these services as well as advocacy services broadly • Ensure advocacy and voluntary and community sector groups are involved in development of safeguarding services |
| | <p>Increased public awareness of safeguarding and improved systems for reporting of possible abuse and Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused</p> |
| | <p>Central Bedfordshire Council has run a wide ranging publicity campaign for safeguarding awareness. This has included:</p> <ul style="list-style-type: none"> • Safeguarding literature contributed to the work run by the Community Safety Partnership for domestic abuse awareness week • A mail out to voluntary and private care providers promoting Dignity in action day and links to safeguarding • Updated information on the Council's website relating to financial abuse and online safety • An internal Council-wide publicity campaign involving a feature in the staff newsletter, a visit by the Chief Executive to the safeguarding team, and a promotional stall at the Chief Executive's roadshow <p>An increased number of hits on the Council website safeguarding pages have been recorded, and an electronic alerting form via the website has been used, in particular by people wishing to raise alerts anonymously.</p> <p>Despite considerable efforts to raise awareness, alerts from the public and people at risk remain low, so the Council has developed an accessible information leaflet in conjunction with our learning disability delivery partnership, Sight Concern and advocacy provider POHWER. This has resulted in a leaflet that should be accessible to a number of people with cognitive or sight impairment and will be distributed as part of the Council's twice yearly mail-out of safeguarding literature. The Council's website is up to date with safeguarding information and there is an online alert form which supports anonymous reporting.</p> |
| | Next Steps |
| | <ul style="list-style-type: none"> • Public awareness campaign - safeguarding and dignity in care • Targeted awareness raising for colleges, voluntary and community sector, GPs, practice managers and GP aligned social workers • Engage with the development of Healthwatch on awareness of safeguarding adults |

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| | <p>Ensure that in commissioning services, providers of care have excellent systems in place to ensure the safety of adults whose circumstances make them vulnerable to abuse</p> |
| | <p>Contracts with care providers are monitored using a contract management tool which has a domain focusing on “safeguarding people from abuse”. This is aligned to the Care Quality Commission’s related standard. Evidence is collected through observations of staff, interviews, and reviews of documentation. Evidence collection focuses on prevention of harm, responses to concerns, awareness of the Council’s safeguarding policy, guidance and training, provision of information about how to report concerns, and promotion of human rights and dignity. The workbook uses a scoring system based on the evidence collection and safeguarding is heavily weighted within the overall assessment. Significant levels of awareness raising is done with providers of care services through the Council’s providers forum, training and by the safeguarding team who operate an outreach awareness service to care homes.</p> <p>As part of the Medium Term Plan the Council has a commitment that 60%of the Council's commissioned dementia care should be "Good" or " Excellent" quality by 2014. The development of a Dementia Quality Mark builds upon good practice across the country to promote improvement in care homes. The DQM provides people choosing a service with reassurance that the care being given meets the needs of people with dementia. With the cessation of CQC quality ratings and the changes to registration conditions, the DQM will provide an additional indication of standards of care, capturing qualitative information from providers. It also sets standards, which those providing services can aspire to and can use to promote their services. People with dementia are particularly at risk due to cognition, communication and behavioural needs and initiatives such as Quality Marks promote their safety.</p> <p>The Council has introduced a new framework agreement for Home Care Service Providers. From May 2013,all domiciliary care providers who wish to provide services on behalf of the council will have to bid to join a new supplier framework, with a commitment to delivering high standards of care at a fixed price. The framework will help the council to shape the market so that it can provide a higher quality of care with more flexible and personalised services.</p> |
| | <p>Next Steps</p> |
| | <ul style="list-style-type: none"> • Develop the role of the safeguarding support workers in link roles with care providers, reinforcing expectations on dignity and safeguarding • Continue to work closely with contracts monitoring and complaints to ensure information is shared where there are services giving rise to concern • Continue to raise awareness with commissioners and policy development leads to ensure that safeguarding is adequately considered in new developments |
| | <p>We will follow the national ‘Working Together’ guidance on how we, as strategic partner and other agencies should work together to safeguard and protect children</p> |
| | <p>The Council and its partners adheres to Working Together through effective sharing of information, ensuring that the whole family is considered and concerns about adults and children are shared. Practitioners adhere to the “Think Family” practice protocol which emphasises the following principles:</p> |

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| | <ul style="list-style-type: none"> • No wrong door – contact with any one service offers an open door into a system of joined up support • Looking at the whole family – all services should be ‘family aware’. For instance drug and alcohol treatment services should identify which clients are parents and develop clear liaison with children’s services for parenting and family support and safeguarding • Build on family strengths – rather than focusing on what is lacking, a strength based approach builds upon families’ resources and their potential for resilience. • Provide support tailored to need – for example, Family Intervention Projects work with families for whom anti-social behaviour is creating a threat of homelessness to agree a package of support to best meet their needs <p>In addition, the Working Together to Safeguard Children 2013 published by HM Govt in March 2013 replaces Working Together to Safeguard Children (2010). This is a guide to interagency working to safeguard and promote the welfare of children and covers the legislative requirements and expectations on individual services. Bedfordshire Clinical Commissioning Group has a statutory responsibility for ensuring that the organisations from which it commissions services provides a safe system that safeguards children at risk from abuse. This includes specific responsibilities for safeguarding and for supporting the Child Death Overview process, to include sudden unexpected death in childhood. Processes are in place to learn lessons from cases where children die or are seriously harmed and abuse or neglect are suspected. This includes contributing to Serious Case Reviews and conducting Individual Management Reviews as appropriate. Bedfordshire Clinical Commissioning Group is fully engaged with the Local Safeguarding Children Board and works in partnership to fulfil its statutory responsibilities. It works closely together, with the National Commissioning Board to ensure that there are effective NHS safeguarding arrangements across the local health community.</p> |
| | <p>Next Steps</p> |
| | <ul style="list-style-type: none"> • Continue to work closely with Bedfordshire police and the CCG to ensure responses to safeguarding incidents are managed • Develop and improve links with key service areas in relation to safeguarding – focus on children’s services, housing services, trading standards and HMP Bedford • Ensure that knowledge and expertise are joined up between Members for children's services, community safety, health and wellbeing |
| | <p>Ensuring the accommodation needs of vulnerable adults and children are met</p> |
| | <p>Central Bedfordshire Housing Officers undertaking housing needs assessments consider whether there is an additional requirement for a social care assessment. Referrals are then made to Adult Social Care. The department offers services by Housing Officers and Tenant Liaison Officers supporting people with tenancies who require additional social care support (e.g. domiciliary care or personal care). Adult Social Care Teams undertake social care assessments for people with (non-acute) learning disability needs, (non-acute) mental health needs, and older and physically disabled tenants. SEPT (South Essex Partnership Trust) undertakes social care assessments for tenants accessing specialist mental health services and/or learning</p> |

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| | disability services. |
| | Next Steps |
| | <ul style="list-style-type: none"> • Managing the Accommodation Needs of Older People is the programme overseeing expansion of Extra Care Housing: Dukeminster (Dunstable) plus 4 additional Central Bedfordshire sites • Extension of 7-year contract with BUPA to manage residential care homes while Extra Care is being developed • Develop Strategic Housing Requirements and Housing Market Position Statement • Develop productive (strategic) relationships with Homes & Communities Agency (HCA) and Developers, to deliver retirement housing for sale, linked to the Council's Development Strategy • Managing the Housing Needs of Vulnerable People Strategy is currently in development • Needs analysis is being undertaken of all types of supported-housing provision currently under or over provided across Central Bedfordshire • Comprehensive engagement planned with all stakeholders impacted in order to shape the draft MHNVP Strategy • The draft MHNVP Strategy, outlining Central Bedfordshire's supported-housing plans will undergo formal consultation |
| | Progress with the Health and Well Being Strategy Indicators |
| | More people who use services who say that those services have made them feel safe and secure |
| | <p>During 2012-13 a series of "feedback visits" to people who had been through safeguarding interventions was conducted. While the individual responses were used to feed back to individual social workers on how they had managed their case, the extent of the feedback was limited in terms of developing safeguarding services. The challenges involved in undertaking this work has led to the development of an evaluation process built into safeguarding work. This involves a series of outcome focused questions being asked by the social worker at the beginning and end of safeguarding interventions. This was developed in the past year and qualitative information from the evaluations will be collated throughout 2013-14 for analysis. It is hoped that this will provide the evidence for the impact safeguarding work is having and will also be used to develop services.</p> |
| | Reduced incidence of newly-acquired category 3 and 4 pressure ulcers |
| | <p>The graph below shows the number of pressure ulcers reported as Serious Incidents (Grade 3 or 4) which have occurred within providers' care since Aug 2012. The Midlands and East "Pressure Ulcer Ambition" was launched in February 2012, which has increased awareness. There has been a decrease in the reporting of Grade 4 pressure ulcers, but an increase in Grade 3 which suggests that pressure ulcers are being identified and reported earlier. Providers attend the County Wide Pressure Ulcer Group and the Harm Free Care group, one of the resulting actions is to progress with a public awareness campaign.</p> |



BCCG has appointed a Patient Safety Project Nurse who are focusing on delivering the Harm Free Care initiative ‘no avoidable grade 3 and 4 pressure ulcers’. Pressure Ulcer data has identified that the majority of pressure ulcers develop within the community; a number of these patients have no health input until the pressure ulcers have developed. The Patient Safety Project Nurses are currently delivering ‘Stop the Pressure’ training to nursing/residential homes and domiciliary care agencies. Feedback from sessions to date have been positive and the staff have identified areas of improvement/new practices to try to prevent pressure ulcers.

In addition to this training the Patient Safety Project Nurses work closely with the safeguarding team and Patient Safety Coordinator to review incidents of pressure damage and where appropriate complete unannounced visits to nursing/residential homes, each visit is followed up with visit report and recommendations for the home manager and action plans where necessary.

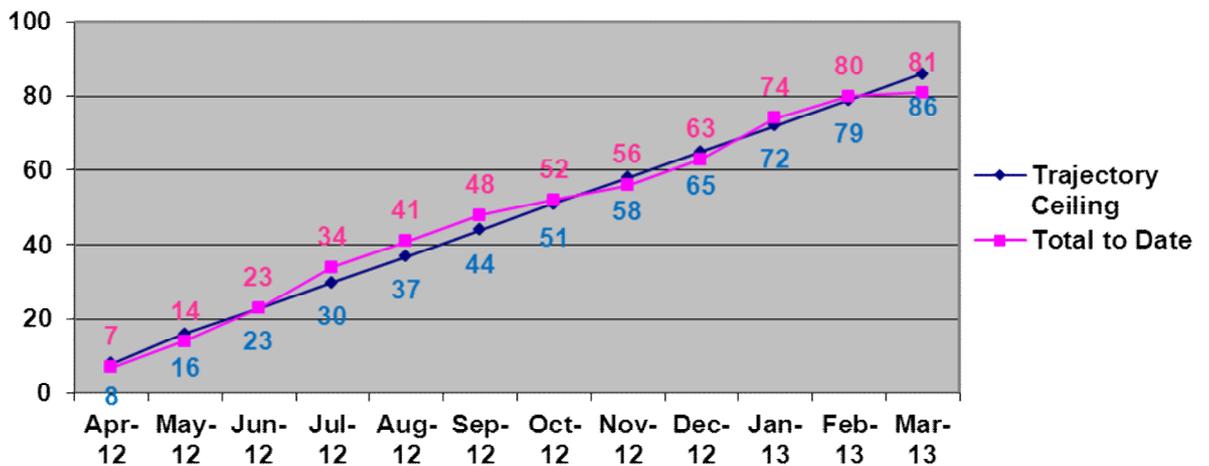
Reduced incidence of healthcare associated infection – MRSA (Meticillin-Resistant Staphylococcus Aureus) and C difficile

Bedfordshire Clinical Commissioning Group is committed to ensuring that patients have the highest quality health care and best patient experience possible within available resources. Ceilings for both MRSA Bacteraemia and Clostridium difficile are reduced year on year and become more challenging.

Clostridium difficile is a spore producing bacteria which can be found in the gut of 3% of health adults. It is normally controlled by the presence of normal gut bacteria and does not cause disease, however if any disturbance of the gut occurs then it can cause Clostridium difficile infection (CDI). CDI is the predominant cause of antibiotic-associated diarrhoea among patients over 65 years of age and is a leading cause of healthcare associated infection.

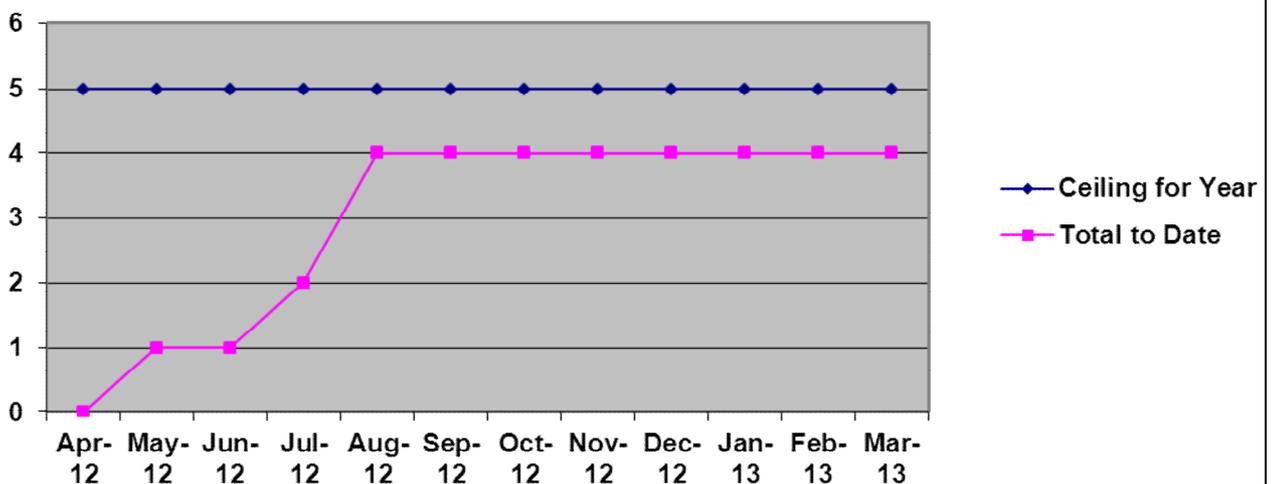
The table below shows that BCCG's year end position for Clostridium Difficile

BCCG C-diff Numbers April 2012- March 2013



The surveillance of Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia has been mandatory for all NHS acute trusts in England since April, 2004. The table below shows BCCG are currently under target for achieving ceilings set by the Department of Health. The CCG are on target to meet the reduction set by the Department of Health for 2013/14.

MRSA Bacteraemia April 2012- March 2013



BCCG has zero tolerance to incidents of MRSA Bacteraemia, any incidents of MRSA are reported as a serious incident, and this includes a full root cause analysis and face to face meeting to identify cause and lessons learnt.

By engaging the localities and providing peer influences it is anticipated that each area will deliver

- Best practice in antibiotic prescribing
- Engagement and ownership of the ceiling
- Awareness of this infection throughout Primary Care

- High standards of patient care and safety in recognition of the risk factors for acquisition of this infection
- Reduction in cases
- Improving patient experience of general practice services,

The Quality and Safety team will support and inform localities, and if applicable the Boards, on the number of C-diff cases per month and the root cause analysis GP practice.

Where there is an increase in the cases or breach of the ceiling it will be expected that localities will develop a local action plan to address any lessons learnt from the RCAs with support from the CCG Infection prevention and control nurse

Improved patient experience of hospital care

BCCG monitors patient experience for acute providers via a number of processes; quarterly patient survey data is reviewed via the quality monitoring meetings, monthly data from the Friends and Family Test scores are reviewed via Commissioning Quality Innovation (CQUIN). CQUIN is an incentive scheme for the achievement of improved patient quality and safety.

BCCG also reviews national patient surveys, PALs, patient complaints, serious incidents, safeguarding incidents, compliments and ombudsmen referrals. A new system of collecting intelligence from Primary Care is under development and will add to and provide external information in relation to understanding the patient experience in relation to health providers.

The L&D has implemented many patient experience initiatives during the year, including a patient call centre to ring discharged patients and collection patient satisfaction responses in line with the friends and family initiative. They have a regular patient experience group that meets where patient survey results are reviewed and any action plans monitored, BCCG are a member of this group.

As a result of patient surveys, complaints and PALs Bedford Hospital identified and implemented the following pieces of work to improve patient experience; Training to improve communication skills to enhance patients' care pathways and relatives' experiences have been identified and staff members have been put forward for this training which will develop their interpersonal skills and enhance the experience of interacting with both patients and their families. For example following feedback received about people smoking directly outside the hospital entrances, BHT is removing benches, putting up new information boards with their no smoking policy, reviewing their violence and aggression towards staff policy (as some people can become abusive when challenged) and where people can get support to stop smoking.

BCCG monitors mortality rates of acute providers via SHIMI. SHIMI is a hospital level indicator which reports at trust level across the NHS England using a standard and transparent method. At present both acute providers remain within the control limits for average/below average hospital standardised mortality rates (HSMR).

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| | <p>Mortality is a standing agenda item at provider quality meetings and where required providers complete in depth analysis on areas within mortality such fractured neck of femur (#NOF) to provide assurance to CCG that specific patient groups are receiving appropriate care.</p> |
| | <p>Assess the quality of discharge arrangements measured by an increased proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p> |
| | <p>BCCG safeguarding team are working with both acute providers to access A&E admission data for patients in nursing and residential home. The data enables the CCG to identify nursing/residential homes with high admission rates, the CCG will then work jointly with local authority to support homes in reducing admission rates. This information is shared with local authorities via the quality assurance steering groups.</p> <p>The Head of Safeguarding Adults for Bedfordshire meets regularly with safeguarding leads for both acute providers and reviews all safeguarding incidents where discharge has been identified as an issue, from these meetings action plans are developed to prevent incidents of poor discharge.</p> <p>For 2013/14 SEPT community health services have a CQUIN indicator aimed at reducing the number of hospital admissions for high intensity patients on the Community Nursing Case load who attend A&E or admitted in an emergency to an acute setting with a particular focus on prevention.</p> |