

Bedfordshire Community Health Services

Quality Report 2008/09

Foreword

For Bedfordshire Community Health Services (BCHS) 2009/10 is an important year. This year it will consolidate its position as an arms-length organisation (ALTO), whilst also preparing for transition to new organisational form(s). During the year NHS Bedfordshire will evaluate options for dispersal of services provided within BCHS, with a target date of services moving to new organisational homes during 2010/11. It is vital therefore that we maintain continuity of services to patients, whilst at the same time continuing to improve what we do, particularly in response to patients' views, and prepare for the changes ahead.

In 2008/09 PCT provider services like BCHS were required to declare their compliance with the Healthcare Commission's Standards for Better Health semi-independently. This means that we evaluated our position against the standards independently from the rest of NHS Bedfordshire. This was an important process, as next year (2009/10) we are required to make a full independent declaration. In 2008/09 we were able to submit a declaration of fully met, although within this overall position two of the 24 standards were not met throughout the full year. We are determined that BCHS will achieve full compliance across all the standards in 2009/10.

As an ALTO, BCHS operates under a contract which sets out specifications for the performance and quality of services provided. We are monitored rigorously against these specifications by our commissioners.

I would like to acknowledge and thank our staff for their commitment and dedication, which is fundamental to the patient focus of our services and the drive for continuous improvement.

This report sets out our key activities in 2008/09 to improve quality of our services, and also highlights our priorities for 2009/10.

Andrew Harrington
Chief Operating Officer
June 2009

1. What have we done in to improve the quality of our services?

Patient safety and the quality of care we provide to our patients is the utmost priority. These are some of the things we have done over the last year to improve the quality of our care:

Investment in quality

In 2008/09, BCHS achieved arms-length separation from NHS Bedfordshire, and since then we have invested significantly in the development of the clinical quality and patient safety team giving capacity and focus to managing risk and improving patient safety.

Formalised accountability for quality

We have formalised the organisation's focus on quality and the patient's experience by establishing a Patient Safety and Experience Group as a component of our formal accountability structure. In 2009/10 we will further develop this accountability by introducing a public and patient-led group to support our work on improving the patient experience. In 2008/09 we invested in 'Viewpoint' technology - electronic devices for conducting patient surveys and audits. We will be rolling out continuous patients surveys in 2009/10.

Standards for Better Health

During the latter part of 2008/09, we were independently audited by Deloitte on our evidence to support our Healthcare Commission declaration. This audit validated our proposed declaration of 'fully met' against the Standards for Better Health framework. Within this overall framework we identified some weaknesses in our management of medical devices, but since then we have engaged a specialist medical devices agency to support us in developing systems that are now compliant.

Waiting times

In addition to the national 18 week waiting time target for consultant-led services, BCHS also committed to a local East of England SHA target to deliver a maximum wait of 18 weeks for all services. Despite the challenges of an aging IT infrastructure (which is currently undergoing replacement), we were able to deliver waiting time information across all services except wheelchairs, and achieved the overall target.

A Learning Organisation

We aspire to be a learning organisation - i.e. one that is vigilant to the safety of patients and staff, and seeks continuous improvement in the quality of the services we offer. We have very good levels of incident reporting (being in the upper quartile of PCTs), with low levels of harm, and we rigorously review incidents to monitor trends and to ensure the opportunity for learning and improvement is not lost. We monitor key patient safety indicators, such as pressure sores, falls, accidents, complaints and compliments. In addition we have a demanding schedule of audit. Where benchmarking information is available (eg through NPSA) we use it to evaluate whether we are outliers on any aspect.

CASE STUDY

As a result of a modest rise in the number of falls experienced by patients in our rehabilitation services, we boosted falls prevention training for all staff within our community hospitals. We also implemented the well regarded Morse Assessment Tool which is now completed for every patient within our units as a part of the admission process. We also benchmarked our rate of falls per patient bed night compared with other community providers - BCHS compared very favourably, with 63% lower levels of reported falls than the average. These actions have resulted in a downward trend in falls, which we will continue to monitor.

We have undertaken a review of our training programmes and induction to improve access and quality of this provision.

Control of cross infection

In February 2009 we received a two day inspection visit by the East of England Infection Control Support Team. The outcome of this visit was positive. Key areas for action were:

- Boost evidence of assurance, including an audit schedule
- Tidy the health care environment
- Work on further understanding our contribution to improving the rates for MRSA and C.Difficile.

BCHS was awarded unconditional registration under the hygiene code.

There have been three cases of MRSA bacteraemia and three cases of CDifficile during 2008/09. Full root cause analyses are undertaken for all cases, and High Impact Intervention 7 from Saving Lives is now in use in the inpatient areas. Monthly audits of hand hygiene, environment, isolation, MRSA screening, and essential steps were implemented in the inpatient areas and are being rolled out to all clinical services during 2009/10.

Service reviews

We ran an extensive programme of service reviews in 2008/09. This was to ensure that our services met the expectations of our patients and commissioners, took account of known best practice, whilst at the same time being provided as efficiently and effectively as possible. Service users and members of LINK were involved in these reviews, and their influence was a positive force in the design of the pathways/models of care.

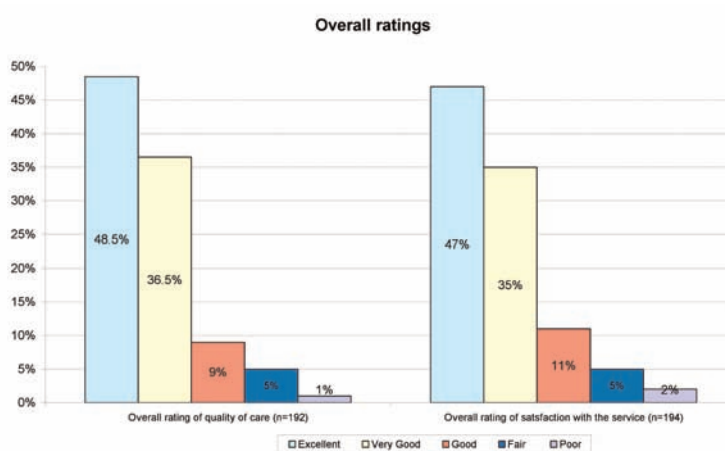
Internal audit on Patient and Public Engagement activities received an unconditional audit result in 2008/09.

Safeguarding children and adults

In 2008/09 a specialist nurse for safeguarding adults was appointed to complement the existing safeguarding children team. In addition to reviewing policies, procedures and training, this post has significantly improved partnership working and the knowledge base of our community teams on both safeguarding and mental capacity.

Patient survey

We conducted a wide patient survey in December 2008, asking people who use our services to rate their level of satisfaction with the quality of care. The results are summarised below.



2. Response to commentary by Bedfordshire LINK

Bedfordshire Local Involvement Network provided feedback on a number of BCHS services.

Their particular concern was around the age and quality of the estates owned by NHS Bedfordshire, and from which BCHS provides many of its services. BCHS will continue to support NHS Bedfordshire in the redevelopment programmes, such as Biggleswade Health Centre, and the developments within Bedford Health Village.

The LINK also raised concerns about the wheelchair service, in particular the long waits for assessment and the location of the service. We reviewed the service in 2008/09 and introduced some changes, which have reduced the waiting time, and improved telephone access to the service. Recruitment remains a problem nationally, and BCHS has had significant difficulties recruiting to vacancies. Some further work will be done in 2009/10, using 'lean' principles, but commissioners are aware that investment is needed in this service.

The LINK team noted that staffing levels in the community nursing team in south Bedfordshire, where there had previously been vacancies, had improved.

The LINK commented positively on the developments in the prison, particularly the rolling development plan and the good relationships between prison and healthcare staff.

Finally, the LINK spoke positively about their involvement in the service redesign work undertaken in 2008/09, and we equally value their involvement.

3. Our quality priorities for 2009/10

Maintain and improve patient care and patient safety

In the context of significant organisational change, we give highest priority to the safety of services and continuity of care. We will continue to review our services for their patient focus, model of care and value for money. We will improve clinical outcomes by reviewing best practice and its applicability to our services; ensure that we respond appropriately to safety alerts; and critically audit our standards. We will continue to review the indicators of quality, such as complaints, compliments and incidents and ensure that we adopt the learning from them.

Develop our culture as a learning organisation, improving what we do by taking action on incidents, complaints, audit and training

BCHS is committed to continuous improvement. This means we need to understand the views and preferences of our patients, as well as meet the requirements of our commissioners.

We will continue to promote incident reporting and ensure that clinical teams have time to review the learning from incidents. We also take very seriously any complaint we receive, using this as vital feedback to improve our responsiveness and services.

We continue to run a wide programme of audit, which meets the requirements of national guidance (eg NICE), local requirements (eg through our contract), and our own priorities. Outcomes of audits are examined in the Governance and Clinical Quality Committee, service level groups and reported to commissioners.

Continuous training and development of our staff is a high priority. We have taken steps to improve access to training and the range of training available. We have developed an Organisational Development plan, which identifies a range of measures to support and develop our staff over the next 12 months.

Improving the experience of patients using our services

We have produced a Patient and Public Engagement Plan, with six key actions:

	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 complaints and compliments to improve quality.	Explore opportunities for condition-specific expert patient programmes.
Collective	Engage with the 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. We will publish the results.	Establish a patient-led group to oversee PPE activities, including the design of surveys and leaflets, and other key measures of the patient experience.

We will use information obtained from these activities to inform the delivery of services.

Maintain a high priority on control of cross infection

Policies and procedure are in place, further work is ongoing to embed infection control responsibilities across the whole of BCHS, with monitoring through the key performance indicators.

Key performance indicators have been identified and are being reported monthly. In addition to hand hygiene and uniform audits, inpatient and community nursing teams also undertake monthly audits under Essential Steps - catheter care, enteral feeding and preventing the spread of infection.

MRSA Screening

All patients are screened on admission to our inpatient beds. We have introduced a high risk database for patients on the community nursing caseloads and all new patients are risk-assessed.

MRSA/CDifficile - Work is in progress to continue to reduce the number of MRSA bacteraemia and CDifficile positive cases within the community. This includes the screening, high risk database, plus full root cause analysis of any positive cases to ensure learning is taken forward.

Waiting times

We will endeavour to offer our patients the shortest possible waiting time for care, adhering to the East of England Pledge 2 target.

Standards for Better Health

We will strive to achieve full compliance across all the standards, and will assimilate the new processes/standards to be announced by the Care Quality Commission for 2010/11.

Privacy and dignity

Whilst BCHS has operated single-sex accommodation for several years, some building modifications are required in one community hospital to comply with the new standards. This will result in new toilet and physiotherapy facilities and the work will be undertaken in 2009/10.

Equalities

In addition to our unified equality scheme, we rigorously review all our policies and service development to ensure that they do not discriminate against any part of our community. We publish our equality impact assessment, and have diversity and equality training which is part of our mandatory programme.

Commissioning for Quality & Innovation (CQuIN)

We have agreed with our principle commissioners a set of additional quality standards under the auspices of CQuIN. This means that we are able to agree targets based on local priorities, and this is welcomed. These standards cover a range of issues from management of clinical conditions to the supervision of staff.

4. Performance data

18 Weeks referral

Description	Target 2008-09	Performance
18 Weeks referral to treatment: Admitted	90%	90%
18 Weeks referral to treatment: Non Admitted	95%	95%

Immunisation in children

Description	Target 2008-09	Performance
Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)	95%	95%
Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection	86%	82%
Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C	95%	95.5%
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR)	85%	88%
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis	95%	93%
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	85%	89%
Immunisation rate for human papilloma virus vaccine for girls aged around 12-13 years	83%	90%

Obesity in children

Description	Target 2008-09	Performance
Percentage of children in Reception with height and weight recorded who are obese	9%	9.3%
Percentage of children in Reception with height and weight recorded	89%	93.6%
Percentage of children in year 6 with height and weight recorded who are obese	15%	15.1%
Percentage of children in Year 6 with height and weight recorded	86%	86.9%

Breastfeeding

Description	Target 2008-09	Performance
Proportion of women breastfeeding at 6-8 weeks	39%	41%
Percentage of children with a breastfeeding status	88%	85%

This report is available in large print, Braille, audiocassette and other languages on request.

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