

Clinical Directors Quarterly Report

Quarter 3 October-December 2013

Summary

Bromley Healthcare is focusing this year on driving up the quality of care and aim to stand amongst the best in the country. This paper's purpose is to set out how Bromley Healthcare's Quality Team are working with Services to set, implement and monitor standards of care that effectively improve patient outcomes and patient experience.

The key points to note are:

- The process for evaluating and supporting compliance with NICE standards has been strengthened.
- At least one clinical audit has been completed by all frontline services in 2013-14 and action plans for improvements are being implemented and are monitored via Datix.
- 10 Quality Standards have been developed for each front line service addressing patient safety, clinical effectiveness and patient experience and the top 3 of these are monitored through the Balanced Scorecard
- 2013-14 Record Keeping Audit is underway and has been completed by most services

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Introduction

Francis' recommendations are far reaching and require every single person serving patients to contribute to a safer, committed and compassionate and caring service. To achieve this he states that there must be the cultural change where positive values prevail, where there is zero tolerance of substandard care and where there is an aspiration to cause no harm to patients within a culture of caring, commitment and compassion. To underpin this commitment, Francis has recommended establishing three tiers of standards; fundamental, enhanced quality and developmental. Setting standards in community health services is at an early stage and this is acknowledged in a recent publication by the Care Quality Commission (CQC) "A fresh start for the regulation and inspection of community health care". The document states that it is not always clear what good effective care looks like in community health services and CQC aims to change this by defining what good quality care looks like in relation to the following 5 key questions:

- Are our services safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well led?

This paper sets out how Bromley Healthcare's (BHC) Quality Team are working with Services to set, implement and monitor standards of care that effectively improve patient outcomes and patient experience.

Setting Standards

Francis has called on professional bodies to work with the National Institute for Health and Clinical Excellence (NICE) to set standards for patient care. CQC regulate all providers of health care. They have set standards of quality and safety that people have a right to expect whenever they receive care. BHC must adhere to these standards and the Quality Team has disseminated this information to services and provides relevant information on BHC Intranet. Most BHC clinicians belong to professional bodies and learned societies, which set standards for professional

practice. Published information on standards of care for community services is not yet well developed. BHC contribute data to NHS Benchmarking Club but this data is currently focusing on performance and efficiency e.g. cost per contact, activity, staffing and not on quality data. BHC has addressed this lack of established standards for community health care services by developing internal quality standards focusing on patient safety, clinical effectiveness and patient experience. These standards have been developed by Service Leads with their teams and have been scrutinized and approved by the Joint Clinical Directors. All frontline services have set 10 Quality Standards.

The management of BHC Clinical Policies, Procedures and Guidelines (Written Controls) is being revamped by the Quality Team. Clinical Written Controls are owned by the respective service and reflect best practice and are reviewed in a timely fashion. Clinical Written Controls are ratified by the Quality Working Group before uploading to our intranet.

Implementing and Monitoring Standards

A robust process is in place for the implementation and monitoring of NICE Standards. Newly published NICE Guidance is reviewed on a monthly basis by the Clinical Director and the Quality Facilitator and distributed to all services whom it is thought to be relevant (using the Datix NICE Implementation Form). Guidance is sent to services for compliance purposes or 'for information only' (if a compliance response is not required but the guidance is deemed relevant). Services determine if they are compliant with the guidance and if not put an action plan in place to improve compliance. Support is provided to services by the Quality Team and their Operations Manager. Some guidance has significant resource implications, which may need to be taken forward with our commissioners. An update report on our compliance with NICE guidelines is discussed regularly at our quality meeting with our commissioners.

3 of the top 10 quality standards developed by services are monitored through our Balanced Scorecard. Compliance with these standards will drive quality improvements in patient outcomes and experience. All 10 standards are discussed at the quarterly meetings that take place with the respective Clinical Director, Service Lead and their Operations Manager. The plan is to build on this work and embed them within services by refining current standards and developing new standards as necessary for 2014-15. The Head of Nursing and Head of Health and Care Professionals will support services in taking this work-stream forward.

Clinical Audit is a systematic way of measuring the quality of care and services against agreed standards making improvements at both a service and individual level. BHC has successfully established a programme of clinical audit for all services in 2013-14. Audits are uploaded to Datix, which allows effective monitoring

of the implementation of recommendations and action plans. A prompt has been added to Datix for services to consider if audit results indicate significant clinical risk that needs to be added to the Risk Register. Scrutiny of audits is provided by the Quality Working Group, which reports to the Clinical Governance Committee. Audits will be RAG rated on the respective services' balanced scorecard as follows:

- Green if audit completed and report and actions uploaded to Datix from 1st January 2014.
- The rest are to be left blank till 31st March 2014 but reviewed monthly with change to green if meets criteria (between January and March 2014).

After 31st March 2014, audits will be rated:

- Amber if audit completed but not all documents have been uploaded to Datix.
- Red if audit not completed.

BHC procedure for clinical audit has recently been reviewed to strengthen the process.

All Bromley Healthcare services which hold clinical patient records are required to complete an Annual Clinical Record Keeping Audit to ensure quality of care, maximise patient safety, support professional best practice and assist in compliance with Information Governance standards. The provision of accurate and confidential records is one of the 28 essential standards of quality outlined by the Care Quality Commission (CQC). BHC has developed an audit tool using guidance from the Royal College of Physicians (RCP), Royal College of Nursing (RCN), Nursing and Midwifery Council (NMC), Essence of Care and other national record keeping guidance. Record Keeping Audit for 2013-14 is underway and has been completed by most services. The RAG rating criteria will be based on internal bench-marking of this year's audits. All services who have not completed their audits by 1st April 2014 will be given a 'red' RAG rating on their balanced scorecard. The changes will appear on the April balanced scorecard.

Conclusion

The Quality Team will continuously work with services by developing standards and processes, and providing face to face support as necessary to promote the delivery of organisational wide, high quality, effective, safe and person-centred care.