

Clinical Directors Quarterly Report

Quarter 2 July-September 2013

Summary

Bromley Healthcare is focusing this year on driving up the quality of care and aims to stand amongst the best in the country. The Board needs to be assured that processes for the governance of quality are embedded throughout the organisation and promote an organisational culture in which quality improvement thrives. Scrutiny and assurance is provided to the Board by the Clinical Governance Committee.

This paper's purpose is to provide the Board with up to date information on clinical governance arrangements in the organisation and a summary of activities for this quarter - it covers staffing and staff management; Responsible Officer and Caldicott Officer remits; prescribing team; clinical effectiveness and research; clinical audit; risk management; education, training & continuous professional development; patient and public involvement; CQUINs for dementia and 6Cs and using Information and IT.

Authors

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Joint Clinical Directors

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Board Paper
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Introduction

In the history of the NHS, there has never been such a focus on improving the quality of health services. Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. Bromley Healthcare is focusing this year on driving up the quality of care and aim to stand amongst the best in the country. The Board needs to be assured that processes for the governance of quality are embedded throughout the organisation and promote an organisational culture in which quality improvement thrives. Scrutiny and assurance is provided to the Board by the Clinical Governance Committee. This paper's purpose is to provide the Board with up to date information on clinical governance arrangements in the organisation and a summary of activities for this quarter.

Staffing and Staff management

The Clinical Quality Team (CQT) took off on the 1st of July 2013 with the appointment of Dr Cath Jenson and Dr Nike Adeoye as Joint Clinical Directors. The team structure has been finalised and services aligned to specific clinical directors (see Appendix 1 and 2). Included in the team are the well established Risk team led by Claire Stejskal and the Education and Training team led by Paul Strange. 3 new posts have been created. Quality team manager, Julie Miller joined us on 28th of October 2013 and the Head of Nursing , Amanda Mayo is due to join us on 2nd January 2014. Recruitment to the Head of Health and Care Professionals (also referred to as Allied Health Professionals) is progressing.

The team had our first away day on 19 September 2013 to establish a sense of belonging and a joined up approach to our work. The Clinical Quality Team's goal is to focus on BHC organisational development ensuring we are a Learning Organisation that strives to continuously improve patient/service users' outcomes. Key messages and action plan have been developed

A Quality Working Group (QWG) has been established. This group meets monthly to review the work of the team and to ensure that the focus on quality and triangulation of learning remains paramount. The Clinical Quality Team will

have quarterly meetings, and Clinical Directors will meet quarterly with their respective Service Leads and their Operations Managers to review the quality of the service. The meeting focuses on the service's quality metrics and quality improvements, risks, incidents, 4 C's and clinical audits. Service specific key quality metrics have been agreed for all services. The Clinical Forum takes place every month before Direct Reports.

Responsible Officer

Appraisal of employed doctors is progressing well with 100% of doctors on schedule to be appraised in this appraisal year and our first two doctors (our two appraisers Dr Adeoye and Dr Sharma) have had positive revalidation recommendations passed to the General Medical Council (GMC), compliant with the GMC timetable. These appraisers have also received on-going support and feedback in their appraiser role. Dr Jenson has been successful in her application to be a 'suitable person' to allow doctors on contracts for services to benefit from an internal appraisal and Responsible Officer rather than needing to use a private company. A KPMG audit of the RO role is in progress and will be reported to the audit committee.

Dr Jenson is also currently overseeing the remediation programme for our previously suspended rehabilitation Dr.

Caldicott Officer

This role sat originally with Dr Jenson but switched to Dr Adeoye in November. Both have passed the necessary online assessment and Dr Jenson has attended an Information Governance and Information Sharing Conference to update on Caldicott 2 (16th October). Dr Adeoye will be attending further training in January 2014.

We are participating in the Information Governance (IG) steering group and have created a written guideline on reversal of record deletions (which can be required after children are adopted and names changed).

Prescribing Team

The prescribing team is going through a period of flux with the departure of Annette Foley and recruitment in progress to both her and the substantive pharmacy technician post. We are taking this opportunity to review the functions of various medicine management committees and groups in the organisation and ensure we have a robust formulary and audit programme in place.

Clinical Effectiveness and Research

The Clinical Quality Team is reviewing our management of Written Controls (Policies and Procedures) to streamline the process and make sure that all of our Clinical Written Controls are fit for purpose. This process is on track to being completed by the end of March 2014. Going forward this process will be

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managed by the Quality Team Manager and all Clinical Written Controls will be ratified by the Quality Working Group.

We have revamped our process for managing National Institute for Health and Care Excellence (NICE) documents to make sure that these are used to enhance the quality of our services. NICE publications are reviewed monthly by Dr Adeoye and sent out to relevant services for information purposes only, or to check for compliance. In the event of non-compliance an action plan is developed by the service which is implemented as able to within available resources. Some of the publications have significant resource implications which will be flagged up at the quality meeting with our commissioners. Where services declare that they are compliant this is scrutinised by the Clinical Director and signed off as appropriate.

More research proposals are being considered by staff. Jayne Steadman who chairs Bromley Research and Ethics Committee is developing Guidance for Bromley Healthcare which will be ratified by the Clinical Governance Committee.

Clinical Audit

We have established a robust programme of clinical audits for all services. The focus of the audits is to objectively assess the quality of our services to identify gaps and implement quality improvements. Audits are lead by the service lead and then monitored through the Quality Team, i.e. the action plan is reviewed by the QWG and reminders are sent to the service lead and operations managers when actions are overdue (clear escalation process for overdue actions).

All audits are discussed at the clinical governance committee. Details on all of these audits are available on Datix.

Our record keeping audit has been revamped this year. This audit tool has been developed 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. Results from this will be available in Quarter 3.

Risk Management

Datix is well embedded in the organisation and is a crucial tool for quality assurance. This web based patient safety software package provides a robust risk management, feedback, clinical audit and incident reporting system that converts data into information for quality improvements. Monthly analysis reports ensure a quicker turnaround with decision making and improvement action. These monthly reports are scrutinised at the Quality Working Group (QWG) to ensure that themes and trends are used to identify potential areas of interest for

audit, and for staff education and training including the dissemination of learning. The QWG also provides an overview of aggregated risk themes and trends that affect the delivery of safe, quality services to ensure that adequate mitigation is in place and risks have been escalated to an appropriate level.

Hot spots noted in the Accident, Incident and Feedback analysis report for this quarter include

- 13 medication incidents in the District Nursing service (12 graded orange). The hot spots within these incidents are five missed insulin's and five wrong dose or drug given. This theme was also present in May and June.

The service lead and operations managers are aware and an action plan is being developed which will be overseen by the clinical quality team.

- 2 IT incidents which record 31 amalgamated times when the RIO / Network access at Marjorie McClure School was down. This is believed to be a BT fault and IT is working with them to resolve this. This causes disruption to staff.
- There have been 17 grade 3 or 4 pressure ulcer incidents declared as serious incidents and full root cause analysis investigations are being carried out.

Other hotspots relate to incidents that were caused by an act or omission by another organisation impacting on BHC. These are problems with new birth notifications and blood spot testing.

20 complaints were logged in this quarter in 14 different services. The only hot spot was the Urgent Care Centre that had 5 complaints. This reflects a higher volume of patient contacts and a higher level of risk. Reasons for complaints are diverse and no particular trends are apparent in this quarter. 170 compliments were received from 25 different services.

Education, Training & Continuous Professional Development

The Learning and Development team continues to facilitate a range of learning opportunities across Bromley Healthcare and has started to change the focus towards evidencing end of course competence, a new source of competitive advantage.

Mandatory training continues to meet its target of 89% compliance across Bromley Healthcare. This quarter saw us review the mandatory training framework for adult safeguarding and agree a formal training plan for adult safeguarding training with the Adult Safeguarding Strategy and Training Group. This will give a robust approach to refresher training for staff working with adults

and provide a broader range of training over the year improving the quality of safeguarding in our adult services.

Appraisals remain at 87% compliance demonstrating a good level of staff engagement and alignment of objectives throughout the organisation. Over the next 6 months the team plans to use the learning which has already occurred with medical appraisal (as part of RO role) to benchmark the quality of other Bromley Healthcare appraisals and review the appraisal process to strengthen its impact on improving outcomes for patients.

We continue to support staff attending a range of clinical and non-clinical training courses. At an organisational level we are rolling out dementia training and have also focused on innovative ways of using development to confirm and increase the quality of our advanced nurse practitioners. We have used the learning from this to work with rapid response to develop an assessment centre approach to recruitment of specialist nurses, helping to differentiate workers on the skills and values required for these roles. We are now exploring with Higher Education Institutions (HEIs) developing a more formal competency framework for our Advanced Nurses to help recruit and develop staff to the highest clinical and leadership qualities.

We are supporting the move to Community teams by offering a range of tailored learning opportunities for staff moving into these teams, focusing especially on the team leaders and team co-ordinators as they are pivotal roles. We are working across sector with primary care colleagues to develop a programme to raise the standard of Health Care Assistants (HCAs).

We continue to support a number of students on alternative placements and on full time courses.

We have reviewed the training plan with operations directors. Plans for the next 6 months will see us look at implementing a more effective training needs analysis to allow us to plan for the changes ahead.

Patient and Public Involvement

Our frontline staff are well placed to get feedback from patients and service users in our day to day contact with them. We are working on ensuring that such feedback is used to improve services and each service has been set the target of developing 4 service improvements this year. One of the three quality metrics for each service focuses on patient experience. A programme of annual patient survey for adult and children services is on track. The adult survey has five questions including the friends and family test. So far 16 out of 19 services have

completed the survey, 10 of whom have received their results. The service then has a responsibility to address the concerns and comments of the patient raised by the reports. The friends and family test is scored and the overall percentage to date for this question is 92.56%. A children's questionnaire has been completed by 7 of our 8 children's services and results have been provided for 3 services to date. The Clinical Quality Team will lead on future annual patient surveys.

Andrew Hardman will be meeting on a 6 weekly basis with Health Watch which will allow them to raise any issues which have come to their attention regarding our services and allow us to brief them and take feedback on developments in Bromley Healthcare. The next meeting is scheduled for the beginning of December.

CQUINs (Commissioning for Quality and Innovation)

Dementia CQUIN - Dr Jenson is finalising a new pathway (currently with the Local Medical Committee (LMC) for comment) and internal training is taking place with baseline training for all staff and level 2 training for staff of band 5 and above who work with older adults and may be required to screen for dementia.

6Cs CQUIN- an action plan is in place. This also cross-relates to our Francis response which covers the themes agreed with the commissioner: (i) Values-based recruitment (ii) 'being open' policy (iii) feedback to staff who raise concerns (iv) action on individual failings (v) differentiation of staff ID/uniform (vi) supporting staff to care (right staff right skills) (vii) executive nurse on Board and (viii) independent person to ask family if concerns in event of death certification.

Using Information and IT

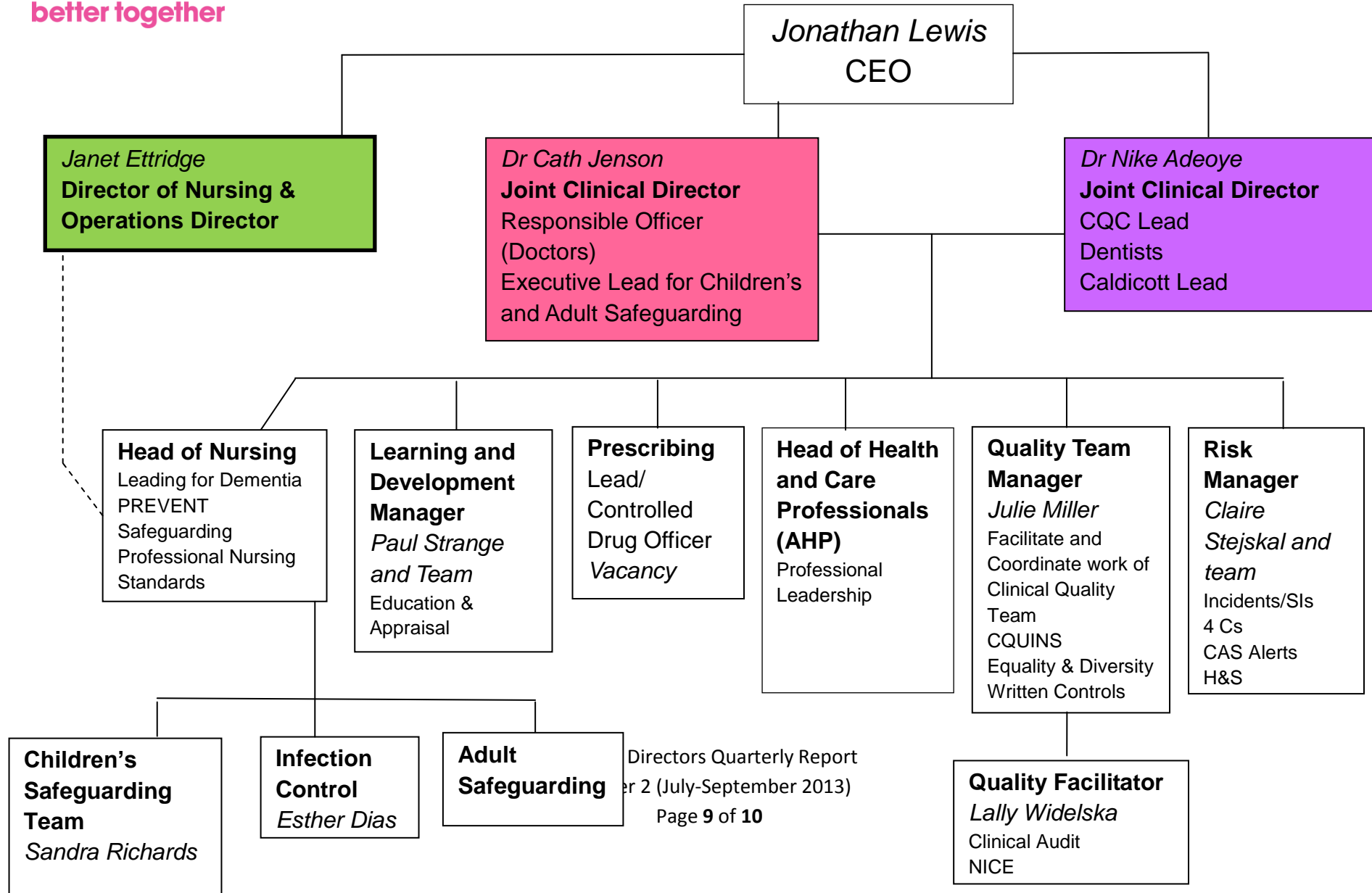
Dr Jenson has been working with Manuela Meilak (Emis project manager) to ensure consistency of data coding as we design our Emis templates. Contraception and Reproductive Health Service went live on the 1st November, and diabetes by January. The planning stage has proved to be lengthier than expected due to a need for specific focus on coded data which is a completely different approach for many of our clinicians.

A quote from Julie Bezzant (contraception and reproductive health service lead) 'No pain no gain - think of it like childbirth - there is some hard work at the beginning but once the baby is born (Emis launch)- we will be able to generate all our service metrics much more accurately and swiftly with fewer man (woman) hours. Other community providers are so jealous of us for the advantages Emis web will bring'.

Dr Jenson has also been on the Emis Board with exec members and local GPs and after negotiations the LMC have now agreed to move forward with limited record-sharing. This is a really exciting and important opportunity for us to work

in a much closer partnership with GPs and to mutually benefit from the clinical information we currently hold separately. Patients will benefit by having to only tell their story once and by their clinician having a better understanding of their 'complete' clinical picture (this will be further optimised if we are able to achieve full record-sharing in future). Reducing duplication should also improve staff productivity.

CLINICAL QUALITY TEAM



BROMLEY HEALTHCARE SERVICES

