Welcome to this sign up to safety webinar

Developing Patient Safety Improvement Plans – What more is possible when clinical staff lead their own safety projects

All participants lines are muted to reduce background noise
CLCH’s ‘Sign up to Safety’ campaign

30th April 2015
Introduction

1. Introduction to the Trust
2. The aim and objectives of the Trust’s ‘Sign up to Safety’ campaign
3. Explanation of approach
4. Patient involvement
5. Execution of the campaign
6. Governance of the service improvement plans
7. Evaluation plan
8. Conclusion
Central London Community Healthcare NHS Trust

Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

Your healthcare closer to home
**Introduction to CLCH**

**CLCH at-a-glance:**

- 4 boroughs in London & West Herts
- Services offered at c.450 sites
- c.70 CQC-registered services
- Providing to 1 in 10 Londoners*
- Turnover of an outer London hospital
- Complex commissioning network

*Eligible population

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**CLCH covers a wide spectrum of services across the healthcare value chain**

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<td>Walk-in Centres/Urgent Care Centres</td>
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9% of spend

90% of spend

<1% of spend

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CLCH at-a-glance:

- 4 boroughs in London & West Herts
- Services offered at c.450 sites
- c.70 CQC-registered services
- Providing to 1 in 10 Londoners*
- Turnover of an outer London hospital
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*Eligible population
The aim and objectives of the Trust’s ‘Sign up to Safety’ campaign

Aim:
To engage the ambition of staff by identifying the changes to their practice that are required to identify, implement and evaluate one change in their service that will improve its quality.

Objectives:

1. To engage a wide range of people in a series of conversations about what can support their leadership for improvement in their service.

2. To offer local champions the opportunity to review, evaluate, develop and share their skills and experience about how to lead improvement projects.

3. To organise resources around the requirements of each project to enable the local leadership of improvement.

4. To gather data to evaluate what works in particular contexts and spread the results throughout the Trust.
...and why this approach?

Historically, the Trust’s safety campaigns have not affected all its dispersed and diverse services

Why?

They have typically focussed on the outcome of reducing pressure ulcers, falls, catheter associated UTIs and VTE

Therefore...

It is hoped that by focussing on the process of engagement and learning, this campaign will encompass those services who traditionally have not had involvement in patient safety initiatives and support them to identify and resolve safety issues relevant to their particular context.

For example...
Service user involvement – February 2015

‘Sign up to Safety’ listening events held in all four London boroughs – topics discussed:

Messages to communicate:
- Pulling together key information about safety – top tips
- How patients can prevent conditions or prevent their condition deteriorating
- Where to find services and what is available
- Openness on taboo subjects eg death
- Information of what to expect whilst being treated – timings, recovery, education on condition

Methods of communication:
- Email / Appointment letters / Posters / Graphics and cartoon strips / Senior patients do not use the internet much

Spaces where safety messages would have an impact:
- GP surgeries/clinics/pharmacies/acute hospitals/ with carers and carers support groups
- Dial-a-ride/buses
- Libraries/day centres/supermarkets/gyms
- Radio/television/newspapers

What could staff do to help keep patients safe:
- Better co-ordination between services – local authorities, health providers, social services, transport
- Simpler navigation and one person to contact
- Ensuring everyone gets the information consistently
- Simple language and terminology
- One care plan with everything on it
- Check that patients really understand
- Communicate better with the patient – admin, clinical, transport, appointments

What may staff need to help keep patients safe:
- Build prevention into mandatory training
- Good communication and listening skills
- Training on teach back to ensure patients understand the information they have been given
Other thoughts from our patients...

“Safety priority – pleased to see that as a focus instead of targets”
Patient from Hammersmith & Fulham

“Confused as to how a community trust works.”
Patient from Barnet

“Healthcare System = confusing, needs to be simple to navigate.”
Patient from Hammersmith & Fulham

“National campaign not reaching patients”
Patient from Westminster

“15 Steps and PLACE assessments are helpful”
Patient from Hammersmith & Fulham
Execution of the campaign

At this workshop the following occurred:
Frontline staff examined what works well within CLCH’s clinical services and what that reveals about a conducive context for leadership. They identified a local safety issue and gained feedback from each other and the central quality team on their plan.

Local action plans are being developed in which the following will be identified:
- Changes which require bespoke support.
- Changes for which support can be provided through shared learning.

Individual conversations with local service leaders

SIP workshop

Individual project support plans

Local champions for the campaign were identified and asked to consider questions relating to patient safety within their service. They received feedback from patient listening events.

December 2014 – March 2015

March 2015

April and May 2015
Workshop: Appreciative enquiry

Step 1. Examining what is working well within CLCH’s services

Appreciative interviews in pairs to answer the questions below. These were designed to bring individuals’ skills sets to the fore and draw attention to the importance of context.

1. Tell me about situations when you felt really effective in your work?
2. What were you proud of about how you were in this situation?
3. What did you value about how others worked?
4. If you had three wishes for your service, what would they be?

Step 2. What does this reveal about a conducive context for leadership?

The following questions were used to drive these conversations.

1. What helps you be at your best?
2. What are you like when you are working at your best?
3. What do you need from others?

Step 3. A time to dream – Imagine your service at its best, at its safest and most inspiring for patients and staff alike. What would it be like?

What are you like when you are working at your best?

😊
Happy
Energised
Organised
Confident
Proud
Positive outlook
Inspiration for others
Gaining good experience
Motivated to push yourself
Appreciation from others
Step 4. Developing a service improvement plan

The purpose of the service improvement plan is to test a way of bridging the gap, based on what works, between the dream/aspiration and the current service reality,

1. What do I want to do?
2. What will patients and others notice?
3. What needs to be measured?
4. What do I need from others?
5. What are the potential barriers to change?
6. What is my first step?

Step 5. Gaining feedback from others

Associate Directors of Quality (ADQs) listen to the development of service plans and ask questions of clarification. They are explicitly supportive of the plans.

Each ADQ is responsible for a division within the Trust.
Service Improvement Plans

- **Dental service in Westminster**
  - Increasing levels of reporting on datix

- **Networked Community Nursing & Rehabilitation**
  - Sharing learning from teams who have good record keeping

- **Paediatric Immunisation**
  - Neo-natal BCG and training of Health Visitors

- **Children’s 0-19 Services in Hammersmith & Fulham**
  - The vulnerable antenatal pathway across CLCH
  - Perinatal mental health across Hammersmith & Fulham

- **Barnet Community and Specialist Services**
  - Preventative care and patient self-management. Development of multi-disciplinary team skills

- **District Nursing in Hammersmith & Fulham**
  - Better communication with patients (Setting up a rota to ensure phone calls are returned)

- **Paediatric Dietetics**
  - Reduce level of inappropriate prescriptions

- **Offender Healthcare Wormwood Scrubs**
  - Reduce critical medicines omissions by 50% a week

At the workshop eight plans were developed
Service Improvement Plan: District Nursing in Hammersmith & Fulham

Aim: Better communication with patients (Setting up a rota to ensure phone calls are returned)

Why?
- Patients verbally complained on a daily basis that it was difficult to access staff and they were not being called back.
- Emergencies were not dealt with quickly as staff only picked up messages on return to base.

Change made
- Use of vacancy money to hire a band 2 member of staff on a temporary basis.
- She takes messages at base, logs them and assigns them to a particular nurse to action. She also escalates urgent cases to the most senior nurse on call so they can be dealt with quickly.

Next steps
- Team Leader presenting case to clinical business unit manager to hire this member of staff on a permanent basis.
- Sharing what has gone well/problems faced at workshop in June.

What worked well?
- Clinical Business Unit Manager listened to the problem, was supportive and liaised with Divisional Director of Operations to provide additional funding for another member of staff.
- Team met together to discuss how they wanted the new system to work.
- Team leader trained new member of staff to identify emergencies.

Result
- Not a single patient complaint for one month!
Feedback on the day

Moving forward, I would like to know more about...

- Sustaining safety projects and influencing others
- Human factors in safety projects
- The level of support available to continue with proposed actions
- Training to implement my service improvement plan
- Service improvement projects and how they work
- How to embed changes to practice
- How best to involve patients
Execution of the campaign: Communication

**Internal communication**
- **Spotlight on Quality newsletter**
  - 3,300 staff receive the newsletter via email
  - All the newsletters are available to access on the intranet

**External communication**
- Website: ‘Vox pops’ with patients and webcasts with staff. However, only 54 visits in past month
- Facebook updates and Twitter
- Face-to-face feedback to patients at engagement events (next one planned for May)
Execution of the campaign: Moving forwards

Knowledge capture and development meeting

Knowledge capture and development meeting

Knowledge capture and development meeting

Knowledge capture and development meeting

**Purpose of meeting in June 2015:**

- Update on progress with local action plans and share learning;
- Evaluate changes made; and
- Those with expertise to give support to adapt approach if necessary.

Invite a service to report to a Patient Safety and Risk Group meeting in July 2015.
Services have been asked the question “what would be helpful now to move your plans forward?” However, no response so far!

Therefore, find a better way to engage staff in order to get their feedback and use it to develop the agenda for June’s workshop.

Assess which service to invite to July Patient Safety and Risk Group meeting and ask how they would like to report progress.

Recruit next cohort of local champions.
## Governance of the service improvement plans

**Lead:** Director of Patient Safety

**Executive sponsor:** Chief Nurse and Director of Quality Governance

**Reporting:**
We will invite a local champion each month to the Patient Safety and Risk Group to present an update on their local action plan from July 2015.

Overviews on Trust-wide progress are being provided quarterly to the Quality Committee.

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<tr>
<th>Scoping groups</th>
<th>Patient Safety and Risk Group (monthly)</th>
<th>Clinical Effectiveness (quarterly)</th>
<th>Patient Experience Group (bi-monthly)</th>
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</table>
| Quality Committee | • Health & Safety Committee  
• Risk Register  
• Infection Prevention and Control Committee  
• Complaints, litigation, incidents PREL group  
• Policy Working Group  
• SJ panel  
• Divisional Quality Groups  
• Safeguarding Vulnerable Adults & Children  
• Medical Devices  
• Medical Applications  
• Emergency Planning Group  
• Reconfiguration Group  
• Medicine Management Group | • NICE  
• Clinical Audit and Effectiveness  
• Clinical Reference Group  
• Non-medical Prescribing Group  
• PCD Steering Group  
• Falls Steering Group  
• VTE Steering Group  
• Catheter Related UTIs Steering Group  
• Pressure Ucer Steering Group  
• Medical Records  
• Clinical outcomes  
• Patient Outcomes  
• End of Life Care Steering Group  
• Discharge admission rates  
• PROMs | • PPE Programmes  
• Stakeholder Reference Group  
• Exemplar Teams Steering Group  
• Francis Matrix  
• G Gs Steering Group  
• Environmental Group  
• Complaints  
• PREMs review  
• Mystery shopping |
| Audit Committee | | | |
| Finance, Investment & Resources Committee | | | |
| Remuneration Committee | | | |
| Charitable Funds Committee | | | |

[Diagram showing the structure of the Trust Board and its committees]

- **Assurance committees**: Quality Committee, Finance, Investment & Resources Committee, Remuneration Committee, Charitable Funds Committee
Evaluation plan

1. Measurement of staff engagement with patient safety through a survey to assess:
   - Perception of the priority of patient safety in relation to the other goals of the Trust
   - Priority placed on patient safety in relation to other day-to-day tasks
   - Level of confidence in preventative measures to keep patients safe
   - Level of commitment to the campaign

2. Measurement of progress against local improvement plans
   - Three monthly knowledge capture at workshops
   - Annual event to gain an overview on how initiatives have developed

3. Evaluation of the effectiveness of the support provided to the local project leaders
   - Semi structured qualitative interviews
   - Focus groups
Conclusion

Progress to date

- Strategy in place
- Patient engagement events
- Recruitment of local champions
- Service improvement workshop
- Hammersmith & Fulham District Nursing: System to return calls to patients in place.
- All other services in process of developing local action plans and identifying support needed

Next steps

- Develop agenda for June meeting based on service feedback
- Assess which service to invite to July PSRG meeting and ask how they would like to report progress
- Recruit next cohort of local champions

Questions?