NHS
Tower Hamlets
Community Health Services

Quality Account 2010/11

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1 Introduction

Statement from Nigel Woodcock, Managing Director, Tower Hamlets Community Health Services

Tower Hamlets Community Health Services (THCHS) is the provider arm of NHS Tower Hamlets delivering a wide range of services to local people in the borough. Some departments, e.g. dental and audiology also provide services beyond the borough boundaries. Across the more than 20 services and our approximately 1200 staff, we provide services ranging from generic district nursing and health visiting to an expert wound care and lymphoedema service.

This is the first quality account giving us an opportunity to describe the quality of our services and to reflect on what we would like to improve on in the next year and beyond.

In February 2010, a new system for registering health services was introduced and THCHS registered in full all its services with the Care Quality Commission (CQC). The unconditional registration and an announced visit in May 2010 validated the standards of quality and safety provided throughout our services. In addition, an internal system of regular unannounced visits from the Associate Director for Clinical Quality and an electronic evidence performance management system ensure that the provider board and the management team have the assurance that standards are being maintained.

Whilst we are proud of our achievements we are not complacent and there are areas for improvement which are outlined in more detail in the later sections of this quality account.

We have for many years been developing ways in which to seek patient and community views, with the objective of using their feedback to improve the quality of the services that we offer. This is also outlined in more detail later in the report.

For the provider board and staff of THCHS the quality of services, patient safety and patient experience are at the heart of what we do. Our staff are committed to providing high quality care to patients and services users on a daily basis and take pride in doing the very best for each and every person they meet. Their commitment is fundamental and will continue as THCHS integrates into the Barts and The Royal London NHS Trust and become a division in the new host organisation. There will not be a future separate quality account for 2011/12 but our achievements and priorities will be reflected in the account of the new organisation.

I wish to take this opportunity to thank our staff who continuously strives to improve the care they deliver, patients for taking their time to tell us when we got it right but also where we could do better and colleagues across the local health economy for working with us to provide a comprehensive local service.

The quality account is designed to share with stakeholders the progress made in 2010/11 and look forward into 2011/12. On behalf of the provider board I can confirm that this report is accurate to the best of my knowledge.

Nigel Woodcock
Managing Director – Tower Hamlets Community Health Services

2 Executive summary

It is recognised that our Community Health Services has seen challenging times in recent years and will continue having to meet new ones, whether it is substantial financial pressures or changes to its organisational form later in 2011.

Whatever the organisational form, quality is at the heart of what we do and therefore this quality account outlines our ambitions which are set out later in this report. These include improving safety and reducing harm, improving clinical effectiveness and outcomes, improving patient experience, demonstrating quality improvement through measurement and continuously improving and evidencing increased efficiency.

3 Looking forward – 2011/12

3.1. Priorities for improvement

It is our ambition to deliver excellent services to our local community and to continuously improve our services. Our staff recognise that improving quality saves lives, improves experience and reduces costs. Clinical quality and productivity are inseparable, i.e. poor quality costs.

Patients now have greater choice and improved access to services. The quality of service provision will be an important driver for where patients choose to be treated. In a world of increasing choice and competition, commissioning consortia will want to purchase services from providers offering the highest quality. We want to be one of them.

Our key quality objectives therefore are:

- To ensure that services provided are safe, personal and effective.
- To ensure the right quality mechanisms are in place so that standards of patient safety and quality are understood, met, and effectively demonstrated.
- To provide assurance that patient safety and quality outcomes and benefits are being realised and action is taken swiftly if the safety and quality of services is compromised.
- To focus on continuous improvement in the safety and quality of our services.
- To make systems and processes work for staff so that they can concentrate on providing high quality patient care.

We aim to deliver continuous improvement in patient care over the next years. Specifically, we aim to:

3.1.1 Improve safety and reduce harm

We want to show evidence of a growing safety culture within the organisation and achieve year on year reduction in avoidable harm.

We would like to:

- Reduce the number of the most frequent and potentially serious incidents
- Continue not having any ‘Never events’ in light of the 2011/12 extended Never event list
- Protect patients within our care from hospital acquired infections
- Meet the Hygiene Code 2010 requirements for cleanliness and infection prevention and control
- Reduce the number of falls sustained by patients within our care
- Reduce the number of avoidable pressure ulcers for patients within our care
- Reduce urinary tract catheter infections
- Reduce the impact of medication errors on patients within our care

- Ensure that our clinical records are of the highest quality meeting professional and THCHS documentation standards
- Ensure a 'fair' blame culture and allow for constructive reflection and learning

A key enabler of the above will be the Patient Safety Express programme which we have embarked on together with BLT to focus on a reduction in the number of urinary tract catheter infections, a reduction in the number of avoidable pressure ulcers, a reduction in venous thromboembolism and a reduction in falls. The programme is likely to widen its focus on nutrition and hydration.

3.1.2 Improve clinical effectiveness and outcomes

We want our care to be patient focused, outcome oriented and delivered within a multidisciplinary approach.

We would like:

- The care and treatment to be planned with the patient and the next of kin being involved as much as possible
- To ensure patients within our care receive the right care in the right place at the right time in accordance with professional and national standards
- When a patient has come to the end of their life to give them the dignity they deserve by using the Liverpool Care Pathway in agreement with them and their next of kin
- To ensure that our clinical records are of the highest quality meeting professional and THCHS documentation standards
- To keep patients within our care nourished and hydrated to support their recovery and rehabilitation
- To identify and act on early signs of deterioration of patients within our care
- To support the timely and effective discharge of patients within our care to the most appropriate setting
- To deliver best practice treatment and care for patients within our care in line with National Service Frameworks, national strategies (e.g. Stroke) and NICE recommendations
- Clinical teams to be involved in improvement activities to ensure effective clinical pathways
- Clinical pathways to incorporate the best available evidence to ensure the greatest outcomes possible for patients

3.1.3 Improve patient experience

We want to provide a service to our patients that we would like for ourselves or our loved ones. THCHS has in 2010/11 reviewed its Patient and Public Involvement (PPI) strategy which provides more detail as to specific PPI objectives. This together with the quality account will be available on our Internet site.

This we will achieve by our staff making the following commitments to our patients:

- They will introduce themselves and say who they are
- Provide services with compassion and consideration
- Treat patients in privacy and with dignity and respect and continue to ensure that we meet the Single Sex accommodation requirements
- Ensure that we continue to achieve excellent PEAT scores
- Attend appropriate customer care training
- Make the journey for the patient as straight forward and pleasurable as possible given the circumstances
- Cut down waits and patients being unnecessarily passed 'around the system' by following the principle of *'if you can - do it yourself, if you cannot – do it together'*

- Work with other services and organisations in collaboration
- Gather patient feedback quickly and simply and through a variety of means and use the information to make changes where necessary
- When complaints arise to deal with them swiftly and informally
- When complaints need to go through the formal process to investigate them satisfactorily and within the timeframe

3.1.4 Demonstrate quality improvement through measurement

We want our measurements to be outcome oriented and robust.

Therefore we would like to:

- Review the THCHS dashboards to make them more clinically focused and meaningful and meet the requirements of the new host organisation
- Further develop our service level evidence collection of CQC outcome standards in line with requirements
- Strengthen assurance to the CHS Board and later in the year the BLT board, the local community, our commissioners and regulatory bodies (CQC, NHS Litigation Authority (NHSLA), National Patient Safety Agency (NPSA))

3.1.5 Continuously improve and evidence increased efficiency

We want to increase organisational improvement capability by training and equipping staff with improvement skills through using 'Productive and Lean' methodologies.

Specifically we would like to:

- Evidence organisational learning (from feedback, measures and incidents)
- Demonstrate increased efficiency linked with quality improvement
- For our provider board and later in the year the divisional board to view quality improvement as a core function and receive regular up-dates on the various improvement projects

3.1.6 Commissioning for Quality and Innovation (CQUIN)

For 2011/12 commissioners are making 1.5% of our total contract value available for us to earn if we achieve locally the agreed CQUIN goals. These goals are listed below with the detail at the time of writing this report yet to be agreed with our commissioners and the new host organisation.

Goal no.	Description of goal	Quality Domain(s)	Indicator number	Indicator name	National/ Regional/ Local	Indicator weighting
1	Improving the experience of patients	Patient Experience	1	Stretched patient experience indicator	Local	25%
2	Pressure Ulcers	Clinical Safety	2	Decreasing the numbers of pressure ulcers	Local	25%
3	Discharge	Clinical Effectiveness	3	Improving the timeliness and quality of discharge information	Local	25%
4	End of Life care	Clinical Effectiveness & Patient experience	4	Improving end of life care	Local	25%

Details of our performance against the 2010/11 CQUIN target are set out in 7.2.4. Progress against the above CQUIN targets will be monitored by the CHS Management Executive and once transferred to BLT through the Divisional Board.

3.1.7 Patient and public involvement

We want to extend our work with patients and the public.

Specifically we would like to:

- Continue working closely with local groups and THINK/HealthWatch
- Collect a baseline and later in the year concrete feedback as to the experience of service users pre and post transfer to BLT
- Continue and extend the use of our touch screens to gain feedback
- Develop a touch screen user questionnaire suitable for patients being cared for by our Community Learning Disability Services and Speech and Language team
- Rolling out the use of discovery interviews as an additional source of service user feedback

3.1.8 Audit plans in 2011/12

THCHS supports effective clinical audit locally and participation in national audits and reviews, e.g. CQC review of stroke services. In 2011/12 we want to increase our audit activity and improve the quality of our audit activity. We would like to undertake audit that improves patient care and safe practice, supports our staff in providing the best possible care for patients, informs our senior managers about the need for changes to service delivery, identifies training needs, contributes to the confidence in the quality of service provision and contributes financially as good quality is more cost effective.

Community Health Services acknowledges that a broader range of clinical audit activity needs to be undertaken to reflect our commitment to continual improvement for patient experience and outcomes. Our audit plan for 2011/12 will be finalised to ensure local service, CHS wide strategic priorities, pan region and national audit activity are included and will be designed to reflect a programme of continual improvement. All services will be required to identify a minimum of one service based audit in addition to participating in the CHS wide audit programme.

Proposed audits that CHS has identified as a continuing priority for the organisation in 2011/12 are:

1. CHS wide records audit
2. Safeguarding - children and adults at risk
3. Staff appraisal
4. Clinical Supervision
5. Infection control audits, e.g. hand-hygiene
6. Medicines management (including related medicines audits such as non- medical prescribing)
7. Privacy and Dignity
8. Nutrition and Hydration

Participation in national and multi-agency audits will actively be encouraged and supported to ensure access to the best quality review and shared learning to improve patient care. The principles of QIPP (Quality, Innovation, Productivity and Prevention) will be utilised to support audit work. Audit activity will integrate related work streams including meeting national standards for the Care Quality Commission and NHSLA, report on a range of Nurse Sensitive Outcome Indicators including Energising for Excellence, High Impact Actions and Safety Express to underpin safer nursing care.

THCHS will identify and explore opportunities for collaborative audits across the services, agencies and health professions to ensure high quality care across all patent care pathways and including all health professions.

4 Making it happen – the local levers

To enable this challenging agenda to be taken forward we will need excellent clinical leadership supported by all staff focusing on providing a high quality service.

4.1. Leadership

- We will develop leaders and champions at all levels of the organisation to promote and embed quality
- We will not accept less than good leadership and will work with colleagues who struggle meeting the required performance standards
- We will continue to provide appropriate training and education and opportunities for learning and personal development so that we can enhance our most valuable asset – our staff
- We would like learning and training to be meaningful to staff and patients

4.2. Culture

Our staff aim to provide high quality services to the public. This is for the majority of our staff the main reason for working in an NHS organisation. THCHS and its management structures need to support staff so that they can achieve this aspiration enhancing the quality of care and also their job satisfaction.

Organisations providing excellent services recognise the significance of Board and executive leadership to shape the culture of the organisation. The CHS Provider Board and later in the year, the Divisional Board, will continue the ‘service walk abouts’ to demonstrate to patients and staff that quality is at the centre of its business.

4.3. Key enablers

THCHS is using a number of key enablers to assist with the delivery of the strategy.

The enabling functions are:

- The collaboration in a pilot as part of the East London Partnership for Compassionate Care (our pilot sites are Shadwell ward and Adult Community Nursing in the SW Locality)
- The Patient Safety Express programme, a programme to reduce harm focusing initially on reduction in the number of urinary tract catheter infections, a reduction in the number of avoidable pressure ulcers, a reduction in venous thromboembolism and a reduction in falls.
- The Productive community services programme which will extend the work undertaken during the roll out of the Productive Ward programme into Health visiting and other community based services
- and EMIS web roll out.

5 Our Workforce

CHS employs over 1300 staff, across a wide range of community services, covering almost all aspects of community health care. We seek to work in close partnership with our staff and their trade union representatives. This approach is particularly important, at a time of major structural change and increasing financial pressure, to maintain a shared direction of travel. The partnership focuses on both improving the quality of service provision for patients and the working lives of staff. To this end we were

delighted in May 2010 to be re-accredited as an 'Investors in People' employer. This independent charter mark, for the organisation's employment practice and commitment to staff development, helps provide assurance for staff in challenging times of our commitment to staff engagement.

We are determined to improve the productivity of our services and this means tighter management of workforce resources. In particular we have targeted temporary staffing costs, sickness/absence management, recruitment and retention and employee relations as areas we can improve. During 2010/11 we have reduced bank and agency expenditure by 31% to £7 million but we aim to achieve further reduction in 2011/12 by resolving long standing recruitment issues, improving staff rotas and workforce planning together with closer monitoring of booking processes. A new sickness/absence management policy has been agreed with full implementation, including electronic reporting, being achieved during 2011/12.
We are also implementing a programme of training for line managers, which will empower them to resolve staffing issues more promptly, at an informal stage. Hence reducing the significant amount of time being caught up with formal Employment Relation case management by managers, their Human Resources (HR) colleagues and staff more generally. All this we have achieved whilst at the same time improving the quality of service provision. It is our intention to ensure that this continue.

CHS is an employer in the heart of Inner London; there are particular priorities that we seek to address in relation to equalities and social disadvantage. To this end we have both a dedicated Diversity and Health and Employment team within the HR function. The Diversity team has supported and monitored the implementation of the local Single Equality Scheme and are providing continuing access to Diversity and Equality Impact Assessment training for staff and managers.

The Health and Employment (H&E) team have supported 86 local people into employment during 2010/11, (67 of these coming into the NHS), and have also been instrumental in leading the modernisation of the sickness/absence policy.
The H&E team together with the Recruitment team have ensured CHS is accredited, through our employment practice, as both a Disabled and Mental Health friendly employer. This is formally recognised by the 'Two Ticks' and 'Mindful Employer' Awards respectively.

The transfer into Barts and the London Trust presents exciting opportunities to further develop local employment initiatives from within what will be one of the largest employers within East London.

The 2010 CQC national staff survey shows that CHS has maintained reported engagement and commitment levels of staff, at or above national averages. This is despite the heightened amount of re-configuration across London Trusts and PCTs. As CHS moves into Barts and the London Trust in July 2011 the Organisational Development Plan will facilitate the induction and integration into the new organisation as its 5th 'Community Health' Division. We will also ensure throughout the integration process and through our use of training resources that CHS continues to emphasise leadership development, at all levels of the organisation, to maintain and improve this level of commitment and engagement.

6 Responsibilities

6.1 CHS Board

The CHS Board is responsible for committing resources necessary to provide high quality services. Members of the CHS Board to ensure that appropriate structures are

in place to monitor and to provide assurance on the level of quality of services provided.

In the future the operational and corporate members of the Divisional Board are the leads for quality supported by the Medical Director, the Chief Nurse and the Chief Operating Officer at the Barts and The Royal London NHS Trust.

6.2 Operational management at Clinical Academic unit level

Operational managers in the Clinical Academic units (CAU), for Borough and Specialist and for Locality Services, have responsibility for the implementation of the outlined areas of improvement within their service and, where appropriate, across the wider organisation, ensuring also compliance with current legislation, CQC registration criteria and national NHS standards.

Developing quality will be particularly important to clinical areas and teams of clinicians. However, all areas will have roles to play in achieving higher standards throughout the organisation and for all users of our services.

6.3 Operational management at department level

Operational managers have the responsibility for maintaining and developing quality in their service. In addition to leading effective and efficient services they will ensure high professional standards are maintained and that services attain levels indicated by relevant national reports and recommendations.

They will work with their respective Heads of CAU and the Divisional Nurse to resolve issues of concern relating to professional conduct or capability surrounding individual clinicians in their service.

In addition they will facilitate monitoring of performance and standards in each quality domain in addition to contributing to organisation wide quality initiatives.
Operational managers must focus on driving improvements in quality also by ensuring that all staff will have regular appraisal. The appraisal meeting gives the opportunity to discuss individual contribution and attitude to the quality agenda.

6.4 All staff

Staff, at all levels, must be committed to this approach, owning the principle of making high quality care their main concern individually, with immediate colleagues and with teams to continually drive quality standards forward.

7 Looking back – 2010/11

7.1. Statements of assurance for the period of April 2010 to March 2011

During the period of April 2010 and March 2011 Tower Hamlets Community Health Services have provided a wide range of NHS services based in the community. THCHS has reviewed all the data available on the quality of care in these services. An outline of these is presented in the following sections.

7.1.1 Care Quality Commission

In line with other provider originations, THCHS registered with the CQC in February 2010. To prepare for the registration, the review of our performance against the standards was undertaken and reviewed in a ‘challenge session’ consisting of executive and non executive directors. Subsequently, all service activities and localities were registered with the CQC **without any conditions**.

Specifically we registered the following service activities (Personal Care, Treatment of disease, disorder or injury, Diagnostic and screening procedures, Surgical procedures, Termination of pregnancies, Nursing care and Family planning services) in three localities, i.e. at Mile End Hospital, The Royal London Hospital at Whitechapel and St Leonards in Hackney.

As per the CQC definition we registered the following service types: long term condition services (i.e. Diabetes and COPD care but not inpatient facilities), community health services, doctors consultation services, doctors treatment services, community based services for people with learning disabilities, urgent care services, dental services and diagnostic and/or screening services.

Our performance against the standards is being monitored through a performance management system similar to the CQC Provider Compliance Assessments (PCA which are self assessment tools). At the time of writing this report we are in the process of transferring all evidence from our in-house system onto PCA.

The CQC have not taken any enforcement actions against THCHS between April 2010 and March 2011.

As we are preparing for the transfer into BLT we will de-register with the CQC before the transfer on 1st July 2011.

7.1.2 Patient Environment Action Team (PEAT) 2010

The Patient Environment Action Team (PEAT) confirmed in 2010 that the results for environment, food and privacy and dignity remained excellent.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Mile End Hospital	Excellent	Excellent	Excellent

7.1.3 Data quality

As a Community Provider we are not required to provide data for inclusion in the Hospital Episode Statistics and therefore do not submit returns to the Secondary Uses System (SUS) in the same way that Acute hospitals are required to. However, the management of confidential patient information is crucial to us. During 2010/11 NHS TH (provider and commissioner) scored 75% using the Information Quality and Records Management, assessed using the information governance toolkit.

Tower Hamlets Community Health Services submitted records during 2010/11 to the Secondary User Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
The percentage of records in the published data:
• which included the patient's valid NHS number was 96.4% for admitted patient care and 95.4% for outpatient care.
• which included the patient's valid General Medical Practice Code was 98.3% for admitted patient care and 98.5% for outpatient care.

Figures presented are for the year 2010/11 up to March 2011.

The Trust's score for 2010/11 for Information Quality and Records Management assessed using the Information Governance Toolkit was 75% which constitutes a 'Green' rating.

The Primary Care Trust (NHSTH and CHS) has a Service Level Agreement in place with Barts and The London NHS Trust with regard to the clinical coding of SUS related

inpatient activity. Over the past eighteen months clinical coding coverage has improved steadily and currently stands at 84%. The Primary Care Trust is working closely with the clinical coding team at improving its coverage in preparation for the merger with Barts and The London NHS Trust on 1st July 2011.

The Primary Care Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

7.1.4 NHS Litigation Authority assessment

In March 2010 CHS had a formal NHSLA assessment which confirmed level 1. The new host organisation achieved level 3 NHSLA and THCHS and BLT are currently harmonising policies to prepare for a re-assessment at level 3 in summer 2013.

7.1.5 THCHS Provider Board

The Provider Board meets monthly alternating a formal board session with informal development sessions. The formal Board receives a comprehensive integrated performance report containing the financial, operational and quality performance. This is triangulated by members of the Board carrying out a variety of other activities to gather 'intelligence' on our performance. These include for example, announced and unannounced visits, a Back to the Floor programme and regular meetings between non executive directors and operational management staff.

7.2. Review of Quality Performance in 2010/11

7.2.1 Patient safety

7.2.1.1 Serious incidents (SIs)

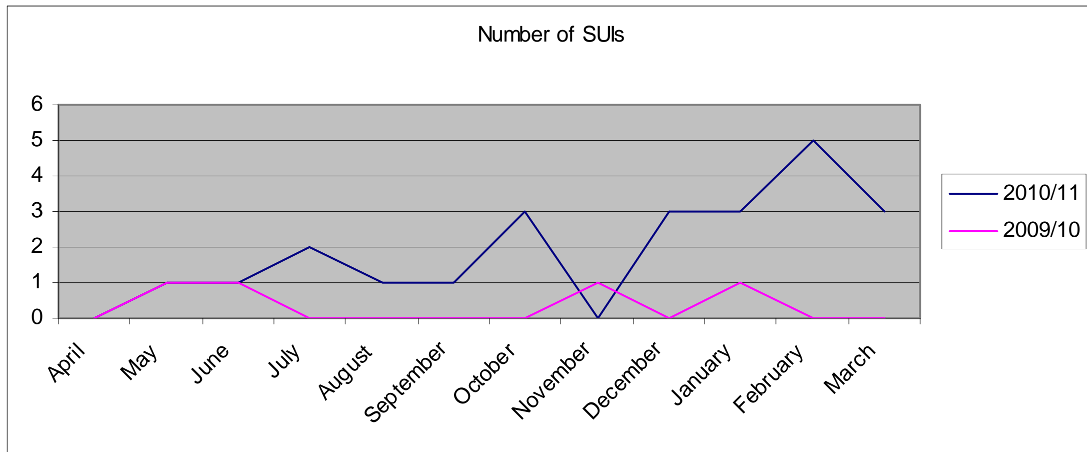
As can be seen underneath the number of SIs has increased from 4 to 23. However, this increase is not an indication that more serious incidents are occurring; rather that services are better at identifying serious incidents, increased expectation of national reporting e.g. some infection control incidents and locally the requirement to report all grade 3 and 4 pressure ulcers as serious incidents. We welcome that we are required to report these as this has placed a focus on an important and previously under reported problem.

To reduce the number of avoidable pressure ulcers we have undertaken a number of things as follows:

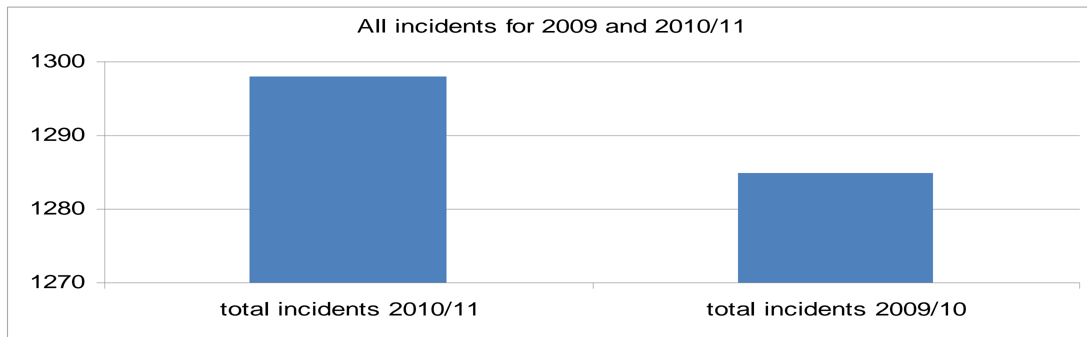
- In January 2011 we held a pressure ulcer summit attended by senior clinical staff to devices an action plan to address the shortcomings leading to severe pressure ulcers. The increase in reported SIs was also discussed in depth at Management Executive meetings and in a meeting with the Managing Director and Director of Quality Development.
- The board receives an up-date on all SIs bi monthly when we have a formal board session.
- The Management Executive team now receives a weekly pressure ulcer report to monitor the number of incidents and take swift operational action where these could have been avoided.
- In addition there is also a detailed operational action plan in place which brings together the recommendations from all SI investigations.

Lastly of the 23 SUIs the breakdown is as follows:

- o 16 pressure ulcers grade 3 and 4
- o 3 losses of patient identifiable information (in all cases we informed patients and none have led to complaints)
- o 1 Clostridium difficile outbreak on one of the wards
- o 2 misdiagnosis (one 2-3 weeks delay of MRI diagnosis and one misdiagnosis of appendicitis)
- o 1 medication error

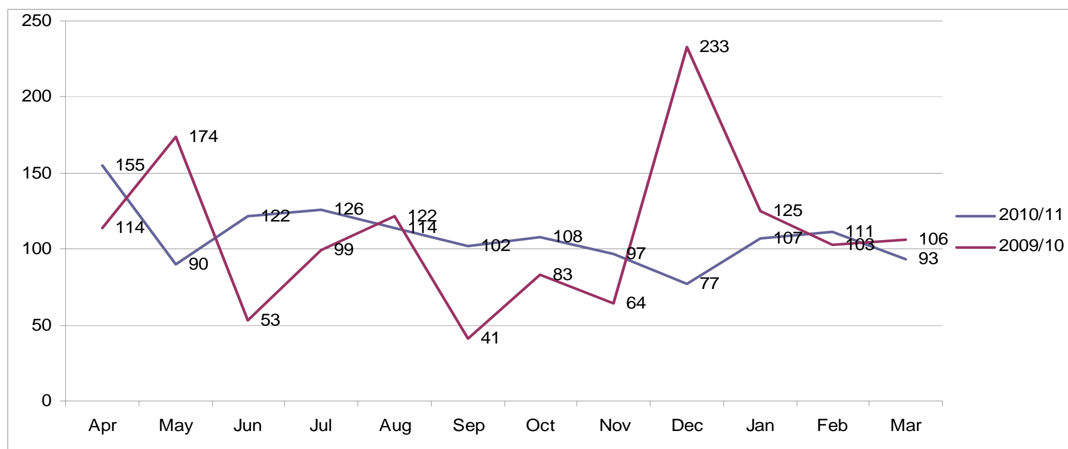


7.2.1.2. Incidents

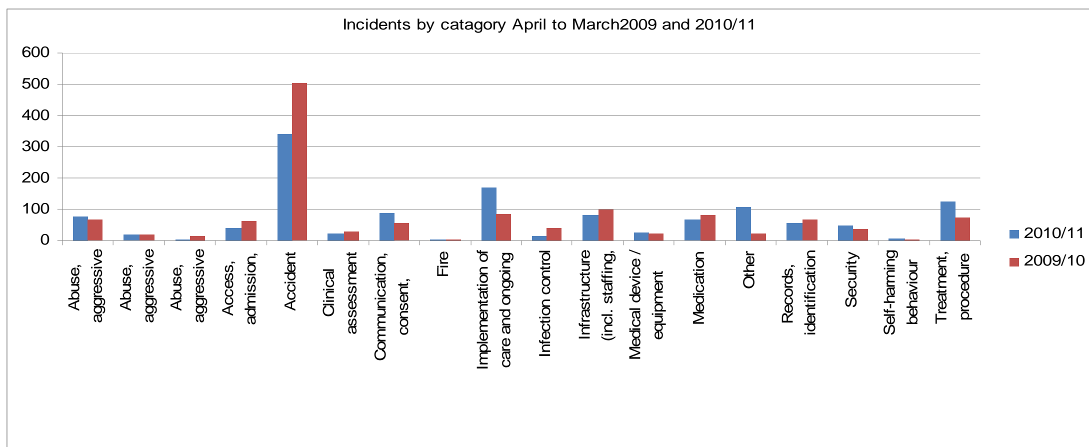


At month 12 the number of reported incidents is 1298 year to date compared with 1285 in 2009/10. This is analysed in more detail below.

2010/11 - M 12 all incidents by month compared to same period last year



As can be seen the monthly reporting throughout 2010/11 has become less erratic than in the previous year. Services appear to be reporting regularly rather than collecting incident forms and then entries on Datix being made in bulk. This is also an indication of better electronic reporting.

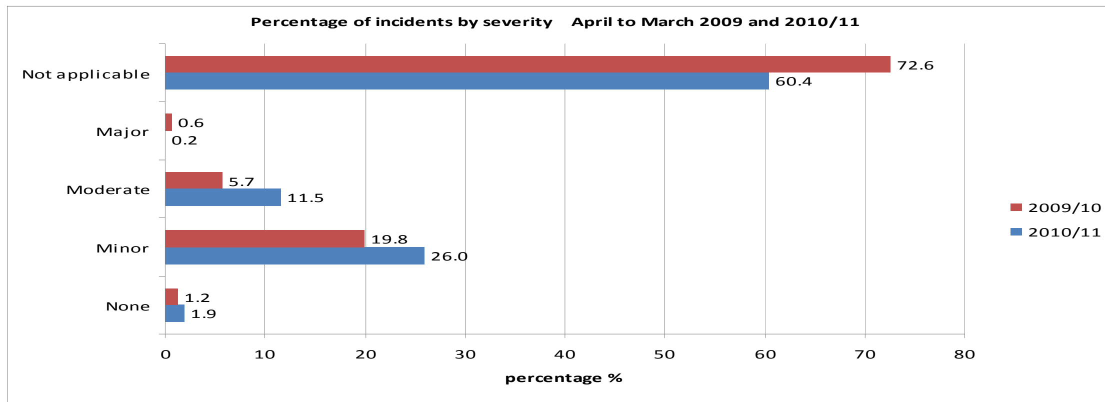


The vast majority of incidents categorised as accidents are predominantly near misses or slips trips and falls. This category seems to have however reduced from 475 in 2009/10 to 298 this year. The vast majority of falls do not result in any harm or only minor harm.

- Patient fall figures for 2009/10 - 269 and 2010/11 – 229, i.e. a 15% reduction in patient falls (all CHS).
- From 1st April 2009 to 31st March 2010 there were 186 patient falls within the inpatient unit which considering the overall bed occupancy of the wards over that year, equates to a rate of 5.352 falls per 1000 occupied bed days. The NPSA (2007) report rates of falls in acute hospitals as 4.8 per 1000 bed days per month (mean) and in community hospitals a rate of 8.4 (range 5.0 -12.2) falls per 1000 bed days per month in regular reporting organisations. A 'regular reporting organisation is one that reports 100+ incidents per month which Mile End Hospital does (110-130 per month). The 2010/11 data is not yet available to benchmark.
- Although it is recognised that direct comparisons between organisations cannot be made, the figures are encouraging in that Mile End Hospital does have a good reporting culture with incidents of falls tend to be lower than national averages. Within a rehabilitation environment there will always be a risk of falling as people challenge themselves to gain greater independence.
- There is a monthly falls group and a number of things have been implemented e.g. as part of the 'Productive ward' project falls prevention was chosen as a key indicator and falls are analysed in great detail to reduce and manage them accordingly.

Work is continuing on the wards to embed the above to reduce the number of falls on the unit.

As can be seen from the graph below most incidents are either not applicable (meaning that they were near misses) or very minor. Although the number of major incidents has reduced in the current financial year it is thought that this is due to more consistent coding rather than an actual reduction in major incidents.



7.2.1.3 Never Events

There have no 'Never events' year to date in 2010/11.

7.2.1.4 Infection Control

Clostridium Difficile
During 2010/11 we have had 12 C Diff laboratory confirmed cases which is the same as in 2009/10. Most cases occurred in quarter 1 and 2. Focused action has been taken and as a result of this, there has not been a C Diff case in quarter 3 and only one in quarter 4.

Norovirus
In 2010/2011 we have had 11 Norovirus cases compared to 15 in the previous year. Tight infection prevention and control measures continue to be applied to our inpatient wards and resulted in one outbreak during the year which was contained to one ward and has been declared over quickly.

MRSA bacteraemia
There has been one reported MRSA bacteraemia in 2010/11 which was due to a contaminated specimen. This was as a result of staff not taking sufficient precautions when taking the specimen. Staff have been re-trained on the taking of blood cultures and this training is repeated as and when necessary.

7.2.3 Clinical effectiveness in 2010/11

Robust clinical audit and utilising the best evidence based guidance is central to the aims of THCHS to achieve the delivery of high quality health care to all patients and service users. Clinical audits and guidance issued by NICE (National Institute for Clinical Excellence) are managed via the THCHS clinical effectiveness group led by the clinical quality department.

A programme of audits is undertaken across all clinical services throughout the year. In 2010/11 the local audit programme focused predominantly on service based clinical audits.

7.2.3.1 NICE Implementation 2010/11

All new guidance issued by NICE is received from Sheffield PCT on a monthly basis. This Sheffield PCT circular is cited as good practice by NICE and summarises all guidance that has been approved in the last month. Guidance is assessed and if relevant circulated to all services for action via the clinical effectiveness group.

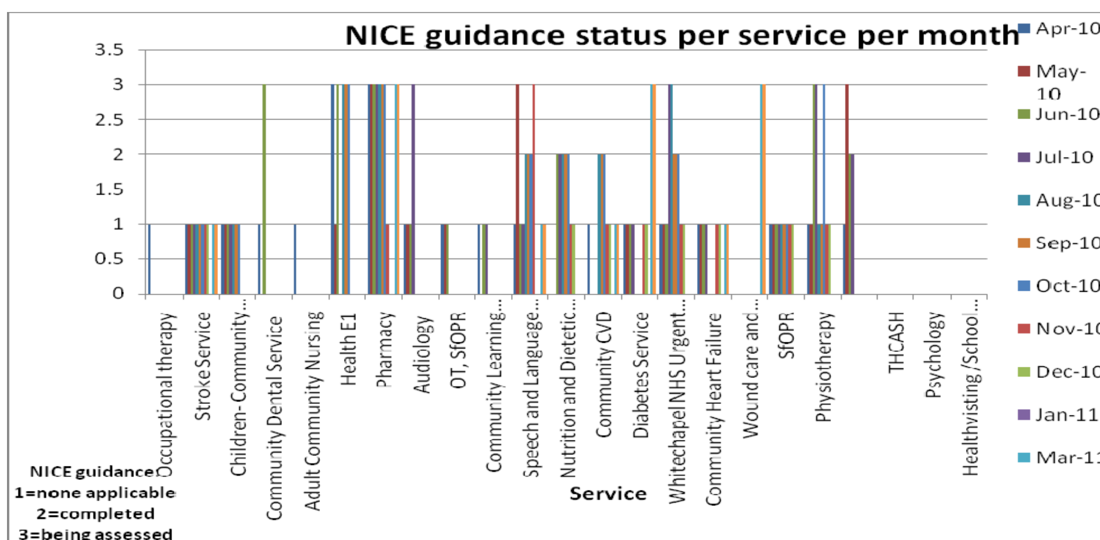
To improve the process for reviewing guidance an electronic voting system for circulating all guidance issued by NICE was implemented from April 2010. A baseline assessment template has been developed for monitoring that NICE guidance is assessed by clinical services and that actions are undertaken and completed when NICE guidance is applicable. This is monitored by the clinical effectiveness group.

In 2010/11, NICE issued 116 guidelines, 38 (32.8%) were relevant to primary care. In 2009/10, NICE issued 76 guidelines, 20 (26.3%) were relevant to primary care. This increase reflects the breadth and type of treatment and care provided now by primary care and community based health services, which would traditionally have been delivered by hospital based services. This strengthens the need for THCHS to have effective assessment processes for implementing evidence based guidance in care delivery.

In 2010/11, 87% (20/23) of CHS services have assessed that all NICE guidance issued over the year relevant to CHS was either non applicable to the service or had been completed or an action plan was being developed.

Outstanding responses and action plans are requested and monitored via the CHS Clinical Effectiveness group and reported to the Healthcare Governance committee. The number of services that have been actively engaged in this process has increased since implementation. However, as all services have not responded for all guidance issued Community Health Services acknowledges that this system needs to be developed further, with the aim of achieving greater engagement by all services in reviewing NICE guidance.

NICE implementation audit 2010/11



In 2011/2012, the guidance issued by NICE will continue to be reviewed and monitored by the clinical effectiveness group. To ensure guidance is reviewed and action plans are developed relevant services will be required to complete and provide evidence of action plans within the quarter they are issued in.

Services will be encouraged to include NICE assessments and actions required in their service improvement plan and link to other work streams, e.g. medicines or medical devices to ensure all practice is supported by new or updated clinical evidence to deliver high quality care.

7.2.3.3 Clinical Audit

Clinical audit activity is managed via the THCHS clinical effectiveness subgroup. Audit plans are incorporated into the individual service's service improvement plan which is included in the overarching THCHS audit plan.

To support robust audits that meet defined audit criteria, services submit proposals to the clinical effectiveness subgroup for review and approval. Support to develop proposals is provided by the clinical quality department. Audit activity in 2010/11 has been divided into 4 domains:

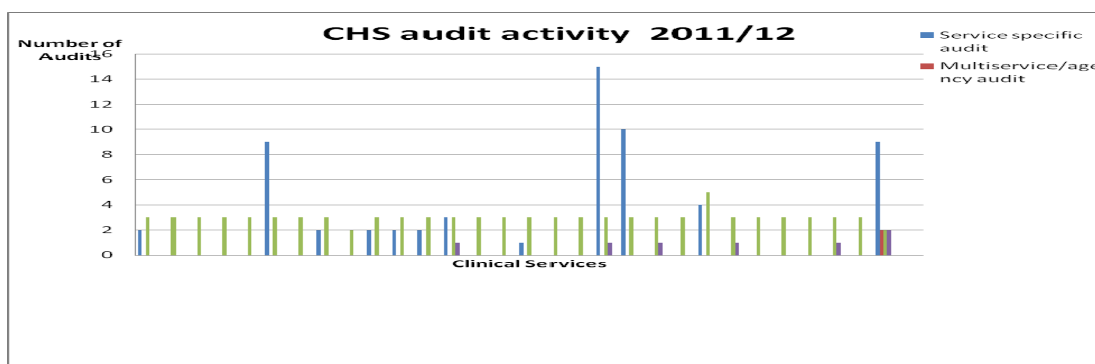
1. Overarching CHS wide audits; undertaken by all services, e.g. clinical records audit, non-medical prescribing audits and 'hand washing' audits which demonstrate CHS are meeting required national standards. Also service level audits such as those undertaken as part of the Tower Hamlets Nursing Accountability process (THNAP) that include core indicators evidenced against national standards e.g. Essence of Care , 'Energising for excellence' (E4E) High Impact Actions, Nurse Sensitive Outcome Indicators (NSOI) and Care Quality Commission regulations.
2. National Audits; structured audits which obtain data and demonstrate common themes on specific clinical activity.
3. Multi service or multi-centre audits; collaborative audits and audit of shared care or standards for relevant services.
4. Local clinical audits; undertaken by services who submit audit proposals to audit specific clinical activity.

7.2.3.4 Audit Data 2010/11

The Clinical Effectiveness group approved 33 audits for completion in 2010/11. The majority of these were service based clinical audits.

a) CHS wide audits = 3 (clinical records, hand-washing and personal development scheme (appraisal)
b) National audits = 3 (National Falls and Bone Health, Continence-data collection took place in late 2009 but report provided autumn 2010, National Sentinel Stroke Audit.
c) Nurse Sensitive Outcome Indicators - monthly accumulative audits undertaken predominantly by or in nursing services for pressure ulcers, falls, catheter associated urinary tract infections. Safety Express monthly point prevalence audits for pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism (VTE) were implemented in late 2010
d) Service based audits: 33 were approved for implementation/completion in 2010/11.

7.2.3.5 CHS Audits 2010/11



7.2.3.6 Improving service and care delivery following clinical audit
The aim of clinical audit is to measure standards of care and identify areas for improvement, CHS has a process whereby services feedback audit results and recommendations from approved audits to the Clinical Effectiveness group. The following provides an example of how a service identified an at risk group of patients and established a plan for improvement

Service example 1
The Tower Hamlets Retinal Screening centre undertook an audit in March and April 2010 to gain an insight into the proportion of those patients who are attending the diabetes screening session and who have suffered from a stroke in the past. This was to identify if patients with a history of stroke are more likely to not attend the screening sessions. 728 patients were screened over month period. The audit identified the following good practice:

1. A substantial number of patients with Stroke or Trans-Ischaemic Attacks (TIA) were attending retinal screening sessions
2. Stroke or Trans-Ischaemic Attacks did not appear to reflect access to screening services.

As a result of the audit the following recommendations were made:

1. Education of staff (clerks and screeners) on the importance of screening patients with a history of stroke or TIA and access needs for this group of patients.
2. Patient education on the importance of attending screening sessions particularly if they have a history of stroke or TIA.
3. Improved recording of patient information such as contact details
4. To undertake a repeat audit in 2011/12 to investigate improvements and complete the audit cycle.

In conclusion a history of Stroke or TIA did not appear to be a factor in non-attendance of patients for diabetes retinal screening. Increased understanding of the importance of screening was important for patients and service providers and the service aimed to address this. They also aimed to improve collaboration with other service providers working with stroke and diabetes patients and to improve the recording of stroke cases with databases.

Service Example 2:
A large trust wide wound prevalence audit took place in September 2009, the audit results were reported in December 2010.

This audit was jointly organised with Barts and The Royal London NHS Trust (BLT) and was the first time that complete wound prevalence has been obtained for the population of Tower Hamlets across all services. The audit tool provided excellent baseline data on patient demographics, wound types, duration, quality issues and dressings.

Key Findings

- 297 Tower Hamlets residents had wounds; 245 managed within Tower Hamlets and 52 within BLT for acute admissions. Three additional out of area patients were being managed in the Wound Care Unit on Jubilee Ward MEH.
- 297 residents within a population of 240,467 give a wound prevalence of 1.2 per 1000. This is markedly lower than published audits. {2.78 - 3.26 per 1000: It appears that being a resident of Tower Hamlets reduces their risk of having a non-healing wound.

- The cost burden of wound care of £1.14m per 100,000 to the PCT is significantly less than comparable trusts {£2.03m - £2.5m per 100,000}. This presents a saving of over £2.13 million per annum.
- Pressure ulcer prevalence was low including Nursing Home residents.
- Leg and foot ulcer prevalence was significantly lower than the comparable trusts.
- Venous ulcer prevalence was significantly lower at 0.14 per 1000 residents (published range 0.3 – 0.5 per 1000). When adjusted for ethnicity, the prevalence remains low at 0.2 per 1000.
- Adult Community Nursing Service sees the majority of wounds and the most complex.
- Primary care predominantly sees acute wounds of short duration. Most quality indicators for assessment and management were satisfactory or good, notably pain assessment, use of Doppler, use of compression therapy and use of pressure relieving equipment. Risk assessment for pressure ulcers needs improvement.
- Patient survey results were also good especially in areas of confidence in care, pain management, hygiene and use of their opinion in the management plan.
- It appears that the model of specialist care, close intervention and novel compression techniques developed in Tower Hamlets plays a significant role in the reduced wound prevalence across Tower Hamlets community.

As a result of the audit findings the following actions were agreed. A two year audit cycle to be integral to quality care and service improvement of the wound care service

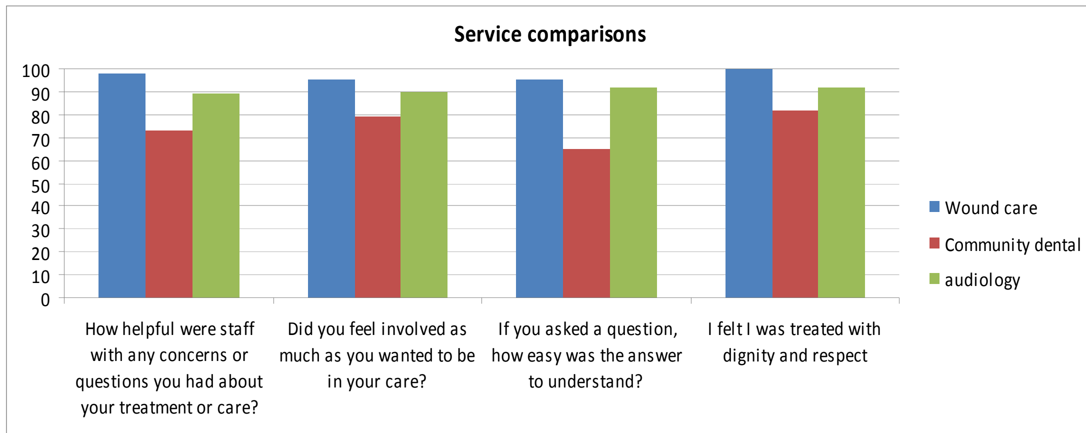
1. Develop a new service model with the Adult Community Nursing Service that increases productivity within CHS, drives up quality and delivers even better outcomes for patients.
2. To publish the findings and underscore the importance of specialist intervention and a collaborative model with all services.
3. To not be complacent with the low wound prevalence. Any reduction in service would increase wound prevalence and thereby cause rapid increase of costs.
4. To identify self-carers through the centralised dressing scheme. Completed and ongoing
5. To establish foot ulcer prevalence with Foot health.

7.2.4 Patient Experience

The need to capture patient experience feedback and drive up clinical quality has meant there has been a change in how PPI work has been undertaken. To ensure we get real time feedback we have purchased 11 touch screens to help capture the patient experience within CHS and to establish a baseline for patient experience work within initially 15 CHS service lines.

The development of real time patient feedback allows a comparison over time between services on a number of specific patient experience questions. Since purchasing the screens in 2010 a total of 1170 patients used the touch screens across 15 services lines.

The following chart provides an example of service users' responses within three CHS services. The underneath set of four questions are part of a core group of questions which are used by the 15 services lines.



Three THCHS services have also gained level one patient friendly accreditation:

- Physiotherapy
- Diabetes
- Occupational therapy

To achieve Patient Friendly status, the three services had to provide a) evidence on how they were involving patients and staff in developing and improving services and b) how they could evidence that staff within the department were actively involved in understanding how to involve patients in the planning and provision of clinical services.

Although Patient Friendly work has currently only been developed in three service lines the learning from the process has been shared across CHS services with the intention to roll this out further.

Stroke Services have worked with patients on helping to improve services. The main successes for the service have been the setting up of a stroke service user group and two stakeholder workshops looking at patients concerns and issues. Also a film highlighting the work within the stroke service was produced by the NHS Institute for Innovation and Improvement as example of good practice within the NHS.

The improving the patient experience project based within the Bancroft unit has provided innovative approaches using discovery interviews, art and music to work with elderly patients to address patient concerns on the inpatient wards. The work has led to a number of improvements on the wards which included:

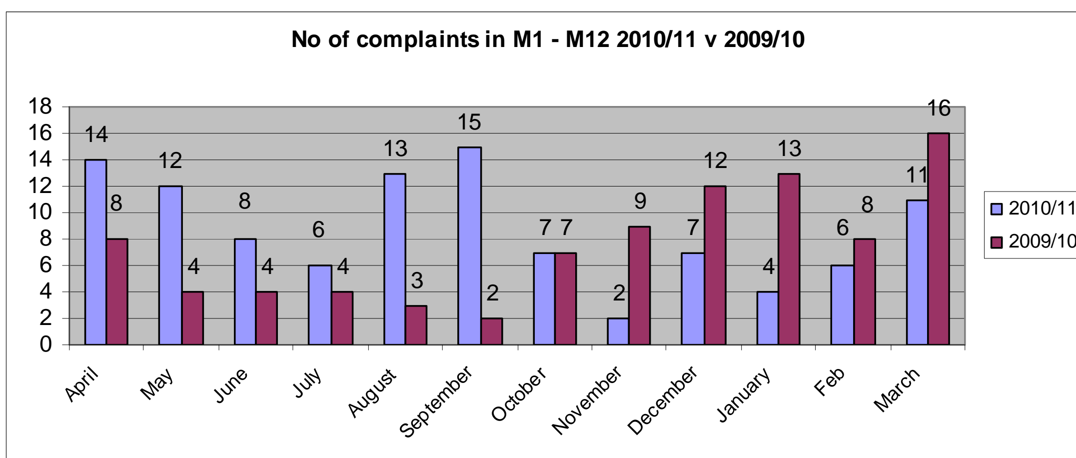
- Communication training for staff
- Improvement of competencies for agency staff
- Better Inter-agency working for patients with dementia
- Protected meal times for patients

Lastly a number of senior staff from CHS are undertaking “back to the floor” work within of clinical departments. This work too picks up staff and patient feedback at the front line of service delivery and ensures senior clinical staff lead by example.

7.2.4.1 Complaints, Compliments and PALS

During the financial year to date, CHS received 105 formal complaints compared with 90 during the same period in the previous year. Although this is an increase which we take very serious it is important to acknowledge that CHS has approximately 800,000 patient contacts per year and the number of complaints therefore amount to approximately 0.1%.

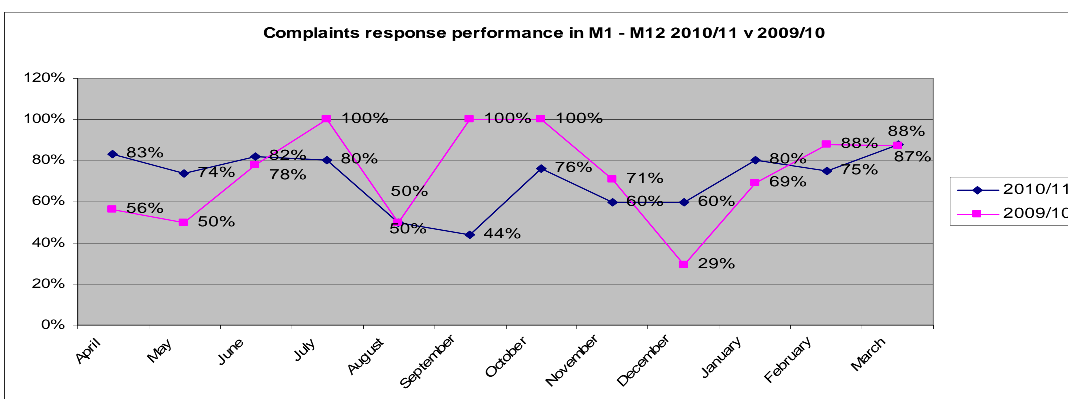
The chart below shows that there has been an increase by 15 cases in the number of formal complaints received this year compared to the previous year.



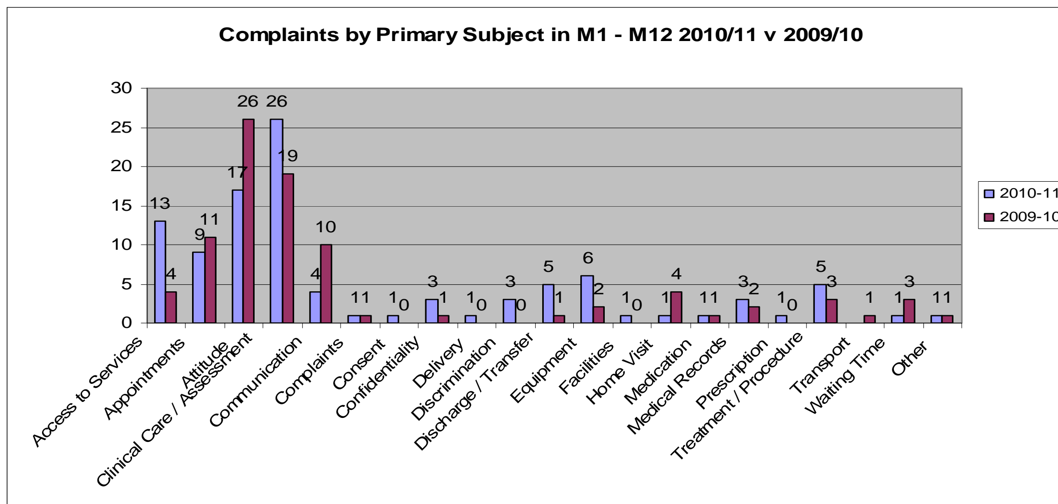
As can be seen from the above graph the work undertaken to reduce the number of formal complaints and resolve matters locally, informally and to the satisfaction of the complainant is showing an impact from November 2010 onwards.
In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, complainants can expect to receive an acknowledgement of their complaints within 3 working days of the Trust receiving it.

CHS aims to respond to all formal complaints within 25 working days of receiving them. In 2010/11, CHS acknowledged 93% of the formal complaints received within 3 working days.

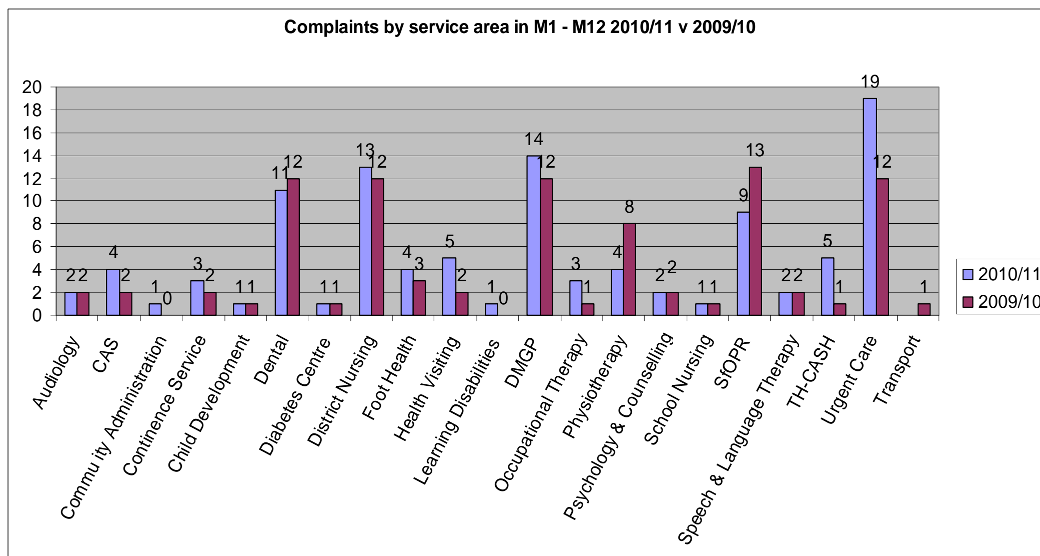
Although still not as good as we would wish, CHS has seen a significant improvement in response rates with a 73% performance compared to 56% in 2009/10. The graph below indicates response performance for each month of the year.



From the graph of primary subjects below, it is evident that a significant number of complainants raised concerns about clinical care / assessments in the Urgent Care Services. In complaints about clinical care / assessments, patients complained about, e.g. accuracy of diagnosis, implications of antibiotics, clinical care being provided by a nurse rather than a doctor, quality or lack of examinations, competence of clinicians based on patients' experience of the consultation, and feeling that their medical concerns were treated with disregard.



Our services are investigating all complaints thoroughly and complaints are reviewed and monitored by the responsible operational associate director and the clinical quality department.



Where we have concerns about potential themes or a noticeable increase in the number of complaints we have carried out a more detailed review. Currently we are reviewing the number and themes of complaints received about the urgent care services (GP out of hour service, walk in centre and GP streaming in A&E).

In response to complaints made over the past year, many changes have been implemented to ensure that service users' experience of the services provided by CHS is improved.

Some of these changes include:

- Changes in consenting procedures to ensure consistency in obtaining "self consent" across our School Nursing Service when immunising under 16s
- Implementation of training in the care of acutely ill adults for our inpatient services staff - in response to complaints about the quality of care provided to acutely unwell patients in a rehabilitation setting

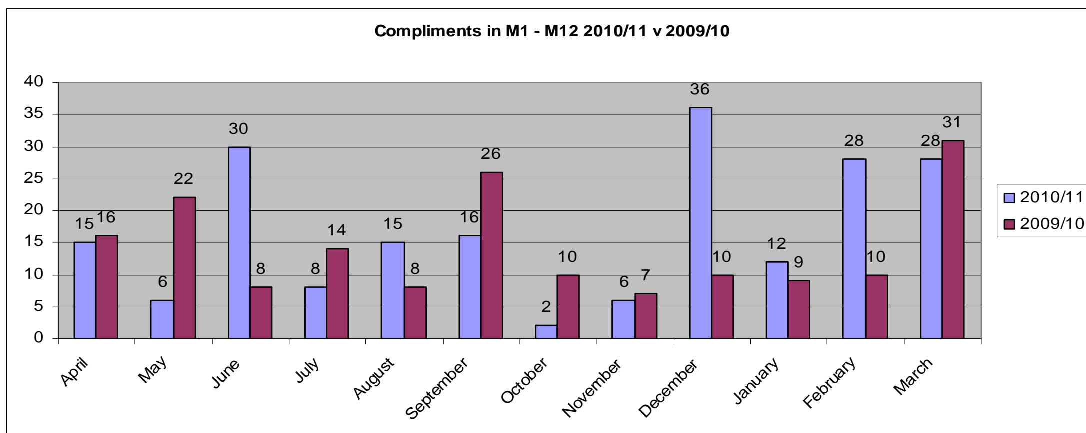
- Implementation of a new information management system which facilitates information sharing between healthcare professionals - in response to complaints about gaps in communication between healthcare processionals e.g. GPs and Health Visitors
- An overhaul of operational practice and the setting at main reception in our Sexual Health Service – in response to concerns about confidentiality when patients check in at reception"
- A more open and transparent complaints management system by uploading the Trusts complaints handling policy on the internet - in response to a complaint about a lack of support and transparency in how a complaint was managed

Stage 2 Complaints
CHS has a transparent policy for the management of formal complaints, part of which includes informing complainants of how to escalate their complaint outside the remit of CHS should they choose to do so.

CHS proactively engages in mediation and conciliation in order to ensure complaints are dealt with quickly and efficiently at a local level. In the last year CHS had only 2 complaints referred by complainants to the Health Service Ombudsman for review.

Of the 2 complaints, 1 was not upheld and the other was referred back to CHS for further local resolution.

Compliments
During the last year, CHS received 202 compliments compared with 171 in the previous year.



Words used in compliments to describe our services

'An incredible service and a comprehensive team, thank you to the audiology department.'

'Thank you for running a great team. Without the help of the Breast feeding project I would not have been able to breast feed at all.'

'Thank you to the district nursing team for your kind help and support when caring for our late mother. We appreciate that you went to extra mile.'

'Thank you to the team of the Foot clinic which is a caring service with great results.'
'A sincere thank you to the inpatient services team for personal attention and compassion to our relative.'

'Everyone was really friendly, helpful and caring in the Contraceptive and sexual health department. Thank you.'

'My sincere thanks to all the wound care team for doing such a good job on my once bad leg'.

'Thank you for the excellent treatment I received from the hydrotherapy unit at Mile end. I have been given great support, mentally as well as physically that helped getting my leave back on track'.

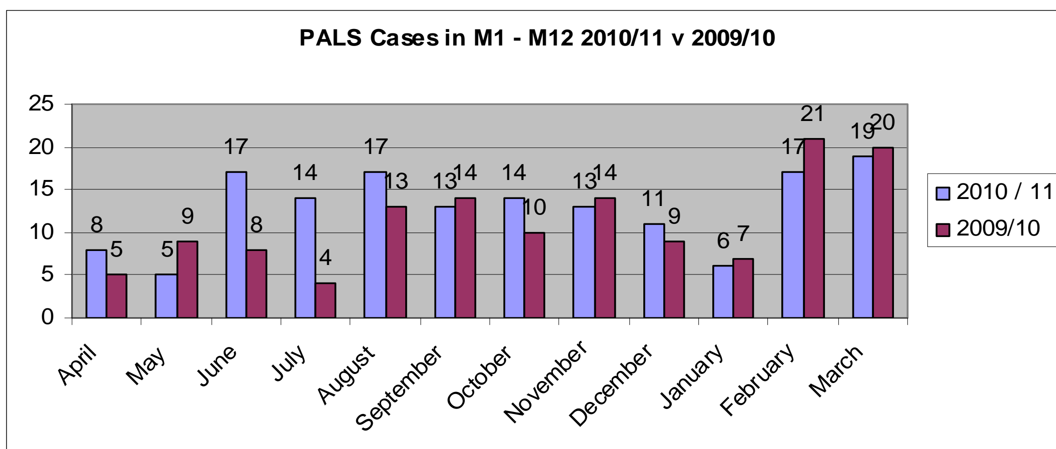
'I am extremely happy with the service provided. Everyone was very helpful, friendly and I was very well looked after.'

PALS Report

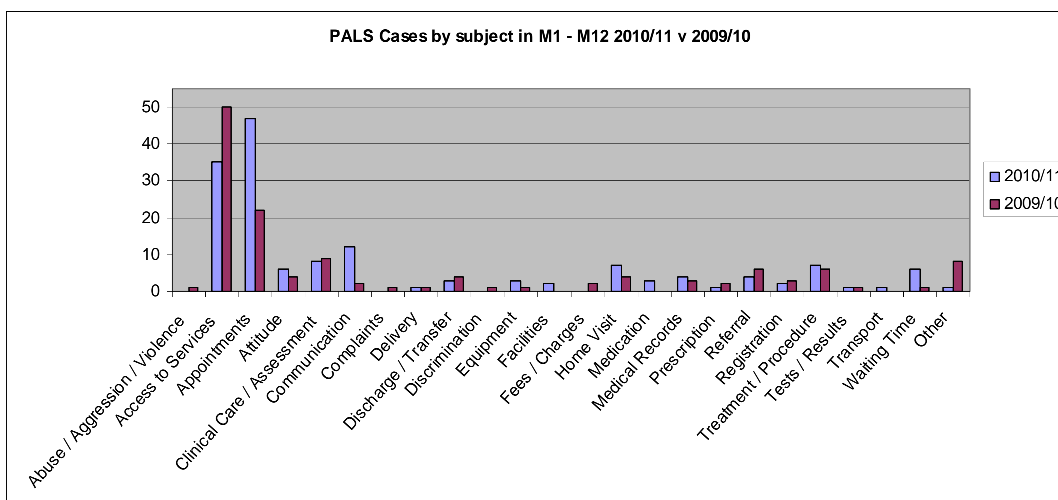
During the year, PALS has been involved in:

- Working with individual patients and carers to resolve their problems, quickly and efficiently, either on the spot or aim to resolve within 48 hours.
- Acting as a catalyst for change, by recommending actions to resolve problems, share good practice and promote improvements to services within CHS.
- Acting as an early warning system by monitoring problems raised, and highlighting gaps in service.
- Providing essential sign-posting to services and information, both in Health, Local Authority and Voluntary Organisations.
- Endorsing the Health Service Ombudsman's recommendation of being an "honest broker" by mediating between services and complainants and advocating local resolution of complaints.
- Networking with local community groups and acting as interface between service users and care providers across Tower Hamlets.

In total the service dealt with 154 cases compared with 134 in the previous year.



The highest number of queries are associated with access to services and appointments. Often this is about a patient or relative coming in or calling to get a telephone number or advice on how to access a particular service. The vast majority of enquiries can be resolved either on the spot or within 24 hours.



7.2.4.2 Single Sex Accommodation Standards

CHS declared full compliance with the Single sex accommodation standards earlier in the year. There have been no reported breaches of the standard in the current financial year.

7.2.4. Review of CQUIN work in 2010/11

A proportion of the THCHS income in 2010/11 i.e. £530,900 was conditional on achieving quality improvement and innovation goals between THCHS and NHSTH.

This included the following CQUIN targets:

- Strengthen the transition from children to adults
- Increasing ethnicity reporting
- Developing better sign posting Literature for referral to Learning Disability
- Improving patient experience feedback of CHS service lines

Commissioners have agreed that whilst work is continuing within each goal, CHS has made good progress in delivering the set objectives and have approved payment of the CQUIN monies. The CQUIN goals have been achieved, or are now in a state of ongoing normal routine activity, for services or CHS.

The following is a brief summary of the status of each of the goals, as at the end of Qtr 4.

7.2.4.1. Effective transition of patients from Children's Services to Adult Services:

Two services were chosen to map the process and monitor effective transfer. These were the Disabilities Options Team (DOT) and the Learning Disability (LD).

As a result of this work a combined Borough & Health group is producing a policy document which covers the transition of children to Adult services, and both DOT & LD have members of their team on the group. Commissioners have reviewed a draft policy and joint work is on going to finalise this policy. This will include relevant metrics as negotiated with commissioners.

7.2.4.2. Health Needs of a diverse community are met and health inequalities reduced

This goal has two subsections:

2.2.1 Meeting community diversity needs

Ethnicity reports have been created from TH CHS current electronic systems. These have been submitted to commissioners, who are in discussions with Public Health, to determine if additional information is required.

2.2.2 Learning Disabilities information:

This was to ensure CHS services that see people with LD have appropriate information for them. As a result appropriate information leaflets were to be created.
A template was created, which went to the patient information group and for further input from the commissioners, via the CQUIN meetings. Specific service lines were identified that saw patients with learning difficulty who needed to produce literature for their patients.

The CQUIN working group approved the final template. Service Line leaflets have been created and printed & are now with services to issue to patients

7.2.4.3. Patient satisfaction with the service delivered – Patient experience reporting

Patient experience is being captured by the use of Touch screens. For this 15 service lines were identified who are deploying the touch screens. Together with commissioners core questions have been created.
The CQUIN funding allowed us to purchase 11 Touch screens and a pilot was completed with 4 service lines. Subsequently a pilot report was submitted to the CHS Board giving information on the patient experience feedback.

The deployment of the screens is continuing into agreed service lines. In 2011/12 once a baseline has been set further work will be done with regards to implementing any changes required due to service user comments.

7.2.4.4. Tariff

In agreement with commissioners the tariff programme has been re-focused to deliver productivity improvements. This is being driven through a Delivery Board approach focusing on agreed areas, e.g. inpatient services, district nursing and health visiting.

7.3. Safeguarding children and adults at risk

7.3.1 Safeguarding children

Safeguarding children is a high priority for Tower Hamlets Community Health Services. We are committed to ensuring that the risk of physical, sexual, emotional harm or neglect to all children and young people is minimised. As a result a number of safeguarding arrangements are in place.

Tower Hamlets Community Health Services both meet statutory requirements in relation to Criminal Records Bureau checks – all staff employed by us undergo a CRB check prior to employment and those working with children undergo an enhanced level of assessment. All these checks are up to date. In addition members of staff whose CRB check was completed over three years ago have been rechecked and all these checks are up to date.

All the child protection policies and systems for Tower Hamlets Community Health Services are up to date and robust and are reviewed on a regular basis, ultimately by the Trust Board. The last review occurred in November 2010 and the next review is

currently being undertaken as part of the organisation's pending merger with Barts and the Royal London.

The organisation has a process in place for following up children who miss outpatient appointments within any speciality to ensure their care and their health is not affected in any way. In addition the organisation has a system in place for flagging children for whom there are safeguarding concerns.

The organisation has a robust training strategy in place with regard to delivering safeguarding training. All eligible staff have undertaken relevant safeguarding training and this is regularly reviewed to ensure it is up to date. Staff groups have different training needs to fulfil their duties, depending on their degree of contact with children and young people and their level of responsibility. The following table shows what proportion of relevant staff are up to date with the training they need.

Staff group	Target	Position at end of June 2010	Position at end of March 2011
All eligible staff in contact with a health care setting that are up to date with level one training	80%*	84%	94%
Eligible clinical staff that are up to date with level two training*	80%*	76%	94%
Eligible clinical staff that are up to date with level three training*	80%*	84%	94%

Tower Hamlets Community Health Services has named professionals who lead on issues in relation to Safeguarding children, supported by designated professionals in NHS ELC. They are clear about their role, have sufficient time and receive relevant support and training to undertake their roles, which includes close contact with other social and health care organisations and external supervision.

All issues related to safeguarding children are discussed with the Tower Hamlets Local Safeguarding Children Board every three months and health-related safeguarding issues at the Tower Hamlets Local Safeguarding Children Board Health sub-group every three months.

7.3.2 Safeguarding adults at risk

Equally safeguarding vulnerable adults at risk is a high priority for Tower Hamlets Community Health Services. We are committed to ensuring that the risk of physical, sexual, emotional harm or neglect to all adults at risk is minimised. As a result a number of safeguarding arrangements are in place.

A member of the CHS board is responsible for safeguarding arrangements and attends the multi agency borough board. CHS has a local safeguarding vulnerable adults committee which monitors any concerns and has taken a number of actions forward to reduce the risk of harm as outlined above.

Together with our commissioning lead and with the Barts and The Royal London, CHS has taken part in an NHS London self assessment of its safeguarding adults at risk arrangements. The outcome of this self assessment was that out of 45 scores, CHS has scored 34 as effective, 4 as very effective and 3 as less than effective (2 scores where not applicable). Less than effective scores were due to the absence of a strategic plan for safeguarding adults at risk, no flagging and tracking of individuals on CRS and EMIS and poor activity data reporting. The less than effective scores were the same in all three organisations.

CHS has carried face to face training and also purchased an E learning system which has been rolled out to services.

Increasing safeguarding vulnerable training attendance throughout all services continues to be a challenge in the light of staffing and work-load pressures. The final data is still being analysed as there are data accuracy issues to be resolved but the up-take is likely to be approximately 40%.

It is recognised that more work will be required to improve the training up-take and also to ensure that the important work undertaken so far continues to be well embedded once CHS has transferred to BLT. For example we had internet café sessions at lunch times and we will also focus on safeguarding adults at risk training particularly in June during the World Elder abuse day.

7.4. Who was involved in determining the content of the quality account?

To achieve the widest staff and stakeholder involvement we have run three sessions to draft a quality strategy underpinning this quality account. Colleagues from primary care, our commissioners, the local acute trust and the local authority where involved. Our local involvement group was also invited to attend but could unfortunately not attend.

The draft quality strategy informing this quality account was reviewed at a formal Provider Board meeting in October 2010. The final draft quality account was reviewed by the Management Executive on 14 April 2011 and will go to the formal provider board meeting in May 2011.

7.5. Statements from NHS Tower Hamlets and Tower Hamlets Local Involvement Network (THINK)

7.5.1 Response from NHS Tower Hamlets

NHS East London and the City welcomes the opportunity to provide this statement on Tower Hamlets Community Health Services' Quality Account. We confirm that we have reviewed the information contained within the account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided. We have reviewed the content of the account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the account represents a fair, representative and balanced overview of the quality of care at Tower Hamlets Community Health Services. We have discussed the development of this Quality Account with Tower Hamlets Community Health Services over the year and have been able to contribute our views on consultation and content. This account has been reviewed within NHS East London and the City by colleagues in commissioning, quality and clinical governance, GP consortia, public health, as well as specialists in infection control and safeguarding.
Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work Tower Hamlets Community Health Services to continually improve the quality of services provided to patients.
Cluster CEO, NHS East London and the City

7.5.2 Response from the Tower Hamlets Local Involvement Network (THINK)

Tower Hamlets Involvement Network Statement
Community Health Services
Quality Account

1. This Quality Account was considered by members of the Steering Group and wider membership of Tower Hamlets Involvement Network (THINk). In their

opinion this report is a fair reflection of the range and the quality of healthcare services provided by the Trust. Our opinion is based on feed-back from members of the community, comments from various user groups, our visits to various hospital facilities and engagement with senior managers of Community Health Services (CHS).

2. We would, however, like to submit the following additional comments which CHS and Barts and the London Trust (BLT), as the new provider, may like to consider for further quality improvement.
3. Our feedback indicates that local patients and the community like Mile End hospital. It's cleaner, the foods better and the staff have more of a patient focus than at Royal London. As you would expect people feel it is less medically/clinically driven and with a slower pace there is more of a focus on the whole patient. This culture is something that needs to be transferred alongside any proposed physical move to the Royal London.
4. The most significant issue that patients have raised with THINk is around discharge from acute care and the links being made with care in the community (e.g. people being discharged and no one arranging for the District Nurse to come only part of the necessary equipment being delivered, no idea how to organise hospital transport). Patients and carers feel a lot of pressure around trying to make their care services link up and knowing who to call when they don't. We would hope to see better integration with primary care, BLT and East London Foundation Trust as a result of both the move to management by BLT and delivery though a locality based model.
5. The quality of district nursing seems to be variable with some nurses going out of their way to be helpful and supportive and others not bothering to turn up at all. We would like to see a more consistent standard of care for our local community and we will be undertaking further research to look in more detail at community experience of home care.
6. Under paragraph 3.1.3 Improve patient experience we would like to add a bullet outlining a staff commitment to provide patients with choices concerning their care where ever possible. Involving patients not only in decisions about their clinical but also their personal care. There is some concern from patients that with the management by BLT they will no longer have a choice where they go for treatment on referral from CHS services such as the Clinical Assessment Service.
7. In Paragraph 4.1 we would like to develop a Patient Leader to work alongside the clinical leadership. This could possibly link in to the Compassionate Care programme and unannounced visits programme.
8. In Paragraph 7.1.2 we would like an explanation of what PEAT visits are, that they involve patients, and where people can see copies of reports.
9. Although we welcome the wealth of information that real time feedback (RTF) provides this should be seen as a diagnostic tool providing guidance as to where more detailed patient and staff engagement is needed to drive service improvement. In relation to this we would like to commend the Improving Patient Experience project based in the Bancroft Unit and perhaps this model could be used as a mechanism for follow up in areas where RTF has identified concerns.
10. Many issues of concern to patients can be tracked back to poor information and communication as to what their expectations of the service should be. Well informed patients are better able to manage their own care and place less pressure on busy staff. We would like to see a co-ordinated approach to providing patient centred information across all services of CHS.
11. There are also some concerns as to some areas of the Community Dental Service with local people commenting that they don't see the mobile dental vans out in the community very much. It would help to know how the service is

operated and what the expectation is. There are still significant problems with the emergency dental service operating from the Royal London.

12. There are issues around the quality of care at Walk in Centres, who should use them and when.
13. How will the system of exiting and ongoing complains be handled in the transfer to BLT and checks made to ensure they do not get lost in the system.
14. THINk's work programme for the coming year includes a project to look at the experience of older people across the range of health and social care services. We hope to be able to work closely with CHS to enable patients and staff to identify any issues and to work together to find opportunities to improve quality and outcomes.
15. THINk's major concern going forward is that CHS will be absorbed into BLT and what we currently have at Mile End Hospital in relation to a community and holistic focused service will be lost in the large clinically focused service at the Royal London. How do we make sure that budgets around community staff and services, including district nurses, health visitors, and physiotherapists, are protected? We would like more detail about what will happen after the transfer and how what is valued by service users will be maintained.

8 Conclusion

The cornerstone of our continued success will be a shared vision and understanding that quality is at the heart and integral to everything we do. It is important that we provide staff with a clear understanding of the need for continuous improvement whilst recognising that everyone in the organisation is doing their best and that their personal contribution is valued.

Our reputation will be enhanced by a tangible demonstration of effective, safe care and excellent patient experience to the public, staff and commissioners. As we are transferring into a new organisation we will ensure that this vision and our values are carried forward and that the improvements are communicated and published through appropriate channels both internally and externally.