

**West Dunbartonshire
Community Health and Care Partnership**



1st January 2014 to 31st March 2015

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West Dunbartonshire

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INTRODUCTION

This report is a summary of West Dunbartonshire's CHCP clinical governance and clinical effectiveness activity during 2014 calendar year and then the final quarter of the 2014/15 financial year – an important transitional period for the organisation. During 2014/15 the CHCP entered its shadow year of becoming a fully fledged Health and Social Care Partnership (HSCP) during 2015/16. We have taken this opportunity to provide a report here covering a 15 month period on this occasion so that our next year's report aligns with the broader performance reporting for the new HSCP as a whole. Moving forward, and with the agreement of the Council's Chief Social Work Officer, I am please that we will also be updating our former Clinical Governance Group to become a refreshed HSCP Clinical and Care Governance Group (reflecting the recent national Clinical and Care Governance Framework published by the Scottish Government).

Through this period of transition, I am reassured that there has been continued sharing of predominantly clinical significant events at locality-level meetings, alongside scrutiny at the former CHCP Clinical Governance Group. We are conscious of the newspaper and television news headline horror stories that continue unabated. Whilst the Francis Report seemed to dominate 2013 (which was reflected in our November Protected Learning 2013), this year has sadly seen the focus turn to more child abuse scandals. In our autumn protected learning event 2014 we deliberately took time to concentrate on two topics that spanned both health and social care, namely child protection and dementia. These highlight how care can improve with a co-ordinated approach. The event is summarised here, capturing the value of spending time to understand each others role in an individuals care.

Closer to home, this year saw us complete the implementation of the recommendations of the CHCP-led Multiagency Review that followed the tragic deaths of 3 young women residing at the Blue Triangle Supported Housing projects between July 2012 and September 2012. The review engaged and critically reflected upon contributions from the range of responsible disciplines and services of West Dunbartonshire Council, NHS Greater Glasgow and Clyde, Strathclyde Police, Third Sector organisations (including the Blue Triangle) and importantly sought the views and comments from the family members of the three young women. The Multi-Agency Review found no deficit in the care in any of the three tragic cases, but did identify developmental recommendations based on learning that emerged – all of which have been taken forward with partners.

November 2014 saw the publication of the Vale of Leven Hospital Inquiry Report, with its emphasis on the importance of infection control and sobering lessons for the Health Board as a whole. A recurrent theme that always seems to come out of these inquiries is the lack of effective communication or sharing of information. Once shared, there is also the question of who has responsibility to deal with it. We should all think how best we can translate the vast amount of information now available in guidance into our daily work. There would be no problem if we were judged on the number of guidelines and advice in our combined in-boxes. However it is simply not good enough to be content to say I sent you several attachments in an e-mail! We should not underestimate the importance of involving service users, carers and staff from the frontline in our governance work, in order to use the parts of guidance that will improve the quality of care we deliver. It will cost us in spending precious time, but it could make a real difference to many people's lives.

Kevin P Fellows - Clinical Director

EXAMPLES OF QUALITY IMPROVEMENT INITIATIVES

Is the Community Mental Health Team (CMHT) following patients up within 7 days of hospital discharge?

Background

In March 2013 an email was sent from the Medical Director of Greater Glasgow and Clyde to General Adult Psychiatry Consultants; this indicated that within the NHSGGC area all of the recommendations made by the National Confidential Inquiry into Suicide and Homicide by people with Mental Illness had been implemented, except for following patients up within 7 days of hospital discharge. It was therefore stated that we should strive to implement this recommendation.

Purpose of project

The purpose of this audit was to assess whether patients at our Resource Centre were being followed up within 7 days of hospital discharge.

Methodology

On each audit cycle the CMHT reviewed the last 30 patients discharged. The first cycle was performed in May 2013, the second in September 2013. The CMHT examined whether patients were followed up within 7 days; and if not, whether they were referred to another service or offered an appointment for a later date. They also examined the mode of initial contact, documentation of plans, attendance and who within the CMHT followed the patient up.

Results

- Comparison of the results showed an improvement from 50% to 73% of patients being followed up within 7 days.
- The crisis team were following up 77% of these patients.
- During this period the number of patients who were not seen within 7 days but were offered an appointment for a later date was reduced from 33% to 3%.

Conclusions

- The results demonstrated a significant improvement simply by raising awareness within the CMHT.
- The crisis team followed up the majority of the patients and this may be of interest to areas where a crisis team is not in place. (Although a 24 hour crisis team is itself one of the NCI recommendations).
- The majority of the improvement appears to have come from patients being given an appointment within 7 days instead of one for a later date.

Benefits of project to date

- Comparison of the results showed an improvement from 50% to 73% of patients being followed up within 7 days.
- The crisis team were following up 77% of these patients.
- During this period the number of patients who were not seen within 7 days but were offered an appointment for a later date was reduced from 33% to 3%.
- These results have been presented to the CMHT and discussions took place around how to best follow up patients admitted for short term arranged admissions. A further audit cycle is planned for the near future.

‘Up and About’ in Care Homes

Background

In June 2011 the Care Inspectorate (formerly SCSWIS) and NHSScotland issued *Managing Falls and Fractures in Care Homes for Older People*, along with a falls awareness DVD. The resource aimed to help managers and staff to consider falls prevention and management in their care home and, where necessary, improve their approach to this. An evaluation of this resource has told us that where care homes have used it as intended (i.e. carrying out the self assessment then developing and implementing an improvement plan with the local health and social care team) significant reductions in falls have been achieved. However, the evaluation also highlighted that many care homes felt they did not have the time or local support to use the resource in this way. The National Falls Programme has therefore been working with care homes for older people and health and social care staff in three areas of Scotland (of which West Dunbartonshire is one) to tackle the problem of falls. The project was initially funded for 8 months from January 2014 but the National Team will continue until the end of June 2015.

Purpose of Project

Using the Model for Improvement including PDSA cycles, this project is testing a prototype approach to improvement in care homes which aims to introduce, improve and embed core practices to reduce and manage falls risk. This is being achieved through providing focused support to care home managers and staff to:

- Utilise the Care Inspectorate / NHSScotland self-assessment resource to best effect.
- Use the Model for Improvement.
- Gather and analyse data to understand and address the local causes and patterns of falls, and target improvement efforts.
- Provide training.
- Facilitate integrated working with the local health and social care team.
- Learn from each other and experts in the area of falls prevention and management.

The learning from Phase One will inform Phase Two - an improvement programme on a larger scale.

Conclusions

The West Dunbartonshire care homes that have made the most significant improvements have been using the Pillars for Success for falls and fractures. We look forward to continuing our improvement journey over the next few months.

Benefits of project to date

- Established a baseline of data to allow comparison of falls within and across care homes.
- Improved falls data collection and analysis.
- Reduced the number of falls in care homes.
- Reduced the number of falls resulting in injury.
- Improved awareness of falls; falls risk factors; and strategies to reduce falls across care home staff.
- Established a care homes network to provide ongoing support and advice.
- Identified gaps and areas of ongoing developmental need.
- Linked care homes into the ‘Up and About’ pathway (local and national).

Pilot of Namaste Care in West Dunbartonshire

Background

Namaste care was initially introduced in America by Joyce Simard and due to its success the approach has been adopted in a number of countries worldwide. At present there are only two care homes in Scotland who have recently piloted Namaste; they are in the early stages of implementation however have already reported positive outcomes for residents, staff and families. Namaste reflects the style of care of the hospice movement; this care focuses on the spirit within people allowing for a completely new approach to care within care homes. Once familiar with this style of care, staff are likely to adopt this approach with other residents, also benefiting those who do not have dementia. When the Namaste room is equipped and operating with trained staff, it should be sustainable with little external input and should not require any additional staff.

Namaste care was created to reduce distress and suffering whilst improving the care experience for people with advanced dementia and those caring for them. This is done by providing care which is completely person centred, through stimulating senses and providing calm environments. A room is equipped in the home to provide this care and one member of staff during each session is responsible to run this room.

Purpose of Project

To improve palliative and end of life care for people with dementia within care homes in West Dunbartonshire.

Methodology

The CHCP Palliative Nursing team worked closely with the Nursing Home staff and Dementia Specialist Nurse to introduce Namaste Care within the home. This pilot was run for one year and evaluated on a 3 monthly basis.

Benefits of project to date

- Namaste is now embedded in practice in Castle View Nursing Home.
- Many people with dementia have complex physical and mental health problems, these may also be life threatening, and this can lead to extreme emotional and physical distress.
- For family members and care staff, the impact of trying to support these people whilst watching them suffer such symptoms should not be underestimated.
- Namaste care aims to improve quality of life for residents; people receiving this style of care have started to speak after not talking for several months, improved behaviour has been reported and better symptom control.
- This not only has a positive impact on residents it also improves staff moral and family satisfaction of the level of care.

Releasing Time to Care (RTTC)

Purpose of Project

RTTC is a national programme, aimed at enhancing planning and delivery of patient care whilst making the best use of available resources

Background

Community Nursing RTTC commenced in WDCHCP in Dumbarton and Alexandria in April 2012. The project was led by Team leaders. A two day Training Programme was attended to gain an understanding of their role and the content of the RTTC Modules.

Methodology

There are nine modules in the RTTC Programme. The first three modules are the foundation modules which were completed with support from facilitators. These consist of:- *The Well Organised Working Environment (WOWE)* which examines the Teams operational systems and processes including improved management of supplies & stock levels using LEAN methodology. *Knowing How We are Doing (KHWD)* looks at how the Team functions to ensure that clinical & staff governance standards are met and that Patient and Staff satisfaction levels are assessed. *Patients Status at a Glance (PSAG)* looks at systems to promote continuity of patient care and risk management systems and processes. The “*Patient Perspective*” module is integral to all of these foundation modules, and therefore runs in tandem with various activities to ensure that the patient perspective is central to all discussions / change processes. The modules were led by DN Sisters

Benefits of project to date

- An agreed Team Vision has been developed in both Dumbarton & Alexandria and Clydebank, which has enhanced team building and team working.
- Standardised audits across the teams e.g. patient satisfaction
- Patient facing time collected locally prior to the national workload tool results.
- Protected time for staff to meet and review aspects of service delivery
- Enhanced team working
- Patient status at a glance boards utilised effectively in each team
- Staff developing ‘standard care procedures’ a process for setting, reviewing and auditing best practice in relation to specific nursing interventions.
- Acknowledgement of existing good practice in the management of off duty and in the daily allocation of visits
- A review of common missing data from referrals to the service, and local agreements to prompt extra questions that are not within the existing DN referral documentation i.e. – “is there a key safe box”; “does the patient have any pressure area damage / concerns”.
- Team handover meetings and Team meetings are now more formalised which has improved communications & information sharing & in turn has increased continuity of care as handover reports take place without interruption.
- A Patient Experience Survey was completed in the three localities; this was a very beneficial audit as it evidenced a high standard of patient satisfaction with the DN service across the CHCP.
- A Staff Experience Survey was completed & evidenced that the majority of staff felt happy, supported and valued at work.
- Treatment room looked at waste appointments over a four week period. Indicated same offenders and GP practices would be informed to letter patients in attempt to minimise in the future.

Specialist Children's Services Case-Note Review – Acorn Centre

Purpose of Project

This was an audit carried out to ascertain the standard of record keeping.

Background:

- GMC/Royal Colleges' recommendations
- Poor standards of record keeping cited in Ombudsman's Reports for other services and SCS

Conclusions

The action plan sought improvement in the recording of Next of Kin information and the audit report provided a reminder to avoid jargon and abbreviations in the notes. In general the results of the audit were very good with some of the deficits already having been addressed by action plans. As services are transferred to the EMIS electronic patient record some of the issues raised are no longer be problematic as they are recorded automatically.

Benefits of project to date

- As a result of the audit the NHSGGC record keeping guidance was redistributed to staff with a one page 'aide-memoir' on the important points, along with a document developed by the CAMHS Practice Development Nurse which gives links to record keeping guidance for the various professional organisations working within SCS.
- A record template has been developed for use by CAMHS staff within the EMIS system.
- It was recommended that a record front sheet to address the recording of gender, next of kin and GP information be developed and that the use of the record keeping guidance for those professions not well versed in its contents be reinforced.
- West Dunbartonshire continues to maintain the good levels of compliance achieved.

PROTECTED LEARNING EVENTS

Shared learning event

The Annual CHCP Protected Learning Event (PLE) took place this year on the 27th November at the Beardmore Hotel Clydebank. The purpose of this event was to bring frontline staff together to review the Daniel Pelka Child Protection case in a multidisciplinary environment and to learn about the Post Diagnostic Support available to patients following a diagnosis of Dementia. The group also learned about local dementia initiatives supported by Alzheimer Scotland. In parallel we also provided sessions on communication and equalities for admin staff.

The session on Child Protection was designed to enable delegates to identify opportunities in West Dunbartonshire to do things differently in order to improve outcomes for children, responses could be themed into the following:

- Involve GPs more in Chronology.
- Improve communication between GPs, Social Workers, School Nurses and Teachers.
- Named individual work better.
- Joined-up IT systems.

The CHCP is working with GP practices and staff to improve Child Protection arrangements by support the use of the RCGP Safe Guarding Children Self Assessment through the CHCPs GP Clinical Effectiveness Programme.

Over 160 staff attended the event (43 [26%] of which were GPs). The event was evaluated and feedback proved to be very positive. Over 80% of respondents indicated the sessions they attended went well or very well, feedback was received indicating that 87% of respondents felt the arrangements were good or very good. Following the event feedback was received that a number of people were turned away from the event as they hadn't registered. Where possible delegates were accommodated on the day and the CHCP will endeavour to accommodate as many delegates as possible at future events. The CHCP is considering how it can improve the registration process and the management of unregistered delegates for future events.

Clinical Education Programme

In 2014 the CHCP developed a lunchtime education programme, delivering sessions for GPs and other clinical staff on key educational topics which were aligned to national and local priorities including:

- Adult Protection and Mental Health Act
- Death Certification and Bereavement Policy
- End of Life (including DNACPR)
- Diabetes

In addition to the one hour lunchtime programme, the session on the 18th September 2014 was extended to include a session on End of Life (including DNACPR). The opportunity to do this was as a result of this date being a previously agreed Protected Learning Time and was set aside in practice diaries. In 2015/16 the new HSCP will arrange for formal education sessions to be held on some PLT dates as a result of the successful session held in September 2014.

EXAMPLES OF AWARD RECOGNITION

Staff and services within West Dunbartonshire have always placed a premium on engaging with patients, carers and the wider communities that we serve. **West Dunbartonshire Link Up** ensures older people have access to a range of community health, social care and third sector services through a single point of access. This service was developed in response to feedback from older people and their carers; and specifically to the Reshaping Care for Older People programme. Older people, carers and local services are working jointly to help older people maintain their independence. The Link Up initiative - developed by the then CHCP and WD CVS – has won:

- The Working with Local Communities category of the 2014 Care Accolades Awards.
- The Self Management Project of the Year of the Health and Care Alliance Scotland Awards 2014.
- The Gold Award for the Local Matters category of the COSLA Excellence Awards 2015.

We aim to develop a workforce which feels positive to be part of the CHCP, feels listened to and valued and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness. Senior managers, lead professionals and staff in general within West Dunbartonshire have always recognised the value of supporting each other. The CHCP's and the Council's **Healthy Working Lives (HWL) Gold** Annual Review took place in August 2014, which confirmed that both had successfully maintained Gold Award status. This was the first joint assessment and necessitated a concerted effort from various staff and departmental teams across the Council and across the CHCP under the leadership of the CHCP's Health Improvement Team. The level of commitment evidenced by both organisations specifically in terms of planning, developing, implementing, monitoring activities in order to successfully execute the HWL award across both organisations was positively commented on by the assessor with the approach taken in West Dunbartonshire highlighted as good practice.

The NHS is going through a massive modernisation programme to ensure it is able to adapt and respond to the changing needs of the population we serve. Recognising and celebrating success and achievement is a vital part of showcasing the best of what the NHS is all about and encouraging others to aspire to greater levels of service, patient care and an effective health – and care - economy. At the **2014 NHSGGC Celebrating Success Staff Awards**, our CHCP commended the following local initiatives, teams and staff:

- Our local Palliative Care Programme - represented by Val McIver, Lynne McKnight and Pamela MacIntyre.
- Our Speech and Language Therapy Communication Link Person initiative - represented by Sheila Downie, Ros McCaughey and Victoria McIntosh.
- Our District Nursing Releasing Time to Care initiative - represented by Val McIver, Fiona Rodgers and Margaret MacLachlan.
- Our West Dunbartonshire Health Improvement Team.
- Janice Miller, our MSK Physiotherapy Manager for the Health Board area.

We are conscious that - as always - local progress and improvement is a product of the diligence and energy of a wider team of staff - well done to all involved.