

## **18. QUALITY – CREATING A PERSON-CENTRED AND MUTUAL NHS POLICY FRAMEWORK**

### **18.1 Analysis of Local Position**

- 18.1.1 The formal route for public involvement in Renfrewshire CHP is the Public Partnership Forum (PPF). The PPF comprises a network of over 200 people who live and/or work in Renfrewshire, and an Executive Group chaired by a member of a local voluntary sector organisation. The PPF has matured over the last three years and is beginning to take a more proactive role in shaping services and challenging decisions. The Working Agreement has been tested in the last year as a new Chair was appointed, new CHP Committee representatives were appointed and terms of office of a number of members ended.
- 18.1.2 In developing the new Renfrew Health and Social Work Centre, we have used an inclusive planning process to involve staff and patients in the design of the new building and how it will be used. A public involvement group was formed from PPF volunteers from the Renfrew area, including school children, the Disability Resource Centre, carers, wheelchair users and those with a visual impairment. The group has met regularly for two years, visited other sites, appointed and worked with the Arts Curator and produced regular newsletters for local residents. As we move to the commissioning stage for the new building, the group wish to continue meeting on an ongoing basis as a Health Centre User Group. We will explore how to support this over the next few months.
- 18.1.3 The PPF is not the only way for patients and local residents to influence services and engage in their own care. There are a number of disease/specialty specific user groups and most GP practices have formed patient focus groups. These patient focus groups have had varying support and success and we are beginning to link them with the PPF and with the lessons learnt from the Renfrew experience. Appendix 1 was created with the help of a graphic artist at an event to seek the views of staff and patients on rehabilitation and enablement services.
- 18.1.4 Community Planning Partners in Renfrewshire are working to bring our consultation/engagement activity more closely together. We host annual Community Planning conferences across the area, ensuring that the PPF leads the health strand of these conferences. This year, to supplement the geographically based conference, three additional events were organised to seek views from populations which have traditionally not been engaged in the Community Planning events.
- 18.1.5 The Complaints Internal Review Group was established in May 2008 with a remit to ensure Renfrewshire CHP had a robust and effective process in place for managing and learning from complaints.

One strand of work undertaken by the group was an audit of all complaints received by the CHP on an annual basis, to ensure compliance with national standards around response times for acknowledging and subsequently responding to complaints.

The Review Group also looked at the role of investigating officers in the complaints process, asking staff who have fulfilled this role how they found the process, how supported by the CHP they felt and what improvements could be made to the current system. As a result of the feedback received, a number of changes have

been made, including the introduction of a 'buddy' system to support staff through the process of being an investigating officer for a complaint.

- 18.1.6 Monitoring, clinical audit and clinical effectiveness are embedded within all services of the CHP and the results from these activities are utilised to maintain and improve the overall quality of our care delivery whilst ensuring safe and effective care.

The CHP has a Patient Safety community of action which challenges current cultural aspects of patient safety and aims to improve safety and reliability of healthcare. It works with staff to explore the case for change and introduces tools and quality improvement practices to enable a shift in culture. The group is supported by NHSGGC Head of Governance and recently held a successful workshop for all staff involved in its projects facilitated by Jane Murkin National Coordinator for Scottish Patient Safety Programme.

- 18.1.7 Supporting the Better Together Programme, the CHP has created a Patient Experience Group which has practitioners from all services on it, member of the PPF and the patient involvement facilitator. The group strives to improve health services by focusing on the experiences of our patients and service users, utilising a variety of qualitative and quantitative tools to help patients tell their stories. There are currently a number of small scale projects on going, to try to understand and capture what matters to patients and to identify opportunities for immediate improvement which will be implemented and measured.

## 18.2 Numeric Analysis

- 18.2.1 Complaints received in the last two years are analysed below:

	<u>2008/09</u>	<u>2009/10</u>
Service Provision	1	5
Record Keeping	3	1
Communication	1	1
Waiting Times	3	5
Failure to Follow Procedures	-	1
Staff Attitude/Behaviour	2	2
Staff Shortage	1	0
Other	<u>5</u>	<u>4</u>
	16	19

## 18.3 Health Gaps and Key Issues

- 18.3.1 The PPF has recognised that it needs to continue being proactive and using the Committee seats (2) it has to challenge the CHP to be more patient focussed. They want to raise the profile of the PPF in Renfrewshire and have produced a standard presentation about its role and remit to take to local groups. It remains challenging to engage with the wider Renfrewshire population, particularly those of working age, and those not currently using or caring for people using specialist NHS services.
- 18.3.2 There are a number of examples of good working with the Voluntary Sector and with volunteers, but this is an area where there is potential to tap into a wide and experienced resource. Positive examples include Reaching Older Adults in Renfrewshire (ROAR), the Hospital Evening Visiting Transport Scheme and peer supporters who volunteer through the Breast Feeding Network. There are a number of voluntary sector interfaces in Renfrewshire at the moment (Renfrewshire Council for Voluntary Services, the Volunteers' Centre and Paisley Partnership

Regeneration Company) and Community Planning Partners are leading a process to create a single interface organisation. This will provide an opportunity for all partners to work more closely with the Voluntary Sector, and with volunteers.

- 18.3.3 A constant message from public engagement events is the need for good, accessible information about services and how to access them. An online directory of services is being developed with Renfrewshire Council's Library Services. It will link to other information sources and will be updated monthly.
- 18.3.4 Every complaint investigated by the CHP has a recommended action plan in place at the end of the investigation. An additional audit is now underway to ensure that these action plans are followed up appropriately by local managers and staff, and that there is evidence that all points on the plan have been actioned. This will inform and assure the CHP that the complaints process is contributing to the change and improvement agenda.

## 18.4 Outcomes Table

### Quality Policy

Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<b>All 4 strands</b>		
<p>We have a co-ordinated approach across the organisation to public involvement, person centred care, safety and effectiveness with clear accountability and measurable impact on patient outcomes.</p>	<ul style="list-style-type: none"> <li>- Review of existing organisational structures and arrangements, including links to individual and organisational performance.</li> </ul>	<ul style="list-style-type: none"> <li>- Clear governance structures in place</li> </ul>
	<ul style="list-style-type: none"> <li>- Further development of the framework.</li> </ul>	<ul style="list-style-type: none"> <li>- Responsibilities reflected in individual objectives.</li> </ul>
	<ul style="list-style-type: none"> <li>- Review of evidence base for cost/benefit of improving quality and person centred care.</li> </ul>	<ul style="list-style-type: none"> <li>- Revised framework.</li> </ul>
	<ul style="list-style-type: none"> <li>- Each part of the organisation ensures that the 4 strands of activity are part of an overall programme which improves patient outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>- Evidence in development plans.</li> </ul>
<b>Public Involvement</b>		
<p>We involve and engage the public fully in decision making and service change</p> <p>All public involvement activity has increased engagement with groups and individuals who experience discrimination associated with disability, race, gender, sexual orientation, age, social class/socio-economic status and religion and belief.</p>	<ul style="list-style-type: none"> <li>- Clear plans for patient and public involvement in service change, in line with Scottish Government guidelines on Patient Involvement.</li> </ul>	<ul style="list-style-type: none"> <li>- We are able to demonstrate effective public involvement and consultation in line with SG guidelines and the forthcoming Participation Standard</li> </ul>
	<ul style="list-style-type: none"> <li>- Communicate key messages to the public through newsletters, media, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- 2 newsletters and 2 Public Meetings per annum</li> <li>- CHP website updated on a regular basis</li> <li>- Wider community encouraged to attend PPF Executive Group Meetings</li> <li>- PPF has substantial role in Community Planning Conferences</li> </ul>
	<ul style="list-style-type: none"> <li>- Investigate the potential to replicate</li> </ul>	

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	<p>Reaching Older Adults model, using the strengths and skills of the voluntary sector to encourage self-managed care.</p> <ul style="list-style-type: none"> <li>- Develop capacity for patients and the public to be involved, through further development of PPFs, the patients panel, MCNs, or other fora.</li> </ul>	<ul style="list-style-type: none"> <li>- We can evidence impact of patient, carer or public engagement in all our activities.</li> </ul>
	<ul style="list-style-type: none"> <li>- Develop working with Local Authorities and the voluntary sector (through the new interface organisation), and effective use of the Involving People database</li> </ul>	<ul style="list-style-type: none"> <li>- We can demonstrate how different groups are involved and consulted.</li> </ul>
	<ul style="list-style-type: none"> <li>- Review PPF and other patient fora arrangements to support involvement of equalities groups, or ensure that additional engagement is in place.</li> </ul>	<ul style="list-style-type: none"> <li>- PPFs and other fora reflect the diversity of the communities from which they are drawn.</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure PPFs and relevant patient/carers fora are involved in the core business of partnerships and the acute division. In particular PPF Executive Group have more proactive role in the CHP Committee business.</li> </ul>	<ul style="list-style-type: none"> <li>- PPFs and other patient fora have work programmes which are clearly linked to, and influence, partnership and acute division priorities.</li> </ul>
	<ul style="list-style-type: none"> <li>- Communication and information as part of any public involvement processes is accessible and in line with the Communication Support and Language plan.</li> </ul>	<ul style="list-style-type: none"> <li>- We can demonstrate that communication is in plain English, in other languages or alternative formats where necessary and reflects literacy levels in our population.</li> </ul>
<p>We are accountable to the population of Greater Glasgow and Clyde.</p>	<ul style="list-style-type: none"> <li>- Providing information to the public, including responding to Freedom of Information requests.</li> </ul>	<ul style="list-style-type: none"> <li>- FOI requests responded to within required timescales.</li> </ul>

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Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<b>Patient Experience</b>		
We understand and take account of patient experience in the planning and delivery of services.	<ul style="list-style-type: none"> <li>- Each part of the organisation should have a process to gather and analyse patient experience and outcomes to inform plans. This should ensure that the differential experiences of equality groups can be taken into account.</li> </ul>	<ul style="list-style-type: none"> <li>- Compliance with Patient Participation Standard.</li> <li>- Evidence in development plans.</li> </ul>
	<ul style="list-style-type: none"> <li>- Further development of approaches to supported self care.</li> </ul>	<p>Awareness raised of self management amongst NHS managers, practitioners and people living with long term conditions (Ref. LTCs, older people, unpaid care and unplanned care frameworks).</p>
	<ul style="list-style-type: none"> <li>- Ensure that pathway redesign is informed by patient views and experience.</li> </ul>	<ul style="list-style-type: none"> <li>- Evidence of patient views in pathway redesign.</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure that effective complaints processes are in place which:                             <ul style="list-style-type: none"> <li>- make it clear how patients can raise concerns;</li> <li>- analyse trends and key issues in complaints;</li> <li>- ensure information from complaints and ombudsman reports is used in service planning, review and delivery.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- % of responses within required timescales</li> <li>- Evidence of trends</li> <li>- Ombudsman reports discussed at Clinical Governance Forum and appropriate issues addressed.</li> </ul>
	<ul style="list-style-type: none"> <li>- Better Together Patient Experience programme. Ensure that we consider the most effective ways of gathering information on patient experience, and feedback to ensure that it is acted on.</li> </ul>	<ul style="list-style-type: none"> <li>- Improvements/changes in patient survey results</li> <li>- Patient Experience Group established</li> <li>- Evidence of impact on service delivery.</li> </ul>

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Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>We understand the impact of inequality and discrimination on patient experience and access.</p>	<ul style="list-style-type: none"> <li>- Continued roll out of EQIA programme to cover wider range of services in line with priorities identified through the planning process.</li> </ul>	<ul style="list-style-type: none"> <li>- Numbers of EQIAs</li> <li>- EQIA on PPF membership and work plan</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure that feedback from complaints, patient surveys etc is able to identify different groups and circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>- Disaggregated data where possible.</li> </ul>
	<ul style="list-style-type: none"> <li>- Measures of access consider the different experience of different groups.</li> </ul>	<ul style="list-style-type: none"> <li>- Disaggregated data on access experience.</li> </ul>
	<ul style="list-style-type: none"> <li>- Improve physical access.</li> </ul>	<ul style="list-style-type: none"> <li>- Compliance with DDA requirements.</li> </ul>
<p><b>Person Centred Care</b></p>		
<p>Care and services are provided in partnership with people, treating individuals with dignity, empathy and respect, based on their strengths, needs, experiences and preferences.</p> <p>We are responsive to age, gender, sexual orientation, disability, race, faith/spirituality, socio-economic status or geographic location.</p>	<ul style="list-style-type: none"> <li>- Collective development process to further define our approach, performance indicators and effective action. This will have to consider:                             <ul style="list-style-type: none"> <li>- definitions and measure of patient centred care;</li> <li>- how management, professional and organisational development activities are focused on developing person centred approaches;</li> <li>- support arrangements;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- To be further defined, but to include compliance with Patient Participation Standard</li> <li>- Patient Experience Group established to focus on excellence from the patient's perspective and ensure services are 'fit for purpose'.</li> </ul>
	<ul style="list-style-type: none"> <li>- Recognition of the central role of the patient in understanding their clinical history, current progression of illness and treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals have a clearer understanding about their condition and their role in managing it</li> <li>- Improve the experience of care by empowering people to be full partners</li> <li>- Patient capacity to self manage increased (ref. LTCs framework).</li> </ul>

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Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> <li>- Training and support to staff to understand the impact of social circumstances, inequality and discrimination on their health and choices</li> </ul>	<ul style="list-style-type: none"> <li>- Awareness of Health gap, inequality and impact of social circumstances on health continually raised with staff. Health Improvement Team provides training and support on an ongoing basis.</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure that patients, and with their consent, carers, are provided with a range of information about their condition, treatment options, outcomes, risks, side effects and rights on an on-going basis.</li> </ul>	<ul style="list-style-type: none"> <li>- Individuals have a clearer understanding about their condition and their role in managing it</li> <li>- Improve the experience of care by empowering people to be full partners (ref. LTCs framework) Carers JPPIG work plan (Ref. Unpaid Care framework).</li> </ul>
	<ul style="list-style-type: none"> <li>- Develop patient outcome measures and evaluation, for example Talking points and patient reported outcomes measures.</li> </ul>	<ul style="list-style-type: none"> <li>- Discuss at Joint Information Management Group</li> </ul>
<b>Safe and Effective Care</b>		
<p>The care we provide is safe and effective We minimise errors and harm to patients Care is evidence based.</p>	<ul style="list-style-type: none"> <li>- Each part of the organisation has an effective approach to clinical, and care governance in integrated CH(C)Ps.</li> </ul>	<ul style="list-style-type: none"> <li>- Clinical Governance and Risk Management standards.</li> </ul>
	<ul style="list-style-type: none"> <li>- Continued implementation and roll out of the Scottish Patient Safety programme including consideration of potential in primary care.</li> </ul>	<ul style="list-style-type: none"> <li>- SPSP measures:                             <ul style="list-style-type: none"> <li>- 15% reduction in mortality;</li> <li>- 30% reduction in adverse events.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>- Compliance with Infection control policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>- HEAT Target - by March 2011, reduction of 15% in staphylococcus aureus bacteraemia cases; reduce rate of C.Diff infections aged 65+ by 30%.</li> </ul>
	<ul style="list-style-type: none"> <li>- Appropriate compliance with National Clinical/service standards.</li> </ul>	<ul style="list-style-type: none"> <li>- QIS reviews.</li> </ul>

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	<ul style="list-style-type: none"> <li>- Implementation of evidence based guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>- Audit of compliance with guidelines.</li> </ul>
	<ul style="list-style-type: none"> <li>- Evaluation of our activities to ensure they are delivering improved patient outcomes including health improvement.</li> </ul>	<ul style="list-style-type: none"> <li>- HEAT targets (especially 'H')</li> <li>- Population health measures</li> <li>- Specific measures of clinical outcome, including primary care Quality and Outcomes Framework.</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure staff and independent contractors have the appropriate competencies and expertise to assess patient needs and provide the right care and treatment through:                             <ul style="list-style-type: none"> <li>- training and professional development;</li> <li>- KSF/PDPs/appraisal;</li> <li>- clinical supervision;</li> <li>- revalidation;</li> <li>- vetting procedures.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Evidenced through KSF/PDP/appraisal systems</li> <li>- Evidenced through re-registration of nursing and AHP staff</li> <li>- Recruitment procedures, qualifications, references, etc.</li> </ul>
Children and vulnerable adults are protected from abuse, harm and neglect.	<ul style="list-style-type: none"> <li>- Ensure that staff and independent contractors are appropriately trained and supported with robust systems to:                             <ul style="list-style-type: none"> <li>- identify harm;</li> <li>- assess risk;</li> <li>- manage risk;</li> <li>- work with other agencies.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Nos. trained</li> <li>- Evidenced through KSF/PDP/appraisal systems</li> <li>- All appropriate staff are trained in Basic Awareness Tier 1 Adult Protection</li> <li>- Appropriate staff are trained at Tiers 2 and 3 to recognise and manage adult protection issues</li> </ul>
	<ul style="list-style-type: none"> <li>- Ensure there are clear plans in place within CH(C)Ps, acute division and MHP on:                             <ul style="list-style-type: none"> <li>- Child Protection;</li> <li>- Adult Support and Protection;</li> <li>- MAPPA;</li> <li>- Mental Health Act.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Evidence in development plans.</li> </ul>

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Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> <li>- Child Protection Plans should ensure that:               <ul style="list-style-type: none"> <li>- all school nurses are trained to foundation level;</li> <li>- school nurses and HVs are trained in the compilation and analysis of chronologies;</li> <li>- there is early assessment of risk and need of vulnerable pregnant women via pre birth assessment case conferences;</li> <li>- doctors who conduct child protection medical examinations are trained to the required level;</li> <li>- the policy for “intoxicated adolescents at Emergency Department” is reviewed and an action plan produced;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Numbers trained.</li> <li>- Numbers trained.</li> <li>- Numbers/level of training.</li> </ul>
	<ul style="list-style-type: none"> <li>- Adult Support and Protection Plans should ensure that:               <ul style="list-style-type: none"> <li>- there is effective interagency co-operation within Adult Protection Committees;</li> <li>- all staff in contact with patients undertake the e-learning module;</li> <li>- awareness raising training is made available to staff who do not have access to a PC;</li> <li>- key NHS staff who require to be trained to Level 2 and 3 are identified and trained;</li> <li>- a training needs analysis is approved;</li> <li>- staff can demonstrate awareness of the duties to report, enquire and investigate and co-operate and share information.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Evidence in minutes, development plans, conferences.</li> <li>- Measured from PDPs and module outputs.</li> <li>- Training schedules in place and reports produced.</li> <li>- Training schedules in place and reports produced.</li> <li>- Audit/survey.</li> </ul>

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Outcome	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> <li>- Robust MAPPA arrangements are in place including:                             <ul style="list-style-type: none"> <li>- professional education and awareness;</li> <li>- forensic service acts as Responsible Authority for all restricted patients in NHSGGC;</li> <li>- all restricted patients are MAPPA notified and referred at the appropriate stage in rehabilitation programme;</li> <li>- compliance with established arrangements and protocols for the dissemination and sharing of information on MAPPA cases.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Local arrangements in Renfrewshire are regularly reviewed</li> <li>- Reports go to the Clinical Governance Forum</li> </ul>
	<ul style="list-style-type: none"> <li>- Mental health inpatient services demonstrate compliance and continued improvement using the Core Audit Schedule.</li> </ul>	<ul style="list-style-type: none"> <li>- Core audits undertaken monthly</li> </ul>

## **18.5 Finance and Workforce**

- 18.5.1 The five Local Area Committees (LACs) in Renfrewshire have developed responsibility for significant grant allocations. We will support the LACs to use this money to respond to local needs, taking a pro-active role rather than initiating general bids for funding.

For 2010/11, the CHP will seek to identify recurring funding to replace its allocation to ROAR, which has previously been from non-recurring resources.

- 18.5.2 RCHI is the only community health initiative in Renfrewshire but its funding is on a temporary basis from Fairer Scotland Fund, the CHP and lottery funding. During 2010/2011, we will work with RCHI to explore long-term sustainable funding and to target their work to support other health improvement initiatives