



Leeds Community Healthcare NHS Trust Update on quality account objectives for 2012/13

The tables below detail the priorities for quality improvement identified in our last quality account. An update on current progress is included in the final column. All projected outcomes are on target to be met with the exception of one. Actions to address this have been taken with significant improvement expected by the end of the year.

Priority 1 – Patient safety

Our long term aim is to improve safety and reduce harm to patients.

Our objectives for 2012 / 13 are to effectively manage and reduce the risk of harm occurring to patients by maintaining a positive culture of incident reporting, incident management and evidence based harm reduction.

Some specific actions relating to these objectives are detailed below

Action	Achieved 2010/11	Target 2011 / 12	Achieved 2011 / 12	Projected Outcome 2012/13	Update
Safeguard adults	95% of staff were trained in safeguarding adults at the end of 2010 / 11.	100% of eligible staff to be trained or compliant in safeguarding adults	79% of staff are compliant with required level of safeguarding adults training.	100% of all eligible staff will be trained or compliant in safeguarding adults NEW TARGET FOR 2012 / 13 100% of all eligible clinical staff will be trained in and compliant with the Mental Capacity Act	At the end of Oct, 87% of all staff had received safeguarding adults training At the end of Oct, 69% of all staff had received mental capacity act training
Safeguard children	91% of staff were trained in safeguarding children at the end of 2010/11	Maintain and improve the number of staff updating their training within year	89% of staff are compliant with the required level of safeguarding children training	100% of all eligible staff will be trained or compliant in safeguarding children	At the end of Oct, 88% of all staff had received training
Protect people from harm and infection	72% of staff updated their Infection Prevention and Control (IPC) training in 2010/11	Increase the number of staff completing infection prevention and control training update within year	84% of staff updated their IPC training in 2011 / 12	Increase the number of staff with up to date IPC training within the next year to 90%	At the end of Oct 86% of staff had updated their IPC training

<p>Learning from incident investigations (NEW ACTION FOR 2012 / 13)</p>	<p>N/A</p>	<p>N/A</p>	<p>Implement the LCH Incident and Serious Incident Policy, ensuring all incidents are investigated at the appropriate level. Specialist reviewers look at all incidents to identify learning and themes. Identify areas for change and recommendations to help minimise recurrence.</p>	<p>Improved processes to ensure action plans are completed.</p> <p>All root cause analysis (RCA) investigations have clear actions and deadlines.</p> <p>Increased sharing of learning and themes through reports to general managers</p>	<p>Action taken and audit to be completed at the end of the year.</p> <p>System in place from October. All major harm incidents now require a RCA which is reported to Quality board sub committee.</p> <p>Learning included in quarter quality reports sent to general managers, learning from patient safety memos and quality news</p>
<p>Embed and maintain robust safety systems</p>	<p>NHSLA 1 – maintain Level 1</p>	<p>Retain level 1 as an organisation in our own right</p>	<p>Achieved level 1 registration with a high score (48/50)</p>	<p>Consider moving to level 2 by preparing a business case</p>	<p>Ongoing</p>

1.2 Priority 2 – Clinical effectiveness

Our long term aim is to demonstrate our success in outcomes, backed by clinically effective interventions and better patient reported outcomes / experience.

Our first objective is to ensure all services develop 1 – 3 clinical outcome measures by 2012 / 2013.

Some specific actions relating to this aim are detailed below alongside the actions and projected outcomes for 2011 / 12.

Action	Achieved 2010/11	Target 2011 / 12	Achieved 2011 / 12	Projected Outcome 2012/13	Update
Develop the use of Outcomes Based Accountability (OBA)	Some staff trained in OBA	Outcomes Based Accountability embedded in the organisation as a tool to demonstrate population accountability and performance accountability	OBA is being used in some children's services and in some adult integration work	OBA embedded in the organisation with every service developing an outcome measure	Outcome measures steering group established. Action plan for all services to have identified outcome measures by end of year developed. Scoping of current outcome measures in use completed.
Develop the use of Patient Reported Outcome Measures (PROMs)	Current PROMs relate to patient experience	Patient Reported Outcome Measures identified and reported on for nomination services	PROMs have been used in the long term condition team to meet CQUIN targets	Services to state where PROMs contribute to the outcome measures for their services	Resource pack being developed.

Our second objective relates to staff and is to ensure that they are appropriately supported, developed and led to ensure our interventions are evidence based and clinically prioritised.

Some specific actions relating to this aim are detailed below alongside the actions and projected outcomes for 2012 / 13.

Action	Achieved 2010/11	Target 2111 / 12	Achieved 2012/13	Projected Outcome 2012/13	Update
Develop appropriate mechanisms for and promote the importance of clinical supervision to staff and offer training	Currently 44% report that they participate in clinical supervision	Increase percentage of staff who participate in clinical supervision	Qtr 3 figures show 67%.	Increase the number of staff engaging in clinical supervision to 90%	At the end of Q2, 63% of staff were participating in clinical supervision.
Ensure all staff receive an appraisal	69% of staff have an agreed appraisal within the last year	All staff to receive an appraisal Increase the percentage of staff who have an agreed appraisal within the year to 90%	87% of staff have had an appraisal in 2011/12 (According to staff survey results)	Increase the percentage of staff who have an appraisal within the year to 90%	At the end of Oct 73% of staff were recorded as having received an appraisal within the last year
Implement a new leadership strategy	The clinical and professional development strategy includes leadership objectives	Development of a leadership strategy that promotes leadership at all levels of the organisation	Leadership strategy has been developed	Leadership mapped in every service in the organisation	Mapping of leadership completed.
Development of peer review systems for services (NEW ACTION FOR 2012/13)	N/A	N/A	N/A	All services have an agreed plan for the implementation of peer review	Peer review process established in district nursing service. To be developed in ICT and with community matrons

1.3 Priority 3 – Patient experience

Our long term aim is to ensure that people using our services have the best possible experience.

Our objectives are to ensure all of our staff and services, listen to, report on and demonstrate learning from patient experience; and that our complaints, concerns, comments and compliments processes spread learning across the organisation .

Some specific actions relating to these objectives are detailed below:

Action	Achieved 2010/11	Target 2011 /12	Achieved 2011/12	Projected Outcome 2012/13	Update
Maintain high levels of performance and ensure that all patients are able to contact the staff and services easily	86% of patients who completed our patient satisfaction survey felt they could do this	Increase the percentage of people who feel able to contact the services they need easily, particularly in groups that find it difficult to access care	86% of respondents about Adult services and 87% of respondents about children's services felt staff were easy to contact	Improvement on percentage of patients who report being able to reach required services easily	As of November 86.5% of patients across the organisation report being able to reach the service they require easily
Ensure all patients feel involved in the planning of their care	89% of patients feel they are involved at present	Increase the percentage if patients who feel involved in the planning of their care of treatment	87% of respondents about Adult services and 88% of respondents about children's services felt they had been involved in the planning of their care	Improvement on percentage of patients who report being involved in their care	For November satisfaction with involvement in planning of care was 92%

Continuously improve our learning from comments, concerns, complaints and compliments	High levels of assurance from internal audit that systems are effective	Further develop the process for combining all forms of feedback and relating these to learning and service improvement	New systems in place to ensure services receive timely feedback on complaints and that complaints information is considered with incident information	All complaints responded to within the agreed timeframe. Benchmark our complaint achievement with other similar organisations	To November 95% of complaints acknowledged within 72 hours and 89% of response sent within agreed timeframe. All responses sent within 6 month limit.
Develop an engagement network of patients / service users, carers, public and stakeholders as a precursor to full membership	Patient and public involvement strategy in place with high assurance from National Institute for Patient and Public Involvement	Develop a comprehensive Membership strategy that delivers on NHS community foundation trust requirements, our commitment to engage with the community and to actively engage patients / service users	A comprehensive membership strategy is developed along with a membership recruitment plan	Sufficient members recruited by target dates	Target numbers for membership recruitment currently being met.