Quality summary report:  
Community Nursing  

CLCH Quality Report Jan – Dec 2011

<table>
<thead>
<tr>
<th>Service exact name</th>
<th>Adult Community Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address line 1</td>
<td></td>
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<tr>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>Town/city</td>
<td>London</td>
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<td>County</td>
<td>London</td>
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<td>Postcode</td>
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</tr>
<tr>
<td>No. beds</td>
<td>[N/A]</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.clch.nhs.uk">www.clch.nhs.uk</a></td>
</tr>
<tr>
<td>Main telephone</td>
<td></td>
</tr>
</tbody>
</table>

Completed by:  
**Kate Bushell, Vince Baxter and Cora Molloy**  
Operational Manager, Senior Manager and Pathway Lead for End of Life Care

Approval:  
**Marina Tempia, Ann Duncan and Ann Mount**  
Associate Director Adults 1, Interim Associate Director Adults 1 and Assistant Director of Operations
The aims of Adult Community Nursing service is:
- Promoting health and wellbeing by supporting people to make healthier choices,
- Managing long term conditions by improving quality of life and independence,
- Admission avoidance by reducing admission to hospital and A&E attendances, and
- Providing end of life care by identifying patients who are approaching the last twelve to six months of their life, discussing with them their priorities towards end of life and formulating advanced care plans with them to achieve their preferred place of care.

The CLCH Adult Community Nursing service consists of:
- District Nursing
- Rapid Response Nursing
- Night Nursing
- Case Management/Community Matrons

The District Nursing service provides care for patients that fall under three categories of needs. The first category of need is regular care interventions, such as daily insulin administration, PEG feeds and administration of daily medication. The second category of need is short term care interventions, such as phlebotomy. The third category of need is intensive support care interventions, such as end of life care, IV antibiotic therapy and managing pain control. Patients who are identified as end of life may require care interventions.
at all three care category.

The main elements of the District Nursing role include providing a holistic nursing assessment of the patient and their families, enabling complex care to be organised and provided in the patients’ home environment. This process is facilitated by working with patients, their families, and members of the multidisciplinary teams with the intention to provide unique care for the individual.

The District Nurse Team Leader is responsible for managing complex healthcare by coordinating a team of staff who work alone within patients’ home and developing excellent working relationships by liaising with many different services.

The Rapid Response Nursing service is currently being delivered across the 3 inner London boroughs of CLCH; Westminster, Kensington & Chelsea and Hammersmith & Fulham. These consist of acute nursing teams seeing patients on the day of referral and within 2 hours of referral in Westminster. The services are designed with the intention to avoid admission to hospital and offer acute advanced nursing care, typically short term of 1-3 days, but up to 10 days maximum.

The services differ in structure between boroughs, largely due to the differing requirements of commissioners when the services were established. In Hammersmith and Fulham, the hospital at home service provides both rapid response and intermediate care and re-ablement under one service. In Kensington and Chelsea both rapid response and intermediate care are available but are currently separate services. In Westminster, there is a rapid response team. In Barnet there is a Post-acute care and re-ablement service (PACE).

The Night Nursing model of care provided includes a mixture of planned care, rapid response interventions and end of life care. The service cares for those over 18 years. The service is increasingly using a case management model approach to deliver more complex care to those with Long Term Conditions and for those patients coming to the end of their life. Patients who require the Night
Nursing service have access according to their need. For example, a patient who requires routine care (e.g. insulin, medication, dressings) on a daily basis or in some incidences patients may need to access the service on an urgent basis (e.g. deterioration in condition, blocked catheter, urgent blood sugars). Caseloads are prioritised according to patients’ clinical need, such as those patients with high priority needs who may be in the terminal stage of their illness and requiring end of life care. The service will classify this as an urgent visit and those patients will be given immediate access to the service.

Case mangers/community matrons undertake case management, which is not a single intervention, but covers a wide range of activities including: case finding, assessment, care planning, care co-ordination, and case closure (in time-limited interventions). Case management is a key component of the Department of Health’s model for caring for people with long term conditions, and is based on the premise that targeted, proactive, community-based care is more cost-effective than downstream acute care. Therefore, case management focuses on those at most risk of emergency admissions. It can focus on a specific condition or group of conditions, but most often it will be a generic programme for those with complex needs.

<table>
<thead>
<tr>
<th>Overall summary of quality performance and next steps</th>
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<tbody>
<tr>
<td><strong>Safety</strong></td>
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<tr>
<td>The Adult Community Nursing service has made progress to improve the safety of the service. The current priority is to improve the safety of care around patients who have pressure ulcers. The service has conducted an audit of staff knowledge and compliance with NICE guidance in the assessment of risk and management of pressure ulcers, from which an action plan has been instigated to address the outcomes of the audit. The action plan includes changes to the training programmes to focus on key issues, the development of Pressure Ulcer Link Nurses and the availability of patient information leaflets. This audit will be repeated in a year, and incidence of pressure ulcers will continue to be monitored and investigated.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Effectiveness</strong></th>
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<tbody>
<tr>
<td>The Adult Community Nursing service has improved the effectiveness of the service by completing the identification of training needs and ensuring that all</td>
</tr>
</tbody>
</table>
relevant staff have undertaken the ‘Safe use of insulin’ e-training and gastrostomy training.

The service has also implemented the Liverpool Care Pathway for the Dying, improved the identification of patients who are at the end of their life and improved the documentation of patients’ wishes around preferred place of care.

Experience

The Adult Community Nursing service has taken various steps to improve the experience patients have of the service. These measures include making District Nurses more accessible for patients to phone by ensuring that a contact number is clearly displayed at the front of patients’ notes and making the service more efficient so that nurses spend more time with patients. One example of this is the way the nurse organises their daily visits. The nurses now start the day with a patient visit, instead of visiting the office first. The service has also implemented a patient reported experience measure (PREM) to measure the satisfaction patients have with the service.

The Adult Community Nursing Service has made good progress on its quality improvement actions from last year’s report. A standardised referral form which is accepted across CLCH district nursing service, and is used by primary and secondary care, has been introduced. This is currently in paper form, with an electronic version in development. Community pharmacists are managing medication blister packs for patients. This is reducing medication errors. Community staff no longer have to fill patients’ dossett boxes and this removal of such a task has led to improved productivity. CQUIN 1 has seen the establishment of a pilot project delivering in-reach services into two acute hospitals (Chelsea & Westminster and St Mary’s). The pilot consists of two community liaison nurses based within each hospital. Part of their role is to improve liaison and discharge process between hospital and the community. A project to redesign community nursing has commenced which will improve productivity within the service. A wound evaluation chart audit has been completed by the tissue viability team, and following completion of the medicines record audit a new standardised medication administration record is being developed. A pressure ulcer audit has also been completed. There are also
actions to improve the information patients receive. In particular focusing on when a patient can expect a home visit from the district nurse and also the, best times for the patient to contact district nursing services. All teams have been reminded of the importance of providing patients with the most up to date contact details.

The redesign of community nursing will be the key to improving quality across the service next year. A focus on staff training and development, and a robust programme of audit, will be the main actions for improving safety. The introduction of Clinical Leads and a review of the role of the district nurse team leader will provide leadership and support for the actions aimed at improving safety. In order to measure patient experience and the effectiveness of care provided, the community nursing service will be introducing an internationally validated Quality of Life Tool. The tool will be used during the initial assessment of patients and at the review stage. The tool will focus on the patients desired outcomes which can then be incorporated into their personalised care plan, enabling patients to be full involved in planning their care.

Safety

Overview

Reducing the number of pressure ulcers and medication errors were the main safety priorities for the service in 2011.

Reporting of pressure ulcer incidence has increased significantly over the past year. One of the service's Commissioning for Quality and Innovation (CQUIN) targets is to reduce the incidence of grade 3 & 4 pressure ulcers. A lot of work has been undertaken to prevent and treat hospital acquired and community acquired pressure ulcer incidents. An audit of staff knowledge and compliance with NICE guidance in the assessment of risk and management of pressure ulcers has been conducted and from this an action plan has been instigated to address the outcomes of the audit. The audit will be repeated this year. The service will also be implementing the action plan developed following the Essence of Care Pressure Ulcer audit. At service level implementation of the
plan will be monitored at the community nursing governance and quality meeting.

The community nursing service will continue to review and improve processes that lead to medication errors. In addition, the service will also focus improvement actions at clinician level through training and education, and performance reviews and management.

Supporting all actions aimed at delivering safe services will be the newly introduced role of clinical lead, and team leaders whose role is currently being reviewed.

The service will also aim to continue the prompt reporting of incidences and where there are perceived to be low reporting of incidence take action to ensure best practices and a “no blame” culture is evident amongst staff. This will enable the service to continue to learn from experience and prevent / reduce the number of recurrence of incidents in the future.

<table>
<thead>
<tr>
<th>Key achievements this year</th>
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</table>

We identified the following safety improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

1) **Standardised pan CLCH district nursing referral form used by all primary and secondary care providers referring into the service**: This safety improvement action has been completed as the paper version of the form has been implemented. The next step is to implement an electronic version to the single point of access into the service.

2) **The use of an electronically produced medication chart**: This safety improvement action is on-going, a standardised medication administration record is being produced and electronic medication chart will be produced after that.

3) **Improved community liaison/facilitation of ‘good’ discharge planning between acute care providers and district nursing teams across CLCH**: This safety improvement action is on-going. CQUIN 1 has seen the establishment of a pilot project delivering in-reach services into two acute hospitals (Chelsea & Westminster and St Mary’s Hospitals). Two community liaison nurses, one at each acute hospital, are improving liaison and discharge process between hospital and the community. This pilot will be evaluated early in 2012.
As well as the safety quality improvement actions identified in the last year’s report the Adult Community Nursing service has also carried out the following safety quality improvement actions:

1) **Reduce drug administration errors**: Medicines record audit completed, and new medication administration record chart being produced. Further work is required in this area in order to reduce drug administration errors, and the appointment of Clinical Leads in each of the three inner London boroughs will support this.

2) **Review of clinical practice in relation to pressure ulcer risk assessment and management**: Redesign of Datix forms has improved the reporting of pressure ulcers. An Essence of Care pressure ulcer audit has been completed, and community nursing will be putting in place actions to improve the care and treatment of patients at risk of, and with pressure ulcers (as set out by the Pressure Ulcer Working Group).

3) **Encourage nursing staff to report incidents of verbal abuse and harassment**: Incidents are being reported by nursing staff via Datix and the Lone Worker policy is being revised. Progress in this area will be monitored through the staff survey.

The safety quality improvement priority for the Community Adult Nursing service in 2012 will be to further increase the safety around pressure ulcers by implementing the action plan that was produced from the results of the Essence of Care pressure ulcer audit.

<table>
<thead>
<tr>
<th>Key results</th>
<th>Total incidents Jan-Dec 2011 by category</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>There have been a total of 958 incidents reported in 2011.</td>
</tr>
</tbody>
</table>
### Incident Categories by Borough

<table>
<thead>
<tr>
<th>Incident Categories by Borough</th>
<th>Barnet</th>
<th>H&amp;F</th>
<th>K&amp;C</th>
<th>West’</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
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<td></td>
<td></td>
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<td>Blank</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>19</td>
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<td>Contact with needle or Other sharps</td>
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<td>2</td>
<td>3</td>
<td>5</td>
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<td>Discharge or transfer problem</td>
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<td>9</td>
<td>22</td>
<td>22</td>
<td>58</td>
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<td>Environmental hazards and harmful</td>
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<tr>
<td>Category</td>
<td>Low</td>
<td>Minor</td>
<td>Medium</td>
<td>High</td>
<td>Catastrophic</td>
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<td>----------------------------------------------</td>
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</tr>
<tr>
<td>Fire</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Records</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>Hit by/against object</td>
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<td></td>
<td>1</td>
<td></td>
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<tr>
<td>Infection Control</td>
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<td></td>
<td></td>
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<tr>
<td>Information</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>15</td>
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<tr>
<td>Injury as a result of a cut</td>
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<td>1</td>
<td></td>
<td></td>
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<tr>
<td>IT Network and Equipment</td>
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<td>9</td>
<td>1</td>
<td>12</td>
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<td>Laboratory problem</td>
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<td>Medical devices &amp; equipment</td>
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<tr>
<td>Medication</td>
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<td>Moving and Handling</td>
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<td>7</td>
<td></td>
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<tr>
<td>Other</td>
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<td>4</td>
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<td>Possible Safeguarding Issue - Adults</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>21</td>
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<tr>
<td>Pressure Ulcer - developed within CLCH service</td>
<td>28</td>
<td>9</td>
<td>53</td>
<td>32</td>
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<tr>
<td>Pressure Ulcer - developed within non-CLCH service</td>
<td>105</td>
<td>10</td>
<td>99</td>
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<tr>
<td>Problem with admission to service (inc new birth notifications)</td>
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<td>8</td>
<td>11</td>
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</tr>
<tr>
<td>Problem with appointment</td>
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<td>2</td>
<td>7</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Security of sites and property</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Self-harm</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Slips, Trips and Falls</td>
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<td>4</td>
<td>1</td>
<td>4</td>
<td>14</td>
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<td>Staffing Issue</td>
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<tr>
<td>Unexplained Injury to Patient</td>
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<tr>
<td>Unwell/illness/illness</td>
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<td>1</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Utility Supplies</td>
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<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Violence /Harassment or Abuse - without understanding</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td></td>
<td>10</td>
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<tr>
<td>Violence/abuse/harassment with intent</td>
<td>2</td>
<td>10</td>
<td>9</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Wrong, delayed or misdiagnosis</td>
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<td></td>
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</tbody>
</table>

**Total incidents Jan-Dec 2011 by severity**

<table>
<thead>
<tr>
<th>Level</th>
<th>Low</th>
<th>Minor</th>
<th>Medium</th>
<th>High</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>162</td>
<td>533</td>
<td>252</td>
<td>9</td>
<td>2</td>
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</table>

**Level of reporting:**
In the Adult Community Nursing service incidents are recorded in almost every case. The incident reporting in the service has increased from 348 in 2010 to 958 in 2011, although 2011 includes the addition of Barnet into the service. Near misses are recorded in most cases and work will continue to ensure that near misses are recorded in every instance.

Themes arising

The largest category of the incidents reported by the Adult Community Nursing service was pressure ulcers that were developed in a non-CLCH service.

The second most reported category was medication incidents, of which audits were carried out in 2011 to ensure that medication incidents were being adequately recorded and to identify actions to minimise these incidents in future.

The third most reported category was pressure ulcers developed in a CLCH service, in order to reduce this in future an audit was carried out in 2011 and the actions will be implemented in 2012 so that the amount of pressure ulcers developed in CLCH services should decrease next year.

There were two incidents report in 2011 that were rated as having a severity rating that was catastrophic. Both of these incidents were reported under the category ‘pressure ulcer developed in CLCH service’. Both incidents were the subject of a root cause analysis investigation and actions have been implemented that will reduce the likelihood of the incidents reoccurring. This service has made pressure ulcers one of the main priorities for this year and will implement a range of measures including an on-going monitoring system and increased education for staff.

<table>
<thead>
<tr>
<th>Safety Improvement Actions for 2012</th>
<th>Action</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the Essence of Care Pressure Ulcer audit action plan.</td>
<td>End of 2012</td>
<td>Professional Lead/Senior Manager</td>
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</tbody>
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## Effectiveness

### Overview

We aim to achieve the best possible outcomes for patients. To do this, we regularly check to see that we are delivering care and treatment according to best practice standards, and we increasingly look to measure and improve clinical and patient reported outcomes.

In order to improve the quality of End of Life Care for patients on the District Nursing caseload an End of Life Care policy was written and ratified last year and launched across the service this year. Improvement work associated with CQUIN 4 has resulted in the launch of the Liverpool Care Pathway for the Dying (LCP) across the inner boroughs of CLCH.

The use of this pathway for patients who are in the last hours and days of life has been nationally recognised as the standard bearer when providing end of life care.

The launch programme involved training staff on how to interpret the document,
seek endorsement from GP colleagues and address other issues on how to
care for the patient holistically at the end of life. Information gathered at the LCP
launch events such as managing difficult conversation will inform training
programmes on end of life care for 2012.

The remaining elements of CQUIN 4 for End of Life Care patients include data
collection which demonstrates staff are;
• improving the identification of patients on their caseloads who are in the
  last year of life
• Utilising a standardise template to record patients preferred place of care
• Monitoring if patients manage to achieve their preferred place of care

Further work will be undertaken throughout 2012 to develop the skills of
community staff in verification of death which complements the implementation
of the Liverpool Care Pathway for the Dying. It is expected that suitably
competent staff that are caring for end of life patients will be able to verify death
and therefore allow patients body to be removed to the funeral home where GP
colleagues can later certify. Relatives and carers will have the comfort of
receiving a visit from staff who have built up a rapport whilst caring for their
loved ones in the final hours and days to complete this element of care in a
timely fashion.

Further training in the safer use of insulin and gastrostomy has been completed
by staff across the community nursing service.

The service in Barnet has also launched a wound care formulary in order to
improve the effectiveness of wound care management, in line with the service’s
CQUIN target of reducing the incidences of grade 3 and 4 pressure ulcers. The
formulary

The Adult Community Nursing service has also contributed to numerous audits
this year and will continue to contribute to new and reaudits next year so that
practice can be measured in relation to best practice and improved upon.

| Key achievements | We identified the following clinical effectiveness improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each |
of them:

1) **Ensure all district nursing staff have undertaken the e-learning programme safer use of insulin**: This effectiveness improvement action is complete. The service will ensure all new starters undertake this programme, and staff remain up-to-date.

2) **Increase the number of district nurses completing gastrostomy training**: this effectiveness quality improvement action has been completed, although it is still on-going

3) **Implement a Band 5 development programme across district nursing**: 
   This effectiveness improvement action is on-going. Progress in this area has been limited, but the action will be taken forward as part of the adult nursing redesign work.

As well as the clinical effectiveness quality improvement actions identified in the last year’s report the Adult Community Nursing service has also carried out the following clinical effectiveness quality improvement actions:

1) **Implement the Liverpool Care Pathway for the Dying**: CQUIN 4 has seen the implementation of the Liverpool Care Pathway (LCP), with the aim of improving end of life care (EOL) care for adults, by increasing the proportion of patients who die on a gold standard EOL care pathway. In November 2011 the percentage of patients dying across the service in scope within the three inner London boroughs who were on the LCP was 51%, the percentage of patients with a preferred place of care recorded at the appropriate point in their care package was 90%, and the percentage of patients dying in their preferred place of care was 80%

The clinical effectiveness quality improvement priority for the Community Adult Nursing service in 2012 will be to implement the EQ-5D Patient Reported Outcome Measure (PROM) by incorporating it into the initial patient assessment process.

**Key results**

**Patient Reported Outcome Measures (PROMs)**

The Adult Community Nursing service has reviewed various PROMs and decided upon the EQ-5D quality of questionnaire as its chosen PROM. Work will
continue in 2012 to implement it successfully as ensure that it is used in all initial patient assessments.

**Clinical Outcomes**

- **% venous leg ulcers that heal within 12 weeks:**
  
  Target: 70%
  
  Achieved in Oct 2011: 79.4%

- **% of venous leg ulcers that heal within 24 weeks:**
  
  Target: 92%
  
  Achieved in Oct 2011: 83.3%

- **% of Community Matron patients with no hospital admissions:**
  
  Target: 80%
  
  Achieved in Oct 2011: 87.9%

- **% of Community Matron patients with no A&E attendances:**
  
  Target: 80%
  
  Achieved in Oct 2011: 82.5%

- **Face-to-face contacts:** Following efforts to improve the productivity of the service to amount of time nurses spend on face-to-face contacts has risen from 23% to 38% in the last 12 months.

**Clinical Audit**

**Participation in Trust-wide audits during 2011**

The Community Nursing service contributed to the CLCH trust-wide health records audit and was audited separately under Community Matrons and District Nursing.
Community Matrons' Results:

2 boroughs were involved and audited the following number of records:

- Barnet: 1
- Kensington and Chelsea: 0
- Hammersmith and Fulham: 2
- Westminster: 0

The service achieved a mean compliance rating of 60.97%.

District Nursing Results:

3 boroughs were involved and audited the following number of records:

- Barnet: 72
- Kensington and Chelsea: 54
- Hammersmith and Fulham: 96
- Westminster: 0

The service achieved a mean compliance rating of 64.88%.

Local audits during 2011

This year our clinical audit plan has focused on the following audits:

- **Tissue Viability:** This audit looked at the documentation around pressure ulcers. Each District Nursing Team randomly audited the notes of at least five patients that are at risk of developing pressure ulcers. The audit found that 90% of patients at risk of developing pressure ulcers had a risk assessment present in the notes. An action plan has been developed following the audit results and will be implemented in 2012.

- **Liverpool Care Pathway:** The audit was not conducted this year as other areas became a high priority and the service carried out the audit in 2010. The service will ensure that the Liverpool Care Pathway audit is carried out in 2012. A post implementation audit will take place in March 2012 with a one year post implementation audit in October 2012.
In addition to the clinical audits on the clinical audit plan the Adult Community Nursing service also carried out the following audits:

- **Catheter Associated Urinary Tract Infections:** This audit was a baseline audit to identify how many patients under CLCH care were catheterised and how many of those catheterised patients developed catheter associated urinary tract infections. The audit found that 5.82% of patients audited on the District Nursing caseload were catheterised, of which 13% had a catheter associated urinary tract infection. Since the audit an action plan has been implemented and a monitoring system for catheterised patients has been setup.

- **Continence:** This audit looked at the documentation of continence assessments in District Nursing. The audit found that in 55% cases there was a record of a continence assessment being carried out. An action plan was produced and a re-audit will be carried out to measure improvement.

The service currently plans to follow out the following audits in the 2012/13 financial year:

- **Tissue Viability:** This is a reaudit of an audit carried out in 2011/12. The audit will involve auditing the documentation of patients that are at risk of developing pressure ulcers. The audit will measure whether the actions implemented following the audit in 2011 have changed practice.

- **Management of Patients with Nasogastric Tubes:** This audit is following a National Patient Safety Agency (NPSA) alert regarding the safe management of nasogastric feeding tubes.

**NICE Guidelines**

The following NICE guidance is either fully or partially relevant to the service:

- CG2 Infection control
• CG21 Falls
• CG22 and CG113 Anxiety
• CG23, CG90 and CG91 Depression in Adults/ with a chronic physical conditions
• CG25 Violence
• CG29 Pressure ulcer management
• CG32 Nutrition support in adults
• CG34 and CG127 Hypertension
• CG35 Parkinson’s disease
• CG40 Urinary incontinence (in women)
• CG42 Dementia
• CG49 Faecal incontinence
• CG54 Urinary tract infection in children: diagnosis, treatment and long-term management
• CG61 Irritable bowel syndrome
• CG68 Stroke
• CG74 Surgical site infection
• CG76 Medicines Adherence
• CG95 Chest pain of recent onset
• CG97 Lower urinary tract symptoms
• CG100 Alcohol-use disorders: physical complications
• CG101 Chronic obstructive pulmonary disease (update)
• CG103 Delirium: diagnosis, prevention and management
• CG108 Chronic heart failure (update)
• CG109 Transient loss of consciousness in adults and young people
• CG121 Lung cancer
• CG122 Ovarian cancer
To ensure that we are complying with these best practice guidance, we have carried out the following actions in 2011:

- NICE guidance baseline assessment conducted and guidance implemented
- No NICE guidance needed to be placed into Risk Register
- Action Plans developed and completed
- NICE related education for staff has been organised with the aim to improve quality of the service, including BMJ e-learning

Feedback from a compliment:

"Thank you to all nurses who have been looking after me for the last eight weeks. They have all been very kind and considerate, and above all they have all dressed my wound very professionally. I am generally feeling much better and now I only need a small dressing which my wife can manage quite well. My sincere thanks to all your nurses."

<table>
<thead>
<tr>
<th>Clinical Effectiveness improvement actions</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use the Quality of Life tool as a PROM, by incorporating into the patient initial assessment process.</td>
<td>April 2012</td>
<td>Professional Lead</td>
</tr>
<tr>
<td></td>
<td>Complete the recruitment of Clinical Leads</td>
<td>June 2012</td>
<td>Service Managers</td>
</tr>
<tr>
<td></td>
<td>Implement clinical audit programme</td>
<td>October 2012</td>
<td>Professional Lead/Senior Manager</td>
</tr>
</tbody>
</table>
### Experience

**Overview**

We care about treating everybody with kindness, dignity and respect at all times.

The Adult Community Nursing service has focused on making itself easier to contact by providing patients with information on how to access the service. The service also continues to work on developing ways of providing patients with information about their treatment/condition.

There has been a focus, within community nursing, on improving productivity in order to increase patient facing time, for example community nurses now start many visits at their first patient, saving time by not travelling into their base to begin the day. This focus on increasing patient facing time through improving productivity will continue as part of the redesign of community nursing services.

In addition, staff members from the service in Barnet were selected to undertake an Excellence in Customer Care training programme last year. Learning from this training was fed back to their teams.

### Key achievements this year

We identified the following patient experience improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

1) **CLCH Medicines Management Committee to review/design training/support around nurses providing information to service users on their drugs/medication**: This experience improvement action is on-going. This action will be taken forward as part of the redesign of community nursing services.

2) **A standardised protocol will be implemented across district nursing services for providing information to patients around the time band/frame of their visit taking place**: This experience improvement action is on-going. Implemented across some teams, but will be taken forward as part of the redesign of community nursing services.

3) **Implement the use of approved intranet based patient information leaflets such as those related to medicines/drugs/conditions**: This experience improvement action is on-going. This action will be taken forward...
as part of the redesign of community nursing services.

4) **To develop and utilise the work currently being carried out around improving productivity, especially around increasing patient facing time:** This experience improvement action is on-going. Community nurses now start many visits at their first patient, saving time by not travelling into their base to begin the day. Further work to achieve productivity gains forms part of the work on redesigning community nursing, and includes streamlining the handover process and aligning the right staff skills required to carry out tasks.

As well as the clinical effectiveness quality improvement actions identified in the last year’s report the Adult Community Nursing service has also carried out the following clinical effectiveness quality improvement actions:

1) **To make patients aware of the best times to contact district nursing teams.**

2) **To provide contact details for community nursing teams by displaying them on the front of the patients home notes.**

3) **To provide all patients using the district nursing service with a leaflet outlining details of the service provided and how they can contact the service:** This experience improvement action is on-going. A leaflet has been designed and is awaiting printing.

The experience improvement priority for the Community Adult Nursing service in 2012 will be to further improve the experience of patients using the service by redesigning the service so that nurses can increase patient facing time and to implement a quality of life questionnaire during initial assessments so that patients can be more involved in planning their treatment.

<table>
<thead>
<tr>
<th>Patient survey results</th>
<th>Patient surveys (known as Patient Reported Experience Measures – PREMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Summary of results for core patient experience measures (Aug-Dec 2011)</td>
</tr>
<tr>
<td>Question</td>
<td>Result for this service</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>98%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in planning their treatment</td>
<td>54%</td>
</tr>
<tr>
<td>% patients saying they were always treated with dignity &amp; respect</td>
<td>94%</td>
</tr>
<tr>
<td>% patients saying they definitely understood explanation</td>
<td>82%</td>
</tr>
<tr>
<td>% patients satisfied with waiting time</td>
<td>76%</td>
</tr>
</tbody>
</table>

**Interpretation of PREM results**

The PREM results from 2011 showed that 98% of the patients surveyed reported that their rating for the overall experience of the service was good or excellent.

This compares favourably with 2010’s results when 59% of patients in Westminster and Kensington & Chelsea and 72% in Hammersmith and Fulham reported a good or excellent rating for their overall experience.

The PREM results from 2011 also show that the question which received the lowest level of reported satisfaction was being involved in the planning and treatment, with 54% of patients reporting being definitely involved in the planning of care and treatment. This is consistent with 2010 when the results showed that patient being involved with their care and treatment also scored the lowest. In 2010 32% of patients in Westminster and Kensington & Chelsea and 55% of patients in Hammersmith & Fulham reported either good or excellent in response to how satisfied they were with their involvement in the treatment and planning of their care.

**PREM methodology**

The following table summarises the number of patients that responded to a
PREM this year, and shows this as a percentage of all referrals during the survey period (August – December 2011). Our aim was to achieve a representative view of patient feedback, so we set out to survey all patients that were prepared to complete and return a PREM.

### PREM volume targets

<table>
<thead>
<tr>
<th></th>
<th>Total (Aug-Dec 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who responded to a PREM</td>
<td>262</td>
</tr>
<tr>
<td>Total new referrals</td>
<td>5720</td>
</tr>
<tr>
<td>% of new referrals who responded to a PREM</td>
<td>4.5%</td>
</tr>
<tr>
<td>Target % of respondents</td>
<td>15%</td>
</tr>
<tr>
<td>Target achieved?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Compliments and Complaints

- Number of compliments Jan 2011 – Dec 2011: 23
- Number of complaints Jan 2011 – Dec 2011: 7

### Other qualitative feedback

Feedback taken from a compliment:

“Thank you very much for looking after my foot with the ulcer. You and your staff are very kind to me; you all always welcome me with smiling faces. You and your staff are very good at your job; always give me the best advice. You are so kind. If I should rate your Service I would give it 100% and that is why I am thanking you and your staff so much.”

### What the patients say

Feedback taken from PREMs:

“I am very happy with your attentive care, all the team is excellent”

“For my condition the treatment was excellent”

“The nurses are fantastic and communicate with each other but it would be even better if my mother had a ‘named’ district nurse who be our first point of contact”

### Patient experience

<table>
<thead>
<tr>
<th>Actions</th>
<th>Expected completion</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement Actions</td>
<td>date</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Through the redesign of community nursing increase patient facing time</td>
<td>December 2012</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Use the Quality of Life tool to identify patient desired outcomes, to enable patients to be involved in planning their care</td>
<td>April 2012</td>
<td>Professional/Clinical Leads</td>
</tr>
</tbody>
</table>