Clinical governance review

Bedfordshire and Luton Community NHS Trust

April 2005

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The Healthcare Commission

The Healthcare Commission exists to promote improvement in the quality of NHS and independent healthcare across England and Wales. It is a new organisation, which started work on April 1st 2004. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Health and Standards) Act 2003. The organisation has a range of new functions and takes over some responsibilities from other commissions. It:

- replaces the work of the Commission for Health Improvement (CHI), which closed on March 31st 2004
- takes over the private and voluntary healthcare functions of the National Care Standards Commission, which also ceased to exist on March 31st 2004
- picks up the elements of the Audit Commission's work, which relate to efficiency, effectiveness and economy of healthcare

In taking over the functions of the CHI, the Healthcare Commission now has responsibility for the programme of clinical governance reviews initiated by CHI.

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Introduction

Bedfordshire and Luton Community NHS Trust (the trust) was established in April 1999 from the merger of South Bedfordshire Community Health Care NHS Trust and Bedford and Shires Care Trust. The trust provides a wide range of mental health and learning disability services to over 570,000 people across the Bedfordshire area. These services include inpatient, outpatient and day services for people with mental health problems, specialist mental health services, and clinical psychology, psychotherapy, counselling and learning disability services. The trust employs 1,645 staff across 71 locations.

Since the merger, the trust has dealt with continuous change including the creation of three primary care trusts (PCTs) in April 2001, and changes to its commissioning arrangements. The trust is now working towards partnership trust status in April 2005. This will bring even greater challenges for the trust, as it will be responsible for an additional 200 staff from both health and social care from Luton Borough Council and Bedfordshire County Council.

Census population data shows that the population served by the trust comprises fewer people aged over 65 years, but a higher proportion of black and minority ethnic groups when compared to the average for England.

The trust's catchment area incorporates two local authorities. The level of deprivation varies considerably between each local authority area, from mid Bedfordshire at 92.4% down to Luton at 29.1% (where 100% is the least deprived).

The Healthcare Commission looked at clinical governance in the trust and spoke to staff who care for service users in adult, older people, children's mental health and learning disability services.

The Healthcare Commission also worked with the Health and Safety Executive (HSE). The Health and Safety Executive (HSE) was scheduled to inspect the trust during the course of Healthcare Commission's review. In order to reduce the burden of inspection for the trust, it was agreed with the trust that a representative from the HSE should participate in the Healthcare Commission review, reporting back independently and directly to the trust on any health and safety issues it found. The trust will still be subject to a full HSE inspection later in 2005.

This report by the Healthcare Commission gives an independent assessment of clinical governance in the trust.

Clinical governance is the system of steps and procedures adopted by the NHS to ensure that service users receive the highest possible quality of care, ensuring high standards, safety and improvement in services.

What is the purpose of the review?

The Healthcare Commission's clinical governance reviews set out to answer three questions:

1 What is it like to be a service user here?

2 How good are the trust's systems for safeguarding and improving the quality of care?

3 What is the capacity in the organisation for improving the service user's experience?

What is covered by a Healthcare Commission review?

The Healthcare Commission's review assesses seven areas of clinical governance. The areas are:

1 service users' involvement

2 risk management

3 clinical audit

4 staffing and staff management

5 education and training

6 clinical effectiveness

7 use of information

The Healthcare Commission's review also describes two further areas:

1 service users' experiences

2 the trust's strategic capacity for developing and implementing clinical governance

An explanation of the Healthcare Commission's assessments
On the basis of the evidence collected, the Healthcare Commission's reviewers assess each component of clinical governance against a four point scale:

i Little or no progress at strategic and planning levels or at operational level

ii a) Worthwhile progress and development at strategic and planning level but not at operational level, OR

b) Worthwhile progress and development at operational level but not at strategic and planning level, OR

c) Worthwhile progress and development at strategic and planning and at operational level, but not across the whole organisation

iii Good strategic grasp and substantial implementation. Alignment of activity and development across the strategic and planning levels and operational level of the trust

iv Excellence – coordinated activity and development across the organisation and with partner organisations in the local health community that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development

What are the Healthcare Commission's main findings in their review of Bedfordshire and Luton Community NHS Trust?

What was the overall impression of the trust?

Bedfordshire and Luton Community NHS Trust has dynamic leadership and a strong committed management team which has made substantial progress in developing and implementing structures, systems and processes to support clinical governance. The trust recognises that further work is required to ensure these measures are fully embedded in all areas of the organisation.

Through its quality and clinical improvement groups, the trust has made good progress in developing and implementing structures and systems for safeguarding and improving the quality of care it provides. The trust needs to ensure that its systems for sharing lessons from incidents and for sharing information on evidence-based practice are fully embedded at operational level. In addition, there needs to be further integration of clinical audit, clinical effectiveness and risk management activities at operational level. The trust needs to raise awareness of clinical audit training among its staff and to build on its work to involve service users in clinical audit.

The trust board is committed to serving its ethnically diverse community, to providing training and development opportunities for staff and to operating as a learning organisation to improve the experience of service users. It has invested substantial resources in promoting the importance of the experiences of the service users to staff and educating them on how to improve the quality of service users' experiences.

However, management's commitment to improving the quality of the experiences of service users is not reflected in all parts of the trust. Many people from the local healthcare community told the Healthcare Commission that the experiences of service users could be improved. The Healthcare Commission also found that the experience of service users varies depending on where they live and what services they use. For example, in some parts of the trust, such as Townsend Court, the Healthcare Commission found that the experience of service users had improved. In other areas, such as Weller Wing, the Healthcare Commission found that there is scope for improvement.

The trust has made considerable progress in developing and implementing structures to involve service users in clinical governance. It now needs to develop these across the organisation creating an environment where the input of service users is valued by all staff and is an integral part of its clinical governance structures and processes. It also needs to ensure that its systems result in a positive experience for service users and carers and that they are consistent throughout the organisation.

Joint working between Health and Safety Executive (HSE) and the Healthcare Commission

The purposes of this joint working were to:

1 reduce the burden of inspection on NHS organisations

2 promote an understanding of the methodologies both organisations use in their inspection processes

3 identify areas that may cause a barrier to joint working and provide practical examples of how to resolve these issues

4 provide practical experience to assist in the production of a memorandum of understanding that would enable effective joint working

5 provide a model for similar joint working

As part of this clinical governance review process, the HSE Inspector provided the Healthcare Commission reviewers with an overview on what to look for during an inspection in relation to violence, stress, manual handling, slips and trips and other service user risks. It was agreed with the trust that a representative from the HSE should participate in the Healthcare Commission review, reporting back independently and directly to the trust on any health and safety issues they found.

The joint inspection highlighted many similarities in approach between the two organisations, for example interviewing staff and reviewing the data submitted, but it also highlighted a number of differences including the breadth of inspection in specific areas.

What did we find that is impressive at Bedfordshire and Luton Community NHS Trust?
Managers and clinical staff are committed to the implementation of the recovery model at Progress House rehabilitation service in Bedford. The trust involves service users and staff in this project.

The trust's *Journal of clinical practice* to promote evidence-based practice in clinical practice. Staff are encouraged to contribute articles about good practice to the journal and to share the information with the wider healthcare community. Summaries of successfully completed clinical audit projects are submitted to this journal.

What are the key areas of action that the trust needs to address to improve its clinical governance systems?

The Healthcare Commission expects the trust to review all aspects of this report. Here we highlight areas where action is particularly important or urgent.

- Urgent action is required to improve the experience of service users, particularly in Weller Wing.
- Urgent action is required to find ways to involve service users at trust board level.
- The trust board needs to ensure that clinical audit, clinical effectiveness and risk management structures and systems are further integrated.
- The trust board needs to ensure that the diversity agenda is embraced throughout the organisation.
- The trust needs to provide further training to staff on service user and carer involvement.
- The trust needs to ensure that service users are involved in clinical audit activities.

What is it like to be a service user in Bedfordshire and Luton Community NHS Trust?

In this section we report what we observed and what service users say about their experiences, through surveys or directly to the Healthcare Commission. We also look at what the trust's figures can tell service users about access to services, how they are involved in their own care and the outcomes of their care.

Many things can impact on a service user's experience of their local NHS service. These may include how easy it is to access the care they need, the outcome of their care, whether they and their relatives or carers are treated with respect, the information they are given about their care and the choices they have in the care they receive.

Are service users treated with dignity and respect?

In the 2004 national patient survey, the trust was ranked among the bottom 20% of trusts on how patients reported the way they were treated by healthcare professionals. The Healthcare Commission found that service users are generally treated with dignity and respect, although we observed some instances where the attitude of staff towards some service users needs to be improved.

We visited a number of sites. In some areas, such as Weller Wing, we found that privacy is compromised because of lack of space and poor facilities. For example, four new showers had been installed on Weller Wing but none were working at the time of our visit. The trust is taking action to address this. Another area provides shower facilities for men but bath facilities for women so that when male service users want to take a bath, they have to use the female facilities and vice versa.

The Healthcare Commission also found that the dignity of service users can be compromised, for example when service users have to queue to receive their medication. In addition, the Healthcare Commission found wardrobes with no locks in inpatient areas for older people and, in Poplars, service users told the Healthcare Commission that their belongings are sometimes stolen.

Some people in the local healthcare community and service users think that communication between themselves and the trust could improve. Service users who do not speak English find it difficult to access services because only a limited number of leaflets are translated into languages other than English.

The trust was in the bottom 20% of trusts nationally in the 2004 national patient survey on whether or not patients have a say in decisions about their medications and for the number of patients who receive information about their medication and possible side effects. Service users in mental health services for adults of working age told us they received information on medication. However, some service users reported that they are not always informed about why medication has been prescribed to them and the possible side effects are not always properly explained. The trust has informed the Healthcare Commission that it is taking steps to resolve these issues.

The Healthcare Commission received excellent feedback from service users about the trust's community psychiatric nurses.

Can service users access the services they need?

The rehabilitation service in Bedford with its commitment from the service manager to implement a recovery model of care is impressive.

The trust works in partnership with the voluntary sector and social services to organise Bedford World Mental Health Day to promote mental health awareness within Bedford.

The trust has some crisis resolution services but these are not fully developed and are not available 24 hours a day. A number of service users and carers told the Healthcare Commission that there is no contact number to call in an emergency, leaving service users to rely on GPs and local accident and emergency (A&E) departments to access the services they require.

Service users report insufficient physiotherapy, psychotherapy and psychology services. They also report that there is limited access to services for children with eating disorders and for adults with complex cases involving dual diagnosis. Service users and carers say that information about all these services could improve.

The trust serves an ethnically diverse community. Some areas report good provision of, and access to, services, while others report poor understanding of ethnic needs and, consequently, poor provision of services.

The Healthcare Commission received mixed reports from trust staff and some people in the local healthcare community about diversity issues. Some report that there is a good understanding of ethnic needs and level of service provision, others report that it is poor.

How good are the standards of cleanliness and facilities?

The trust has received a green rating (which is the highest score) on the Department of Health's patient environment action team clean hospitals programme. However, the Healthcare Commission found that the standard and quality of inpatient accommodation varies across the trust. In the Orchard Unit, facilities were designed with the involvement of service users. However, in other areas, the quality of the environment is an issue for service users. One area that the Healthcare Commission visited had a smell of stale urine.

The trust has a few good facilities for physical activities. It recognises that these need to be consistent across the organisation. For example, Orchard Unit has excellent facilities, including a well equipped gymnasium and badminton hall. Service users who use these facilities on a regular basis speak highly of them.

However, the Healthcare Commission found that not all service users in Orchard Unit 2 are aware of the outside courtyard facilities or sports facilities available to them, and that some service users who are aware of these facilities do not make use of them.

Carers told the Healthcare Commission that menus and meals that cater for service users' ethnic needs are available.

The Healthcare Commission found that staff are generally aware of how to access interpreting and translation services for service users.

What do the figures show about outcomes at the trust?

The trust received one star in the July 2004 NHS performance ratings.

The age profile of the population served by the trust shows a lower proportion of people aged over 65 years when compared to the England average. There is a higher than average rate of suicides for the population of Bedford PCT and Bedfordshire Heartlands PCT when compared to England and Wales. The population of Bedford PCT also has a higher rate of undetermined injuries than that for England.

Mortality rates for the trust show that there was a greater than expected number of deaths between 2000 and 2005 when compared with recognised indices for mental illness, but a lower than expected number of deaths for old age psychiatry. In south Bedfordshire, the mortality rate for deaths associated with schizophrenia is higher than the England and Wales average.

Readmission rates are also lower than expected, although the number of multiple admissions (where an individual is admitted a number of times within a given period of time) is greater than expected.

National data shows that no service users have to wait longer than 13 weeks for an outpatient appointment with the trust and that more than 60% of referrals from GPs are seen within four weeks.

What did the Healthcare Commission find out about how care is organised by the trust?

The trust is implementing the care programme approach for all service users who receive standard or enhanced care based on the severity of their diagnosed mental health problems. However, some service users who spoke to us do not have a care plan and feel they have limited involvement in their own care.

Many service users, carers and people in the local healthcare community told the Healthcare Commission that the care in the trust is managed using a traditional medical model. For example, services users feel that there is too much reliance on medication and limited access to other therapies such as occupational therapy, psychology and physiotherapy. The Healthcare Commission also found little involvement of other professionals, such as psychotherapists, in the delivery of care.

Staff and a few service users report that discharge arrangements are improving across the trust. The Healthcare Commission found that discharge is planned and an assessment of ongoing care needs is carried out with the involvement of service users. However, carers do not seem to be as involved with these arrangements as they could be and, as a result, may not be aware of what is arranged for the service user. This can cause difficulties.

What areas of the service user experience should the trust consider?

- Urgent action is required to complete the implementation of a 24 hour crisis resolution service.
- The trust needs to work with its commissioners to ensure service users have access to alternative therapies, such as talking and other therapies.
- The trust needs to ensure that children with eating disorders and adults with complex cases involving dual diagnosis have access to appropriate services.

- The trust needs to work with its commissioners to ensure that it has access to adequate resources to provide sufficient access to physiotherapy services.
- The trust needs to ensure that information about services, clinical conditions and medication is communicated to service users throughout the trust in a variety of forms.
- Action is required to ensure that service users have a care plan and that, with the agreement of service users, carers have an opportunity to participate in care planning and discharge arrangements.
- The trust needs to carry out a site audit of the privacy and quality of trust facilities.
- The trust needs to promote the awareness and use of recreational facilities.

What is the Healthcare Commission's assessment of the trust's systems for service user, carer and public involvement?

This section describes how service users can have a say in their own treatment and how they and service user and carer organisations can have a say in the way that services are provided.

What is the Healthcare Commission's main assessment?

The trust is committed to service user, carer and public involvement. It has revised its public, service user and carer involvement strategy and is starting to implement it throughout the organisation. It now needs to ensure that this strategy has a positive impact on the experiences of service users.

Assessment = ii (c)

What are the key findings?

The trust has structures and processes for engaging service users and carers. The Chief Executive is fully committed to driving the service user and carer involvement agenda forward. The trust has a manager to promote this agenda internally.

The trust recently revised its strategy for involving service users and carers. It carried out a review to identify the strengths and weaknesses in its performance in this area, and the lessons from this were used to produce its revised strategy which now includes, among other things, joint working with social services and the voluntary sector.

There is some involvement of service users and the public with the trust's committee structures at a strategic and operational level. For example, there is a service user and public involvement steering group and the chair of the patient and public involvement forum sits on the board as a non-voting member. The Director of Strategy and Modernisation is the board lead for service user, carer and public involvement. There is some joint membership between the service user and public involvement steering group and other relevant committees and groups that are part of the clinical governance structure. However, there is limited service user representation in some areas, such as staff training. This needs to be further developed by the trust.

Despite the trust's commitment, the importance and value of service user and carer involvement does not appear to be fully appreciated throughout the organisation. Understanding of what service user involvement entails seems to be limited to certain staff groups. For example, carers are only involved in some units.

The trust has produced a booklet for carers and relatives that provides information about the various services available for service users and there are plans to provide information to service users about how to use touch screen information points. These information points are part of an interactive system, which is expected to improve the availability of and access to information for service users.

There is some involvement of the trust's partners in service user and public involvement. For example, there are service user participation groups with representation from service users, carers, healthcare professionals and the voluntary

sector. The patient and public involvement forum receives managerial support from an independent advocacy service and it feeds into the trust's service user and public involvement group.

The trust supports service users to seek job opportunities by providing access to training in CV writing and interviewing in partnership with local colleges.

The trust has service level agreements with Milton Keynes Community Language Service to provide interpretation and translation services. However, the availability of information in languages other than English varies across the trust. Information is generally printed in English only but the trust recognises this as an issue. It has identified six languages other than English that are most frequently spoken by the local community, and plans to translate service user information into these.

The trust recognises the diversity of the population it serves. It has developed Afro-Caribbean focus groups to gain further insight into the needs of this community. It has also produced a cultural competency handbook for staff, which is being introduced across the trust, and employs primary care link workers to increase awareness of the needs and priorities of local ethnic minority communities. However, there needs to be wider understanding of this agenda at an operational level. The trust plans to address this by providing cultural competency training across the organisation.

The trust provides support for service users and carers who want to voice their concerns, including advocacy services and a patient advice and liaison service (PALS). The trust has set up a new freephone number for PALS and an e-mail address to which service users can send comments and questions.

The trust has now achieved 100% compliance with complaints response time targets for a full 12 months. There has been a significant reduction in the number of complaints.

Service users can also submit feedback to the trust on comment cards. Although some staff we interviewed did not seem to be aware of whether or not and how the trust responds to this feedback, we found evidence of changes that have been or are being introduced in response. For example, service user groups are being set up to help improve services and the trust has taken action to improve the quality of food in Weller Wing following a complaint from a service user.

However, the trust is not consistent in seeking feedback from all parts of the organisation. For example, people in the local healthcare community told the Healthcare Commission that there is little opportunity for service users to provide their views on crisis resolution.

The trust provides a range of training including customer care, PALS and complaints management. However, it acknowledges that it needs to improve training in other aspects of service user and public involvement.

What areas of service user involvement should the trust consider?

- The trust needs to continue to ensure that service user, carer and public involvement is fully integrated into the strategic clinical governance structure and find ways to ensure that there is service user involvement at trust board level.

- Action is required to ensure that the trust seeks feedback from all parts of the trust and that action taken as a result of this feedback is shared with staff, service users and carers.
- The trust needs to ensure training in all aspects of service user and public involvement, including cultural competency training, is available for all staff throughout the organisation.
- The trust needs to continue to work on providing service user information in languages other than English.
- The trust needs to engage all staff in its service user and carer involvement agenda.

What is the Healthcare Commission's assessment of the trust's systems for risk management?

This section describes the trust's systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

What is the Healthcare Commission's main assessment?

The trust regards risk management as an important part of clinical governance. It has developed a risk management strategy and implemented some structures and processes to manage risk. However, it needs to ensure risk management is fully embedded at an operational level across the organisation and that it is further integrated with clinical audit and clinical effectiveness. Specifically the trust needs to develop its processes for sharing lessons learnt from incident reports.

Assessment = ii (c)

What are the key findings?

There is a risk management committee and reporting systems to help drive, implement and monitor risk management activities across the trust. The trust is committed to risk management and has established links across directorates to help manage risk. It has recently appointed an additional risk manager to further integrate clinical and non-clinical risk management and to improve awareness, reporting and learning from risk management. Risk management is considered part of clinical care in most areas of the organisation. However, there needs to be further integration of risk management with other clinical governance components, such as clinical audit and clinical effectiveness.

The trust has risk management policies and clear action plans. The risk register is used to assess risks across the trust. The board monitors the progress of its action plans at board meetings and through various committees, with the support of the risk management department. The risk management department collates all information relating to risk. For example, information from incident reports are shared quarterly at the board and many of its subcommittees, including the directorate quality and clinical improvement groups. Various committees periodically review the trust's risk management policies and action plans. However, the Healthcare Commission found that the level of staff awareness of such policies and action plans varies.

The trust works with its health and social care partners on a range of specific risk management issues such as information sharing, child protection and the care programme approach. However, partnership arrangements with the police need to be strengthened and the arrangements for working with social services on risk management issues need to be formalised. Service users reported that they are sometimes apprehensive about being discharged because arrangements with social services are not formalised.

The trust has a policy for incident reporting and investigation, which aims to promote a fair and accountable culture. It also has a system for reporting incidents and uses a risk grading matrix to classify the impact of identified risks and to share learning. However, the trust needs to improve its processes for sharing lessons learned from reported incidents to ensure they reach all levels of the organisation.

There appears to be some sharing of lessons from reported incidents and risk assessment. This generally occurs by sharing written incident reports by e-mail and at clinical staff meetings. However, there is little evidence of engaging staff and partners beyond those actually involved in an incident or staff learning from trust wide risk management activities. The Healthcare Commission found some examples of staff not receiving feedback from actions taken as a result of the completion of incident forms.

The trust has a database to collate and integrate risk assessment, claims and complaints information. The trust is currently working with the National Patient Safety Agency to ensure that it is able to feed information into the national reporting system. There are also various risk assessment tools used throughout the trust, which are modified to suit individual staff or service user needs.

The trust provides training opportunities to support risk management and is rolling out root cause analysis training across the organisation.

The take up of training and awareness of training opportunities varies across the organisation. Some staff interviewed are either not aware of the training programmes available or they find it difficult to find time to attend the programmes because wards are so busy and they cannot be released. Staff also highlight difficulties in accessing up to date, annual training in areas such as break away training and how to handle violence and aggression.

The trust has arrangements in place to support child protection on a part time basis. The trust needs to continually monitor these arrangements to ensure this is adequate for the services it provides.

What areas of risk management should the trust consider?

- The trust needs to ensure that risk management activities are integrated with clinical audit and clinical effectiveness activities.
- The trust needs to strengthen its partnership arrangements with the police and formalise its risk management arrangements with social services.
- The trust needs to increase staff awareness of risk management training and ensure staff are able to access and attend it.
- Action is required to ensure that all staff are aware of the trust's risk management policies and that they are implementing them.
- The trust needs to ensure lessons are learned from risk management at all levels of the organisation.

What is the Healthcare Commission's assessment of the trust's systems for clinical audit?

This section describes how the trust ensures the continual evaluation, measurement and improvement by health professionals of their work and the standards they are achieving.

What is the Healthcare Commission's main assessment?

The trust has clinical audit structures and systems in place throughout the organisation and it provides training to staff. It also undertakes a range of clinical audit activity.

Assessment = iii

What are the key findings?

The trust has effective structures in place to drive, steer and monitor clinical audit activity. There is also a clinical audit strategy, which is monitored and reported on at board level. The Director of Nursing and Clinical Governance is the board lead for clinical audit.

The trust has a clinical audit department that coordinates clinical audit activities and provides support and resources to staff to undertake audit in their areas.

The Healthcare Commission found a range of clinical audit activity. Examples include suicide prevention, control and restraint training, the care programme approach and medicine administration, and the systems in place to protect vulnerable adults.

The Healthcare Commission also found examples of changes made as a result of audit, and of re-audit to ensure that changes are maintained.

The trust has systems for prioritising clinical audit based on trust, local and NHS priorities. There is also scope for audits identified through other clinical governance activities to be carried out for example risk management and clinical effectiveness. Staff are able to influence the audit programmes by submitting proposals for clinical audit.

The trust has developed systems to audit compliance with evidence-based practice and details of this are included in the trust's audit programme. It considers these measures important mechanisms for implementing evidence-based practice and assessing current compliance. For example, the trust has audited discharges to identify the cause of delays, and it has audited compliance with National Institute for Clinical Excellence (NICE) guidelines for drugs for dementia.

The trust engages in clinical audit activities with its partners. Customer satisfaction surveys have been jointly carried out with social services and there have been joint audits with local organisations, such as the Bedfordshire advocacy service.

We found some multidisciplinary participation in clinical audit, but not across all healthcare professionals. Social services staff also undertake audit.

Clinical audit training available but staff awareness of this varies. There is some participation of service users in clinical audit activities such as patient satisfaction surveys but this needs to be strengthened.

Service users and carers can contribute to the clinical audit and effectiveness committee through the service user and patient and public involvement forum members. The trust is taking steps to ensure increased service user involvement. The trust is also planning to audit the implementation of Royal College of Psychiatrists' guidelines for service user and carer involvement.

To share learning from clinical audit, the trust organises good practice events for staff and formal audit reports are shared across directorates. Learning from clinical audit is also shared across the trust through the quality and clinical improvement groups but dissemination is not consistent across the organisation.

What areas of clinical audit should the trust consider?

- The trust should ensure that staff are aware of clinical audit training programmes.
- Action is required to ensure clinical audit information is shared throughout the entire trust.
- Action is required to strengthen multidisciplinary audit to include all healthcare professionals in the trust.
- The trust needs to ensure that there is scope for involving service users in clinical audit activities.

What is the Healthcare Commission's assessment of the trust's systems for clinical effectiveness?

This section is about the way the trust ensures that the approaches and treatments it uses are based on the best available evidence, for example, from research, literature or national or local guidance.

What is the Healthcare Commission's main assessment?

The trust has structures and systems for clinical effectiveness at strategic and operational level. The trust involves service users in some aspects of clinical effectiveness.

Assessment = iii

What are the key findings?

The trust's clinical audit and effectiveness committee oversees the implementation of clinical effectiveness activities. The Director of Nursing and Clinical Governance is the board lead for clinical effectiveness.

Implementation of clinical effectiveness is monitored through the clinical and quality improvement groups at both operational and strategic levels. Clinical effectiveness appears to be well understood by most staff interviewed by the Healthcare Commission.

There are processes in place for implementing NICE guidance and national service frameworks. These are monitored at strategic level by a variety of committees in the clinical governance structure and at directorate level through the clinical improvement groups.

The trust has developed its clinical effectiveness priorities with some involvement from doctors and nurses. However, there also seems to be some involvement of other allied health professionals.

The trust has developed links between clinical effectiveness and clinical audit. For example, clinical audit is used to monitor the implementation of clinical effectiveness and to ensure the trust uses evidence-based practice. The trust has also launched an internal peer review journal to support the implementation of evidence-based medicine into practice.

The Healthcare Commission found examples of partnership working in clinical effectiveness activities. The trust is implementing national Essence of Care nursing standards in partnership with other healthcare organisations and is developing the provision of mental health services with voluntary organisations. The trust involves service users in some aspects of clinical effectiveness although this needs to be developed further.

There is a policy, and accompanying guidance, to help share NICE guidance and evidence-based practice throughout the trust. However, the Healthcare Commission found that some staff are not aware that these are available. We also found that evidence-based practice is implemented in many areas of the trust.

There is a range of training available for staff in clinical effectiveness. For example, there are library services that provide training and support to trust staff on how to search the intranet and access the internet. However, training for staff in critical appraisal is limited.

What areas of clinical effectiveness should the trust consider?

- Action is required to provide increased critical appraisal training for staff.
- The trust needs to ensure that evidence-based practice, including NICE guidance, is shared consistently at clinical team level.
- Action is required to increase the roles of allied health professionals in clinical effectiveness activities.

What is the Healthcare Commission's assessment of the trust's systems for staffing and staff management?

This section covers the recruitment, management and development of staff. It also includes the promotion of good working conditions and effective methods of working.

What is the Healthcare Commission's main assessment?

There are structures, strategies and action plans in place for staffing and staff management and the trust is committed to organisational development. Some systems and processes are not yet embedded. For example, recruitment and compliance with the European working time directive require further development. The trust needs to increase clinical and managerial supervision.

Assessment = ii (c)

What are the key findings?

There are structures and strategies in place for staffing and staff management. The Associate Director for HR is responsible for staffing matters. The trust is committed to organisational development and has an assistant director responsible for promoting and implementing an organisational development programme across the organisation. The Associate Director for HR and the Assistant Director for Organisational Development report to the Director of Nursing and Clinical Governance, who is the board lead for staffing and staff management.

The Healthcare Commission found that managers and staff are aware of, and understand the structures and processes that are in place to support staffing, staff management and organisational development.

Workforce planning is rudimentary and workforce action plans currently provide only for allocation of clinical responsibilities along traditional healthcare lines. The trust works with partners on recruitment of trust staff. However, national staff shortages are causing recruitment problems for the trust across health and social care services. In some parts of the trust, staff have to work back-to-back shifts to cover this shortage. The trust will need to look at innovative ways of recruiting staff to address these issues.

The trust recognises that the level of integration of community mental health teams varies across the trust and there are plans to strengthen this integration.

The trust seeks to help staff maintain an appropriate work-life balance and has established flexible working programmes to meet individual needs. The trust has achieved Improving Working Lives practice status.

There is a joint planning strategy for the new partnership trust which involves social services. However, within the trust, there is uncertainty about what the roles of the partnership trust and of staff will be in this new organisation.

The trust provides induction for new staff and has systems to supervise and monitor the performance of staff. Corporate induction programmes are open to all permanent, bank and locum staff. There is a local departmental induction for agency staff.

The trust recognises the importance of staff appraisal and personal development. Appraisals are carried out across the organisation, but vary across directorates. The Healthcare Commission found that clinical and managerial supervision is taking place across the trust but that the take up of clinical supervision is inconsistent.

The trust has systems for checking employee qualifications. The HR department follows a pre-employment checklist, which includes registration and qualification checks of potential employees.

Finance department monitoring figures show that the trust is compliant with the European working time directive for its junior doctors. However, compliance rates for other staff groups is not known because it is not monitored. The Healthcare Commission identified instances when staff, other than junior doctors, were not able to comply with the working time directive because of vacancies, sickness and absenteeism.

The trust has a range of mechanisms to support staff, such as a zero tolerance to violence and aggression policy and a whistle-blowing policy. The trust has also distributed a booklet listing occupational health services available to service users and staff. The Healthcare Commission found that staff awareness of occupational health services varies and some of those who are aware of these services express fears about whether they are confidential, given the service is attached to the trust. Some staff also feel that they do not get adequate support following incidents.

HR data shows that a high number of staff have been formally disciplined by the trust, although not in relation to clinical matters. The trust identifies this as an area of concern and have some plans in place to address the issue.

Service users are not regularly included on recruitment panels.

What areas of staffing and staff management should the trust consider?

- Action is required to ensure that staff are fully engaged in the formation of the partnership trust and understand their future role and responsibilities in it.
- The trust must develop comprehensive workforce development plans that provide for allocation of clinical responsibilities along more innovative lines.
- Action is required to strengthen integration of community mental health teams consistently across the organisation.
- Action is required to ensure compliance by all staff groups with the European working time directive that compliance is monitored.
- Action is required to ensure clinical and managerial supervision takes place consistently across all parts of the organisation.
- The trust should improve staff awareness of occupational health services, take steps to reassure staff of confidentiality and ensure staff receive support following incidents.
- The trust needs to ensure that service users are given an opportunity to be involved in recruitment panels.

What is the Healthcare Commission's assessment of the trust's systems for education, training and continuing personal and professional development?

This section covers the support available to enable staff to be competent in doing their jobs, while developing their skills and the degree to which staff are up to date with developments in their field.

What is the Healthcare Commission's main assessment?

The trust has education, training and development strategies and structures in place across the organisation. The trust is committed to developing the skills of all staff and to developing its role as a learning organisation. The trust delivers education, training and development in partnership with other organisations. It offers a range of training programmes and now needs to work on raising awareness of mandatory training among all staff.

Assessment = ii (c)

What are the key findings?

The trust has strategies and structures to support and monitor education and training at strategic and operational level. It has a learning and development strategy and an annual training plan. Responsibilities and accountabilities for education and training are clear. The Director of Nursing and Clinical Governance is the board lead for education and training.

The trust identifies its training needs using a variety of methods, such as appraisals and training needs analysis. Most staff interviewed by the Healthcare Commission have a personal development plan. However, some of these plans do not clearly indicate if staff require specific training.

The trust engages partner organisations in the provision of education programmes. It has developed education programmes in partnership with the local health community. Links have been established with local colleges and universities and the trust's mental health training unit has developed a mental health degree in partnership with the University of Luton.

The trust supports staff in undertaking education, training and development. Staff are encouraged to gain professional qualifications. There is a wide range of training courses listed in the trust's training booklet and on the intranet. However, there is some concern among the staff we interviewed about the trust's over-reliance on distributing information through the intranet because some staff do not have access to a computer. Overall, most staff told the Healthcare Commission that access to training is good.

There is a mandatory training programme that covers training such as fire training and training in lighting and manual handling. Details of this programme are available on the intranet and in a booklet, although the booklet is not as regularly updated as the details on the intranet. The Healthcare Commission found that the level of staff awareness about mandatory training varies.

Attendance of staff at training and course cancellations are centrally monitored. The Healthcare Commission found that the take up of training across directorates varies. The trust is currently strengthening clinical governance training across the organisation for all staff groups. It also plans to send some clinical teams away for a seven day pilot training programme on leadership. Work based training is provided across the organisation and the trust plans to increase this in the future.

The trust recognises that that there are gaps in its training programme which it plans to address, for example it needs to provide increased breakaway training. Given the diverse needs of the community it serves, the trust is also planning to re-introduce cultural competency training for its staff.

Multiprofessional training takes place on an informal basis and there are plans to increase this with the formation of the partnership trust in April 2005.

There is little service user involvement in the planning and delivery of training programmes although service users are invited to share their experiences with staff on an ad hoc basis.

What areas of education and training should the trust consider?

- The trust needs to provide cultural competency training to all staff.
- The trust must take steps to ensure staff attendance at mandatory training.
- Action is required to expand multidisciplinary and multiprofessional training programmes.
- The trust needs to improve staff awareness of mandatory training programmes and address the current gaps in its training programme.
- The trust needs to review how it shares information about training programmes.
- Action is required to ensure service users are more involved in the planning and delivery of training.

What is the Healthcare Commission's assessment of the trust's systems for using information?

This section describes the systems the trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of service user care.

What is the Healthcare Commission's main assessment?

The trust has developed structures and processes for reporting performance at management level. It has made substantial progress on using information to evaluate performance and is beginning to use its findings to improve care for service users. The trust needs to continue to work on improving data quality and arrangements for sharing information both internally and with GPs and social services.

Assessment = ii (c)

What are the key findings?

The trust has developed an information communications technology (ICT) strategy, which identifies the trust's targets in line with local and national priorities. The Director of Finance and Performance is the board lead for ICT.

There is a use of information steering group that is linked with other relevant clinical governance committees, particularly the quality and clinical improvement groups.

The information department has implemented performance monitoring systems to monitor the quality of care provided to service users. The information department compiles a clinical governance and performance monitoring report for every board meeting. This report contains a range of information such as inpatient activity, delayed transfers of care, care programme approach (CPA) information, missed appointments, vacancy rates and sickness absence rates, complaints and serious untoward incidents.

The trust has improved the availability of and has made substantial progress in its use of clinical information to evaluate performance in relation to clinical governance and the quality of care and services provided. For example, a recent CPA audit led to the development of an electronic CPA system and revised CPA documentation. Information from clinical audit, feedback, complaints and risk assessments is used in some parts of the organisation to evaluate performance. However, the Healthcare Commission found that the use of clinical outcomes information varies throughout the trust. The trust recognises that poor coding is affecting the quality of data and a project is underway across all specialties to help clinicians to improve clinical coding.

ICT services are provided to the trust and the three local PCTs through the Bedfordshire shared services IM&T department.

Staff told the Healthcare Commission that the shared service needs to be strengthened through an effective service level agreement.

Most staff have access to a computer, and accordingly staff also have access to the intranet and the internet. They are therefore able to access electronic training information. However, staff access to ICT training varies.

The trust has agreed a protocol for sharing information about service users with health, social care and criminal justice partner organisations. The trust is currently finalising its electronic records management system, which will link its own health records with social services care records. However, it has no comprehensive system for sharing information electronically with GPs and social services which means that staff often have to work from paper records. The trust has a number of systems to maintain the confidentiality of service user information. For example, there is an information governance action plan that is monitored by the use of information steering group which reports any variations to the trust board.

A few of the staff we interviewed feel that, at times, the trust relies too much on e-mail as a method of communication. They also feel that they receive too many e-mails and that some of them contain irrelevant information.

What areas of using information should the trust consider?

- The trust needs to ensure that the service level agreements for shared ICT services are reviewed to reflect current and future ICT needs.
- The trust should develop its processes to improve data quality.
- The trust needs to ensure all staff have ready access to the intranet and the internet, and that they receive relevant training in ICT.
- The trust needs to establish and implement a comprehensive system for sharing information electronically with GPs and social services.
- The trust needs to review the way it shares information with staff and assess the relevance of information that it circulates.

What is the trust's strategic capacity for improvement?

This section describes the ability within the trust to monitor and improve the quality of patient care.

What is the Healthcare Commission's main assessment?

The Chief Executive and the trust board are committed to improving care and improving service users' experiences of care. Staff at all levels report evidence of widespread and positive change.

The trust has good structures, systems and processes in place to promote and embed clinical governance. Some of these now need to be further embedded to ensure that there are strong links between the different clinical governance components at operational levels. It also needs to ensure service users are involved in all aspects of clinical governance and that all staff value their involvement. Partnership arrangements with the police need to be strengthened and the arrangements for working with social services on general risk management issues need to be formalised. Commissioning arrangements need to be strengthened.

What are the key findings?

The Chief Executive and the trust board are committed to improving care and improving service users' experiences of care. The executive team acts as a cohesive unit and both middle managers and clinical directors are clear about their roles and responsibilities. Relationships between staff and managers are positive. The trust has strategic vision that should help it meet current targets for mental health services.

The board has made substantial progress in integrating clinical governance, modernisation and quality. These issues receive top priority on the board's agenda, with a commitment from the Chief Executive to ensure that implementation and monitoring continues.

Clinical governance is a key priority for the board. The board receives two clinical governance reports each year and executive and non-executive board members sit on the various clinical governance subcommittees. There are identified executive leads for each component of clinical governance.

There are seminars for the board on various topics to ensure that it is up to date on governance issues. The trust successfully uses the skills of its non-executive directors, ensuring they are involved at a strategic level throughout the organisation. For example, non-executive directors sit on the quality and governance committee. They are also invited to management away days and have an opportunity to contribute to the organisational development agenda. Executive and non-executive directors have a formal programme of visits to trust establishments.

The trust has made good progress on ensuring that there are clear strategies and action plans for the various components of clinical governance. The trust has recently strengthened its management and committee structures and has appointed an associate director for clinical governance. This appointment has had a positive impact

on the management and committee structures for the clinical governance agenda. There is good communication between the various committee structures. Information is shared in the minutes of meetings.

Policies are reviewed through the existing committee structures and there are opportunities for staff to provide feedback. The quality and clinical improvement groups provide the impetus for implementing clinical governance.

In the past 12 months the trust has reviewed and developed many strategies and action plans to support clinical governance. Each directorate also has its own clinical governance plan which feeds into the overall trust plan. The board monitors the progress of the action plans through board meetings and subcommittees. The trust has an integrated programme of quality assurance and improvement, but links between clinical audit, clinical risk and clinical effectiveness at operational level need to be strengthened.

The trust has recently revised its strategy for service user, carer and public involvement.

The Healthcare Commission found that staff are generally clear about reporting line management and responsibilities. It also found that staff are aware of the clinical governance agenda and know how to contribute to this in their area. However, staff awareness about the role of the board and its members and how it fits with their role varies. The Healthcare Commission found that multidisciplinary working operates well in some areas of the trust, but that this has not been universally adopted.

The trust uses a number of different methods to communicate with staff, including a monthly briefing bulletin and staff newsletter. However, much of the trust's communication is done electronically, disadvantaging those without ready access to a computer.

The trust is continually strengthening its links with social services, and has carried out considerable work in preparation for the formation of the partnership trust in April 2005. The trust is taking steps to communicate how the changes will affect staff. The trust recognises that there are some anxieties from staff about their new roles and responsibilities, especially from social workers and nurses, and is addressing these through its communication with staff groups.

The trust has developed good partnership working in clinical governance. However, partnership arrangements with the police need to be strengthened and the arrangements for working with social services on general risk management issues need to be formalised.

Some stakeholders highlight that the present gap in mental health services could be improved with better commissioning arrangements. A major review of mental health services is being undertaken in the area. This is going to look at child and adolescent mental health services, and services for adults of working age and older people. Relationships for commissioning mental health services need to be strengthened.

The Healthcare Commission found that the trust has made considerable improvements to the experience of service users since a Commission for Health Improvement investigation of its learning disability services in April 2003. Significant progress has been made on implementing the action plan that resulted from this investigation.

The trust is committed to involving service users and the public. This needs to be developed further. For example, the trust needs to find ways of involving service users at board level. Service users and carers contribute to strategies and service development and there are plans to ensure this is done systematically. One current project involves two service users in the planning and commissioning process through the mental health partnership board and the local implementation team. The trust is also working with service users and a national mental health organisation on the redesign of mental health services for adults of working age.

The board recognises that it serves a diverse population and is committed to delivering services that reflect the different needs of this population. This commitment now needs to be shared by all levels of staff within the organisation.

What areas of strategic capacity should the trust consider?

- The trust needs to strengthen links between clinical audit, clinical effectiveness and risk management at operational level.
- The trust needs to promote awareness among staff of the roles and responsibilities of executive and non-executive directors.
- The trust needs to ensure that the diversity agenda is embraced throughout the organisation.
- The trust needs to integrate service user involvement throughout the organisation including finding ways to involve service users at trust board level.
- The trust board needs to further formalise its partnership working arrangements.
- Commissioning arrangements should be strengthened to improve provision of services.

Further information

The Healthcare Commission clinical governance review took place between August 2004 and April 2005.

This report sets out the main findings and areas for action from the review. The trust has been given a detailed summary of the evidence on which these findings are based.

The trust will produce an action plan that will be available from:

Bedfordshire and Luton Community NHS Trust
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or from the Healthcare Commission website. The trust's implementation of the action plan will be monitored.

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Further details of the Commission's work are available from:

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www.healthcarecommission.org.uk

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The Healthcare Commission should like to make clear that responsibility for the content of the report and its conclusions is the Commission's alone.

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