



Report to: East Sussex Better Together (ESBT) Strategic Commissioning Board

Date of meeting: 6 June 2018

By: Director of Adult Social Care and Health
East Sussex County Council (ESCC)
Chief Officer
NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Commissioning Group (HR CCG)

Title: ESBT Alliance Outcomes Framework: quality care and support

Purpose: To provide the ESBT Strategic Commissioning Board with an update on progress on monitoring system-wide performance against the outcomes in the quality care and support domain.

RECOMMENDATIONS

The ESBT Strategic Commissioning Board is recommended to:

- Note the progress made with identifying and securing the data to understand our performance on a system-wide basis.
- Note the highlights shown here as an example of how we can start to measure outcomes in the quality care and support domain on a system-wide basis, and the actions being taken with a view to improving outcomes.

1. Background

1.1 As part of the 2017/18 test-bed year for the formal ESBT Alliance, a small group of shared system-wide priority outcomes were agreed to work towards and further test and refine during the year. The outcomes have been developed into a framework which has ten strategic objectives and eighteen desired outcomes set out within four domains: population health and wellbeing; experience of local people; transforming services for sustainability and quality care and support:



1.2 A reviewed and refreshed version of the framework was approved by the Strategic Commissioning Board on 9 March 2018 for further testing and development in 2018/19. A one page summary of the outcomes framework and the latest performance reports can be found on the ESBT

website¹. Ultimately it is envisaged that the outcomes framework will:

- Enable us to understand if our ESBT Alliance arrangement is working effectively to deliver improvements to population health and wellbeing, experience, quality, and sustainability.
- Enable commissioners, providers and staff working in the system to recognise and use the same outcomes framework to guide their work with patients, clients and carers, and see how their activity or part of the care pathway contributes to delivering the outcomes that are meaningful for local people.
- Complement the way the ESBT Alliance uses our collective business intelligence to understand the performance of the health and care system as a whole.

1.3 At the last Strategic Commissioning Board meeting it was agreed that reporting in 2018/19 will focus on one domain each quarter. For this report we are focusing on the quality care and support domain.

1.4 It should be noted that we are predominantly using data that is currently available through our ESBT organisations, although we are seeking to take a whole population focus wherever possible. To produce this focused report, we have brought together current performance information collected by the Alliance organisations, and included within the outcomes framework (the data source is noted in the report), with additional quantitative and qualitative information. This includes compliments, case studies, staff survey data and feedback gathered over three months at the end of 2017 until the end of February as part of the ESBT Public Reference Forum. The report looks at performance in 2017/18 compared to 2016/17 and 2015/16. We are also working on a summary infographic that we can use to present the highlights to the public and staff, which will be available on the ESBT website.

2. Quality care and support

2.1 The strategic objectives, outcomes, indicators and measures within the quality care and support domain can be seen at appendix 1. The domain consists of three desired outcomes:

- People receive high quality care and support
- People are kept safe and free from avoidable harm
- People are supported by skilled staff, delivering person-centred care

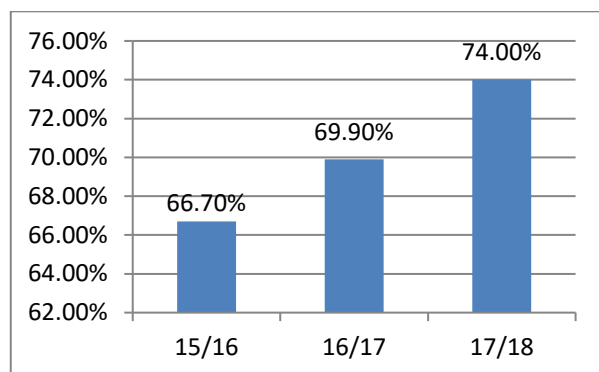
2.2 The paragraphs below describe the key indicators and performance measures under each outcome that have been chosen to demonstrate progress and trends over the last three years.

Desired outcome: people receive high quality care and support

2.3 A key indicator of the quality of care and support is the proportion of people reporting satisfaction with the services they have received and performance in this area is steadily improving:

¹ <https://news.eastsussex.gov.uk/east-sussex-better-together/stakeholders/outcomes-framework/>

Proportion of people reporting satisfaction with the services they have received 2015-2018



Source: Personal Social Services Adult Social Care Survey (ASCS)²

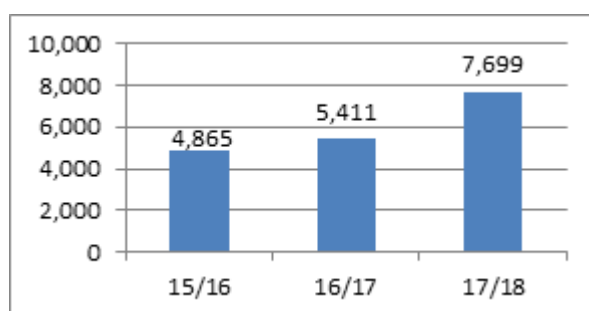
2.4 Compliments received for the Joint Community Rehabilitation Service support the improvements in the survey data. There has been a steady increase in the number of compliments received over the last three years from 243 in 2015/16 and 313 in 2016/17 to 333 in 2017/18 and this is one example:

“I would like to extend my heartfelt thanks to the wonderful team of people during my 6 weeks of being under their care. Their kindness, helpfulness, cheerfulness and care was absolutely fantastic. I had no idea what to expect, but now I would not hesitate to recommend your services.”

2.5 Within this outcome we also consider the effectiveness of the health and care intervention people receive and this is currently measured in two ways. We are looking to increase the health gain people experience after an elective procedure³. This is measured by the national Patient Reported Outcome Measures (PROMs) programme which provides information on how patients feel they benefited from their operation. This data has not been included in this report, as it is too soon to see any trends because of the time-lag between pre- and post-operative questionnaires. However, we will seek to include this in future reports when it is available as it is important to understand where a patient experiences little change in mobility or in the level of discomfort they experience, even though an operation might seem to have gone well from a surgical perspective.

2.6 We are also aiming to reduce the number of emergency readmissions within 30 days of discharge from hospital however the latest figures show numbers to be increasing.

Number of emergency readmissions within 30 days of discharge 2015-2018



Data supplied by NHS South, Central and West Commissioning Support Unit

2.7 This increase in numbers is in line with an increase in the overall number of emergency admissions for the Trust, up from 45,708 in 2016/17 to 51,061 in 2017/18 representing an 11%

² <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey>

³ Covered groin hernia surgery, varicose veins and full hip and knee replacements until October 2017.

Now focusing on hip and knee replacements.

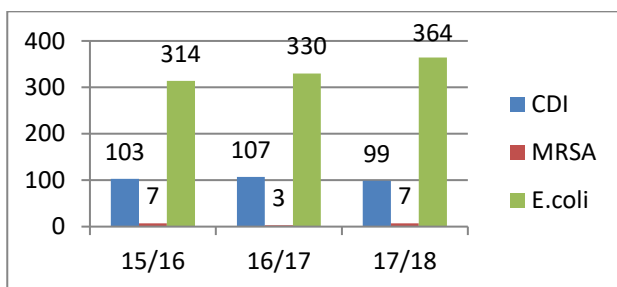
increase. Therefore the increase in the number of emergency readmissions is a factor of the general activity increase. The overall proportion of emergency readmissions has remained relatively consistent with a small increase from 9.3% in 2016/17 to 9.9% in 2017/18. The local health economy has instigated a system wide ESBT review to understand the reason for this increase and ESBT are undertaking a project to ensure patients are involved and communicated early in relation to their discharge from hospital environments.

Desired outcome: people are kept safe and free from avoidable harm

2.8 There are three key indicators within this desired outcome: the number of healthcare associated infections and serious incidents; the effectiveness of the safeguarding inquiry; and the number of hospital admissions from falls.

2.9 We are aiming to reduce the number of healthcare associated infections and performance against this measure is mixed. The number of MRSA and clostridium difficile infections (CDI) over the last three years has remained relatively level, with the number of Escherchia coli (E.coli) infections increasing:

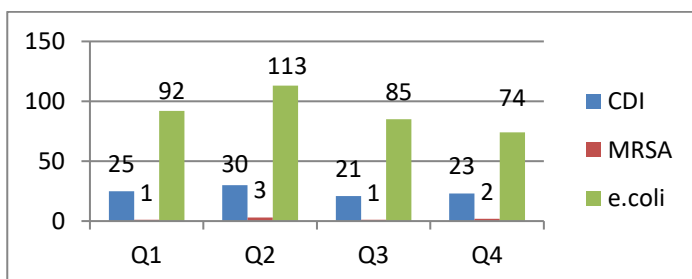
Total number of healthcare associated infections within ESBT 2015-2018



Source: EHS CCG and HR CCG – Public Health England Healthcare Associated Infection Data Tool

2.10 Quarterly performance data however shows recent improvements and a reduction in the number of CDI and E.Coli infections over the last two quarters:

Total number of healthcare associated infections within ESBT during 2017/18



Source: EHS CCG and HR CCG Healthcare Associated Infection Data Tool

2.11 A number of initiatives are in place to improve performance and reduce the number of healthcare associated infections:

- Infection Control Champions programmes: The CCGs provide an education and audit programme for general practices and care homes across East Sussex.
- Gram negative Bacteraemias4 reduction programme: The CCGs will be hosting a conference for community providers on ‘Leading the fight against gram negative

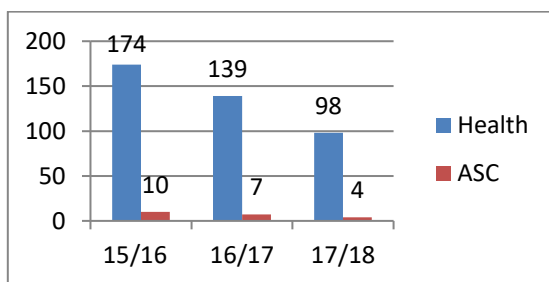
⁴ https://improvement.nhs.uk/documents/1394/HCA_BSI_definitions_guidance.pdf

bacteraemias' in May 2018. This will bring together a number of professionals in a targeted education programme for community nursing and care staff.

- Healthcare Associated Infection (HCAI) Strategy: The STP5 HCAI quality team are launching a two year HCAI reduction strategy across eight CCGs. The programme will allow a standardised but local approach in the reduction of HCAI across ESBT.
- Clostridium difficile: The CCGs will continue to review all cases of CDI to determine any lapses of care and implement actions to prevent further cases across the local health economy.

2.12 We are also aiming to reduce the number of serious incidents⁶ across the system and there are clear improvements with this measure in both health and Adult Social Care.

Number of serious incidents (SIs) 2015-2018



Health source: All SIs reported on Strategic Executive Information System (STEIS)

ASC source: All SIs RIDDOR reported and recorded as such in the Health & Safety Incident Reporting system

2.13 The measure relating to the effectiveness of the safeguarding enquiry is an adult social care measure which is part of statutory reporting and monthly local monitoring. To measure this we look at the proportion of people who are asked what their desired outcomes of the safeguarding enquiry are, and the percentage of those that were fully or partially achieved. We are looking to maintain or improve on our current performance. Figures taken from a recent snapshot show that this is being achieved, in March 2018:

- 129 safeguarding enquiries were completed in March 2018.
- Of the 129 people, 97 (75.8%) were asked for, and expressed desired outcomes. This is up from 70.2% at the same point last year.
- A further 12 were asked about desired outcomes but did not express any.
- Of the 97 people asked, 92 (94.8%) had their outcomes either fully or partially met. This is a slight increase on 94.3% the previous year.

2.14 The number of hospital admissions from falls in the population of local people in the year 2017/18 was higher than in 2016/17 (there were 36 more admissions in 2017/18) however the ESBT Falls Service was established during the year with all aspects of the service fully operational by November 2017. The service focuses on the following key elements:

- Strength and balance training for those at low to moderate risk of falls
- Multi-factorial intervention for those at higher risk of falls

⁵ Sussex and East Surrey Sustainability and Transformation Partnership

⁶ Adult Social Care: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>

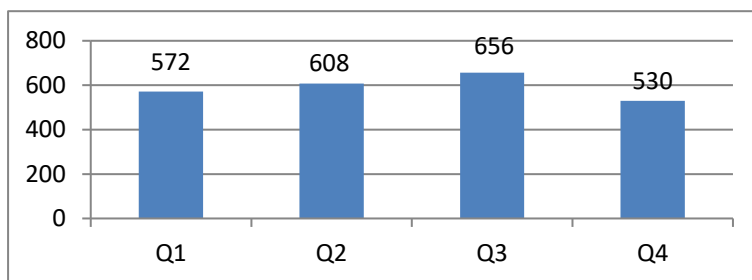
Healthcare: <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=68464&type=full>

- Fracture liaison service for those who have had a fragility fracture
- Targeted support to care homes.

2.15 These elements are in line with national evidence of best practice which suggest once these services are in place, a reduction in falls admissions can be expected. This is supported by the quarterly data which shows that there were 126 fewer falls in the last quarter of the year compared to the previous quarter and feedback from people using the service for example:

“Classes have given me back my confidence and I am delighted”
(Quote from someone who attends the strength and balance classes.)

Number of hospital admissions from falls during 2017/18



Desired outcome: people are supported by skilled staff, delivering person-centred care

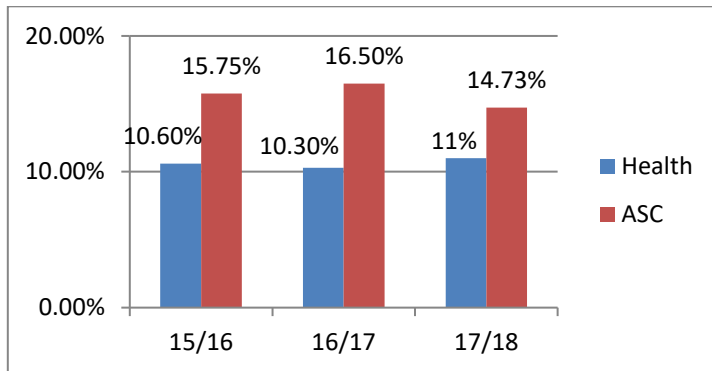
2.16 Levels of staff satisfaction are measured through staff satisfaction surveys and staff turnover rates. There is no national staff survey for social care staff and surveys are carried out locally at a service level. The national NHS staff survey results for 2017 show key improvements for the two CCG and East Sussex Healthcare (ESHT) staff in the area of staff satisfaction and more staff are satisfied that their work is valued by the organisation. In 2017, 69% of staff said they would recommend their organisation as a place of work, up from 66% in 2016 and higher than the average for CC Source: NHS South, Central and West Commissioning Support Unit

2.17 A recent case study produced by NHS Employers explores how the trust has made significant improvements in recent years with staff engagement, overcome many of its challenges and developed a positive culture.⁷

2.18 **Staff turnover rates** show an overall reduction in turnover for ESCC ASC frontline staff in 2017/18 and a small increase for ESHT staff. This increase is in common with the wider NHS and locally in Kent, Surrey and Sussex Trusts, however there has been a reduction from a high point of 11.6% (Sept 2017) which is currently continuing in 2018/19. A retention strategy is being developed for nursing and midwifery staff.

⁷ <http://www.nhsemployers.org/case-studies-and-resources/2018/04/making-progress-on-staff-engagement-the-east-sussex-experience>

Staff turnover rates 2015-2018



Health source: NHS Electronic Staff Record system (ESR)⁸
ASC source: Systems, Applications & Products (SAP)

2.19 The proportion of staff who have received training in person-centred care is measured by the percentage of ESHT staff who have completed their mandatory and statutory training. This is a key priority for the trust, the CCGs and also staff themselves. There has been an increase from 86.5% of staff in 2015/16 to 88.5% in both 2016/17 and 2017/18. The trust carries out an annual training needs analysis looking at capacity and resources. If any additional needs are identified then learning and development will work to address them. A monitoring system is in place with trust divisions receiving monthly updates on individual compliance.

2.20 Feedback from the ESHT Public Reference Forum in response to the question “*what worked well and why?*” found that staff attitudes are positive, despite capacity/resource issues. Staff survey results for 2017 show that this area remains a priority as “training helping staff to deliver patient/service user experience” was still highlighted as an issue to address.

2.21 The Support with Confidence (SWC) scheme⁹ operated by Adult Social Care and Health is a directory of vetted and approved care and service providers who can help you at home. SWC had accredited members as at 31 March 2018: 40 businesses, 10 Care Quality Commission (CQC) registered businesses, two Independent Financial Advisors and 124 Personal Assistants. A quote from one of the accredited Personal Assistants on the scheme highlights how the scheme helps to ensure people receive support from skilled staff, delivering person centred care:

“The benefits of being a member of SWC is that there is free training and support. There is training in almost every aspect of social care that you could possibly want. This can range from one-off certificates, to an induction course for someone who has no health and social care qualifications and wants to become a Personal Assistant. That once you are a member of the scheme as long as you provide person centred care, work towards and exceed the code of conduct and promote your services to the Social Care teams your diary will remain full, your phone will ring and your email box will fill. Also SWC actively promote the scheme in the county magazine.”

2.22 There has been an increase in the number of ESHT staff who hold the care certificate from 6 in 2015/16 to 97 in 2017/18. All new Healthcare Support Workers are supported to undertake Care Certificate development as part of their induction and existing staff will be supported to undertake it as well, so numbers should continue to increase.

⁸ Turnover is FTE leavers in 12 months as a % of average FTE over those 12 months. Excludes TUPE transfers and junior doctors rotation

⁹ <https://www.eastsussex.gov.uk/socialcare/support-to-stay-at-home/support-with-confidence/>

2.23 In the refreshed outcomes framework for 2018/19 we have added a new indicator and will be using the proportion of temporary staff used as a measure of whether people are supported by skilled staff delivering person-centred care. Reducing the proportion of temporary staff used will help to improve the quality of care. It is also a priority for patients and the public as highlighted in the Public Reference Forum survey responses. When asked “what do you want to change and why?”, “continuity of care in health and care” came out as a key theme.

3. Conclusion and reasons for recommendations

3.1 This focused report on the quality care and support domain shows the value of supplementing the quantitative data available with additional qualitative information. Overall, performance against the outcomes in this domain is encouraging with some key areas to be strengthened and developed such as reducing the number of healthcare associated infections and the number of emergency readmissions within 30 days of discharge. Although we have predominantly used data that is currently available through our ESBT organisations for this report, we aim to refine our approach to data collection to try and make sure we have a whole population focus wherever possible.

3.2 The ESBT Strategic Commissioning Board is asked to:

- Note the progress made with identifying and securing data to further understand our performance on a system-wide basis.
- Note the highlights shown here as an example of how we can start to measure outcomes in the quality care and support domain on a system-wide and population basis, and the actions being taken with a view to improving outcomes.

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BACKGROUND DOCUMENTS

Appendix 1: Quality care and support domain

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Quality care and support

We want to provide safe, effective and high quality care and support

Outcomes	These indicators and measures will tell us how we are doing...	
People receive high quality care and support	The proportion of people reporting satisfaction with the services they have received	⇨ The percentage of people who report they are satisfied with the care and support they receive is increased The percentage of carers who report they are satisfied with the care and support they receive is increased
	The effectiveness of the health and care intervention the person has received	⇨ Health gain people experience after elective procedures is increased Emergency readmissions within 30 days of discharge from hospital are reduced
People are kept safe and free from avoidable harm	The number of healthcare-related infections and serious incidents	⇨ The number of healthcare-related infections is reduced The number of serious incidents in healthcare is reduced
	The effectiveness of the safeguarding enquiry	⇨ People are asked what their desired outcomes of the safeguarding enquiry are, and the percentage of those that were fully or partially achieved is increased
	The number of falls in the population of local people	⇨ The number of hospital admissions from falls in East Sussex is reduced
We want to deliver person centred care through integrated and skilled service provision		
People are supported by skilled staff, delivering person-centred care	Levels of staff satisfaction	⇨ Staff satisfaction levels are increased Staff turnover is reduced
	The proportion of staff who have received training in person-centred care	⇨ The percentage of staff who have completed their mandatory and statutory training is increased
	The proportion of temporary staff used	⇨ The percentage of temporary agency staff used is reduced

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