Castlebeck - Quality Accounts

January 2009 - March 2010

June 2010
Castlebeck welcomes the opportunity to present this Quality Report. We know we always have much to do to develop and strive to always improve services to meet the needs, wishes and expectations, and the challenges and strengths of those people we support. We will always have lessons to learn.
Key points I would like to highlight from this year’s accounts are that we have:

- Built on a long history of outcome measurement to establish a system which will consistently measure outcomes for service users across all Castlebeck services.
- Enhanced the use of the SHARED Approach, Castlebeck’s person-centred model of care and support.
- Piloted and rolled out a new system to strengthen local Clinical Governance to complement centrally managed approaches.
- Re-structured our Risk Management Committee, with a revised Risk Policy and a new framework for assessing risk.
- Recorded high levels of patient/user satisfaction with Castlebeck’s services, and responded quickly when people were dissatisfied.
- Reviewed Castlebeck’s Medicine Policy to improve the prescribing and administration of medication, including of controlled drugs.
- Introduced a more accessible system for obtaining service user feedback, including for those with communication difficulties.
- Achieved good compliance with CQC regulation during the period, with a number of Castlebeck services receiving exemption from physical inspection due to the quality of their pre-inspection reports.
- Attained high levels of mandatory staff training and increased the level of individually-tailored specialist training.
- Appeared in the “Healthcare 100” league table of top healthcare employers due to our positive employment practices, and received a special commendation for our flexible working policies for parents.
- Recorded high levels of compliance with incident reporting, leading to improvements in care and practice, such as in medication management, issues of privacy and dignity, safeguarding of vulnerable adults, infection control and physical intervention.

A huge thanks is owed to all the many staff who have contributed to the Quality Accounts, and who have created the teamwork to enable all these things to happen.

Thank you for taking the time to read these Quality Accounts.

If you would like further information about Castlebeck’s Quality Accounts, please contact Dr Bunny Forsyth, Director of Governance on 01325 746730.

Signed

Jon Mann
Chief Executive
Castlebeck Group on behalf of the Executive Board.
3. PATIENT EXPERIENCE & SERVICE USER INVOLVEMENT

Following successful pilot of innovative “Patient Experience via User Feedback” Programme to be accessible for all service users (see Section 16), roll out training programme in 2010 with a view to commencing by Jan 2011. Aim to link with Annual Patient Survey to create a single user feedback system, applicable for compliance with CQC Standards.

**Leads:**
Managers, Clinical Psychologist – West Midlands, Speech and Language Therapist - Scotland.

**Resources:**
Training time and commitment operationally and clinically agreed and prioritised.

**Rationale/Engagement:**
Service users engaged throughout the development process to help shape and comment on the tool. Pilot feedback highly positive from staff, managers and service users.

**Measuring Progress:**
Feedback given March 2010 to National Managers’ Meeting. Training timetable and plan in progress.

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**Part 2: Priorities for quality improvement - top three priorities for quality improvement for 2010/2011**

These, and many other important priorities, are outlined in detail in the Clinical Governance Action Plan: April 2010 – March 2011 on page 15 below. However, for the purposes of Part 2 of the Quality Accounts it is important to summarise the top three priorities.

1. **CLINICAL EFFECTIVENESS (QUALITY)**

Introduce new approach to evidencing patient and resident clinical outcomes by innovative electronic system for HoNOS (Health of the Nation Outcome Scales) to be rolled out as an outcome measure across all services. Each resident/patient will have these in place in their six monthly CPA (clinical care review) report ongoing. This as piloted in a co-project between the authors of HoNOS and Castlebeck, for all service users. (See Section 6.1 of the Clinical Governance Report).

**Leads:**
Clinical Director, Operations Director – North of England, All Managers, Financial Controller.

**Resources:**
IT system in place, Clinical Director leading.

**Rationale/Engagement:**
Wide discussion with commissioners of services as to types of outcome measures felt acceptable/appropriate, historical use of HoNOS felt understandable by families and service users.

**Measuring Progress:**
Early results as of March 2010 demonstrate excellent progress via the IT database collating all scores across all services.

2. **PATIENT SAFETY**

Roll out new system for extended and effective Local Clinical Governance at all hospital services (and many other step-down services). This via establishing “Unit Led Clinical Governance Committees” (ULCGC’s) with representation to include Management, Quality Champions and Clinicians working into that service. This will ensure local safety and risk issues are discussed monthly, robustly minuted, and linked to clinical audit as a means to drive local improvement in relevant areas.

**Leads:**
Director of Governance, All Hospital Managers.

**Resources:**
Electronic template created, Clinical Team training and support planned and in place.

**Rationale/Engagement:**
Pilot system at Cedar Vale approved and commented on favourably by East Midlands Commissioners (re:source) with request made for Castlebeck to help them in setting quality benchmarks for use across all providers. System driven from lesson learning via RCA process (see Section 12.3.1) engaging South West commissioners and Safeguarding Authorities, as well as in response to Regulatory issues in the Midlands, subsequently felt to be high standard practice.

**Measuring Progress:**
As of April 2010, ULCGCs are up and running successfully in 8 out of 11 hospital services and also in two intermediate services. Minutes are comprehensive and relevant, and collated electronically at local and central levels.
A summary of Part 3 - the quality of Castlebeck services in terms of the three domains: Clinical Effectiveness, Patient Safety and Patient Experience

- Castlebeck Clinical Governance in 2009 has focused on the three watchwords: Quality, Safety, and Patient Experience.
- It seeks to ensure we “Do it Right, Keep it Safe” (Castlebeck Clinical Governance Staff Campaign 2008).
- It has linked impressive service development & innovation, consistently improving the way we care for, and demonstrate effective clinical outcomes for our service users.
- …to real achievements in improving our safety culture and underpinning robust risk management.
- …whilst relating all we do to what the service users tell us, and finding new extended ways to ensure they are involved and being heard.
- There have been many real achievements made in 2009, particularly in relation to the QIPP (Quality, Innovation, Productivity, Prevention) ** challenge that any provider of services to NHS patients must respond to, given the ongoing intent to improve these services in the context of the current financial pressures on the public purse.

* Darzi Next Stage Review Final report “High Quality Care For All” (DH 2008)
** The NHS quality, innovation, productivity and prevention challenge (DH 2010)

The underlying goal must always be to try to improve the experience, and positive outcomes, of the many patients and residents in our care, and support our staff in achieving this. This is only possible if the strong, positive and open culture of Castlebeck is nurtured well.

This year has seen massive development in terms of wider policy and strategy that affects the people we support. It is important to appreciate the context in which Castlebeck provides care and support:

- Our service users have often experienced multiple placement breakdowns, “revolving door” psychiatric admissions; been managed only in secure care or might be heading for secure care otherwise.
- Those we look after are typically people who have experienced profound and long lasting trauma, dysfunction, chaotic or troubled relationships, and distress.
- They may have significant, multiple and complex needs incorporating learning disabilities, mental illness, epilepsy, autism, brain injury, personality disorder or neurological dysfunction.
- They may require care, treatment and rehabilitation that involves many specialist clinicians and a carefully constructed care pathway with a number of stages.
- They often pose potential for significant risk to themselves or others in some form unless helped in the right way.

At the heart of Castlebeck’s approach to Clinical Governance is ensuring that we can continue to provide long lasting, positive, calm, confident and carefully managed relationships between highly skilled staff and the people we support. The ability of our services to maintain commitment and consistency for as long as needed, and stick with challenges or difficulties, is a hallmark of what we believe underlines our ability to provide the highest quality care.

By doing this, we are fortunate in being able to demonstrate real, long lasting and positive clinical outcomes, and most importantly, improved quality of life and patient/user experience.

The following summary of achievements made in the three key areas gives a flavour of the progress made in the last year:

Achievements 2009/2010 - “Clinical Effectiveness”
- Castlebeck has worked closely with the researchers who developed the HoNOS - LD (Health of the Nation Outcome Scale – Learning Disabilities) to jointly set up a new, up to date, bespoke IT system for HoNOS, in order to utilise this validated tool to measure outcomes across all Castlebeck services. (detailed in Section 6.1).
- Castlebeck’s SHARED Approach, incorporating principles of positive behavioural support (PBS), has been further developed. (Section 6.3).
  1. A Level 1 training course was completed.
  2. A new care record has been developed.
  3. A new basic SHARED approach (introductory level) pilot was commenced in Scotland.
  4. A new basic training module introducing the concepts of behaviour and PBS aimed at support workers and new starters, in preparation for the SHARED Approach, has been developed.
- All Castlebeck services have set out and completed two sets of Clinical Governance Local Action Plans, focussing on a key area and demonstrating improvement or ability to spread best practice as a result. (Section - Local Action Plans in the Clinical Governance Report).
- There is a raft of positive practice in action across Castlebeck with reference to national guidance, evidence based practice and good governance. (Section 6).
- Improved audit trails have evidenced improvements made, and best practice spread with respect to Clinical Governance initiatives and recommendations, as well as important clinical best practice and evidence based externally. (Section 10).
- There is continuing evidence of high quality initiatives demonstrating ongoing innovation and improvements in the care we provide, many through our own Innovation Awards rewarding initiatives created locally and nationally (Section 21 Person centred Initiatives).

Achievements 2009/2010 - “Safety”
- Fully operational Risk Management Committee, revised Risk Policy, framework and structure (Section 10).
- Commitment to developing a positive pro-active safety culture. Focus on Serious Untoward Incident reporting, analysis and management linked to effective lesson learning via a culture of routine Root Cause Analysis at local level. (Section 10).
- Four full scale Root Cause Analyses, followed through to ensure lesson learning and changes made both locally and at corporate level to further improve care. (Section 10 & 12.3).
- Focus on Safeguarding of vulnerable individuals in our care to improve reporting, work closely with local teams, ensure effective training and link any issues raised with both local and corporate lesson learning. (Section 11).
- A significant number of local and corporate changes and improvements as a direct result of lesson learning at local and corporate level (Section 10.9, 12.3).
- Extended Infection Control system, new infection control cascade system with link nurses, and tailored training, communication and audit system (Section 14.4).
- Improved and extended accident reporting system (Section 14.1).
Achievements 2009/2010 -“Patient Experience and Service User Involvement”

- The continuing success and extension of our User Involvement forum “Have Your Say” run at national level across the company and more locally via Scottish and English regional forums (Section 15).
- The development of a new “Patient Experience via User Feedback” package. This addresses key questions on how people feel about their care to involve every Castlebeck patient/resident in Clinical Governance. It uses different tools including visual techniques (“Talking Mats”) and observational methods to help engage with people who cannot talk, or have difficulty communicating. It will be linked with the regulatory requirements around gaining service user feedback, however with a much more comprehensive and accessible format. A successful pilot of the package across five services was completed in 2009. (Section 16).
- Successful continuation of the Castlebeck “Strategy Unit” – a systematic approach to directly connect Directors at Executive level with a wide range of service users and staff across a range of services on a regular basis – to gain feedback and to encourage strategy to be driven by our service users and staff (Section 19).
- Service user involvement in the interview process for staff, as part of interview panels, at every level, including Manager appointments. (Section 20).
- Renewed portfolio developed and initial stages of roll out commenced regards “24/7”, the Castlebeck bespoke tailored structured activity programme, as led by 24/7 coordinators, Occupational Therapy and the 24/7 Action Learning Sets. This with a central theme of person centred planning, tailoring to individual wants, needs, strengths and areas for progress. (Section 6.10).
- Focus via Clinical Governance on the “Essence of Care” (DH Feb 2001, updated 2003, 2006, 2007) package as established via the Nursing and Midwifery Council (NMC). This covers 11 key areas to be benchmarked in any healthcare setting to ensure high quality fundamental nursing care. The “Privacy and Dignity” area has been developed within Castlebeck, a policy and training package also created (linked in with service user forums for feedback). This incorporates setting up a “Dignity Champion” at each service to drive this forward. (Section 18.2).

It is incredibly important that alongside our improving abilities to create policies, systems, structures, audits, audit trails and training packages we assiduously avoid a “tick box” mentality. We do not want to look wonderful on paper, yet fail to actually achieve meaningful outcomes in practice with each person on a daily basis. It can become easy to say the right phrases, sound impressive, and actually forget the really important bit at the centre – the care of our patients and service users every day, by committed, kind and skilled staff.

We hope that there is a clear thread through all the initiatives and clinical practice outlined in this document that keeps this principle to heart, and really tries to ensure that what we say or develop, we translate into actual meaningful experiences for our patients and service users on the ground.

Similarly there should be a thread of constantly checking to see what we can do better, how to improve, and to learn lessons from the times when things haven’t gone so well. Castlebeck does not provide a perfect system, but hopefully can show it is committed to recognising problems early, and using all experiences as a way to provide even better care in the future.

Clinical Governance Strategic Aims: Jan 09 – Mar 10

Clear aims for Clinical Governance were outlined to the Board at the beginning of 2009;

- To ensure that Castlebeck has an effective, efficient, transparent and genuine system of Clinical Governance reflecting local needs, and supporting local initiatives.
- To ensure the experience of all Castlebeck service users is one of receiving excellent care, that supports them to progress, and involves them in all processes in a collaborative and meaningful way.
- To ensure development of care and services is responsive to and aligned with key strategic and policy initiatives locally and nationally.
- To focus on the three key areas of Quality (incorporating effective outcomes), Safety and Patient Experience (service user involvement and feedback).

Clinical Governance Strategic Objectives: Jan 09 – Mar 10

QUALITY FOCUS

- To ensure all services are supported to strive to innovate and improve care and services.
- To support extended development of Clinical Audit with increased active involvement of the Clinical Team.
- To ensure the overarching clinical model used via the SHARED Approach, is supported and developed for use by support and nursing staff.
- To utilise the central Clinical Governance Team, and regional Clinical Governance leads and forums to ensure evidence based practice, national guidelines or key strategy or policy developments are understood and incorporated into daily practice.

SAFETY FOCUS

- To ensure the Board is robustly able to manage any Serious Untoward Incident to support Corporate Governance, continuing the successful running of the Root Cause Analysis process to effect this.
- To support the position of Castlebeck as a provider of a genuinely high quality service, demonstrating excellent risk processes as supported by a more robust Risk Management and Assurance Framework.
- To improve the audit trail evidencing that the Company is able to actively learn lessons, make improvements and effect positive change through Clinical Governance.
- To maintain and improve relationships with key regulators by supporting compliant, evidence-based care.
- To develop local approaches for clinical governance that ensure all areas of potential systemic risk or safety are linked to locally driven solutions and improvements in care.

SERVICE USER INVOLVEMENT FOCUS

- To continue to prioritise Service User Involvement and feedback meaningfully in Clinical Governance through a variety of approaches, addressing differing support needs.
- To ensure Clinical Governance is understood and carried out meaningfully at individual service level through ongoing support of Local Action Plans, regional forums and widespread involvement in the central Clinical Governance Team.
- To support the initiatives and ideas from all staff levels that ensures continuing improvement and quality of care for our residents.

1 Talking Mats: A resource to enhance communication. Murphy J, Cameron L, ISBN 1 85769 2144 published by the Augmentative and Alternative Communication (AAC) Research Unit at the University of Stirling
Clinical Governance Action Plan: Jan 09 – Mar 10

- Strategic context needs to be re-examined in the light of key documents released throughout the coming year. Clinical Governance Team.
- Internal communications campaign to incorporate new services and commence redistribution of updated leaflets to new services and staff. Director of Governance/Commercial Director.
- Root Cause Analysis (RCA) training programme to continue in refresher format based on threyearly refresher requirements for trained staff and provide training for new staff/new services. Director of Governance.
- Encourage strong culture of Incident Reporting, focusing on Serious Untoward Incidents. Ensure all considered for investigation utilising RCA principles, mini RCA or full RCA. Use the wide groupnow trained to actively carry these out to gain experience and see this as an inherent part of everyday practice. Reporting through Quality and Clinical Governance. Managers/Operations Directors/ Clinical Nurse Specialist/Quality Manager/Director of Governance.
- Liaison with Head of Communications to establish dedicated intranet site for Clinical Governance, as well as links to monthly newsletter for staff. Director of Governance/Managing Director/Head of Communications.
- Establish three further Service User Forums for 2009 and clarify actions/developments as a result of each. Service User Group/Manager - Chesterholme/Deputy Manager – Wast Hills/Director of Governance – Wast Hills.
- Support all services in developing Clinical Governance Local Action Plan 4 and 5, setting up Clinical Governance File and establishing ongoing cycle of PSR compliance. Managers/Director of Governance/Quality Manager.
- Establish electronic version of Incident Reporting System. Operations Directors/Managing Director - Castlebeck.
- Complete necessary data collation for Clinical Governance section of Risk Assurance Framework. Director of Governance.

Summary of Achievements: January 2009 – March 2010

This report demonstrates that by the end of March 2010, most action plan points have been met, some fully, others in part, as well as a number that have exceeded expectations.

CLINICAL EFFECTIVENESS

Strategic context has been re-examined, with focus on helping Castlebeck as a provider to be ideally placed to respond to the demands of important national changes such as “World Class Commissioning” (DH 2007). Specific review and response has been made to key documents including:

- Spotlight On Complaints (HCC Feb 2009).
- Seven Steps to Patient Safety (NPSA 2005).
- Patient Safety First Campaign (NPSA:2008).
- “Investigation into Mid Staffs NHS Foundation Trust” (HCC March 2009).
- Commissioning for Quality (NHS Confederation June 2009).
- Quality Accounts Toolkit (DH Feb 2010).
- Ethical Approaches to Physical Interventions Volume II – Changing the Agenda (BILD 2009).

See Strategic Context on page below.

SAFETY

Root Cause Analysis (RCA) training has continued in 2009. Over 100 staff have now been trained incorporating Charge Nurses, Deputy Managers, Managers, Psychiatrists and Psychologists as well as senior staff in Training, Human Resources and Health and Safety departments. See Section 10.6 Aims of RCA.

There has been a new Serious Untoward Incident log established linked to Clinical Governance. This saw an encouraging increase in reporting of potential SUIs (reflecting improved awareness and safety culture). This has fed in to all Clinical Governance central meetings and a similar significant increase in mini RCAs carried out by local staff teams related to each SUI has supported and evidenced active lesson learning both locally and at corporate level. See Section 10.9 Lesson learning 2009.

Four full Root Cause Analyses (RCAs) have been carried out in 2009 – covering services in Dundee, Bristol, Scunthorpe, and Hexham. All were reported within timescales, produced detailed and high quality reports, and action plans implementing recommendations locally and centrally were subsequently audit trailed. Many care practices, policies and developments have been evidenced as a result due to lessons learnt. See Section 12.3 Lesson learning following complaints.
PATIENT EXPERIENCE / SERVICE USER FEEDBACK
The Service User Involvement Programme (Section 15) saw two key strands of development:
- The Service User Involvement task group has worked extremely hard with five sites to pilot the new tailored package for service user feedback, incorporating visual tools, to ask all service users about their care, involve them in clinical governance and give them a voice (regardless of level of ability). The pilots were extremely successful and have led to plans for a comprehensive training programme across all services in 2010.
- Service User Involvement forums were successfully set up and began running in Scotland/ Northumberland and North East England in 2009, as well as initial development of the Midlands/ Southwest forum. They were well attended and have led to changes in care provision as a direct result. The National Service User Involvement forum also successfully continued with three meetings in 2009, also leading to suggestions for change, and these taken on appropriately.

CLINICAL EFFECTIVENESS
Local Action Plans and Checklists have been completed six monthly in every service demonstrating two complete cycles. Via this process, every service has planned specific and wide-ranging Clinical Governance targets, addressing all key areas of Clinical Governance when looked at as a group (See Local Action Plans and Checklist appendix).

SAFETY
The Clinical Governance section of the Corporate Risk Assurance Framework was completed and acted on successfully in 2009. As an example, this saw the identification of improved approaches to clinical audit (Section 8.3) and establishment of effective local risk registers identified at Board level.

Areas not achieved
- The internal communications campaign to inform all staff of the Clinical Governance developments at their local service was begun, but not completed due to competing pressures on time and resources. It is planned to prioritise this in 2010.
- The actual roll out of the electronic version of the incident recording system was delayed in going live due to ongoing technical difficulties, therefore this will form part of the action plan for 2010.
- The launch of the Clinical Governance section of the Intranet/Internet was delayed due to pressures of other areas of work taking priority. This will form an action point for 2010.

Areas representing achievements beyond expectations.

SAFETY
Continuing significant advances in respect to medication management, following on from lessons learnt following drug errors in 2007 and 2008, a large and comprehensive review of medication by the Pharmacy Group has led to a new and overarching Medication Policy, with particular focus on clarifying the “As Required” medication administration with a series of new care plans. These were piloted at two sites successfully in 2009 (see section 6.2).

Significant advances in respect of Infection Control and specific developments with excellent response to the Swine Flu pandemic of 2009 (see Section 14.4.7).

CLINICAL EFFECTIVENESS
Development of a new approach to local clinical governance via “Unit Led Clinical Governance Committee” as piloted at Cedar Vale, East Midlands and Winterbourne View, Bristol. This links all key issues of risk, safety and quality at that service to local clinical audit. It is set in a forum that incorporates clinicians working into the service. Initial pilots rolled out at three services very successful. (See Section 10.10).

SAFETY
The establishment of the first SUI system in early 2009 was further refined, and this led to the roll out of a new more robust system for recording, tracking and learning lessons from Serious Untoward Incidents established November 2009. This linked the Head of Regulatory Compliance in to lead the system collation and running of the SUI log. It also led to further review and clarification of the SUI Policy – specifically clarification of incident categories and further improved reporting and monitoring process (Section 10.4).

CLINICAL EFFECTIVENESS
Castlebeck’s SHARED Approach, incorporating principles of positive behavioural support (PBS), has been further developed. (Section 6.3).
1. A Level 1 training course was completed.
2. A new care record has been developed.
3. A new basic SHARED Approach (introductory level) pilot was commenced in Scotland.
4. A new basic training module introducing concepts of behaviour and PBS aimed at support workers and new starters, in preparation for the SHARED Approach, has been developed.

CLINICAL EFFECTIVENESS & PATIENT EXPERIENCE
Renewed portfolio developed and initial stages of roll out commenced regards “24/7”, the Castlebeck bespoke tailored structured activity programme, as led by 24/7 coordinators, Occupational Therapy and the 24/7 Action Learning Sets. This with a central theme of person centred planning, tailoring to individual wants, needs, strengths and areas for progress. (Section 6.10).

CLINICAL EFFECTIVENESS (STAFF DEVELOPMENT)
A revised and improved staff support scheme, ensuring effective debrief and support for any Castlebeck staff member following serious or upsetting incidents of any kind was rolled out and advertised to all staff in Sep 2009, via a new raft of leaflets and key cards distributed to every service and each staff member. This aligns with a new policy. It links the varied support mechanisms provided, from line management through to the external AXA support telephone scheme, in a way that hopefully encourages staff to actively feel enabled to get help as and when they need it.
## Clinical Effectiveness

1. New approach to evidencing patient and resident clinical outcomes by innovative electronic system for HoNOS (Health of the Nation Outcome Scales) to be rolled out across all services. This was piloted in a co-project between the authors of HoNOS and Castlebeck, for all service users. Clinical Director, Operations Director – North of England, Managers, Financial Controller.

2. New and innovative approach to Clinical Audit to be extended from pilot to full roll out across all services from March 2010, overseen by newly established Strategic Quality Group. The process ensures that locally driven audits related to individual service needs or concerns are flexibly created. In addition, a carefully tailored number of systemic prescribed audits are carried out, relating to wider trends, regulatory requirements, or quality/risk issues impacting all services. Managers, Quality Manager, Clinical Leads, Operations Directors.

3. Roll out new system for extended and effective Local Clinical Governance at all hospital services (and many other step-down services). This via establishing “Unit Led Clinical Governance Committees” with representation to include management, Quality Champions and clinicians working into that service. This committee to ensure all key elements of quality and safety are locally discussed, and then linked to the clinical audit system as a means to drive local improvement in relevant areas.

4. Implementation of first stages of new and overarching Nurse Development Strategy (See Section 9.3) to embed the fundamentals of nursing quality and care across all services.

## Patient Safety

5. Ensure local safety and risk issues are discussed monthly, robustly minuted, and linked to clinical audit via the Unit Led Clinical Governance Committee at appropriate services. Managers, Unit Led Clinical Governance Committee.

6. RCA training programme to continue and provide new and refresher training for all senior staff. Extend beyond Charge Nurse level to key skilled senior nursing staff at manager’s discretion. Extend to enable MHC sister service to provide their own training programme. Director of Governance.


8. Establish electronic version of Incident Reporting System. Head of Regulatory Compliance, Managing Director – Castlebeck.

9. Effective continuation of roll out of new Serious Untoward Incident Policy incorporating effective reporting and logging, trend analysis, and evidenced robust lesson learning via the RCA process, reported and audit trailed through local and central Clinical Governance. Managers, Operations Directors, Head of Regulatory Compliance, Quality Manager, Director of Governance.

## Patient Experience (Service User Involvement and Feedback)

10. Following successful pilot of innovative User Feedback Programme to be accessible for all service users, roll out training programme with a view to commencing by Jan 2011. Aim to link with annual patient survey to create a single service user feedback system, applicable for compliance with CQC standards. Managers, Clinical Psychologist – West Midlands, Charge Nurse – West Midlands, Managing Director - Castlebeck.

11. Continue the successful running of current service user forums (National, North East and Scotland/Northumberland). Set up three further forums: East Midlands, West Midlands and Southwest. Service User Group, Manager - Chesterholme, Charge Nurse – West Midlands, Manager – Winterbourne View, Manager – Cedar Vale, Deputy Manager – Whorlton Hall.

12. Continue Strategy Group to ensure Directors in regular contact with staff and service users nationally to hear ideas for improving and developing services. Chief Executive, HR Director.
Castlebeck and our Services

Castlebeck has more than 20 years experience supporting people with learning disabilities and additional complex needs, providing specialist healthcare and rehabilitation services.

At the heart of our services is an understanding of learning disability and behaviour which challenges services. This can lead to positive outcomes for people who we support and their families.

We provide person-centred assessment and intervention for people aged over 18 throughout the UK, in our Castlebeck services, while those under 18 are supported by Young Foundations, our sister company.

At Castlebeck, support is provided for men and women with learning disabilities, complex needs and challenging behaviour as well as those on the autistic spectrum and people with acquired brain injuries or mental health problems.

Services comprise twelve independent hospitals providing acute care, treatment and rehabilitation. Services can offer separate areas for differing levels of need from acute initial admission stages through to lesser support needs as individuals progress over time. Three of the hospitals have specialist Graded Rehabilitation Annexes attached providing an immediate care pathway for more independent, community facing rehabilitation whilst in the context of accessing high levels of specialist support.

There are eight further specialist rehabilitation services, continuing the care pathway, and offering smaller, community-facing, highly skilled support. A number of these services also have Graded Rehabilitation Annexes offering further independent living skill development.

A final pathway provision is that of smaller residential services providing small group living with background support, as well as working with partners to support some individuals in “supported living” self tenancy settings.

Geographically, a variety of pathway provision is available nationally with services in Dundee, Dunblane, Lockerbie, Hexham, County Durham, Darlington, East Midlands, West Midlands, North Lincolnshire, and Bristol.

Overall, the pathway therefore offers seven different potential pathway stages of support as level of need reduces over time and support needs change.

Overview

Castlebeck continues to grow, develop and enhance the services provided. There is a five-year plan which sets out the priorities and goals which aim to strengthen the business and ensure that we continue to thrive to provide the very best quality service we can.

Since Castlebeck began in 1988 the business has continued to grow – both geographically and in diversification of services. We now have services across the country offering support for those with learning disabilities, complex needs and challenging behaviour. There are also services offering specialist support for those on the autistic spectrum and people with an acquired brain injury as well as services for children in Young Foundations and mental health services through sister company MHC in Wales. The five year plan sets out how that growth will continue going forward.

This plan will establish a range of progressive and sustainable services which will be a strong platform for further development. The plan sets out three ways that this will happen – through Developments, Quality and Diversification.

Developments

Development across the country will continue over the next five years. In 2010 we are set to open a new low secure service in North Wales to extend the care pathway offered at New Hall (an MHC service), a neurobehavioural rehabilitation service called Warwick Lodge in Melton Mowbray and a step-down service for St David’s Independent Hospital, in North Wales.

Going forward we will continue to develop new autism services, children’s homes, learning disability services and others to meet demand across the country.

The ongoing development will allow Castlebeck to offer increasing numbers of services which are “closer to home” for people and also extend the care pathways the organisation can offer people.

Quality

Quality will always continue to be at the heart of everything we do and there will be a focus on continually enhancing quality. Robust clinical and corporate governance and risk management are central to this.

Diversification

As part of Castlebeck’s ongoing growth and development, the organisation will continue to diversify into different kinds of support for different people. This may include offering more transition services, extending our acquired brain injury provision or low secure services, for example.

There are several statements below which set out what we do, how we do it and most importantly, why we do it:

- Castlebeck seeks to provide high quality services for higher challenge and higher complexity service users.
- We support service users to progress along their own individual care pathway in a safe way and manage risk.
- Castlebeck has a unique, core Model of Care: The SHARED Approach. This has evolved into a Recovery model in some MHC services.
- Everyone supported by Castlebeck has a meaningful programme of therapeutic activities.
- Castlebeck seeks to provide a positive experience and best outcomes for all we support. Each person is involved in all aspects of their care and is supported to make their own choices.
- We have a unique model of nursing and clinical support.
- Every person working at Castlebeck has a positive role to play in the daily lives of the people we support.
- Our staff are our key resource and we will continue to invest in them and their development.
- Castlebeck commits to highly challenging people. Our teams build trusting relationships with the people we support and we stick with them.
- We work hard to ensure we always focus on improving quality in our services.

Castlebeck’s Core Values

Commitment (to service users and staff)
Development (of service users and staff) and
Value (to all customers – service users and their families; purchasers, commissioners and others)
The Strategic Context

There have been a number of important policy documents that have directly impacted Castlebeck’s approach to Clinical Governance in 2009.

“Valuing People: A New Strategy for Learning Disability for the 21st Century” (DH March 2001) and “The Story So Far” (DH 2005) explained the key principles of improved rights, independence, choice, better lives, and social inclusion. This seminal document and the subsequent three-year strategy “Valuing People Now” (DH 2009) has influenced all of Castlebeck’s service developments, innovations, and thinking within Castlebeck and is an ongoing reference for our services supporting those with learning disabilities.

The evolving NHS strategy and policy development that began with the NHS plan (DH 2000) was extended with the Darzi Next Stage Review Final report “High Quality Care For All” (DH 2007). This makes very clear the vision for any health services addressing public needs. It reinforces the principle of quality through three clear mechanisms:

1. Quality and Effectiveness (Patient Outcomes).
2. Safety.
3. Patient experience.

As a specialist healthcare organisation, whose service users are funded via the NHS or Local Authority social services, Castlebeck is equally tasked with meeting these obligations and indeed should and will be judged on its ability to do so by our referrers.

We undertook a review of the important report from three regulators “Commissioning services and support for people with learning disabilities and complex needs: National Report of Joint Review” (HCC, CSC, and MHAC: London 2009). This followed work by the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission after a number of scandals and investigations between 2007-2008, notably the HCC audit of 2007 “A Life like No Other”. This covered many areas across quality, safety, and patient experience incorporating lack of personalised care and support, poor protection and safeguarding of vulnerable groups and lack of progress particularly for those who pose most challenge to services. The review was led and facilitated by Professor Bob Hudson (Durham University).

The discussion paper from the NHS Confederation “Commissioning for Quality” (PCT Network/ NHS Confederation Dec 09) outlines how commissioners need to be active in ensuring that providers can evidence robust quality and safety in their services at individual, local, and corporate level.

The Human Rights agenda is critical “From safety net to springboard: A new approach to care and support for all based on equality and human rights” (Equality and Human Rights Commission Feb 09) laid out the importance of ensuring all care and support services effectively uphold all individual rights, including those for advocacy where required.

“The NHS Constitution: A consultation on new patient rights” (Nov 2009) helped establish these rights as applied to healthcare, and will apply to any NHS-funded patient. This incorporates the majority of Castlebeck service users and thus is important that its principles are similarly established through our Governance systems.

In 2010, the publication of “NHS 2010-2015: From Good to Great: Preventative, people-centred, productive” (DH 2010) has crystallised a vision incorporating all these key messages.

Clinical Effectiveness

Professor Jim Mansell published a further key report, “Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs” (DH Nov 2007). This strategic document laid out the direction that services for this vulnerable group should be taking. Importantly it focused on the need to champion smaller community-based services close to home. It also clearly stated that services helping to manage challenging behaviours must ascribe to Applied Behavioural Analysis principles (IABA: Institute of Applied Behavioural Analysis) and be comprehensive in drawing up positive behavioural support plans for those with higher level needs.

Publication in March 2010 of “The Nursing Roadmap for Quality: A signposting map for nursing” (DH Mar 2010) will be critical as Castlebeck progresses to ensure key quality indicators and strategic directives are utilised in ensuring the nursing team develops strongly and continues to deliver high quality nursing care at every service. Utilising nationally recognised tools such as “Essence of Care” patient focussed benchmarks for clinical governance (DH 2001, updated 2003, 2006, 2007) is key to this.

- Castlebeck has worked closely with the researchers who developed the HoNOS - LD (Health of the Nation Outcome Scale – Learning Disabilities) to jointly set up a new, up to date, bespoke IT system for HoNOS, in order to utilise this validated tool to measure outcomes across all Castlebeck services (Section 6.1).
- Castlebeck has looked to strengthen further its overarching therapeutic model, the SHARED Approach based on IABA (Institute for Applied Behavioural Analysis) principles of Positive Behavioural Support including positive programming. This is described in the introduction and Section 6.3 of the Clinical Governance Report.
- All Castlebeck services have set out and completed two sets of Clinical Governance Local Action Plans, focussing on a key area and demonstrating improvement or ability to spread best practice as a result. (Section - Local Action Plans).
- There have been a wide range of evidence-based clinical developments in a large number of areas such as Pharmacy Group, Epilepsy, Dementia, Dysphagia, Nutrition, Sexual health, Communication and many more. (Section 6).
- Castlebeck has been working hard to develop a comprehensive updated and extended Nurse development Strategy over 2009 (See Section 9.3) which will link all key areas needed to ensure this nurse-led service is fully equipped to deliver high quality, skilled and safe care going forward. Specific actions for 2010 are laid out to deliver the strategy.
Patient Safety

There have been vital publications helping steer our risk management thinking. These have been carefully looked at and considered by the Clinical Governance team.

“Spotlight On Complaints” (HCC Feb 09) was a report that underlined the essential need to respond quickly, efficiently and appropriately to any complaint received – whilst acknowledging and supporting the rights of people to make complaints. The role of lesson learning is emphasised.

“Learning from Investigations” (Healthcare Commission 2008) laid out the findings from numerous national examples where care fell down or resulted in serious consequences. It reiterates the need for organisations to be aware of problems, to openly report and review serious incidents positively, to make changes as a result of errors and to communicate risk issues effectively.

“Investigation into Mid Staffs NHS Foundation Trust” (HCC March 2009) was a deeply concerning report into the widespread failings that were found across an entire health system. An inability of the Executives at Board level to connect with and spot major problems at the services was fundamental, with ineffective staffing, training, support systems and management leading to appalling breakdowns in almost every area of basic nursing care. A closed, defensive, scapegoating culture was evident, with excess attention to targets and financial cost cutting without prioritisation of quality, safe care.

Safeguarding of vulnerable adults is an area that has been recently reviewed. Following on from the “No Secrets” review (“No Secrets”: DH 2000 - Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse), there was a widespread consultation that reported in July 2009 (Report on the consultation on the review of No Secrets DH 2009).

The Governmental response to this was published in February 2010 (Clinical Governance and Adult Safeguarding - An Integrated Process DH Feb 2010). This has set out proposals to create far more robust statutory safeguarding bodies with more wide ranging powers.

Another document reviewed in Sep 2009 was “Ethical Approaches to Physical Interventions Volume 2 “Changing the Agenda” (BILD 2009). This stressed the importance of preventative measures with vigilance and reliance on proactive behavioural change to avoid and reduce the need for physical intervention. This follows on from the important original inquiry into David (Rocky) Bennett (Sir J Blofeld, Chair, DH Dec 2003) which outlined many recommendations to improve the safety of individuals being restrained.

- Significant achievement has been made to extend an open, positive safety culture. This is centrally held together via the “glue” of open Clinical Governance meetings, with monthly full Multi-Disciplinary review of every Serious Untoward Incident across the Company, utilising the RCA lesson learning process. It has been important for the atmosphere to encourage all staff to hear difficulties and challenges faced by peer services and colleagues, to hear these openly debated (without scapegoating) and be part of active ideas for lesson learning. The increased reporting numbers throughout 2009 are viewed very positively, as an indicator of faith in an open, learning culture. (Section 10.7 -10.9).

- The number, range and depth of RCAs carried out over the year has increased significantly since 2008 as we have sought to improve our lesson-learning. Importantly, 2009 has seen the effective follow through and audit trailing of many recommendations for change – to ensure they have been done. Again, the Clinical Governance minutes are an important “glue” to record this robustly. (Section 10 and 12).

- Awareness of safeguarding issues has been a huge theme, with again a positive trend in seeing increased reporting to the Safeguarding authorities. In the overwhelming majority of these cases, the authorities have felt no further external action has been indicated and has been satisfied with internal safety and care of vulnerable adults. Safeguarding training has been both internal and external. There is ability to demonstrate both local and corporate lesson learning (and changes to policies or practice) in many areas following Safeguarding issues having been raised. (Section 12).

- A Comprehensive review of Physical Intervention at Castlebeck led by Dr Peter Oakes (then Director of Strategy) reported and fed back to Clinical Governance in April 2009. It incorporated much work with service users and staff to gain understanding of how the current MAYBO system worked in practice. This gave many positive views and made a number of recommendations including an increase in training capacity. Additional MAYBO trainers were recruited. (Section 13.1).

- Further review of physical intervention with detailed analysis was carried out and reported in December 2009 following a full RCA at Chesterholme in relation to an external complaint. This also reported findings that were positive in relation to practices in use, and their concordance with NICE guidelines (and other similar policies in NHS Trusts). However it also made recommendations to further improve the recording and extend physical monitoring practices further. This was put into place by December 2010. This has also led to utilising additional external specialist review of Castlebeck policy, with a full “Conflict Management” policy and training review underway as of March 2010. (Section 13.2).
**Patient Experience**

The Joseph Rowntree Foundation summarised their three year research and development project “Person Centred Support” (JRF 2008) looking at the ways people with learning disabilities should be helped to ensure their care and support is person centred. It reiterated the need to make individuals central to decisions made that affect them, to inform their own care and support needs and be empowered as far as possible to take control of their lives.

The MENCAP report “Death by Indifference” (2007) was followed by the report by the Parliamentary and Health Services Ombudsman “Six lives: the provision of public services to people with learning disabilities” (March 2009).

Personalisation is a theme that has run through strategic documents in many guises, particularly emphasised by the “Joint Review” (2009) as above. This was based on investigations in nine areas. It emphasized the need for a “human rights” culture, the development of personalised services. It followed on from the Healthcare Commission Audit “A Life Like No Other” (HCC 2007).

Following on from the publication “A first class service: quality in the new NHS” (DH July ’98), which introduced the concepts of National Service Frameworks and the National Institute for Clinical Excellence (NICE), the Nursing and Midwifery Council (NMC) developed the “Essence of Care” patient focussed benchmarks for clinical governance (DH 2001). This has been further updated over time creating eleven key benchmarks of fundamental care practice applicable to any healthcare setting to ensure high quality fundamental nursing care.

The Essence of Care structure feeds into quality and safety, but importantly is entirely based around the experience for the patient, and was developed utilising close feedback from patients themselves. The benchmark related to Privacy and Dignity has been especially important this year, linking to the major failings identified by the Mid Staffordshire Report as noted above.

“Hearing from the seldom heard” (British Institute for Learning Disabilities 2009) was reviewed given its help in aiding effective communication for residents or service users to make complaints or indeed compliments about their care.

“Ours to own: Your Human Rights (Equality and Human Rights Commission Sep 2008) was reviewed by the North East user forum and approved for wider dissemination.

- **Focus via Clinical Governance on the “Essence of Care”** (DH 2001, updated 2003, 2006, 2007). The “Privacy and Dignity” area has been developed within Castlebeck, a policy created, and training package also created (linked in with service user forums for feedback). This incorporates setting up a “Dignity Champion” at each service to drive this forward (Section 18.2). Awareness of human rights as related to new guidance as above has been incorporated into this policy and package.

- **Renewed portfolio developed, initial stages of roll out commenced regards “24/7”,** the bespoke tailored structured activity programme, as led by 24/7 coordinators, Occupational Therapy and 24/7 Action Learning Sets. This with a central theme of person centred planning, tailoring to individual wants, needs, strengths and areas for progress. (Section 6.10).

- **The continuing success & extension of our Service User Involvement forum “Have Your Say”** run at national level and more locally via Scottish and English regional forums (Section 15).

- **The development of a new “Patient Experience via Service User Feedback”** package. This addresses key questions on how people feel about their care to involve every Castlebeck patient/resident in Clinical Governance. It uses visual techniques (‘Talking Mats’) and observational methods to help engage with people who cannot talk, or have difficulty communicating. It will be linked with the regulatory requirements around gaining service user feedback, however with a much more comprehensive and accessible format. A successful pilot of the package across five services was completed in 2009. (Section 16).
World Class Commissioning - Year 2 - Commissioning for Quality

The NHS is facing the most significant financial challenge since its inception and at the same time the Department of Health (DH) has a new level of ambition for the next decade – to move services from ‘good to great’, ensuring that the NHS is ‘people centred’ and places quality firmly at the heart of what it does. The economic downturn means that the NHS will need to make between £15-20 billion savings by 2014 and this will pose a challenge to its leaders on an unprecedented scale, as the expectations of the public continues to rise.

The DH has set its leaders a ‘quality and productivity’ challenge to use public money effectively and to achieve ‘more for less’, using innovation to drive and embed change. The NHS will need to change the modality of commissioning to reduce waste and establish innovative ways to deliver high quality, cost effective care and treatment across the health and social care system.

“World Class Commissioning” (DH Dec 2007) set out a narrative of eleven headline competencies which commissioners must possess. With a more slimmed down approach this year, there are five competencies within the framework that have quality management / improvement criteria – 4, 7, 8, 9 and 10. They define the outputs that PCTs (Primary Care Trusts) need to be able to demonstrate themselves as World Class Commissioners for Quality. Castlebeck aims to continue to support commissioners to demonstrate they are meeting these requirements. These are the areas below where we have been seeking to do that:

Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money (WCC Competency 10).
Promote and specify continuous improvement in Quality and Outcomes through clinical and provider engagement (Competency 8).

We have undertaken some significant work this year to help explain to Commissioners how what we do at Castlebeck works for patients. We have focussed on highlighting how our flexible packages of care can provide effectiveness, safety and a good patient experience. This has been highlighted in the excellent work undertaken in conjunction with commissioners to improve the CPA process and initial assessment process, and through the clear documenting of our ‘12 Week Assessment’ inputs, as well as explaining more clearly our support and intervention pathways, and clarifying and simplifying our Staffing and Observation levels for Commissioners to more easily understand.

Finally we have demonstrated through the ‘Value for Money’ document how continuous improvement in quality and outcomes can benefit both patients and commissioners. We are currently utilising all these tools to highlight to commissioners ways in which we can support them to achieve these specific WCC competencies.

Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation (Competency 4).

Our clinicians link in with NHS colleagues in each local region, sharing knowledge and skills, as well as devising local provider solutions. In the past year we have introduced a new Clinician and three Senior Nurses into the Executive Team. In particular we have introduced the role of Director of Community Clinical Operations, which has further assisted us in obtaining meaningful engagement with commissioners in key areas of the country, notably the North East, the East Midlands and in Yorkshire & Humber.

Current clinical links include Nursing, Psychiatry, Psychology, Occupational Therapy, Speech and Language Therapy and Clinical Interest forums in Scotland, North East England, Nottinghamshire, Lincolnshire, Birmingham, Bristol and North Wales. Clinicians are also strongly linked in with the Faculty of Learning Disability within the Royal College of Psychiatrists, as well as autistic and research forums. Many clinicians working for Castlebeck also work into the NHS to maintain links and share expertise.

Effectively stimulating the market to meet local demand and secure required health & well being (Competency 7).

Castlebeck has developed the ‘Support for All’ service structure to help PCTs to understand the role we can play in supporting people with complex needs to live more independently and closer to home in line with ‘Valuing People Now’ and ‘New Horizons for Mental Health’. We believe (and know) we have expertise in areas which complement the NHS, e.g. challenging behaviour (positive behaviour support), Autism/Asperger’s, ABI, transition support.

We ensure management of all mental and physical health needs when operating services, and this means we can provide support, importantly leading to improvements in patients’ health and well being, and helping prevent other health conditions (e.g. Cancer, Cardiovascular Disease, Stroke, Diabetes etc.) requiring NHS input.

The PCT Procurement Guide (DH March 2010) states that “Joint ventures and other models of partnership enables providers to combine their respective talents, potentially offering higher quality and delivering more productive services than individual providers could when working alone”.

Castlebeck continues to develop new provider partnerships which incorporate public sector bodies (NHS Trusts), the voluntary sector, housing providers and other ‘partners’. Current provider partnerships include:

- Nottinghamshire Healthcare NHS Trust (Joint partnership agreement with Barchester).
- Barchester Healthcare (Acquired Brain Injury input to the Hawthorns in Peterlee).
- University Hospitals Leicester Brain Injury Team (in-reach by our Neurobehavioural Services Manager).
- Reside Housing (enhanced supported living tenancy arrangements at MHC).

We are also delighted to be able to work with commissioning colleagues in the following areas to develop the type of services that are right for that area:

- East Midlands.
- Sunderland.
- Staffordshire.
- North Lincolnshire.
- Bristol and the South West.
- Yorkshire and Humber.

Secure procurement skills that ensure robust and viable contracts (Competency 9).

We have been working hard with PCTs to assist them in implementing the Standard National Contract for Mental Health and Learning Disabilities. We have provided key input to the revised version of the Standard Contract re-issued this year, and we have been working closely with all commissioners to develop a joint understanding of business models and local economics. This has involved us providing direct input for example, to resource East Midlands Collaborative Procurement Hub in their presentations to their own staff about the independent sector, as well as jointly developing service specifications for NHS Continuing Care services with input from nursing and clinical colleagues from within the organisation.

Dr Bunny Forsyth
Director of Governance
June 2010.