

# QUALITY ACCOUNT 2017-2018



Providing care that we and our families would want to use





# QUALITY ACCOUNT 2017/2018

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# About our Quality Account

Welcome to the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) Quality Account for 2017/18.

The Quality Account is a summary of our performance in the last year in relation to our quality priorities and national requirements. We have included information about other areas of quality to show how we focus on continually improving the safety, effectiveness and experience of the care and treatment we provide.

## What is a Quality Account?

A Quality Account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This is so you know more about our commitment to provide you with the best quality healthcare services. It also encourages us to focus on and to be completely open about service quality and helps us develop ways to continually improve.



## Why has HRCH produced a Quality Account?

HRCH is a community healthcare provider, providing healthcare to people in their homes and the local community and therefore we are statutorily required to publish a Quality Account. This is the sixth year that we have done so; all of our Quality Accounts are published on our website: [www.hrch.nhs.uk](http://www.hrch.nhs.uk)

## What does the HRCH Quality Account include?

We collect a lot of information on the quality of all of our services within the three areas of quality defined by the Department of Health: patient safety, clinical effectiveness and patient experience. We have used the information to look at how well we have performed over the past year (2017/18) and to identify where we could improve next year, and we have defined three main priorities for improvement.

## About the trust

HRCH provides community health services for around 515,000 people registered with GPs in the London boroughs of Hounslow and Richmond, but also serves a wider population across south west London for a range of more specialist services.

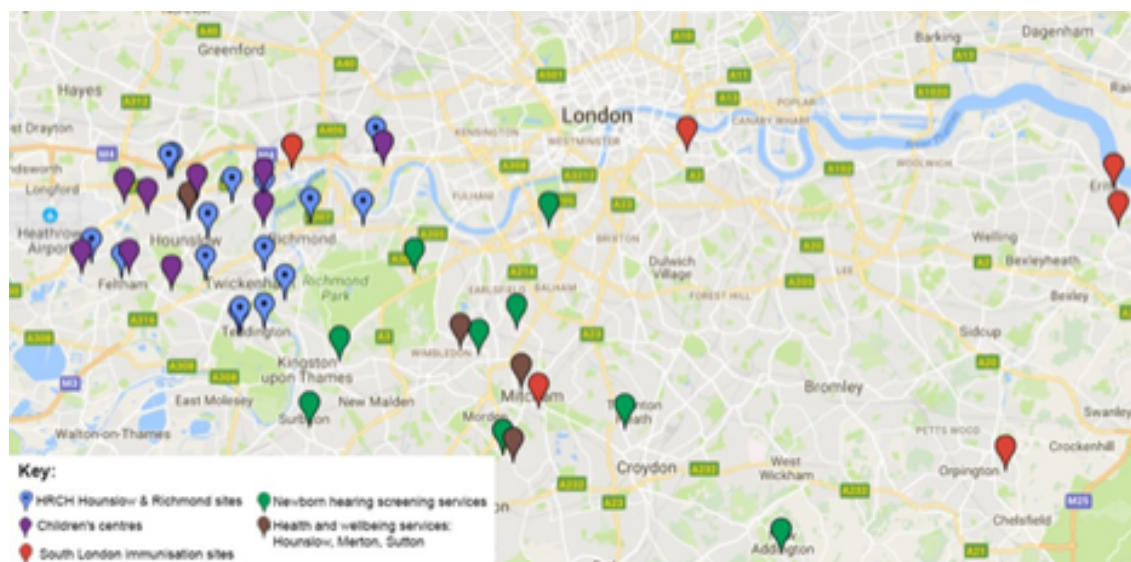
Every day our professionals provide high-quality healthcare in people's homes and convenient local clinics. We help people to stay well in the community, manage their own health with the right support and avoid unnecessary trips to, or long stays in, hospital.

## What we do and where we are

During 2017/18 HRCH provided and/or sub-contracted more than 60 community, urgent care and primary care-based NHS services. We believe community health services are key to ensuring people receive the right care, in the right place, at the right time.

We employ 1,140 people, who work across a wide range of health centres, hospitals, GP surgeries, children's centres, local council facilities and in community settings – including in people's homes.

We provide services over a wide geographical area across London boroughs – see our site map below for details.



A summary of the services we provide is outlined below and you can find out more about our community health services at: [www.hrch.nhs.uk/our-services](http://www.hrch.nhs.uk/our-services).

## Adult services

- Community nursing, therapies, in-patient unit
- Urgent care and walk-in services
- Richmond Rapid Response Team, Hounslow Integrated Community Response Service, Community Recovery Service

## Specialist services

- Neurorehabilitation, continence services and continuing care

## Children's services

- Paediatric (child development; continuing care, therapies) universal children's services (health visiting, community nursing, Family Nurse Partnership), audiology, Hounslow school nursing (from April 2018)

## Childhood immunisations

- Richmond, Kingston, Sutton, Merton, Bromley, Bexley, Lambeth and Southwark

## Health and wellbeing

- One You Hounslow
- One You Merton
- Live Well Sutton

**ONE YOU HOUNSLOW JOURNEY**

One You Hounslow, is helping more local people than ever to live healthier lives. This is a one stop shop for residents to find all the help they need to eat well, move more, drink less and stop smoking

**Move More**

We have supported nearly 10000 people to get more active since 2016. Some of the ways this has been achieved is through providing a range of activities such as free health walks, Tai Chi, Yoga, Pilates, dance exercises, chair exercises, circuit training, badminton, boxing and tennis



**Eat Well**

We empower individuals to choose healthier options and to eat well through our cook and eat sessions and helpful digital tools such as easy meals and food scanner apps



**Stop Smoking**

One You Hounslow has also helped around 2400 people to get personalised stop smoking support, either through face to face, telephone support or through their GPs and pharmacists



**Drink Less**

Our One You Hounslow Health Advisors work with individuals to set personalised goals to reduce their alcohol intake. Our 2018 Dry January Facebook campaign reached 18,177 to make them aware of the dangers of alcohol and the support available locally



**Digital Platform**

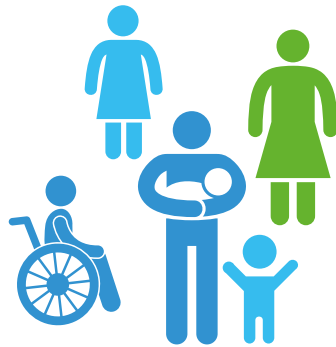


[ONEYOUHOUNSLOW.ORG](http://ONEYOUHOUNSLOW.ORG)

# Overview

**515,000** population we serve

In 2017/18 **14,363** people told us about their care and treatment as compared to 14,411 in 2016/17



**97.5%**

of patients said they were treated with respect and dignity

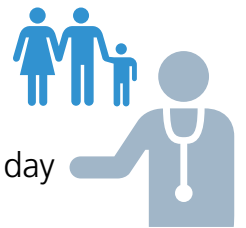
**97%**

of patients said they felt they had been listened to

Our services and staff came into contact with patients

**657,005** times

This is an average of **1,765** patient contacts a day



Our health visitors had

**99,885**

appointments all together

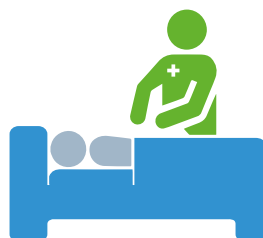


**244,515**

The number of times our district nurses and community matrons visited patients

**1,140**

The number of staff by the end of March 2018



We had **353** admissions to Teddington Memorial Hospital's Inpatient Unit

Between them, patients occupied beds at the hospital for **8,917** days

Adult physiotherapy staff came into contact with patients **74,914** times

Patients attended our Urgent Care Centre in Hounslow and Walk In Centre at Teddington Memorial Hospital **130,281** times



# Introduction from the chairman and chief executive



Looking back at a very good year for Hounslow and Richmond Community Healthcare NHS Trust, we continue to be impressed by the dedication and effort our people put into their work every day. Over the past 12 months they played a vital role in improving the health and wellbeing of around 515,000 people living predominantly in the boroughs of Hounslow and Richmond, with 657,005 patient contacts here and across a wider range of locations in London.

## Quality of care

We received some excellent news in the second quarter of the year, when Teddington Memorial Hospital's inpatient unit was rated as 'good' by the Care Quality Commission (CQC), as part of its re-inspection of the adult rehabilitation service. The report was published in August 2017. In addition, the CQC team identified an area of outstanding practice in the rapid response and rehabilitation team, which is a single point of access for admissions and ensures patients are supported with rehabilitation after going home.

Subsequently, the inpatient unit team was shortlisted for a Nursing Times Patient Safety Improvement Award for their work in transforming rehabilitation care and reducing length of stay from an average of 44 days to 17.

## Our services

We are very proud of the high quality care provided by all of our services including colleagues in corporate services who support the running of the trust. Outlined below are some examples of the range and excellence of the services we provide.

Our audiology service was awarded Improving Quality in Physiological Services (IQIPS) accreditation for the third year in a row in October 2017. IQIPS is the only nationally recognised quality assurance scheme for audiology services in the UK.

Our clinical nurse specialists in intravenous therapy have been pioneering a new way of administering antibiotics injections in patients' homes, in collaboration with the outpatient antibiotic therapy service at West Middlesex University Hospital. The service is usually available only in acute hospitals, but is now keeping patients out of hospital and comfortable at home.

In October, young mums, dads and children joined us to celebrate the 6th anniversary of the Hounslow Family Nurse Partnership (FNP) at a Halloween party. The FNP is a home visiting



programme for first-time young mums aged 19 or under, which has made a difference to the lives of more than 200 families since it started in the borough. The highly successful programme aims to help young mums who have volunteered to participate to have a healthy pregnancy, improve their child's health and development, plan their own futures and achieve their aspirations.

Among other great news, in January 2018 our tissue viability team won an Outstanding Practice in Wound Care Award from the Community Nursing Journal for implementing the Wound Care Buddy app, which gives district nurses instant access to specialist advice about treating leg ulcers and other wounds.

At the end of 2017, we were delighted to hear we had retained our Hounslow health visiting contract, including the Family Nurse Partnership, and had won back the Hounslow school nursing service. The new contract started on 1 April 2018. However, sadly we lost the Richmond health visiting service, although we will work closely with Central London Community Healthcare Trust to ensure that women and children in Richmond continue to receive seamless services.

## Our performance

Performance in 2017/18 was excellent, with the majority of targets being met by year end and continued improvement across the suite of quality, workforce, operational and finance indicators.

Of particular note is the dramatic reduction in vacancy rate from 23% in January 2016 to 10% by March 2018, even lower than the 13% final figure for 2016/17. We also reduced our rolling unplanned turnover to 17% in 2017/18. This good work was evidenced by the trust improving scores on overall staff engagement as part of our annual staff survey.

We also achieved the financial targets set by the Department of Health and significantly reduced expenditure on agency staff.

We continue to be committed to improving the quality and safety of care through our quality programme – Journey to Outstanding – and to focus on providing efficient and effective care to maximise the benefit for the people we serve. As we write, we are expecting an unannounced visit from the CQC in 2018 and are hoping to be rated 'Good' overall.

As we look forward to 2018/19, the challenges to provide high-quality care become even greater. To overcome these challenges, we continue to work closely with our local health and social care partners to deliver NHS England's vision for integrated care systems. Over 2017/18, we have worked proactively with our partners to look at new and innovative ways to deliver health and care services as part of two separate partnerships in north west London and south west London. This work will gather pace in 2018/19 and beyond.



**Patricia Wright**  
Chief Executive

**Stephen Swords**  
Chairman

# PART 1 - Our quality improvements for 2017/18

## How we performed in the Quality Priorities we set ourselves

### IMPROVING PATIENT SAFETY

#### PRIORITY 1

#### Early detection of the deteriorating patient



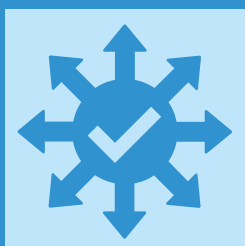
Keeping our patients safe is always our priority and the National Institute for Clinical Excellence (NICE) recommends that an early warning score is used to detect when a patient's condition requires more intense observation and should be a trigger for further investigation. We have, therefore, committed to ensure the early warning system is fully embedded in all services in a way which is appropriate for how those services are delivered and the type of patients they see.

### Our aim

To implement the National/Paediatric Early Warning Score (NEWS/PEWS) in services where it is clinically relevant, to reduce the number of patients where deterioration is not recognised or acted upon promptly.

### Measures we reported to our board

Measures we reported to our board	Position as of 31 March 2017	Target for 31 March 2018	Achieved by 31 March 2018
Progress against implementation plan to be developed	Q1 implementation plan to be developed	Q4 Full implementation	Full implementation
The number of relevant staff who have had training in sepsis identification and management	Not currently recorded centrally – baseline to be determined from local records in Q1	60% of relevant staff	Q4 62%
The number of serious incidents (SIs) relating to poor detection of deterioration	4	A reduction of 50% (i.e. a maximum of 2 serious incidents)	Q1 0 SIs Q2 0 SIs Q3 0 SIs Q4 0 SIs
Audit showing compliance with NEWS	Inpatient unit 100% (March 2017) Q1 audit to agree baseline for other services	Inpatient unit 100% to be maintained Rapid response services – 70%	Inpatient unit 0 - 100% Q4 Rapid response services - 78%



## CLINICAL EFFECTIVENESS

### PRIORITY 2

#### Referrals management - improve the quality, timeliness and safety of internal and external referrals

## Our aim

To improve the timeliness and quality of referral information to ensure a timely, safe and joined up service for patients which provides a positive patient experience.

## Measures we reported to our board

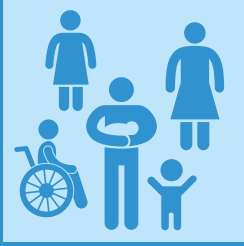
Measures we reported to our board	Position as of 31 March 2017	Target for 31 March 2018	Achieved by 31 March 2018
The number of drug and medication incidents which are not attributable to this trust.  NB An improvement in the quality of referrals will result in a reduction in medication incidents at the point of transfer to our services	Q4 42% of all drug and medication incidents were not attributable to this trust (34 incidents)	A reduction of 25% (For no more than 31% of medication incidents reported in Q4 2017/18 to be attributed to other providers)	Q4 26%
The number of referrals to the community nursing service which we can respond to without the need to contact the referrer for additional information	March 2017 audit of the % of all referrals which required additional information –  GPs 18% Hospitals 30%	A reduction of 25% in the number of referrals which require additional information  GPs 13% Hospitals 22%	Q3**
			GP 20%
			Hospitals 14%
The percent of *clinicians who report they were able to carry out the care required at a first visit with a patient	Q1 staff survey – baseline	98% of staff to report they were able to carry out care required at the first visit	Q4 87%

\* Clinicians from community nursing services.

\*\*Only data to Q3 is available for this measure

The number of referrals that required additional information fluctuated across the three quarters measured. In Q1 we achieved the target for GPs but were unable to sustain this. As we were unable to sustain the reduction in the number of referrals that did not require additional information, there has been a lower number of nurses reporting that they can deliver the care at the first visit than we had aimed for.

Effective partnership working and sharing of information is crucial to delivering safe care, particularly when a patient transfers from one service to another. In 2018/19 we will continue to work with primary care as we move towards locality working; we anticipate this will significantly improve how we join up care.



## IMPROVING PATIENT EXPERIENCE

### PRIORITY 3

#### Patient Engagement and Involvement – introduce 'Always Events' in priority clinical areas

As a trust we have committed to continually improve the quality of our services. To make this a reality every day, for every one of our patients, we know that it is essential that we work with patients and their families to understand what matters to them and to use this to plan and deliver better, more patient and family centred services. For this reason in 2017/18 we introduced Always Events to priority clinical areas. Always Events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.

Always Events are developed following a process of co-design with patients, their families and carers and staff. An Always Event is based on what matters most to patients about the care they receive; they have to be measurable and specific so that we can show that we have delivered care in a way which is responsive to the needs and wishes of our patients and their families.

### Our aim

To improve patients experience and care with the introduction of Always Events in the following clinical areas:

- End of life care
- Inpatient services
- Community nursing
- Urgent care

### Measures we will report to our board

Measures we reported to our board	Position as of 31 March 2017	Target for 31 March 2018	Achieved by 31 March 2018
Progress against implementation plan	Q1 development of implementation plan	Q4 Full implementation of plan	Q4 milestones partially achieved
The number of services who have gone through consultation and have designed an Always Event	0	4 Target revised to 3 following national guidance.	3
The percentage of patients who report in surveys that they receive care in a way which is right for them	89% (Mar17)	95%	97%

Once we started to participate in the Always Events programme, we sought advice from the national leads and were advised that achieving 4 Always Events in a year was unrealistic and may result in us not spending sufficient time and investment in gathering patient stories.

We partnered with a social enterprise company called Spark the Difference who are experts in listening to and capturing people's stories about their experiences of giving and receiving care. This partnership has helped the trust to really understand what matters to people and how to use this information to shape services.

In 2018/19 we will continue this work, embedding and measuring the impact of the Always Event and planning our 4th in the autumn.



# Other areas of quality improvement

## PATIENT SAFETY

### • Our Duty of Candour

HRCH is committed to promoting a culture that assures the safety of patients, staff and visitors. This includes promoting a culture of openness and communicating honestly with patients, families/carers and people who use HRCH services especially when things go wrong and when harm has occurred.

In November 2015 the duty for NHS organisations to be open and honest when a patient is harmed became law. The statutory Duty of Candour is invoked when an incident which occurred in our care has resulted in moderate or severe harm.

Being open, honest and compassionate when things go wrong can help patients, families/carers and people who use our services to understand and manage the distress these events may cause. Being open is a process rather than a one off event.

There have been 9 incidents during 2017/18 where we believe a patient has been harmed (to the level stated in the statutory duty of candour criteria) as a result of the care we provided.

An example of this is when we identified from a complaint letter that a delay in diagnosis had meant the patient had needed further investigation and treatment. We contacted the patient by telephone to discuss their concerns, apologise for their delay in diagnosis and explain we were going to review their consultation under the duty of candour, which we followed up with a letter. When our investigation was complete, we met with the patient to explain our findings and the learning we had identified and how we would share this with the team. We apologised again for the impact of our delay in their treatment.

**A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.**

### • Incidents 2017/18

We are really proud that our staff are supportive of our culture of openness and continue to be open and honest about incidents and near misses. We report all incidents/near misses, including patient safety incidents, through our web-based risk management system, Datix. These are investigated so that we make sure we learn from when things go wrong.

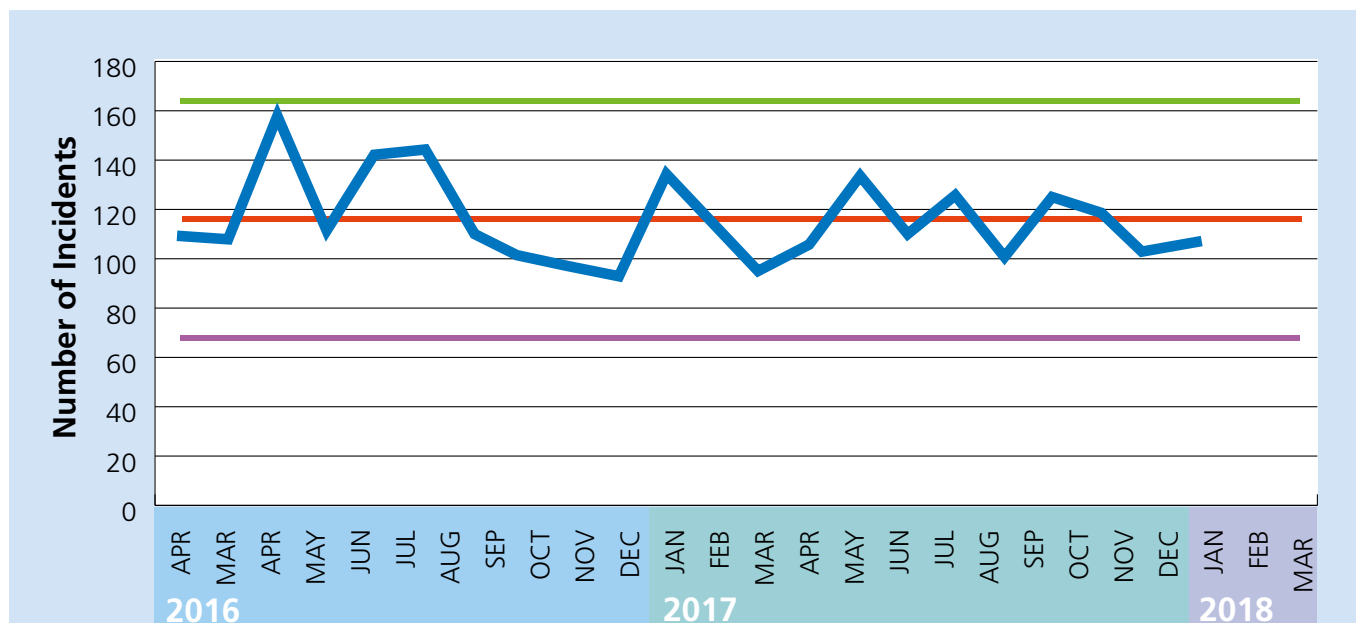
When we investigate incidents we consider 'human factors'. These are defined as 'environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.' By considering all of these factors when we investigate incidents we make sure we can identify all of the areas where we can learn. This approach is accepted as best-practice for patient safety management and supported by NHS Improvement (NHSI) and we will embed this approach during 2018/19.

Patient safety incidents are reported monthly to NHS Improvement (NHSI) via the National Reporting and Learning System (NRLS). This allows for national benchmarking comparison of incidents reported within our trust.

We are pleased that the number of patient safety incidents our staff report which resulted in no harm has increased from 66.6% (April – September 2016) to 70.2% (April – September 2017). We believe this reflects our open culture of incident reporting and focus on early intervention and learning to prevent harm.

To enable us to better understand the normal variations within our incident reporting we use statistical process control (SPC). SPC works by calculating an upper and lower range (using three standard deviations). If we report numbers of patient safety incidents within the range of the upper and lower controls, we can be assured that these are within normal variation. However reporting numbers outside of the ranges prompts us to look at the incidents to analyse why this has happened.

**The chart below shows the patient safety incidents which happened in our care from April 2016 to March 2018.**



**NB** The green and purple lines are three standard deviations, the dotted lines are two standard deviations. The red line is the mean (average).

During 2017/18, the number of patient safety incidents reported has remained within the upper and lower control limit and so any variation is considered normal. We do however investigate all incidents so that we can reduce the risk of re-occurrence.

### • Serious incidents 2017/18

We reported 13 serious incidents during 2017/18. Two of these were related to information governance, and 11 related to patient care.

The types and number of serious incidents we reported during 2017/18 to our commissioners through the Strategic Executive Information System (STEIS) are in the table over page:

Type of Incident	Number of Incidents 17/18
Diagnostic incident including delay (including failure to act on test results)	3
Accident e.g. collision/scald (not slip/trip/fall)	1
Healthcare associated infection/Infection control incident	2
Pressure ulcer	2
Confidential information leak/information governance breach	2
Slips/trips/falls	1
Abuse/alleged abuse of adult patient by third party	1
Medical equipment/ devices/disposables incident	1
<b>Total</b>	<b>13</b>

## • Learning from Serious Incidents

We have reviewed and strengthened our serious incident reporting policy and ensured it is aligned to the National Serious Incident Framework and Never Events policy. We have committed to additional training for our staff so that the quality of our investigations is good and that human factors are considered.

Serious incidents relating to unexpected deaths are deeply regrettable and we are committed to making sure that we learn from each of them - even if an investigation shows the death was not as a result of an omission in our care. We have also put in place a mortality process to ensure we comply with the national guidance on reporting and learning from deaths.





There were two unexpected deaths reported as serious incidents this year; we have been open and honest with the families of the deceased to make sure that appropriate actions were taken in response to any investigation findings.

We proactively take opportunities to learn from when things go wrong and have implemented a range of resources to support this, including reflective learning panels, where we discuss what has been found in the investigation and ensure the actions are correct. We then create a plan to manage any gaps that may have been identified.

We produce a monthly newsletter, 'Learn & Share' highlighting any trends in incidents to be shared across all of the teams. We promote learning through our management and governance structure, so learning is shared and discussed in team meetings. We also work with other providers and our commissioners particularly when learning needs to cross traditional organisational boundaries. This shows we are using every opportunity to learn when something has gone wrong.

## • The NHS Safety Thermometer 2017/18

The NHS Safety Thermometer is a national prevalence survey. It is conducted on one day each month when our clinical staff review all relevant patients to determine if they have suffered any harm as a result of their healthcare. The categories they review include, catheter associated urinary tract infections (CAUTIs), falls, venous thromboembolism (VTE) and pressure ulcers. Their data is fed back to a national data base, which is used for comparison and benchmarking.

The national target is that 95% of patients are harm free; this applies to the overall score as well as each individual category.

The limitations of prevalence data are well known. One day each month is unlikely to capture normal variations in occupancy, dependency and a variety of other factors, but it acts as a starting point for a more in depth analysis. A more reliable and robust picture can be gained by reviewing the incidence of harm over time. We collect both types of data and use the incidence analysis as necessary. Incidence data is collected as reports on the Datix system.

We have consistently reported a harm free care rate of between 93% and 95%, achieving the national 'harm free care' level of 95% in four months out of 12.

## • E-rostering

E-rostering is a means of assuring the trust has the right skill-mix of staff, in the right place at the right time to assure consistent high quality care. The trust supported a business case to invest in e-rostering in 2016/2017 and implemented this across all service areas and multi-disciplinary staff groups by March 2018. This aids planning and oversight of the right people to deliver care to our patients at the right time.

## PATIENT EXPERIENCE 2017/18

It is important to us to gather the views and experiences of people who use our services and then use them to improve the quality of the care we provide. We take any poor experiences highlighted by our patients and carers, very seriously. These experiences are discussed from service to board-level to ensure lessons are learned and actions are taken to make positive changes to the care and treatment we deliver.

### • Patient feedback

We have an online system which we use to collect feedback from patients. This includes using a range of methods, including patient surveys which are available by using hand held iPads or kiosks. Comment cards are also available in our clinics and people can use social media and links available on our website.

We recognise the value of patient feedback. The number of people who took the time to tell us about the care they or their relatives received in 2017/18 is very similar to that in 2016/17.

In 2017/18 14,363 people told us about their care and treatment as compared to 14,411 in 2016/17.



**97.5%** of patients responded positively to questions that they were treated with dignity and respect

**97%** of patients responded positively to questions about whether they felt they had been listened to.

### • Friends and Family Test (FFT)

Our patients are very positive about our services and we have maintained the percentage of patients who would recommend our services to their friends and family should they require similar care or treatment.



**95%** of our patients, in 2017/18, would recommend our services to their friends and family. We have consistently maintained this high satisfaction rate.



We also have a children's specific comment card which is visually appealing to ensure we are hearing the 'children's voice'. In 2017/18

**98%** recommended the children's services provided.

### • Complaints

We recognise that feedback from complaints is a valuable part of patient feedback and we are committed to resolving them quickly with the learning gained used to improve our services. We know it is important that complainants receive a prompt response to the issues they raised and we aim to provide a full written response within 25 working days. This is

sometimes challenging if a complaint is complex and/or involves more than one healthcare provider. This year we have achieved 90% response within the agreed time frame which is the same as last year.

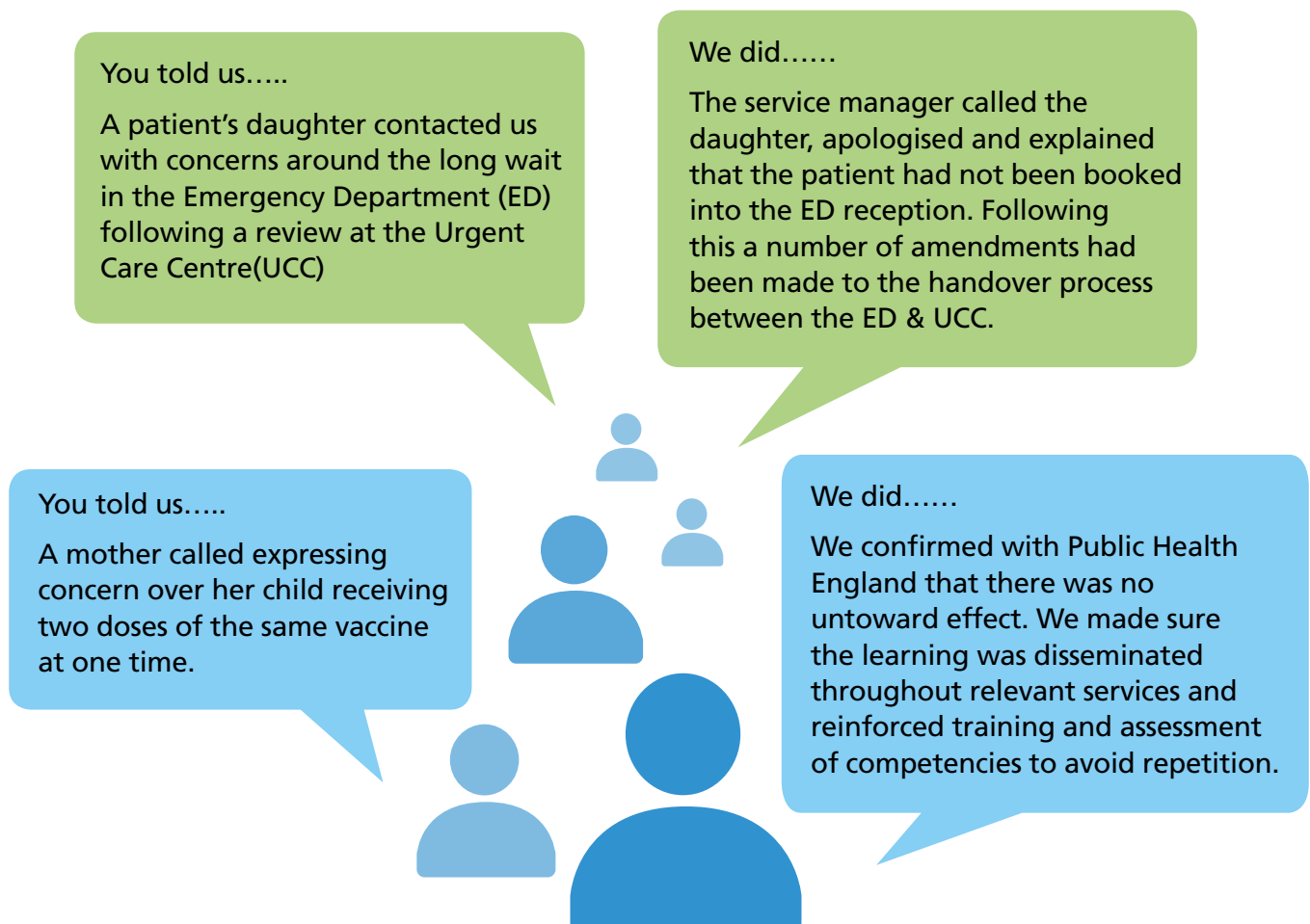
We received 43 complaints during 2017/18 which is a decrease from the 72 complaints received in 2016/17.

	2016/17	2017/18	Direction
Complaints	72	43	↓
Enhanced PALS	116	148	↑
Total	188	191	↑

An enhanced PALS (Patient Advice and Liaison Service) enquiry is a concern or query which requires some additional intervention from the PALS team to resolve. We want to provide a prompt and local resolution to concerns which patients, their family or carers raise and so we liaise with the service manager or clinician, who contacts the complainant to discuss and agree how best to resolve the issues raised in whatever way the complainant wishes.

We have noted the difference between the number of enhanced PALS compared to complaints which suggests that complainants wish for their complaint to be handled by the quickest route possible whilst still being investigated properly.

The anonymised examples below show how we provide a responsive PALS service:



The areas where we receive the highest amount of complaints are:

- Staff attitude (28% of total)
- Treatment/ability (23% of total)
- Diagnosis (13% of total)

The national NHS complaints report for 2017/18 is not available yet but the position in 2016/17 was that 27% were about clinical treatment, this is an overall category which includes our category of treatment/ability and diagnosis which together would be 36%. Nationally 14% were about staff attitude.

Category	National figures 2016/17	HRCH figures 2017/18
Clinical Treatment	27%	36%
Staff Attitude	10%	28%

Due to the low number of complaints that we have, the percentages look high compared to national figures. We are concerned about the number of complaints related to staff attitude and how this relates to the national average. We are therefore reviewing our customer service training in 2018/19, to ensure we can support our staff to deliver services with a customer care focus.



Some examples of complaints in the areas where we receive the highest number of complaints:

### Treatment/ability

#### You told us that...

You were contacted after leaving the urgent care service as a fracture had been identified.

#### We...

Reminded clinicians that they must advise patients of our X-ray imaging reporting process and that they may be contacted after they have left the department if a diagnosis has been reviewed.

### Staff attitude

#### You told us that...

The clinician who treated you displayed a lack of understanding of your feelings and the treatment was abrupt.

#### We...

Completed a review of the trust values with staff concerned; reminded them of standards required and our commitment to quality of care, better communication and respect for patients.

### Diagnosis

#### You told us that...

Your child was given two different antibiotics within five days and you felt that the first prescription was wrong

#### We...

Reminded the clinician of the need to be clear when explaining, at the time of diagnosis that in some cases urine infections will need a change of antibiotic if there is no improvement



## • Patient stories

In 2017/18, we continued this important area of patient feedback by offering patients the opportunity to tell us about their experiences and present these, usually in person, to the board. The patient story enables the board to hear directly, if possible, from a patient and/or their family about their experience of our services and reflects our open and honest culture at every level of the organisation.

Below are some of the patient stories heard by the board in 2017/18:

- A patient who had rehabilitated in the inpatient unit following surgery for a fractured hip attended the board and reported that care generally was excellent.
- The board heard a presentation from a patient's daughter; the patient was receiving community care on discharge from hospital following a fall. The responsive and dedicated care of both community and continence services were praised however family highlighted that if they would have liked access to information on available services to help them to support their mother's deteriorating health.
- The board heard a presentation from the podiatry service clinical lead. A specialist podiatrist provided four case studies highlighting the diverse types of patient conditions managed by the service
- The Parliamentary & Health Service Ombudsman had ruled on a case involving the community nursing service. The complainant was unable to attend the board meeting but was keen to share her feedback. The complainant and her brother recorded their observations on the care provided and parts of this recording were played at the meeting.

We hear and collect a range of patient stories through our Always Events programme and use these to co-design Always Events which are based on what matters to our patients.



## OUR STAFF

Our staff are fundamental to our success in delivering high-quality patient care. We are proud of our 1,140 employees who recognise the important role they play in helping the people we serve live well in the community. The people we employ reflect the diverse backgrounds of the communities we serve and we have good representation of women and people from diverse ethnic backgrounds in senior positions in the trust.

Our approach to developing our workforce is set out in our workforce strategy (2014/19) which was co-developed with staff. During 2017/18 we continued to deliver on the ambition set out in the strategy and are pleased that a number of our performance indicators show how successful our plans have been.

In October and November 2017, our staff took part in the annual NHS staff survey which asks several questions about their contribution to patient care. We achieved a high response rate 62% (community trust average 49%).

The survey comprises 32 key findings grouped into 9 themes. It is noteworthy that the trust has improved 22 of its key finding scores since 2016 and scored top nationally in five areas.

The Staff Engagement score in the staff survey measures the following: willingness of staff to recommend the trust as a place to work and/ or receive treatment; the extent to which staff feel motivated and engaged with their work; and staff feeling able to contribute towards improvements at work.

The trust has improved its position for overall Staff Engagement, scoring 3.95 (on a scale of 1 to 5, 5 being the most engaged) compared to 3.90 in 2016 and 3.88 in 2015 and 3.78 national average for community trusts which has remained top for recommending trust as place to work).

It is also worth noting that the trust scored the best (top) results of all community trusts nationally in the following areas:

- number of people agreeing their role makes a difference to patients and service users (93%)
- employee satisfaction with the quality of work and care they are able to deliver (4.07/5)
- motivation at work (4.07/5), a further improvement since last year
- satisfaction with resources and support (equal to the best score for community trusts at 3.47/5)
- feeling unwell due to work-related stress in the past 12 months (the lowest score for community trusts at 35%, compared with the highest score of 45%)

Whilst less staff from a black and minority ethnic (BME) background reported they have experienced harassment, bullying or abuse from staff in the last 12 months, we believe this number is still too high.





<b>Fewer people experienced bullying and harassment</b>		<b>HRCH 2017</b>	<b>2017 average for community trusts</b>	<b>HRCH 2016</b>
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	16%	18%	17%
	BME	23%	22%	25%
% of staff believing HRCH provides equal opportunities for career progression or promotion	White	90%	90%	90%
	BME	71%	76%	78%

Our areas of focus for improvement during 2018/19 will be:

- employees believing the trust provides equal opportunities for career progression or promotion
- percentage of employees working unpaid extra hours
- percentage of colleagues reporting their most recent experience of harassment, bullying, abuse or discrimination at work

## WHISTLEBLOWING (FREEDOM TO SPEAK UP)

A key recommendation of the Francis report into the care provided by Mid-Staffordshire NHS Foundation Trust, published in February 2015, was the introduction of Freedom to Speak Up (F2SU) Guardians with responsibility for ensuring NHS staff feel confident in raising concerns.

We were one of the first NHS trusts in the country to appoint a F2SU Guardian providing support to staff in raising any issues or concerns that may prevent good quality patient care.

We have implemented systems to record and report the concerns raised with due consideration to the anonymity of the member of staff who wishes to raise or discuss concerns. We report the number and method of contact and the directorate of the member of staff. Any more detail than this may compromise the member of staff's anonymity.

As a leader in this area, our F2SU Guardian has been involved in helping to establish the role nationally. Our Guardian was elected vice-chairman of the London Guardian network and is an active member of the national Community and Mental Health Trust network.

Contacts with the F2SU Guardian have typically fallen into two types, i.e. patient safety concerns and grievances. Clearly, there is a spectrum where contacts may fall somewhere between a concern and a grievance and we try to be flexible in how we seek to respond to and resolve concerns.

The table below shows the number of concerns raised during 2017/18.

	<b>Quarter 1 April-June 2017</b>	<b>Quarter 2 July to Sept 2017</b>	<b>Quarter 3 Oct to Dec 2017</b>	<b>Quarter 4 Jan to March 2018</b>
Total number of contacts	2	8	3	0
Contacts which have progressed to a formal human resources and/or whistleblowing investigation	0	0	0	0
Percentage of all issues raised which were concerns	0%	63%	33%	N/A
Percentage of all issues raised which were grievances	100%	37%	67%	N/A

NB Following advice from the National Guardian's Office, we will now report each contact even if it a group of staff raising the same issue together and so the data for 2018/19 is anticipated to look different to the data for 2017/18.

Themes of concerns raised:

- How staff are managed and how this makes them feel
- How the service is being managed, particularly during any change process
- Observing poor and unsafe clinical practice
- Observing bullying and unprofessional behavior

The most important thing for the trust is that our staff are fully aware of how to raise concerns and where to go for advice or to discuss something they are not sure about.

# PART 2 - Review of services



## Governance and assurance

HRCH reviews all the information available to it on the quality of care in all of the NHS services we provide. We produce a wide range of reports for both internal and external monitoring and performance management on a monthly basis. Where we do not meet our targets, reports are produced explaining the reasons for this, actions are put in place to rectify the situation within agreed time limits. All reports are then monitored and discussed at regular monthly meetings to identify reasons for any underperformance and review progress of action plans to remedy underperformance.

The trust continues to develop the performance scorecard report. This report contains national and local indicators which measure how safe, caring, effective, responsive and well-led the trust is. The report is scrutinised by the finance and performance committee, and this committee reports to the trust board. Again an exception reporting system ensures that there is focus on areas of concern where we do not meet targets, with clear accountability for delivery of action plans within agreed time lines.

## Equality and diversity 2017/18

The trust has published its annual Workforce Race Equality Standard and the Public Sector Equality Duty on its website. Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and staff.

During the past year, we have:

- Developed our patient and public engagement strategy to be inclusive by carrying out proactive outreach work with the local communities we serve to actively listen to their feedback and engage in the co-design of our services
- Continued to tackle local health inequalities for patients and the public through One You Hounslow , a new online programme to help people lose weight, eat well, be more active and stop smoking
- Addressed workforce health through a campaign of activities designed to improve wellbeing and mindfulness
- Worked with local schools and colleges to promote the full range of careers available in the NHS, including apprenticeships
- In partnership with local organisations, ensured information was available for the parents and families of children with a hearing impairment
- Held focus groups with staff to respond to NHS staff survey findings on bullying and harassment from patients and staff, with local actions to address specific issues
- Our equality and diversity committee has a named non-executive director (NED) for equality and diversity, in addition to the respective executive leads for staff and patients.
- Supported NHS Improvement's 'NExT' NED programme that helps develop future potential NEDs from diverse backgrounds
- Ensured that continued clear health and care information and communication is available to support the needs of patients, service users, carers and parents where those needs relate to a disability, impairment or sensory loss through our implementation of the Accessible Information Standard
- New translation software available on website to enable access to all of our information e.g. BrowseAloud

We know however that we can do more to build diversity into high quality services and to meet the health needs of our diverse population. We will therefore use our move to locality-based working to better understand the needs of population groups and to plan how we can work with our partners in primary care and the local authority to have a real impact on the health of BME and other minority communities.



## Clinical audit 2017/18

Participating in clinical audit is a key part of improving clinical practice.

During 2017/18 HRCH participated in a number of national clinical audits which are listed in the table below:

National Clinical Audit	Comments
National COPD Audit	Report published in January 2018. Action plan implementation ongoing.
Sentinel Stroke National Audit Programme (SSNAP)	Data is submitted quarterly; an annual report is produced for HRCH.
Parkinson's Excellence UK Audit	<p>March 2018: Individual service reports will benchmark clinical and patient reported experience measure data against the UK-wide results for each speciality.</p> <p>May 2018: UK wide summary report produced containing most significant findings.</p>
National Intermediate Care (NAIC) Audit	Report published in November 2017. Action plan implementation ongoing.
British Heart Foundation (BHF) National Audit of Cardiac Rehabilitation (NACR)	Report published in November 2017. Cardiac Rehabilitation service to assess their extent of readiness for a possible submission to the National Certification Programme



Clinical audit helps staff and patients find out if the healthcare being provided is in line with standards, when a service is doing well, and where there could be improvements. We have continued to develop our trust-wide clinical audit programme which links with our key work streams and provides evidence for regulators.

We carried out 62 local clinical audits in our services in 2017/18. As a result of these audits, plans have been implemented to improve the quality of healthcare provided and aid learning.

The completion and implementation of actions are monitored and common themes are identified and shared across all services. The ways in which this is completed include:

- Example audits available on the trust's audit intranet page.
- Learn and Share newsletter.

The key points below are the main themes arising from local clinical audits across the trust and actions/learning from findings.

- Patient engagement and education
  - Asthma Service: Inhaler technique assessment
  - Immunisation Service: Film for young people about vaccination
  - Diabetes Service: Evidence based education programme
  - Physiotherapy: Tennis elbow structured education programme
- Improving NICE guidance compliance
- Continue to deliver care which has been found to meet identified standards of high quality care
- Improving record keeping
- Effective dissemination of audit results to staff

## Participation in Clinical Research

During 2017/18 there have been some important and very positive changes regarding clinical research within the trust.

The South London Clinical Research Network has been actively involved in promoting research activity across the trust. To support this, they have provided external facilitation and have funded a three month internal secondment, one day per week, to support Research and Development within HRCH. A full-time Research and Development, Clinical Audit and Effectiveness Manager commenced in post in April 2018.

The Paediatric Audiology Team have been extremely successful in recruiting two babies into the Trust's first ever National Institute for Health Research (NIHR) study 'Improving Clinical Practice for Babies with Hearing Loss'.

The Richmond Community Neurology Rehabilitation Team has also been successful in being selected by the National Institute of Health Research (NIHR) to participate in the RETAKE (Return to Work After Stroke) study. It aims to determine if early stroke specialist vocational rehabilitation plus usual care is a clinically and cost effective therapy to help people return to work after stroke, when compared with usual care alone, and will commence recruitment of patients in autumn 2018.

## Mortality Review

The national guidance on 'Learning from Deaths', published in March 2017 states, 'community trusts should ensure their governance arrangements and processes include, facilitate and give due focus to the review, investigation and reporting of deaths, including those deaths that are determined more likely than not to have resulted from problems in care. Trusts should also ensure that they share and act upon any learning derived from these processes.'

HRCH published its mortality review policy in September 2017 and from Q2 quarterly reports have been shared with the board to demonstrate review of unexpected deaths with the trust and any learning from the reviews. The mortality data is published on the trust website.

TMH inpatient unit had been reviewing all unexpected deaths since 2015 so this process was revised to cover all unexpected reported deaths. There is currently a review of expected deaths by the End of Life Care lead to ensure that national guidance had been followed in their care. Deaths of children and patients with learning difficulties are investigated by other organisations and provide reports to the trust.

## Data

Quarter 2 0 reviews or investigations met criteria

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Quarter 3 0 reviews or investigations met criteria

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Quarter 4 2 reviews met the criteria

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## Use of CQUIN payment framework 2017/18

A proportion of our income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between HRCH, NHS Richmond Clinical Commissioning Group (RCCG) and NHS Hounslow Clinical Commissioning Group (HCCG) through the Commissioning for Quality and Innovation payment framework (CQUIN).

The trust is fully engaged in the aspirations and goals of all the CQUIN schemes which have been nationally defined to address key objectives for both the wider NHS and our organisation. These include improving the wellbeing and health of our staff, supporting local hospitals with safe and proactive discharges and improving the way in which we manage the assessment of wounds and those patients with long term conditions.

Goal	Commissioner	Achievement	Status
Staff Health and Wellbeing <ul style="list-style-type: none"> <li>• Introduction of staff health and wellbeing initiatives</li> <li>• Improving the uptake of flu vaccinations for frontline clinical staff</li> </ul>	NHS Hounslow CCG NHS Richmond CCG	Partially	Orange
		Fully (71%)	Green
Sustainability and Transformation Plan Engagement	NHS Hounslow CCG NHS Richmond CCG	Fully	Green
Proactive and Safe Discharge	NHS Richmond CCG	Fully	Green
Wound Care	NHS Richmond CCG	Partially	Orange
Personalised Care/support planning	NHS Richmond CCG	Partially	Orange
Outcome based commissioning	NHS Richmond CCG	Fully	Green

*Footnote - The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.*

The CQUINS for 2017/18 are two-year improvement goals and so our 2018/19 CQUINs will be the same as last year, with the exception of safe discharge which was a one year programme.

## Registration with the Care Quality Commission 2017/18

HRCH is required to register with the Care Quality Commission (CQC) and the Trust is registered with the CQC without any conditions. HRCH has not participated in any special reviews or investigations by the CQC during the reporting period that ended 31st March 2018.

The Trust's last comprehensive CQC inspection took place in March 2016, with the report being published in September 2016. In their report, the CQC highlighted eleven actions that the Trust must take to improve. In response to this, HRCH created plans to address these actions. These actions were completed in March 2017 and shared with the CQC. In January and February 2017 we welcomed the CQC back for an unannounced inspection of the inpatient unit. This was a very positive inspection and we were pleased to have had the opportunity to show the CQC just how quickly and robustly we responded to their findings.



The final report was published on the 27 April 2017 and we are delighted that the CQC judged the inpatient unit as 'good' in all five domains of quality and 'good' overall. This is reflected in the grid below.



The CQC were impressed by the significant improvements that the trust had made since the initial assessment, commenting that the unit 'was now meeting the regulations that had previously been breached and was providing a good service in all areas.'

An area of outstanding practice identified by the CQC was the rapid response and rehabilitation team which acts as a single point of access for admissions and is also involved in discharge ensuring that patients are supported to continue their rehabilitation after discharge to their home.

We are very proud of our staff who rose to the challenge and drove forward the significant improvement in the five months from the publication of the initial inspection report in September 2016 to the follow up inspection in January/February 2017.

The trust's overall rating remains as 'Requires Improvement' despite an increase in the number of 'good' ratings and the improvement of two previously 'inadequate' ratings to 'good'.

In August 2017 the community recovery service plus (CRS plus) was inspected by the CQC. The service is registered to provide personal care to people living in their own homes. The registered service is part of a larger team providing care and support to people who are recovering from a hospital stay or injury for up to six weeks when they return home. The service is designed to provide people with support to regain independence and skills. The rehabilitation assistants and managers work closely with a team of healthcare professionals,



therapists and social workers to provide a package of care. The service is part of an integrated team working directly with HRCH, although the registered provider is the London Borough of Hounslow.

This was an unannounced inspection. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The CQC rated CRS as good in each of the key lines of enquiry; safe, effective, caring, responsive and well led

In March 2017 there was a Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Hounslow. This found there was effective multi-agency working, in the majority of cases, to improvements in the lives of children living with domestic abuse. It was also noted that health services effectively identify risk to children as a result of domestic abuse, making good-quality, prompt referrals, which clearly identify the risks to children.

In December 2017 our audiology service maintained its accreditation for IQIPS standard (Improving Quality in Physiological Services). The IQIPS scheme is a professionally-led assessment and accreditation scheme that is designed to help healthcare organisations ensure that patients receive consistently high quality services, tests, examinations and procedures delivered by competent staff working in safe environments.

## Data Quality 2017/18

This year we have worked on the findings from our data quality (DQ) internal audit, conducted by RSM our internal auditors.

Within NWL we have piloted direct GP to HRCH electronic referrals process using our core clinical system, SystemOne, which has proven to be a working 'proof of concept' speeding up referral management and improve accuracy of data capture.

We have continued to develop our electronic record system. The main focus has been to the improvement of the templates to capture information about the patients. One of the significant improvements the team has achieved is in supporting the Smoking Cessation service, by making it easier for them to capture all the information.

Our information and reporting colleagues regularly engage with the service leads to ensure the reports we produce are meaningful and of value to improve clinical outcomes in the services. A good example of successful engagement of data management improvement is the automation of data for the community recovery service (CRS), integrated community response service (ICRS) and Richmond response and rehabilitation team (RRRT) services. This has resulted in improved ability to report on things like response times, outcome measures and service user satisfaction.

Our Adult Safeguarding lead, in partnership with the SystmOne support team, is building an Adult Safeguarding data capture tool for SystmOne by working with the (NWL) sector and London-wide adult safeguarding lead. This initiative will improve patient safety within our area, as well as have a beneficial effect on patient care within London.

## Information governance

Information governance supports the statutory duty of the trust to protect and safeguard our user's information and help maintain its confidentiality and availability. It gives assurance to the trust and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

NHS Digital's Information Governance Toolkit (IG Toolkit) allows us to self-assess against the NHS Information Governance Assurance Framework; this lets us know we are safely managing patient's information.

We submitted a fully compliant level 2 IG Toolkit on 30 March 2018. This was achieved through a variety of measures and actions undertaken, which included:

- A comprehensive data flow mapping exercise which reviewed all flows of information both in and out of the organisation. We will follow up with a further in-depth audit of the identified flows during the next financial year.
- An audit of our corporate and clinical records.
- An audit of our compliance against the standards set out in the IG Toolkit, undertaken by the trust's internal auditors.

We are proactively supporting our staff to complete their information governance e-learning: 95% of staff completed this training by 30 March 2018.

## Cyber security

We have self-assessed the trust to be compliant with the government's '10 steps to cyber security'. In November 2017 we successfully completed and obtained Cyber Essentials certification for the trust. This certification is a government backed scheme to provide assurance of an organisations cyber security readiness and security level.

In 2018/19 we will face challenges with regards to the ever-changing requirements in IG compliance, especially:

- implementation for the European General Data Protection Regulations – GDPR.
- increased cyber security threats.

We are clear about what needs to be done during 2018/19 to continue to demonstrate compliance and submit a compliant IG Toolkit in March 2019.

# PART 3 - Our quality priorities 2018/19

## How we decided our quality priorities for the next 12 months

In determining the areas the trust should focus on for our quality priorities in 2018/19, we sought the views of our patients, carers, staff and stakeholders in a number of ways during January and February 2018. Suggested quality priorities were put forward based upon our progress against the 2017/18 quality priorities, our knowledge of incident reporting and complaints, national and local drivers and feedback from staff and patients. Our consultation included:

### External Consultation:

- Consultation with the Patient and Public Involvement forum in January 2018
- Online consultation on the HRCH website which was promoted through the network of contacts held by the Patient Experience Manager. This included Hounslow and Richmond Healthwatch and various patient groups
- Engagement with Hounslow and Richmond Clinical Commissioning Groups via the Clinical Quality Review and Clinical Executive meetings
- Seeking views from our volunteers
- Seeking views from our register of 'members' i.e. residents of Hounslow and Richmond who have previously expressed an interest in our consultations

### Internal Consultation:

- Online consultation promoted weekly via the HRCH communications email bulletin
- Prominence of the consultation on the first page of the trust intranet site
- Discussion at the Quality and Safety Committee and promotion of the consultation through service managers
- Consultation with the Quality Governance Committee.

After careful consideration of the main themes emerging from this feedback our trust board also reviewed our performance against indicators which measure the safety and quality of our services and agreed three priorities for 2018/19. We have chosen priority areas where we felt we could have most impact on the safety and effectiveness of care and which would improve the patient experience.

All three priorities are about supporting our staff and local people to deliver better outcomes and an improved experience for our patients and will support delivery of our strategic goal focused on Quality.

All three priorities have been developed from previous quality priorities with the aim of showing how we have embedded the progress we made in previous years' quality priorities and that that we have made a difference to the quality of care. Moving to these new priorities in 2018/19 does not mean that we will not continue to deliver the standards we planned to achieve for the priorities in 2017/18. These will be included in the performance scorecard and monitored as part of business as usual.

# Priorities for improvement 2018/19

## IMPROVING PATIENT SAFETY

### PRIORITY 1

**Improve the management of the deteriorating patient through effective sharing of information**



The implementation of the National/Paediatric Early Warning Score (NEWS/PEWS) was a quality priority for 2017/18; relevant staff received training in assessing and identifying a deteriorating patient. Part of safe care for a deteriorating patient is to ensure referrals are made in a timely way and that the referrer gives the right information. We will therefore introduce SBAR (Situation, Background, Assessment, Recommendation) in the relevant services as a framework for sharing information which leads to safe, timely and effective care.

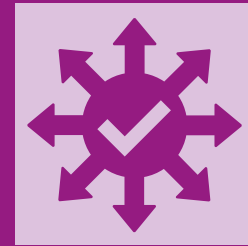
#### Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2018	Target for 31 March 2019
The % of staff in the agreed cohort who have completed training on the use of SBAR (training data)	Nil	60%
The % of patients for whom SBAR was used when transferred from TMH inpatient unit to the acute hospital (audit of patient records)	Q1 baseline audit	To be confirmed on completion of baseline audit in Q1
The % of patients with a grade 3 or 4 pressure ulcer who received a clinically appropriate referral to the tissue viability service (audit of patient records)	Q1 baseline audit	To be confirmed on completion of baseline audit in Q1
The % of referrals from community matrons to the acute hospital where SBAR has been used (audit of patient records)	Q1 baseline audit	To be confirmed on completion of baseline audit in Q1

## IMPROVING CLINICAL EFFECTIVENESS

### PRIORITY 2

#### Strengthen the application of evidence-based guidance and research



As an organisation which is aiming to deliver outstanding care in all services we propose that we take this opportunity to focus on using national best practice guidance for instance National Institute for Health and Care Excellence (NICE) to ensure patients have the best clinical outcomes from our care.

In order for patients to achieve the most benefit from implementing this evidence based practice we need to ensure that we minimise individual and team clinical practice variation and critically, have processes in place to be able to evidence this by individual clinicians.

This means that we must be able to measure the actions, that they must be part of 'normal' record keeping and relevant to the care of the patient. Wherever possible we will audit this electronically, with the findings being shared with relevant services and clinicians.

We know which NICE guidance is relevant to our services and we have received confirmation from services that they are compliant. However we have little evidence to prove service or individual clinician confirmation and so there is no indication of variation.

#### Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2018	Target for 31 March 2019
The % of applicable NICE guidance where there is audit evidence that the guidance/standard has been systematically reviewed and there is an action plan in place (if required) to ensure compliance	Baseline audit Q1	90%
The number of services participating in an audit of templates to evidence compliance with NICE guidance	0	TBC
The number of services with a planned re-audit to measure a reduction in standard deviation in clinical practice	0	TBC
The number of patients who have been enrolled in a research study	2017/18 0 (nil)	TBC

These measures form year one of this workstream and we will be anticipating having demonstrable evidence of a reduction in variation in year 2.

## IMPROVING PATIENT EXPERIENCE

### PRIORITY 3

Promote patient-centred care through better understanding of what matters to our patients



Taking into consideration the feedback from the public and staff about the importance of using stories we have revised our priority so that we can encompass the use of patient stories to support patient-centred care.

Hearing the voice of patients through stories is key to understanding what matters to them and this is an integral part of the co-design of an Always Event. We will therefore continue the work started on the Always Events programme in 2017/18 so that we can demonstrate the impact of this on patient care and experience.

#### Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2018	Target for 31 March 2019
The % of contacts which meet the Always Event in end of life care (audit of patient records)	Q1 baseline to be agreed	90%
The % of contacts which meet the Always Event in the inpatient unit (audit of patient records)	Q1 baseline to be agreed	90%
The % of contacts which meet the Always Event in dementia care (audit of patient records)	Q1 baseline to be agreed	90%

### Monitoring progress throughout the coming year

We have a dedicated board sub-committee focussed on reviewing the quality of our services. This committee, known as the Quality Governance Committee (QGC) will monitor our progress throughout the year. The QGC is chaired by a non-executive director and membership includes the chairman of the trust board and representation from Healthwatch.

The Quality and Safety Committee is the forum where service managers discuss the quality of our services with senior clinicians and staff who work in quality improvement. Committee members monitor our performance and progress and agree what action needs to be taken to respond to areas where we may not be doing as well as we would like. This committee is chaired by the Director of Nursing and Non-Medical Professionals and reports to the QGC.

# Statements from Healthwatch, Overview and Scrutiny Committees and Commissioners

London Borough of Richmond were unable to provide a response [on this occasion](#).

## **NHS Hounslow Clinical Commissioning Group statement for Hounslow & Richmond Community Healthcare Quality Account for the year 2017/18**

NHS Hounslow Clinical Commissioning Group (CCG) has reviewed a draft version of the Hounslow & Richmond Community Healthcare Quality Account (QA) for 2017/18. We have reviewed the content and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the QA demonstrates the progress made on achievement of last year's priorities and the plans for future development. Quality improvement priorities identified by the Trust for 2018/19 are fully supported by Hounslow CCG.

The Trust is to be commended for:

- Achieving a "good" rating last year for the Community Recovery Service, which is an integrated health and social care service for adults, and supports independence by providing rehabilitation and re-ablement after an acute illness, injury or change in life circumstances.
- We recognise the focus on referrals management and hope that through the implementation of the Community Nursing Service redesign in alignment with our Federations, together with effective partnership working across the health and care system, that this will have a positive impact on appropriate quality referrals.
- The CCG acknowledges the work the Trust has undertaken on Always Events co-designed with patients, their families' carers and staff, and its use of patient stories to inform Board discussions. It would be helpful for the CCG to see how the learning and any actions from these are captured and shared across the organisation.
- The Trust has the top score in the country for the NHS staff survey with the number of people recommending it as a place to work (68%), which is 11% higher than the national average for community trusts. The Trust has also been successful in recruiting to vacancies, and has a lower than national rate for turnover of staff with the overall vacancy rate of 11.2%. We hope this will be sustainable especially in light of London wide and national workforce recruitment and retention challenges.
- Its Journey to Outstanding demonstrates the Trusts commitment to continually improving the safety and quality of its services, and we hope that this determined approach and hard work will enable the Trust to achieve its aspirations of a better Care Quality Commission rating.



The CCG has identified the following areas where it would like to see a focus during 2018/19:

- The Trust is a low reporter of Serious Incidents and has prioritised an internal review of its incident and risk management governance and processes, with additional training for staff.
- The CCG look forward to seeing the outcome of this internal review and would welcome an opportunity to work with the Trust more closely to understand their thresholds for SI reporting, and how they determine the level of harm and to understand their internal incident management process. We look forward to seeing evidence of an improvement in analysis and learning from incidents, in order to promote an open and safe culture throughout the organisation.
- The Trust has identified a number of incidents throughout the year that are believed to meet the threshold for Duty of Candour. Considering the number of SIs and incidences reported there may be further learning required to embed Duty of Candour with regard to how the trust determines levels of harm and what meets moderate harm Duty of Candour thresholds.
- The early detection of the deteriorating patient, and building upon the expansion of the usage of NEWS and PEWS within certain services. The CCG would like to see work undertaken to understand what is being done with staff on the identification of 'soft signs' of deterioration. We also acknowledge the achievement in sepsis identification and management, and would like to see an increase in uptake of training.
- We encourage the continued focus on engagement to improve patient experience, in order to gain a better understanding of what matters to patients through Always Events, and other methods of patient participation. Feedback from patients and the public is a key indicator of the quality, safety and equality of services being delivered. We look forward to seeing the evidence and the outcomes from these Events, in addition to seeing improvements in customer service care and an increase in uptake of the Friends and Family Test.

Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work collaboratively with the Trust. We will also continue to support the Trust in the areas identified as priorities as well as those areas that have been and continue to be a challenge.

Hounslow CCG looks forward to supporting the Trust with its forthcoming Care Quality Commission inspection. We remain committed to working with the Trust, stakeholders and patients to continually improve the quality of commissioned services provided to our population.



**Dr Nicola Burbidge**

*Chair*



**Mary Clegg**

*Managing Director*

**Hounslow and Richmond  
Community Healthcare Trust  
feedback from Richmond Clinical  
Commissioning Group**



Dear Donna,

Thank you for sending us a copy of the quality report (draft) to provide feedback. Please find the narrative we would propose for you to incorporate into your final version;

The Richmond Clinical Commissioning Group (CCG) welcomes the opportunity to provide a response to the quality report for 2017/18 by Hounslow and Richmond Community Healthcare Trust.

The Quality report provides information and review of performance and quality of all the Trusts services within the three Department of Health defined areas: patient safety, clinical effectiveness and patient experience.

The CCG welcome the wide consultation undertaken, the views of patients, carers, staff, the CCG and the learning from CQC inspections, in the selection of the trusts quality priorities. The three priorities focus on supporting their staff to deliver better outcomes and an improved experience for their patients, which the CCG endorses. The priorities are Improving patient safety; Improve the management of the deteriorating patient through effective sharing of information. Improving clinical effectiveness; Strengthen the application of evidence-based guidance and research and Improving patient experience; Promote patient-centred care through better understanding of what matters to our patients

HRCH Achievement against 2017/18 quality priorities: The CCG welcomes the achievements against the priorities set and supports the ongoing work to improve the quality of services provided to the patients and service users in Richmond. The Trusts priorities for 2017/18 were

Improving patient safety: The trust has successfully implemented the National & Paediatric Early Warning Score (NEWS/PEWS) in services, where it is clinically relevant, to reduce the number of patients where deterioration is not recognised or acted upon promptly. The CCG were pleased that all targets set were met or exceeded.

Clinical Effectiveness: Referrals management - improve the quality, timeliness and safety of internal and external referrals. The Trust relied on partnership work to achieve their targets.

One target was to reduce the number of referrals to the community nursing service that did not require additional information from the referrer before being responded to. The number of referrals requiring additional information fluctuated across the three quarters measured. In Q1 the trust achieved the target for General Practice, but were unable to sustain this reduction. This impacted negatively on their other target, the numbers of clinicians from the community nursing services

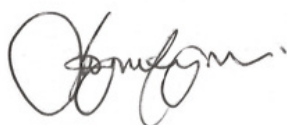
who could carry out all the care required at first visit. The CCG welcomes the ongoing commitment to work with partners to improve the safety and experience of patients and will support the move towards locality working.

Patient experience: the introduction of 'Always Events' in priority clinical areas: end of life care, inpatient, community nursing and urgent care. The Trust were ambitious in setting a target of 4 events and after consultation from national leads reduced this to 3, which they have achieved. The CCG look forward to seeing the knowledge gathered and the experience gained in undertaking these events being imbedded into the learning of the trust to improve patient experience.

The CCG reviews the quality of the services provided by the trust throughout the year primarily through the Clinical Quality Review Group, held monthly during 2017/18. We welcome the trust's openness in engaging with the CCG and the effective working partnerships developed through this group. This is evidenced in part by the staff survey which had a good response rate of 62%, 93% of these staff felt that they made a difference to the patients and service users. The CCG continues to undertake Serious Incident Review Groups with the trust and is supporting the improvement of scrutiny of all incidents. There has been an increase in the number of pressure ulcers over the year and focus is continuing on, why and how these numbers can be reduced.

The quality account outlines the positive direction the trust is achieving in providing safe, quality care. This is evidenced by the responses from patients and services users and the trusts willingness to be open and to engage in learning to improve the safety and effectiveness of their services, also the movement against the CQC standards with the inpatient unit receiving 'good' in all five domains of quality and 'good' overall in April 2017. The Trust needs to continue to focus on the safe and responsive care within the urgent care services and adult services.

The CCG welcomes the trusts continued commitment to engaging with the public, service users, the CCG and their own staff. The CCG continue to be supportive of the ongoing "journey to outstanding" and look forward to progress against the CQC standards.



**Fergus Keegan**

*Director of Quality*

*Kingston and Richmond Clinical Commissioning Groups*

## Healthwatch Hounslow

### Statement on Hounslow and Richmond Community Healthcare NHS Trust Quality Account 2017/18

Healthwatch Hounslow is pleased to be able to respond to the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) Quality Account for 2017/18. The document demonstrates that the Trust is learning from feedback, incidents and complaints and is sharing the learning across the organisation to improve the quality of patient care.

### Our comments on progress with Quality Priorities for 2017/18

#### **Improving patient safety - Early detection of the deteriorating patient**

It is good to see that HRCH has succeeded in meeting its targets in this area and that there has been a reduction in serious incidents. We are not sure how the target of 60% of relevant staff to be trained in sepsis identification and management was reached. A final figure of 62% of relevant staff would suggest that 38% of relevant staff are not trained and it would be helpful to know if plans are in place to continue the training programme to include all staff.

#### **Clinical Effectiveness – Referrals management - improve the quality, timeliness and safety of internal and external referrals**

This was likely to be a challenging priority as achieving the targets set was to some extent dependent on the actions of staff employed by other organisations. It is difficult to establish what improvements were achieved from the data presented, especially the comparison between internal and external referrers. Clearly there is more work to be done in this area, and it would be helpful if the Quality Account outlined what future action will be taken and how further progress will be measured and reported.

#### **Improving patient experience - Patient Engagement and Involvement – introduce 'Always Events' in priority clinical areas**

We welcome the involvement of patients in the work on 'Always Events' and it is encouraging to see that End of Life care was included as a theme, continuing the progress reported in the 2016/17 Quality Account. The targets set for this priority were met, but were bureaucratic rather than based on patient experience or outcomes, so it is helpful that this priority is carried forward to 2018/19 when the focus will be on implementation.

## **Our comments on the Quality Priorities for 2018/19**

### **Improving patient safety - Improve the management of the deteriorating patient through effective sharing of information**

This priority continues the focus on the detection and management of the deteriorating patient from the 2017/18 Quality Account. Again, we would be interested to know how the target of 60% has been set for training for relevant staff, given that this leaves 40% without the training. Given that the baseline is currently unknown, the effectiveness of the training and implementation of the SBAR framework may not be measurable until well into the year.

### **Improving clinical effectiveness - Strengthen the application of evidence-based guidance and research**

It is difficult to assess this priority as the targets are based on activity rather than outcome. We are surprised that the Trust has not had a procedure for measuring and monitoring how it is using national best practice guidance in delivering care to local people before now, and we are pleased to see that this issue has been highlighted. We would also be interested to see how local research and clinical audit influences the delivery of care.

### **Improving patient experience - Promote patient-centred care through better understanding of what matters to our patients**

We welcome a commitment from HRCH to use patients' stories to support the delivering of patient-centred care and understand that people's experiences were central to the development of the first three 'Always Events'. We also welcome the intention to monitor the implementation of the 'Always Events' in the three clinical areas. However, we feel that without a detailed knowledge of the content of the 'Always Events', we would not know if measuring their implementation would tell us that patient stories continue to contribute to the quality of services delivered by the Trust.

### **Feedback from patients and carers about the Trust's services**

During 2017/18, Healthwatch Hounslow collected feedback from local people about 78 experiences of services provided by Hounslow and Richmond Community Healthcare NHS Trust . 94% of the reviews we received were positive or neutral (3,4 or 5 stars).

It is helpful that the Quality Account contains information about the methods that the Trust uses to collect feedback from patients, carers and service users and examples of patient feedback and stories. The feedback collected by the Trust mirrors the positive experiences collected by Healthwatch Hounslow and it is helpful to see what happens as a result of the feedback the Trust receives from patient experiences, complaints and compliments. It is not clear whether patient experience has influenced the areas chosen for the Quality Priorities for 2018/19 and we would like to see how feedback collected from patients, carers, service users and the public over the year is reflected in the final choice of priorities.

During 2018/19 we hope to increase the amount of feedback we collect from local people about the services they receive from HRCH to contribute to the delivery and review of care services, and we look forward to working more closely with the Trust to achieve this.

## Healthwatch Richmond

### **Commentary on Hounslow and Richmond Community Healthcare NHS Trust's draft Quality Accounts 2017/2018**

We thank Hounslow and Richmond Community Healthcare NHS Trust (HRCH) for providing us with their Quality Accounts 2017/2018 in good time to respond to it. In doing so the draft did not contain all of the data that will appear in the final draft but we recognise that waiting for data to be available would not have allowed us sufficient time.

The Quality Account paints a positive picture of a Trust with good patient satisfaction and a culture of candour, learning following mistakes and listening to patient feedback. We have been involved closely with HRCH over the past year and our overall experience of the Trust supports this view.

It is therefore disappointing that staffing and vacancy rates were not reported this year as they were key to challenges HRCH experienced last year and reported by the CQC and in the Quality Account. A report on improvements would have been welcomed.

HRCH have met their Improving Patient Safety targets. In the draft we received data for last year performance was not always included so we cannot comment further.

Significant improvements have been made in relation to reduced medication incidents and accuracy of referrals into the service which is positive. Further improvements are planned through greater partnership working with GPs. Given that referrals from GPs appear to have deteriorated over the period it would be useful for the Trust to explain how this will be achieved. It is also unclear to what extent this is a measure of HRCH's performance or to what extent it is a measure of GP performance.

Improvements in patient experience are welcomed and the Trust appears to have achieved significant progress here. 97% of patients report that they receive care in the right way for them (up from 89% last year). Whilst this success is evident, the reader would benefit from explanations on:

- Examples of Always Events that have been introduced and their impact on patients
- Why the national guidance had recommended a lower target

We look forward to hearing about the impact that implementing Always Events has had for patients and would welcome the opportunity to incorporate this into our work with the Trust.

We commend the Trust on their positive view on the Duty of Candour and for a section that we feel is honest and informative. The high number of incidents reported does indeed reflect well on the culture of an organisation with regard to incident reporting.

The priorities and related targets for 2018/19 are difficult to comment on as current performance is not available. This makes it difficult to comment on the relevance of the targets or the importance of the priorities.

## London Borough of Hounslow

### **On behalf of the London Borough of Hounslow Health and Adults Care Scrutiny Panel, please find below our response statement for inclusion in the Hounslow & Richmond Community Healthcare NHS Trust Quality Account 2017/18 final report**

#### **London Borough of Hounslow Health and Adults Care Scrutiny Panel Response**

The London Borough of Hounslow Health and Adults Care Scrutiny Panel ('Scrutiny Panel') welcomes the opportunity to provide a response to the Hounslow & Richmond Community Healthcare NHS Trust ('the Trust') Quality Account 2017/18 which seeks to provide a report on performance over the last year and identifies the future priorities.

#### **Improvements since the CQC rating: 'Requires Improvement'**

The Scrutiny Panel would like to congratulate the Trust on the positive outcomes from the January/February 2017 unannounced CQC inspection, and the improvements it has made since the 2016 inspection. We encourage the Trust to continue its improvement work and action plans particularly in the areas of adult, urgent care and end of life care services.

The Panel was also pleased to hear of the recent 'Good' rating of the community recovery service plus as well as the work on data management improvement

#### **Accessibility of the report**

The presentation of data from the current and previous year is helpful, however incorporation of earlier years' data may enable better comparisons and encourage greater feedback. Clearly presenting national targets for each performance area would also be beneficial.

The Scrutiny Panel recommends adding a summary of the key services provided by the Trust in Hounslow, Richmond and other boroughs, similar to the services directory page on the Trust's website. This information early in the report would provide the reader with useful context for engaging with the rest of the document.

The timing of the request for comment is not ideal; we are committed to working with the Trust to ensure the best possible outcomes for the residents of Hounslow. We welcome the opportunity to comment but note that, coming as it did in the middle of council elections, in-depth engagement has been difficult. I would have hoped that the Panel would have been able to meet to discuss your report, but this has not been the case given that Panel membership will be revised in light of elections on 3rd May.

#### **Priorities 2018/19**

Overall, the Scrutiny Panel welcomes and support the priorities for 2018/19 namely:

- Improve the management of the deteriorating patient through effective sharing of information

- Strengthen the application of evidence-based guidance and research
- Promote patient-centered care through better understanding of what matters to our patients

The London Borough of Hounslow 2014-19 corporate priority focus on building active, healthy communities and providing help and support when it is needed.

### **Performance on 2017/18 priorities**

The positive progress on targets for all three priorities for 2017/18 is commended.

#### *Patient safety*

The Scrutiny Panel congratulates the Trust on the achievement of all of its early detection targets.

#### *Clinical effectiveness*

The Scrutiny Panel raises some concern about the percentage of staff able to carry out care required at a first visit with a patient, which is below the set target. We also note the reduction in referrals to the community nursing service which require further information is also slightly under target. The Scrutiny Panel supports and encourages the Trust's continued work with primary care as it moves into locality working towards more integrated care services.

The Scrutiny Panel notes the harm free care rate but is also aware that any serious incidents is worrying, however, we acknowledge the Trusts' approach of openness and honesty in addressing these incidents with families of the deceased. We also commend the 'Learn and Share' newsletter which aims at highlighting trends and learnings from the incidents to promote learning and improve prevention.

#### *Patient experience*

The Scrutiny Panel commends the Trust on its excellent work in patient engagement and involvement, particularly its introduction of the Always Events in priority clinical areas and investment into gathering patient stories, as this effectively focuses on building a more patient-centred service.

We congratulate the Trust on the achievement of all targets in this priority area, and commend the high percentage of patients who would recommend the Trust's services to their friends and families. The Scrutiny Panel recommends the Trust include any variances in patient satisfaction across each of its services and locations in the report, as this information would be helpful to us in monitoring work in Hounslow and identifying any gaps and issues.

Whilst we note there are a low number of complaints received by the Trust overall, we raise some concern over the high percentage of these complaints relating to staff attitude. The Scrutiny Panel supports and encourages the Trust's plans to review its customer service training programs for staff.

We commend the Trust on its improved Staff Engagement score in the staff survey. The Scrutiny Panel and the North West Joint Health and Overview Scrutiny Panel has taken a keen interest in looking at employment conditions and job satisfaction of all staff working in NHS Trusts in Hounslow. Staff retention has also been a key area of



focus particularly in light of the uncertainty surrounding Brexit and impacts of this on the health sector.

### **Equality and Diversity 2017/18**

The Scrutiny Panel commends the Trust's work in continuing to tackle health inequalities and improve the health outcomes, access and experience of all patients, carers, visitors, volunteers and staff. We make special mention of the OneYou Hounslow initiative, particularly its work in stopping smoking and improving physical activity rates, as these have been ongoing concerns of the Panel over the past few years. We note that OneYou was discussed at the Scrutiny Panel meeting in February 2017, and we look forward to its continued use and improvement going forward.

### **A&E and UCC**

The Scrutiny Panel has been undertaking a significant amount of work in investigating A&E and UCC performance over the past year and continues to do so going forward. We encourage the Trust to look more closely at these services over the upcoming year.

### **Sustainability and Transformation Plan (STP)**

The draft report is largely silent on the anticipated impacts of the STP. The Scrutiny Panel recommends some clear articulation of approaches the Trust intends to use in addressing challenges and opportunities arising from the STP.

On behalf of the Scrutiny Panel, I thank the Trust for sharing the Quality Account for comment. We hope to continue this positive engagement going forward into the new year.

Yours sincerely



**Councillor Lily Bath**

Chair of the Health and Adults Care Scrutiny Panel  
London Borough of Hounslow

## Feedback

We hope you find this Quality Account a useful, easy to understand document that gives you meaningful information about Hounslow and Richmond Community Healthcare NHS Trust and the services we provide.

This is our seventh Quality Account. If you have any feedback or suggestions on how we could improve our Quality Account email us on [communications@hrch.nhs.uk](mailto:communications@hrch.nhs.uk) or telephone 0208 973 3143.

For comments or questions about our services please contact our Patient Advice and Liaison Service (PALS) on 0800 953 0363 or email: [pals@hrch.nhs.uk](mailto:pals@hrch.nhs.uk)

The information in this report is available in large print by calling





# Hounslow and Richmond Community Healthcare

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