

**Commentary on Hounslow and Richmond Community Healthcare NHS Trust Draft Quality Accounts
2015-2016**

Healthwatch Richmond welcomes the Trust Quality Account for Hounslow and Richmond Community Healthcare NHS Trust (HRCH), which seeks to be informative of the progress made against the 2015-2016 priorities and identifies the priorities for 2016-2017.

Some key information was not available in the draft Quality Account on which Healthwatch Richmond's commentary is based. This made it difficult for Healthwatch Richmond to provide an informed judgement on progress in areas. We are assured by HRCH that this information will be available in the published report.

All three of the current year's priorities demonstrate continuity with those from the previous year. Clear explanations are given as to the progress made on the previous year's quality priorities, which have been embedded across the Trust and have made a difference to the quality of care. Despite this, it is disappointing that only minimal priorities have been identified for improvement going forward.

We are reassured by HRCH's very clear aim to reduce avoidable harm by committing to the NHS Sign up to Safety campaign, delivering the five national safety pledges: put safety first, continually learn, act honestly, collaborate and support. This pledge is very broad and we would have welcomed specific steps to be detailed as to how the targets are to be achieved. However, we are pleased that HRCH have improved on last year's figures and achieved their target of 95% 'harm free care', ensuring a patient does not acquire a pressure ulcer, a catheter associated urine infection or a fall whilst in their care.

Healthwatch Richmond welcomes the continued drive and commitment of the Trust to reduce patient falls as a priority for 2016/17. We are pleased to read about the national falls prevention initiative, introduced in the inpatient unit at Teddington Memorial Hospital. It is reassuring that this has proved to be significant in reducing falls which may result in serious harm. In 2014-2015 the Trust reported seven patients who had fallen and sustained a fracture; in 2015-2016 only one patient sustained a fracture. The original report stated '*2015/16 the rate of falls in our inpatient unit varied from 3.8 to 12.1 (per 1,000 occupied bed days) against a target of 8.0*'. We felt was very confusing for the reader and asked for the total number of falls to be compared to the previous years in the final report.

Healthwatch Richmond welcomes the continued focus on the reduction of acquired pressure ulcers. The Trust state that they know they have made good progress in reducing avoidable pressure ulcers; however we cannot make a judgement on this priority as at the time of writing figures were not available to us. The Trust has pledged that it wants to ensure that no patient in their care suffers the most serious type of pressure ulcer (grade 4). We also welcome the proactive and progressive pledge to ensure a reduction in grade 3 pressure ulcers by 50%. We would anticipate this approach commensurately to lead to a commitment to reduce grade 2 pressure ulcers as well.

We note that no pressure ulcers were reported as serious incidents, which on the face of it is excellent news. However, in the serious incident section of the report, it is explained that NHS England has revised its guidance, so that pressure ulcers are only registered as 'serious incidents', if the level of ulcer harm results in amputation or death.

Previously all grade 3 and 4 pressure ulcers were reported as serious incidents, which may account for the drop from 49 pressure ulcer serious incidents in 2014/15 to zero in 2015/16. We expect to see the impact of the guidance changes explained in clearer terms earlier on in the

final report. Further on in the draft report, we note that 14 'Section 42 safeguarding' referrals were reported as serious incidents. The Trust acknowledges that the majority of the safeguarding enquiries related to grade 3 and 4 pressure ulcers.

We appreciate the openness of the Trust and continued focus with regard to the number of medicine incidents, which are the highest category of patient incidents resulting in harm (at 14% in March 2016).

We were not able to make a judgment on the reporting of incidents in comparison to other Trusts, as the related table was illegible at the time we were asked to comment. We have been assured that this will be clearer in the final report. We are pleased that incident reporting has risen by 3% in the last year. This is evidence that staff are encouraged to report incidents in an open and supportive culture. The continued commitment of the Board to allow patients a voice through 'patient stories' when things go wrong, is welcomed. It is also commendable that HRCH was one of the first Trusts to appoint a Freedom to Speak up Guardian, to support staff who raise concerns.

Healthwatch Richmond is pleased to read about the progress made in dementia care across the Trust during 2015-2016. The outcomes are commendable, with 85% of staff receiving dementia training and 90% of staff being trained to understand and apply the Mental Capacity Act. It is disappointing that the target of 90 % of patients who have been screened and identified as having dementia or suspected dementia and having their GP informed, was not met. Only 27% of the target was reached. The Trust acknowledges that systems have not been sufficiently developed to ensure a safe communication process and transfer of care.

The Trust also recognises that it fell just short of its 80% target to provide assurance in patient records, that those patients with dementia, (who are unable to make decisions for themselves), are supported in making decisions in their own best interest. We are pleased HRCH will continue to monitor progress through their safeguarding committee.

We are also pleased to read that the Trust is committed to improving End of life Care for patients and the steps taken to achieve this. It is reassuring that 80% of patients had an advanced care plan and were able to die in their preferred place. There is also clear evidence of family and patient involvement in decision-making.

Healthwatch Richmond applauds HRCH on the progress made to ensure 93% of their staff receive clinical supervision. This is essential in delivering best patient care and we are pleased that 84% of staff say that clinical supervision has made a difference to the effectiveness of their practice and 73%, to the safety of their practice.

We welcome the reduction in complaints for the year 2015-2016 and applaud HRCH on the continued proactive approach to improving patient experience and engaging with the local community to improve quality of care. We are very pleased HRCH have introduced a comment card to give children a voice.

We look forward to reviewing the outcome of the CQC inspection and hope that this is available in time for inclusion in the published version of the Quality Account and also to working with HRCH over the next year to continue to improve patient outcomes and experience.

