NHS

Hounslow and Richmond Community Healthcare

NHS Trust

Quality Account 2016/2017

Providing care and services that we and our families would want to use

Care
High quality, safe care with compassion

Respect
Dignity and respect to patients and colleagues

Communication
Listening and communicating clearly

Contents

About our quality account

Welcome to the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) quality account for 2016/17.

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 developways 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

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 (2016/17) and to identify where we could improve next year, and we have defined three main priorities for improvement.

About HRCH

HRCH provides community health services for over 500,000 people predominantly living in the London boroughs of Hounslow and Richmond.

During 2016/17, HRCH provided and/or sub-contracted over 60 community, urgent care and primary care based NHS services. We believe that community health services are the key to ensuring that people are able to receive the right care, in the right place, at the right time.

Every day, our professionals provide high quality healthcare to help people to stay well, manage their own health with the right support and avoid unnecessary trips to, or long stays in, hospital.

What we do

We employ over 1,000 staff, 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.

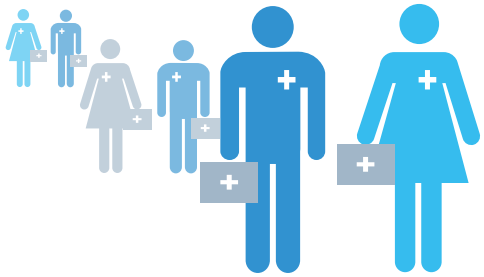
We provide services over a wide geographical area across many London boroughs.

Our diverse range of services which support adults and children include: community nursing, health visiting, learning disability and autism services, physiotherapy, occupational therapy and speech and language therapy, nutrition and dietetics, podiatry, health promotion and stop smoking as well a wide variety of services that support discharge from hospital settings. We also provide some specialist services such as paediatric audiology, neuro-rehabilitation, continence and continuing care, diabetes, falls and bone health, respiratory, cardiac rehabilitation and the family nurse partnership.

Some of our services, such as the Walk-in-Centre at Teddington Memorial Hospital and the Hounslow Urgent Care Centre, are also attended by patients from nearby boroughs. These services provide vital and convenient urgent care for patients with injuries or illnesses, who are unable to see their GP – alleviating the pressure on GPs and primary care services, and local acute hospitals. Our staff at Hounslow Urgent Care Centre and the Walk in Centre provide care for patients, 365 days a year.

HRCH at a glance

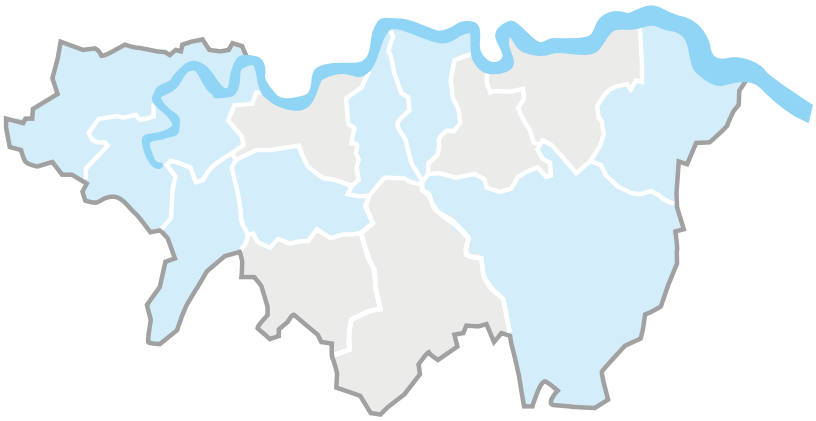
Community NHS Trust



Number of staff 1,100

Communities served

London Boroughs of Hounslow, Richmond, Merton, Bromley, Bexley, Lambeth, Southwark, Kingston



1,862

average number of patient contacts per day

Population served - 500,000

Services provided

Community nursing, health visiting, childrens' immunisation, re-ablement and therapies, health promotion and wellbeing, care for people with long-term conditions and at the end of their lives. We 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.

Chief executive's statement

I am pleased to introduce the sixth quality account to be published by Hounslow and Richmond Community Healthcare NHS Trust. It outlines our progress against the quality priorities we set ourselves last year and what our priorities will be for improving services for the coming year.

We asked our patients, the public, commissioners, staff and other partners to give us their opinion as to where we need to improve, and we continue to reflect on their views alongside the recommendations from external reports, in our quality priorities for 2017/18.

The quality account is an important tool for strengthening accountability for quality and 2016/17 was once again a positive year for the trust in our mission of providing care and services that we and our families would want to use. In this account, we are able to demonstrate our commitment to continuous, evidence-based quality improvement and to be transparent with patients and their families, the public and those who have an interest in the services that the trust provides.

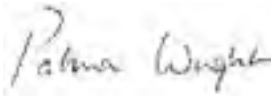
Our quality account gives us the opportunity to share some of the challenges we have faced in 2016/17 such as the inspection carried out by the Care Quality Commission (CQC) and the efforts we have made to address the issues which were raised by this inspection.

The trust had a three day announced inspection visit from the CQC in March 2016. The CQC assessed five core service areas across the trust: children's services, adult services, inpatient services, urgent care services, and end of life care services. Overall the trust received a 'requires improvement' rating. However, we received an 'inadequate' rating at the in-patient unit in Teddington Memorial Hospital and having taken swift action to resolve the issues raised the trust is pleased to report, following a further inspection of the unit in January and February 2017, that the in-patient unit has now been assessed as 'good' overall.

Despite the areas of concern raised as part of the inspection, the CQC report also highlighted a number of areas of good practice across the trust including: high quality end of life care services, excellent children's services, strong staff awareness and adherence to the duty of candour, and robust safeguarding procedures being in place for both children and adult services.

As we look forward to 2017/18, the challenges to provide high quality care become even greater. To overcome these challenges, we are committed to working with our local health and social care partners to deliver the government's Five Year Forward View through developing and implementing Strategic Transformation Plans (STPs). Over 2016/17, we have worked proactively with our partners to look at new and innovative ways to deliver health services as part of the two regional London STPs where we provide services (North West, and South West London) – and this work will gather pace in 2017/18 and beyond.

We continue to be committed to improving the quality and safety of care through the vehicle of our quality programme - Journey to Outstanding - and to focus on providing efficient and effective care to maximise the benefit to the people we serve.



Patricia Wright
Chief Executive

Part 1
Our quality improvements for 2016/17

How we performed in the Quality Priorities we set ourselves

Improving patient safety

Priority 1 – deliver year 1 of our safety improvement plan as part of the national Sign up to Safety campaign.

In 2016/17 HRCH committed to delivering the five Sign up to Safety pledges in the national NHS campaign and determined that the areas where our actions would have the biggest impact on improving safety were:

- Falls
- Pressure ulcers
- Medication incidents

Our aim - to support the national Sign up to Safety campaign by committing to the reduction of avoidable harm to our patients.

Falls

The focus of our falls prevention work in 2016/17 was in the inpatient unit at Teddington Memorial Hospital. We know that a fall can have a huge impact on a person, particularly if they are already frail and/or recovering from surgery or an illness.

We wanted to minimise the risk of patients falling, by making sure that their level of risk was assessed and all preventative measures were put in place - whilst ensuring they were supported to mobilise early and frequently as part of their rehabilitation programme. All staff, clinical and non-clinical, are trained in falls prevention and we investigate each fall to assess if it was avoidable or unavoidable i.e. if the risk assessment was completed in a timely way and all appropriate preventative measures were in place or if a fall could have been prevented.

Pressure ulcers

We have committed to a zero tolerance to avoidable grade 4 (the most serious) pressure ulcers.

We know that multi-disciplinary working and working across organisations is the key to the prevention of pressure damage and so to achieve a continued reduction in the number and seriousness of pressure ulcers, we have focussed on working with our local health and social care partners as well as auditing the practice of our own staff.

We are fully contributing to the regional work in North West London (NWL); one of our specialist nurses is leading one of the work-streams which ensures that HRCH is at the forefront of new approaches to partnerships and whole system working. Our lead nurses have also been delivering training to carers so that they can spot the early warning signs of pressure damage and alert our staff quickly.

Medication safety

Whilst medication incidents are not the highest category of incident reporting, they have the potential to cause significant harm. We investigate all medication incidents and work closely with pharmacy teams in our local hospitals to make sure medication is correct when patients are transferred to community services. Regular forums for non-medical prescribers support enhanced prescribing knowledge and skills.

Measures we reported to our board	Baseline position 31 March 2016	Target 31 March 2017	Position achieved by 31 March 2017
Falls prevention – the number of avoidable falls in the inpatient unit	Q1 baseline - 39% avoidable falls Target for March 2017 – 20% avoidable falls	A reduction of 50% in avoidable falls in the inpatient unit i.e. 20% avoidable falls	✔ 20% avoidable falls
Pressure ulcer reduction – the percentage of all grade 3 and 4 pressure ulcers which were avoidable	37 avoidable grade 3 pressure ulcers 61% of all grade 3 and 4 pressure ulcers in 2015/16 were avoidable 2 avoidable grade 4 pressure ulcers	A reduction of 50% in avoidable grade 3 pressure ulcers 0 avoidable grade 4 pressure ulcers	✔ 6 avoidable grade 3 pressure ulcers (a reduction of 84%) ✖ 2 grade 4 avoidable pressure ulcers 15% of all grade 3 and 4 pressure ulcers in 2016/17 were avoidable
Medication incidents – the percentage of medication incidents which resulted in harm (moderate to severe	2015/16 – 2% 0% medication incidents resulting in severe harm	A reduction of 50% in medication incidents which resulted in harm % medication incidents resulting in severe harm	✔ 0% medication incidents resulting in harm ✔ 0% medication incidents resulting in severe harm

Where we did not achieve our target:

- We are committed to a zero tolerance to grade 4 pressure ulcers but recognise that this is a challenge. In 2017/18 we have agreed to undertake a full root-cause analysis investigation of grade 3 and 4 pressure ulcers and to implement themed learning across all services to make sure that learning is embedded.

Clinical effectiveness

Priority 2 – Deliver year 1 of our end of life care strategy (EOLC)

Our mission as a trust is to provide care that we and our families would want to use. We believe this is integral to caring for patients who are approaching death, and that good end of life care enables people to live in as much comfort as possible until they die and have the ability to make choices about their care.

Our aim to deliver patient centred end of life care that ensures the dying person and his/her family's preferences and individual physical, psychological, social and spiritual needs are met.

We have made good progress in ensuring the quality of the end of life care we provide is of a high standard. We have appointed an end of life care specialist nurse who has provided the clinical leadership to delivering our strategy.

We considered it was critical that our board signed up to this initiative and we revised our original strategy (December 2015) in April 2016 which our board approved. We also recognised that end of life care involved many organisations in the heath and care community so as a trust we have led two health and care community workshops to identify the common themes and issues related to end of life care delivery. These themes have formed a work plan going forward in both localities (Richmond and Hounslow) so that we can work together to continually improve end of life care (EoLC).

Measures we reported to our board	Baseline position 31 March 2016	Target 31 March 2017	Position achieved by 31 March 2017	
Training – training uptake for end of life care	EOLC training is in place on an ad-hoc basis with local hospices. The trust has developed a training programme for all nursing staff and will deliver this in year to the targets set for March 2017	85% of nursing staff at all grades to have induction in EoLC 70% of nursing staff at band 5 and above have had online learning training to module 3	✖ ✖	80% of nursing staff at all grades had induction to EoLC 52% of nursing staff at band 5 and above have had e-learning and/or face to face training from hospices to an advanced level
Preferred place of death – the percentage of patients who died in their preferred place of death including those who died at home	37% (records audit 2016/17)	For 80% of patients to have died in their preferred place of death	✖	70% of patients had a documented preferred place of death and achieved this
Audit – compliance with the care standards in One Chance to Get it Right (2014) and the NICE Guidance (Dec 2015)	3% of records audited showed that an end of life care plan was in place 60% of records showed diagnosis and prognosis was discussed with the patient 77% of records showed diagnosis and prognosis was discussed with the patient's family and that support was offered to the family	For 80% of patient records to have an end of life care plan For 80% of patient records to show recording of communication with patient For 80% of records to show recording of communication and support to family and carers	✔ ✖ ✔	90% of patients had a plan of end of life care documented 57% of records show that patients had discussed their diagnosis and prognosis 95% of records showed communication and support to families and carers

The data in the table above is taken from a manual audit of patient records undertaken in Q4. This was a sample of 27% (n.21) of all deaths that had occurred within 48 hours of an appointment with HRCH and so captured patients that were not on the end of life care pathway; this has impacted on the final results.

Where we did not achieve our target:

- It was unspecified in some records whether the patient's preferred place of death was to remain at home. We could assume that given the patient was being cared for at home and there is documented evidence of conversations with the patient and their family that the patient was being cared for in their preferred place.
- The records audit showed that only 57% of patients had discussed their diagnosis and prognosis. It was unclear in 38% and this may have been a result of the patient's lack of capacity to be fully involved. This is supported by the 95% of families and carers who were involved in discussions about their relatives care.
- We have not achieved our training targets and this will continue to be a focus in 2017/18. A training and development plan for all grades and levels of staff is in place which is offered both online and face to face.

Patient experience

Priority 3 – Strengthen the involvement of patients, their families and carers with their care and with service improvements and developments

We know that to deliver services in a way which is right for our patients and their families it is essential that patient and public opinion is heard, feedback is acted on and lessons are learnt. We recognise that the voices of our patients and the public are real opportunities to improve the quality of care we provide.

Our aim – to involve and engage with patients and the public from all backgrounds in a meaningful way to help deliver and improve our services.

We have some really good examples of when patients have been involved in making decisions about service planning and delivery, including our Wheelchair Service, and Diabetes Service. Whilst we have taken some actions to enable this, for instance we have implemented a suite of resources to support clinical staff in patient involvement in service planning, we have not made as much progress in this area as we would have liked to and so this is a priority for 2017/18.

Actively engaging is defined as 'an activity that enables service users and carers to influence action and decision, at the level of service delivery and decision making within the trust. Examples include patient experience/satisfaction surveys, audit activities and attending local and community groups.'

We have a range of ways in which we encourage feedback, including patient surveys – with over 14,000 people taking the time to tell us about their experience of our care during 2016/17. We also developed a comment card for children; an external company undertook a postal survey of 1000 patients on our behalf; and we developed better working relationships with local voluntary groups. All of these initiatives have contributed to the increase in the percentage of services which are actively engaging with their patients.

Measures we reported to our board	Baseline position 31 March 2016	Target 31 March 2017	Position achieved by 31 March 2017	
The percentage of services where there is evidence of co-design	Q1 audit – 23%	35%	✔	35%
The percentage of services who are actively engaging* with patients and carers	August 2015 audit – 41%	60%	✔	92%
The percentage of patients who report in surveys that: • They have a care plan • They were involved in decisions about their care and treatment	54% (DN survey March 15) 87%	70% 95%	✖ ✖	54% (telephone survey of patients receiving a community nursing service) 88%

Where we did not achieve our target

- We asked patients about their care plan through quarterly telephone audits of 100 patients who had accessed the community nursing service. We know our staff talk to patients about the care they are providing and it may be that patients are unfamiliar with the language of a 'care plan'. We acknowledge that we need to be clearer and more consistent in talking to patients about their care plan, involving them in decisions about their care and treatment and will include this in the work to develop our community nursing services during 2017/18.

Other areas of quality improvement

Whilst we have agreed three areas of focus for quality improvement in our quality priorities, the trust also has an overarching strategy to become an outstanding organisation through continuous quality improvement.

We monitor a range of factors to ensure we drive forwards our 'Journey to Outstanding'.

Patient safety

The safety of our patients is of the utmost importance to us and we believe that no patient should be harmed whilst receiving care from our services. We recognise that the best way of doing this is to have systems that are based on continually learning and improving patient care and being open and honest when things go wrong.

Our Duty of Candour

The regulatory Duty of Candour (NHS Regulation 20) came about as a result of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust. Sir Robert Francis stated that there was a need for openness, transparency and candour in healthcare. Candour means that any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

We believe that promoting a culture of being open is a prerequisite to improving patient safety and the quality of healthcare. For our patients, effective communication starts from the beginning of their care with us and continues throughout their treatment. Being open when things go wrong is fundamental to the partnership we have with patients and carers. Staff will take immediate action to put things right and will talk to the patient (and their family and carers if that is appropriate) to apologise and to advise of the impact of the incident and what will be done to prevent it happening again.

The trust has a robust system in place whereby all incidents that have resulted in moderate harm or above are reviewed by a senior clinician and the statutory duty of candour process commenced if appropriate. We recognised that some staff may find this difficult and so during 2016/17 we provided all staff with training on the Duty of Candour and how to apply this in daily practice. We have had 17 statutory duty of candour incidents in 2016/2017.

We tell patients and/or their families if there has been a serious incident and we encourage them to participate in the investigation; we always share the investigation report and will visit patients and their families at home to discuss the report, our findings and learning if that is what the patient and their family wishes.

When a patient or their family make a complaint we always offer a 'being open' meeting. This gives the complainant the opportunity to discuss their concerns with the clinical lead or manager and for them to agree on how best to resolve it. It also gives us the opportunity for a face to face apology and explanation which can be more personal than a formal letter. During 2016/17 one in every five complaint responses included a being open meeting.

Patient safety incidents

We believe that encouraging staff to report incidents promotes a more open approach to patient safety and therefore to learning from incidents. This approach is supported by NHS Improvement, who say there is evidence that organisations with a higher rate of reporting have a stronger safety culture.

We are really pleased that our staff are open and honest about incidents and near misses. We report all incidents, including patient safety incidents, through our web-based risk management system, Datix and report these monthly to our quality and safety committee.

We are required to report the national benchmarking data from the National Patient Safety Agency (NPSA) which is available for the period April 2016 – September 2016. The tables below show our reporting for this period and compares it to the previous two six month periods.

We are part of a group of broadly comparative community trusts however the information cannot be used to compare trusts as there is no indication of the size of the trust or the number of months when they submitted data. The trust with the highest number of incidents reported may not be the same as the trust which is reporting the highest number of no harm incidents for instance.

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.

1st April 2016 to 30th September 2016						
	Number of Incidents	Degree of Harm %				
		None	Low	Moderate	Severe	Death
HRCH NHS Trust	1190	66.6	19	14	0.0	0.0
Highest Community Trust	5190	85.5	54.4	14.8	3.3	1.1
Lowest Community Trust	433	31.7	11.1	1.6	0.1	1.1
Median Community Trust	1619	85.4	11.1	3.5	0.0	0.0
Median Community Trust	1370	57.4	32.9	6.4	4.5	3.3
All NHS Community Trusts	**32855**	**56.7**	**35.3**	**7.4**	**0.5**	**0.2**

1st October 2015 to 31st March 2016						
HRCH NHS Trust	1220	63.4	18.2	17.3	0.0	1.1
Highest Community Trust	5866	92.4	60.0	17.3	3.4	1.2
Lowest Community Trust	430	22.2	6.2	1.2	1.0	0.0
Median Community Trust	1792	62.7	30.7	5.6	0.4	0.0
Median Community Trust	1364	62.4	29.3	5.0	0.3	0.0
All NHS Community Trusts	**34353**	**57.9**	**33.5**	**7.8**	**0.6**	**0.2**

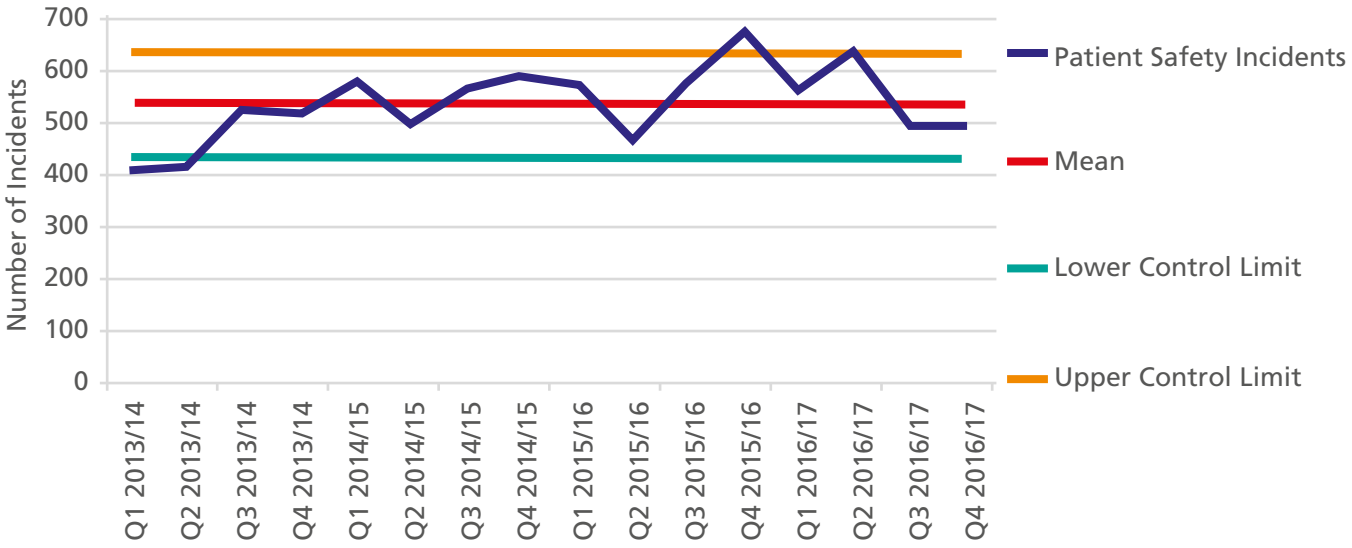
1st April 2015 to 31st September 2015						
HRCH NHS Trust	1014	68.8	10.2	19.9	0.7	0.4
Highest Community Trust	5344	78.9	58.2	19.9	5.0	1.1
Lowest Community Trust	542	26.9	10.2	1.6	0.1	0.0
Median Community Trust	1300	54.7	31.8	8.5	0.5	0.1
All NHS Community Trusts	**33796**	**54.7**	**34.9**	**9.5**	**0.7**	**0.2**

We have reviewed this data and we are pleased that we have reported below the average for the number of incidents which have resulted in severe harm or death; an improvement on the two previous reporting periods. Whilst we recognise that trusts are very different in their size, activity and the types of care and treatment they provide - we note that we report slightly below the median number of incidents for all community trusts. This trust is one of the smallest community trusts in the country and so we are pleased with this position. We also note that our staff reported the highest number of 'no harm' incidents which reflects our open culture of incident reporting and focus on early intervention to prevent harm.

To enable us to better understand the normal variations within our incident reporting we introduced statistical process control (SPC). SPC works by calculating an upper and lower range (using two standard deviations). SPC charts normally use three standard deviations to set their upper and lower control limits, but we have used two so we can identify any possible trends early. 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 our incident reporting quarterly from April 2014 to March 2017.

Patient Safety Incidents April 2013 - March 2017



During 2016/17, the number of patient safety incidents reported has remained within the upper and lower control limit. However in quarter 3 we undertook a review of the types of incidents being reported due to the reduction in the number reported. This review did not discern a particular cause and has been attributed to the reduction in the number of incidents reported by staff following the closure of one of the wards at Teddington Memorial Hospital, which took place from December 2016.

In 2016/17, 33% of patient safety incidents reported by our staff were not attributable to our services. A focus for us in 2016/17 has been improving communication and feedback with our neighbouring acute hospitals in order to ensure that those patient safety incidents

reported by our staff but attributable to another provider are properly reviewed. These incidents include patients being discharged from hospital with a pressure ulcer or with incorrect or incomplete medication. As a community provider, we manage these incidents to ensure patient safety is maintained but we know that by improving communication and feedback we can make more of a difference.

66% of all incidents reported resulted in no harm. We think it is very positive that our staff are reporting incidents before they have caused harm so that preventative actions can be put in place to protect our patients. It also indicates that an active risk management process is in place.

During 2016/17 we reported two incidents where patients died. There were no incidents with severe harm that were attributable to our trust.

Serious incidents

A serious incident requiring investigation is defined as an incident that occurred in relation to NHS funded services and care resulting in unexpected or avoidable death or serious harm. A root cause analysis investigation is undertaken for every serious incident to enable lessons to be learnt, implemented and disseminated across the organisation. All investigations include an action plan, key messages from which are shared widely.

Following feedback from the Care Quality Commission (CQC), we reviewed and strengthened our serious incident reporting policy and committed to additional training for some staff so that the quality of the investigations was improved.

We reported 15 serious incidents during 2016/17. One of these was related to information governance and one due to a lapsed clinician registration. The remaining 13 serious incidents represent 0.60% of all patient safety incidents. This is significantly less than in 2015/16 when we reported 40 patient safety related serious incidents which represented 1.5% of the total number of patient safety incidents reported.

The key reason for the decrease in the number of serious incidents reported is because of the revised guidance published by NHS England in April 2015. This provided clarity on the level of harm to have occurred to require the incident be reported under the serious incident framework.

We are confident that we are open and transparent in our reporting of serious incidents. Our board know this through our actions which include:

- Monthly reporting of serious incidents to the board and to commissioners with information on the progress of investigations and the evidence of actions having been implemented
- The triangulation of incidents, complaints and claims by the Quality and Clinical Excellence team to identify themes and trends
- Our investment and ongoing commitment to the role of the trust's Freedom to Speak Up Guardian

The categories of serious incidents we reported are:

Category	Reported
Section 42 referrals	7
Unexpected deaths	2
Missed diagnosis	2
Safeguarding	1
Information governance	1
Consent issues	1
Lapsed registration	1
Total	15

The section below outlines key learning from serious incidents reported in 2016/17.

Section 42 referrals:

The Health & Social Care Act was revised in April 2015. A 'section 42' serious incident refers to a 'section 42 safeguarding enquiry' which specifically investigates an allegation of potential abuse or neglect by healthcare providers. The majority of section 42 safeguarding allegations made against us centre upon our care of grade 3 and 4 pressure ulcers.

Because many of our investigations found no neglect on the part of HRCH, we put in place a safeguarding protocol with our local acute hospitals which means that hospital staff first discuss the patient and their pressure ulcer with the community nurses or the tissue viability team to see if the patient is known to us and if we are already investigating the pressure ulcer.

We have fully implemented the SSKIN bundle across HRCH - a nationally recognised programme of pressure ulcer prevention and care. Our electronic patient record system has supported us to make sure all of our patients who are at risk of pressure damage have a care plan which minimises that risk.

The SSKIN bundle is a care plan which prompts nurses and carers how to recognise and manage the main risks that could cause or worsen a pressure ulcer

Unexpected deaths:

We reported the unexpected deaths of two patients during 2016/17. The two deaths were reported as serious incidents and investigated fully. The death of any patient is deeply regrettable, but we are committed to making sure that we learn from these deaths - even if an investigation shows the death was not as a result of an omission in our care. We have been open and honest with the families of the deceased to make sure that appropriate actions were taken in response to any findings.

Safeguarding:

We report and investigate any allegation made about a member of our staff and take these investigations very seriously.

One safeguarding allegation was made during 2016/17 by a patient whilst in the inpatient unit of Teddington Memorial Hospital. This allegation centred upon a member of staff employed via an employment agency. We liaised closely with our partners in social services and the police to make sure learning across agencies was implemented to ensure vulnerable adults were safeguarded. We have also been in close contact with the patient to provide support and to be open with our findings and recommendations.

Missed diagnosis:

There were two incidents relating to the Hounslow Urgent Care Centre and the Walk-in Centre where it later transpired that the patients had serious conditions that may have been missed during their original consultations. The investigations were undertaken by medical professionals and involved extensive input from other clinical experts.

Consent:

One incident related to school age immunisations whereby three children were given vaccinations without their parents' consent. There was no harm and the investigation centred upon the consent forms and the process for managing these within schools. A revised form and a robust process for consent has now been fully implemented across all immunisation sites.

Information governance:

We reported one incident linked to information governance. This related to a patient being given the information of another patient inadvertently. This was found to be due to understanding of the information technology and the requirement to close down one

patient's notes before creating a new record. Further training on how to use the electronic system correctly has since been provided and the patient whose information was breached was contacted and received an apology.

Lapsed registration:

One incident related to a lapsed professional registration of a therapist. The practitioner was at all times safe and competent to practice and the omission was found to relate to human error. It has, however, focussed attention on the internal checks and processes to ensure our patients can be confident that they are being treated by fully registered professionals.

Learning:

The trust is committed to ongoing improvement in the quality of care and recognises that having a culture of learning is essential to achieving this.

We were pleased to be rated at 35 out of 230 NHS trusts in the *Learning from Mistakes League*, published in March 2016, achieving a 'good'.

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, our 'Learn & Share' newsletter, using cascade models of shared learning through our management and governance structure and working with other providers and our commissioners particularly when learning needs to cross traditional organisational boundaries.

The NHS Safety Thermometer:

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 96% 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 matched the national 'harm free care' level of 93%, which includes harms acquired with other providers. Our harm rates are consistent with national rates and those of other community trusts and we are now in the mid-level in the league tables in comparison to other community health care trusts.

Patient experience

Gathering the views and experiences of people who use our services and using these to improve the quality of the care we provide is important to us. We take any poor experiences highlighted by our patients and carers, as part of complaints or concerns, very seriously. The issues raised 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 collect feedback from patients using a range of tools including patient surveys which are available by using iPads, stand-alone kiosks, comment cards, electronic links and on our website.

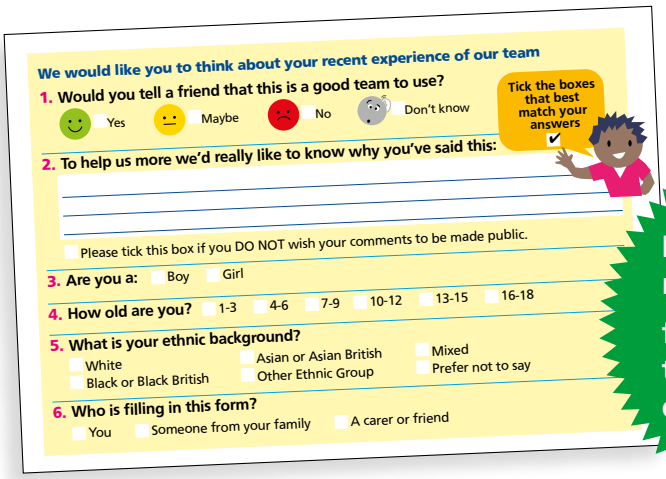
In 2016/17 14,411 people told us about their care and treatment as compared to 11,963 in 2015/16

★ **97%** of patients reported that they were treated with dignity and respect.

★ **94%** 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 maintained the percentage of patients who would recommend our services to their friends and family should they require similar care or treatment.



In 2016/17, 95% of our patients would recommend our services to their friends and family. We have maintained this high satisfaction rate from 2015/16.

We wanted to make sure we are hearing the 'children's voice' and so developed comment cards for children which are more appealing and simpler to complete (see example).

In 2016/17 we received feedback from 89 children through this comment card.

Footnote *The Friends and Family test is a question that is asked of all patients who use services, the response to which can then be used to drive change and continuous improvements in the quality of the services provided. Patients will be asked how likely they would be to recommend the service they have received to a friend or relative based on their treatment and experience. The results are published nationally. More information can be found here: www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx

• Complaints

We recognise that complaints are a valuable part of patient feedback. We are committed to ensuring that all complaints or concerns are resolved quickly and simply and that information gained from them is used to improve our services.

We received 72 complaints during 2016/17 which is a 26% increase compared to 57 complaints received in 2015/16. There is no theme to this increase and the total number of patient contacts remains similar.

	2015/16	2016/17	Direction
Complaints	57	72	↑
Enhanced PALS	121	116	↓
Total	**178**	**188**	↑

The PALS (Patient Advice and Liaison Service) provides free, informal, confidential help and advice for patients, carers and their families. They will help if people have a compliment, question or concern about any of our services. An enhanced PALS 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 concern 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:

You asked us...

Daughter called to find out when a district nurse will visit her mother. She was concerned because her mother's catheter had fallen out and drained, and she did not know what to do.

We did...

A district nurse visited the patient within two hours after the daughter's call.

You asked us...

A patient wanted to raise a concern about the cancellation of her appointment at the physiotherapy department.

We did...

The service manager called and apologised for the cancellation due to illness and made another appointment at a time to suit the complainant.

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

- **Staff attitude**
- **Treatment/ability**
- **Diagnosis**

Two of the top three areas are the same as reported in 2015/16.These are 'staff attitude' which represents 24% of our total complaints for the year and 'treatment/ability' which represents 22% of the total. Diagnosis has moved into the top three and accounts for 12% of the total.

The national NHS complaints position in 2016/17 is not available yet but the position in 2015/16 was that 32% were about clinical treatment, this is an overall category which includes our category of treatment/ability and diagnosis which together would be 34%. 9.5% were about staff attitude.

We are concerned about the number of complaints related to staff attitude and how this relates to the national average. We have delivered training to staff on conflict resolution and putting the patient first. On some occasions complaints are about a specific member of staff and these are always addressed by managers with support from our Human Resources team where necessary.

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

- **Treatment/ability**

You complained that...
We used phenol in nail surgery for an ingrowing toenail for your child.

We...
Advised you that whilst this was clinically appropriate we have updated our nail surgery guidelines to ensure that better information about phenol is available to help a patient's decision making about whether to have the treatment.

- **Staff attitude**

You complained that...
The doctor had a bad attitude on two separate occasions you attended.

We...
Apologised for your poor experience. We talked to the doctor and made clear that we expected respectful and empathic approach at all times. We also advised the whole team about the importance of clear communication to avoid any misunderstanding.

- **Diagnosis**

You complained that...
You child did not get the right treatment at our walk in centre for a toe infection.

We...
Investigated and confirmed the advice you were given was correct at that time, however your son's GP would be the normal route to access further more specialised treatment if the condition deteriorated.

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 days. This is sometimes challenging if a complaint is complex and/or involves more than one healthcare provider but this year we have achieved 93% response within the agreed time frame compared to 70% in 2015/16.

We have had three complaints referred to the Ombudsman this year; all are joint complaints which involve other health care providers. Two are being investigated and one has been completed. The completed investigation partially upheld the complaint and highlighted some areas which we acknowledged needed to be addressed. An action plan has been developed to do this which we will share with the complainant and the Ombudsman.

More information about our complaints service can be found in our annual Complaints report which is available on our internet (www.hrch.nhs.uk)

Actions we have implemented as a result of patient feedback through complaints include:

- Following feedback about the booking process for the podiatry service, patient appointment cards have been reviewed and amended to clarify the appointment booking process and to ensure that patients are aware of the different ways they can contact the team.
- Following feedback from a patient's family, we recognised that it would have been helpful for our Integrated Community Response Service (ICRS) to have been involved in the discharge planning from hospital. We have raised this with the hospitals discharge coordinator so that they can consider a referral to this team at an early stage as part of discharge planning.
- Following feedback from patients the triage process at the Walk-in Centre has been reviewed and a dedicated area for triage has been created away from the reception area.
- Following feedback, our radiology team has reviewed the process for X-ray referral for injuries over two weeks old with advice from the radiology team at West Middlesex University Hospital who support our X-ray service.

- **Compliments**

We know that the vast majority of our patients appreciate the kindness, care and expertise of our staff because they tell us. We record and report all compliments so that we are equally open about what we are doing well.

In 2016/17 we received 419 formal compliments compared to 330 in 201/16.

The numbers represent compliments which are sent to the patient experience team and are usually in a written form and do not capture the many lovely expressions of thanks that our staff receive on a regular basis from their patients.

We are always grateful that patients and their families take the time to tell us how much they appreciate our care as it is very important to us that the care we provide is that which we would want our families to receive.

The 'word cloud' below is a pictorial presentation which shows the prominence of words used most frequently in compliments received across the trust during 2016/17:

• Patient stories

In 2016/17, 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. If the patient is unable to attend, the service can present their story using video or audio recording. 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.

The following examples are the stories heard in 2016/17:

- A carer shared her experience of the service that her 91 year old mother received from our district nurse and continence service.
- A film was shown of carers and people living with dementia who talked about their experiences, the challenges of managing life with dementia, and receiving and providing services.
- The Parkinson's nurse described a patient's journey through the service using a case study and reported the impact the service had on the patient.
- Our Family Nurse Partnership service presented a case study video demonstrating the positive outcomes achieved for a vulnerable young mother and her baby.
- A patient with a leg ulcer who was receiving care from the Tissue Viability service described their experiences and treatments they had been receiving.
- The parents of a patient described their son's experiences of a variety of organisations involved in his care and the complexities of his treatment as part of his and their daily life.

Our staff

We strive to enable and support every single member of staff to provide the best quality patient care possible. We are proud of our staff, our high levels of staff engagement and their satisfaction with the high quality care they provide.

In December 2016, over 700 of our staff took part in the annual NHS staff survey which asks several questions about their contribution to patient care. The results show the high quality care and treatment that staff are providing and gives a useful comparison with other similar community trusts:

- A significantly higher number of our staff feel they are able to deliver the quality of care they aspire to in comparison to other community trusts (75% compared to 65% nationally).
- Our staff are significantly more satisfied with the quality of care they give to patients/ service users compared to other community trusts (88% compared to 81% nationally).
- A higher proportion of our staff feel that they make a difference to patients compared to other community trusts (94% compared to 90% nationally).
- Our staff would also recommend HRCH as a place to receive care or treatment, and this is monitored on a regular basis. As of March 2017, 84.5% of staff would recommend HRCH to friends or family if they required care or treatment.

We also collect and report information from our staff about their experience of harassment, bullying or abuse from colleagues over the last 12 months and the provision of equal opportunities for career progression or promotion.

The table below shows that whilst we are very similar to other community trusts, we are working with NHS Employers to learn from good practice from other organisations on how they have successfully tackled these issues and we are analysing our staff feedback to further understand the issues and to co-create tailored action plans with staff.

		HRCH 2016	2016 - average for community trusts	HRCH 2015
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	17%	18%	16%
	BME (black and minority ethnic)	25%	24%	26%
% of staff believing that HRCH provides equal opportunities for career progression or promotion	White	90%	90%	91%
	BME	78%	79%	79%

Whistleblowing (speaking up safely)

Following the public inquiry into the care provided by Mid-Staffordshire NHS Foundation Trust, Sir Robert Francis QC was asked to produce a report into the culture of raising concerns within the NHS. A key recommendation from this report, published in February 2015, was the introduction of Freedom to Speak Up (FTSU) 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 FTSU Guardian in August 2015 – who provides 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 only the number of contacts, the 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 FTSU Guardian has been involved in helping to establish the role nationally. We are regularly approached to share our processes and our learning, which we are always happy to do. 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.

In October 2016, Dr.Henrietta Hughes was appointed as the National Guardian. Dr.Hughes addressed the National Social Policy Forum wider group at the Department of Health in Whitehall, shortly after her appointment. Our guardian was asked to also speak at this meeting to provide an insight into the day-to-day activities of a local FTSU Guardian.

Dr.Henrietta Hughes also visited HRCH in February 2017 to meet our chief executive and members of frontline staff and was very impressed with our approach.

The first National Freedom to Speak Up Guardian's Conference was held in March 2017. This event was the first opportunity for all local guardians to meet and share their experience. Our local guardian led an interactive workshop exploring how best the effectiveness of the local guardian role can be measured.

Contacts with the FTSU 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 2016/17:

	Quarter 1 April-June 2016	Quarter 2 July to Sept 2016	Quarter 3 Oct to Dec 2016	Quarter 4 Jan to March 2017
Total number of contacts	6	9	5	3
Contacts which have progressed to a formal human resources and/or whistleblowing investigation	0	1	2	0
Percentage of all issues raised which were patient safety concerns	83%	44%	0%	67%
Percentage of all issues raised which were grievances	17%	56%	100%	33%

Themes of concerns raised:

- Implementation of financial savings plans
- 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 behaviour

We have developed performance indicators and report on those every quarter to our quality and safety committee. The most important thing, however, 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 data available to it on the quality of care in all of these NHS services, and we produce a wide range of reports for both internal and external monitoring and performance management. There are well-established processes and timetables for the routine delivery of monitoring and performance reporting. Where targets are not met, exception reports are produced explaining the reasons for this, actions to rectify the situation and an estimate of when performance will be back within target. All reports are then monitored and discussed at regular monthly meetings to identify root causes 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 indicators do not meet targets, with clear accountability for delivery of action plans within agreed timetables.

Further information about all of our services can be found on HRCH's website: www.hrch.nhs.uk

Equality and diversity

The trust remains strongly committed to providing personal, fair and culturally appropriate services to the diverse communities we serve and the staff we employ and develop because:

- It aligns with our aims to be the local community healthcare provider and local employer of choice
- By doing so and evidencing progress, we meet our statutory equality obligations
- Above all, it is the right thing to do from a moral perspective to advance fairness for all and to eliminate discrimination.

Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and staff no matter what their background or orientation. Activities to achieve this during 2016/17 include:

- As part of Diabetes Week, the trust's specialist diabetes team organised a series of events to raise awareness of this life-long condition, which affects 4 million people in the UK and a significant number of local residents.
- In collaboration with the London Borough of Hounslow, we held a learning disability health fair event, designed for people with autism or learning disabilities and their families/carers - with a wide variety of activities and advice and support for local people on how to access local services.
- Ensured clearer health and care information is available for disabled people and their carers by implementing the requirements of the Accessible Information Standard which came into force on 31 July 2016.
- Launching One You Hounslow, a new online health and wellbeing programme to help people lose weight, eat well, be more active and stop smoking.
- Worked with local schools and colleges to promote careers and work experience in the NHS, including apprenticeships.
- In partnership with local organisations, ensured information was readily available for the parents and families of children with a hearing impairment.
- With NHS partners, we launched The Wheelchair Hub - a new, integrated, high quality service for local people in Hounslow to provide a single, streamlined service for all aspects of wheelchair care: wheelchair and posture assessment, equipment and review, repairs and maintenance and a new sleep system service.
- Held focus groups following the NHS staff survey outcome to address findings on bullying and harassment from patients, carers and colleagues.
- Helped to improve the health and wellbeing of staff through the introduction of a range of mindfulness and physical activities.
- Developed a more diverse trust board membership who have had training on unconscious bias and participated in a national initiative to promote diversity in non-executive directors.

Our 2017/18 equality and diversity action plan will be reviewed and updated following the publication of our statutory annual report and our Workforce Race Equality Standard (WRES) outcome which are due in July 2017. However we know that our areas for focus in 2017/18 will include:

- Work to improve how we collect information on more than age, race and sex to ensure our services are fully accessible. This will look at collecting patient information, with patients' consent, relating to disability, gender reassignment, marriage or civil partnership status, pregnancy or maternity status, religion of belief and sexual orientation
- Through our patient and public engagement strategy ensure we are truly inclusive and go out to our community, including communities who may have faced barriers in accessing our services, to ensure all of the population we serve has a say in the co-design of our services.

Clinical audit

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

During 2016/17, HRCH participated in all of the national clinical audits that we were eligible for; these are listed in the table below.

National Clinical Audit	Participation	Submitted cases or reason for non-participation
Sentinel stroke national audit programme (SSNAP)	Yes ✔	Data is submitted quarterly but the number of patients submitted doesn't match with the actual caseload of the Community Neuro Rehabilitation Team and the Community Recovery Service due to the different recording parameters the audit uses. This is a known and on-going issue which has also been relayed to SSNAP.
National Chronic Obstructive Pulmonary Disease (COPD) audit programme	Yes ✔	Some patient data has been uploaded onto the website. The deadline for uploading is 31 July 2017. Total number of patients that have consented will be between 20-23.

We applied for, however were not selected to take part in, the pilot study of the National Dementia Audit. This was a national pilot and we will be notified if we are required to take part in the main study.

For 2017/18 we have registered and will also be taking part in the national audits below alongside the ones above:

- Parkinson's UK audit.
- National immediate care audit.
- National audit of inpatient falls.

We have continued to develop our trust-wide clinical audit programme which links in with our key work streams and provides evidence for regulators.

We carried out 76 local clinical audits in our services from April 2016 - March 2017 and many of these have led to improvements in care and learning which can be applied across the trust. This is an increase on last year when we carried out 53 local clinical audits.

The completion and implementation of actions are monitored by the learning and compliance committee where common themes are identified and shared across all services. The ways in which this is done are:

- Example audits are available on the trust's audit intranet page.
- Learning from certain audits can be found in the Learn and Share newsletter and again on the clinical audit intranet page. This is to facilitate learning across the trust and to allow services to develop ideas from one another.

The table below provides a summary of actions from a selection of local clinical audits for 2016/17.

Title of local clinical audit	Actions taken to improve quality of healthcare provided
Falls: Preventing falls in older people living in the community	1. Improved general falls awareness in Richmond Response and Rehabilitation Team (RRRT) through providing team training on multifactorial falls assessment and intervention. 2. Multifactorial falls training will now include how to encourage patient's participation in more evidence based exercises. 3. Clarified the referral pathway into the falls and bone health service. 4. Implemented a new RRRT assessment, including the falls assessment, physical assessment and environmental assessment.
Risk assessment documentation audit	Design an appropriate and easy to use risk assessment form for clinicians to use and implement its use within the service.
An audit of the delirium awareness training	1. For the delirium training to be rolled out to more staff across the trust. 2. For training to include adding in sections on management, current treatment, physiology and risk strategies for delirium.
School age flu immunisations	1. Share better information on the flu vaccine next year and use 'parent mail' (school led email distribution). 2. Review a new plan to gain consent electronically
Malnutrition universal screen tool (MUST): Are we meeting standards in nutritional care?	1. Further training on correct action if the MUST score was +1. 2. Further training on all patients having an eating and drinking care plan in place if MUST +1 or above.
Did not attend (DNA) audit	1. All new patients must be sent an appointment letter as well as the telephone booking. 2. Re-implement courtesy call process: All non-confirmed patients need a courtesy call a few days before the appointment. 3. The reason for DNA for children should be checked with parents where possible.
Audit of case notes to monitor the quality of end of life care	1. Review training and development relating to advance care planning, difficult conversations, giving emotional support and recording keeping. 2. Work with IT to ensure the end of life information and care plans are on SystmOne (our electronic care record) and are easy to access and use. Develop a flag process on SystmOne to clearly identify end of life care patients. 3. Develop the advance care plan and consider piloting 'Coordinate My Care' to assess the impact on shared communication at end of life.

Participation in clinical research

We did not recruit any patients during 2016/17 to participate in research approved by a research ethics committee.

Applications for research governance were received during 2016/17 which did not require ethics approval. Local approval was granted and the studies are underway. Learning has been shared and actions implemented appropriately.

We continue to encourage and support our staff to participate in clinical research. The trust is a member of the South West London Sector Research Governance Consortium.

Use of CQUIN payment framework

A proportion of our income in 2016/17 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).

At the time of writing, we have not yet received feedback from our commissioners. Our end of year position was submitted to our commissioners at the end of April 2017 and they are currently reviewing this against the measures and milestones we agreed.

The data below is reported up to quarter 3.

Goal	Commissioner	Achievement	Status
Staff health and wellbeing • Introduction of staff health and wellbeing initiatives. • Improving the uptake of flu vaccinations for frontline clinical staff.	NHS Hounslow CCG NHS Richmond CCG	Partially met	**Awaiting feedback from commissioners- still under discussions with CCG to agree % achieved**
Learning disabilities Increased signposting of annual health checks for people with a learning disability.		Fully met	**Green**
Learning disabilities Increased identification of a care co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition.	NHS Hounslow CCG	Fully met	**Green**
Health equality framework Outcome measurement for services to people with a learning disability.	NHS Hounslow CCG	Fully met	**Green**
Digital NW London information technology and information governance strategy: • Sharing of integrated care plans. • Improved communication method for GP follow ups to trust clinical services. • Diagnostic cloud. • Electronic clinical correspondence – improvement & enhancement. • NW London data quality.	NHS Hounslow CCG	Fully met	**Green**
Integrated health & social care Support to Personal Care Framework providers by providing training and expertise	NHS Hounslow CCG	Partially met	**Amber – awaiting feedback**
Support to outcomes based commissioning programme	NHS Richmond CCG	Partially met	**Awaiting feedback from commissioners- still under discussions with CCG to agree % achieved**
Paediatric asthma Reduction in A&E attendances for children and young people with a diagnosis of asthma	NHS Richmond CCG	Fully met	**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.

We have worked with our commissioners to agree our CQUIN schemes and goals for 2017/18; these are below. At the time of writing 2017/18 CQUIN schemes have yet to be agreed.

Goal	Commissioner
Staff health and wellbeing • Introduction of staff health and wellbeing initiatives • Improving the uptake of flu vaccinations for frontline clinical staff	NHS Hounslow CCG NHS Richmond CCG
Sustainability and transformation plan Engagement	NHS Hounslow CCG NHS Richmond CCG
Proactive and safe discharge	NHS Richmond CCG
Wound care	NHS Richmond CCG
Physical health for people with severe mental illness	To be confirmed
Preventing ill health by risky behaviours – alcohol and tobacco	To be confirmed
Personalised care/support planning	NHS Richmond CCG

Registration with the Care Quality Commission

HRCH is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without conditions'.

The trust received a comprehensive, announced inspection of all of its services in March 2016. The trust's community inpatient services were re-inspected in January and February 2017.

We also participated in a joint targeted area inspection of the multi-agency response to abuse and neglect in Hounslow which was undertaken by Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMIP) in March 2017. This inspection included a 'deep dive' focus on the response to children living with domestic abuse. The final report has not been received; however we welcome any learning that the inspection identifies and are fully engaged in the debate about what 'good practice' looks like in relation to children living with domestic abuse.

Our CQC inspection

In March 2016 we welcomed the CQC for a three day announced, comprehensive inspection of our services.

The final report was published on 6 September 2016 and we participated in a quality summit on 12 September 2016. This was a meeting with the CQC, the trust and key partners in the local health and social care system to discuss the findings of the inspection. The CQC presented their findings to the stakeholders present.

The trust was rated as 'requires improvement' overall; the ratings matrix is below:

CareQuality Commission

Last rated
6 September 2016

Hounslow and Richmond Community Healthcare NHS Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health inpatient services	Inadequate	Requires improvement	Inadequate	Requires improvement	Requires improvement	Inadequate
Community health services for adults	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Urgent care services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good

The CQC judged that the trust was not meeting three regulations:

- Regulation 10 HSCA (RA) Regulations 2014, Regulation 10 (2), (a), (b) - Dignity and respect
- Regulation 17 HSCA (RA) Regulation 17 (1)(a)(2)(b)(c) Regulations 2014 - Good governance
- Regulation 18 HSCA (RA) Regulation 18 (1), (2) (a) Regulations 2014 - Staffing

We took immediate action to address these issues and sent the CQC a written report of the actions we had taken in October 2016.

We were disappointed that we did not receive a 'good' rating overall - although we received positive feedback about the quality of services provided. Three areas gave rise to concern of varying degrees and these affected the overall score for the trust.

The areas of concern related to:

1. The model of care and strategy for inpatient services at Teddington Memorial Hospital which meant that the service was not always as safe, caring or effective as it should be.
2. Vacancy rates and the impact of this on permanent staff and on service delivery.
3. Access to urgent care services, the suitability of the environment in the Urgent Care Centre, and applying the learning from incidents in a timely manner.

Teddington Memorial Hospital inpatient unit

We were very concerned at the findings about our inpatient services and put in place a transformational project to turn this around in a six month period.

The unit is now a clinician-led rehabilitation unit, with strengthened admission criteria so that we know our staff have the skills and competencies to deliver the right care to the right patients. Through closing one (of two) wards we now have a zero vacancy rate and use very few agency staff. Having strengthened the admission criteria and improved discharge planning - we now treat and care for as many patients as we did when both wards were open.

Our staff have been fully engaged and enthusiastic about the transformation of the inpatient unit; they have developed their leadership skills and have been a key part of how we have successfully addressed the findings of the CQC.

Vacancy rates

We know that high vacancy rates can impact on service delivery. This was a particular problem in the inpatient unit at TMH and so we had alerted the CQC to the recruitment issues across the trust prior to the inspection. Their finding was therefore not a surprise. We recognise that we are in a similar position to many NHS providers in that we have high vacancy rates in some services. We challenged ourselves to significantly reduce these vacancy rates, however, and whilst we have not completely resolved this - we have made a significant difference and will continue to do so during 2017/18.

We implemented a faster online recruitment system which has significantly reduced the time to hire. We also promoted recruitment and retention strategies to welcome new staff - but also to show our current staff how much they are valued.

The trust's overall vacancy rate was 21.26% at the end of February 2016 (the time of the CQC inspection), which has been reduced to 13% by the end of the 2016/17 financial year.

Urgent care services

The Hounslow Urgent Care Centre (UCC), which is based at the front of West Middlesex University Hospital, has undergone a renovation. There is now a pleasant and welcoming child and family waiting area on site. However, whilst the reception and triage areas have been re-designed to improve access, there are still issues with privacy and confidentiality in the triage areas which need to be addressed. The team have been encouraged to use the online incident reporting system and all incidents are discussed at the clinical governance group to ensure opportunities to learn are maximised. We also took action straight away to make sure that any outstanding serious incident investigations were completed so that actions and learning could be implemented.

Our commissioners have visited the UCC and have been pleased with the progress we have made.

We welcomed the many positives that the CQC highlighted. These included:

- Our core staff values were demonstrated by the majority of the staff most of the time. Staff were courteous and professional, communicating with service users in a polite and caring way and providing emotional support to patients and to relatives.
- Staff were able to talk about and apply the Duty of Candour, being open and honest when things go wrong.
- The majority of locations visited were clean and tidy and staff complied with infection prevention and control processes.
- Comprehensive processes and training for safeguarding vulnerable adults and children were evident.
- There was effective internal and external multidisciplinary working. This was facilitated by co-location of services and partnership working with other service providers.
- Staff generally felt supported by their immediate managers and told the CQC the trust is a good place to work.

The CQC findings were an important step in the development of our quality improvement programme. We always recognised this was a journey (our Journey to Outstanding) and this plan will continue throughout 2017/18 where we will ensure we deliver our strategic quality goals for 2017/18.

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 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.

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.'

The CQC reported:

- 'We spoke with patients and visitors and all the feedback we received was positive. All patients we spoke with were complimentary about their care and treatment and of the kindness of staff.'
- 'Rehabilitation patients achieved good outcomes; 97% improving their functional scores by the time of discharge.'
- 'The inpatient unit environment was visibly clean and was quiet and calm.'
- 'There was resuscitation equipment on the inpatient unit which had not been readily available on the previous inspection, and staff were confident in how to use it.'

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 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 will remain as 'requires improvement' despite an increase in the number of 'good' ratings and the improvement of two previously 'inadequate' ratings to 'good'.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Children's service	Good	Good	Good	Good	Good	Good
Adult services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Inpatient services	Good	Good	Good	Good	Good	Good
Urgent care services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of Life care services	Good	Requires improvement	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Data quality

Following the implementation of a new electronic patient information system in September 2015, HRCH developed a suite of data quality monitoring reports and a set of standardised guides to support our data quality management.

To gain an objective baseline for data quality monitoring the trust took the decision to have an independent data quality (DQ) audit to measure the current level of adherence to our record keeping and process guidelines. A follow up audit was conducted a year later in August 2016 to establish if the internally agreed DQ policy and adherence to our standard operating procedures (SOPs) had been maintained - resulting in an improvement in data quality.

The HRCH clinical services' data quality was assessed and whilst there were significant improvements in most areas, improvements were still required in:

- The use of abbreviations in clinical notes
- The recording of dates and/or actions in the following areas:
  - receipt of referral letters
  - triage of referral
  - appointment letters sent to patient
  - carer and/or next of kin details
  - evidence of care delivered
  - patient's consent to being assessed and treated and/or for record sharing

The areas listed above as requiring improvement will form the focus of additional training and targeted actions for 2017/18.

As the NHS focuses on digital initiatives HRCH continues to develop electronic solutions whilst remaining mindful of the importance of associated data quality. At the pan-London level, HRCH is working with NHS England on the local implementation of the eRedbook, the digital equivalent to Personal Child Health Record (commonly known as the red book), smartphone applications and website developments, to ensure parents have access to and control of their information.

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. NHS Digital was formerly known as Health and Social Care Information Centre (HSCIC).

We submitted a fully compliant level 2 IG Toolkit on 30 March 2017. Our overall compliance score for this annual submission was 66% (green rated). 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 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.
- Proactively supporting our staff to complete their information governance e-learning: 95% of staff completed this training by 30 March 2017.

Cyber security

We have self-assessed the trust to be compliant with the government's '10 steps to cyber security'. We have also completed the first phase of attaining the Cyber Essentials certification for the trust and will complete the second phase of a total of three this year. This certification is a government backed scheme to provide assurance of an organisations cyber security readiness and security level.

In 2017/18 we will face challenges with regards to the ever changing requirements in IG compliance, especially:

- the new online IG training tool website.
- implementation for the European "General Data Protection Regulations –GDPR".
- increased cyber security threats.

We are clear about what needs to be done during 2017/18 to continue to demonstrate compliance and submit a compliant IG Toolkit in March 2018.

Part 3
Our quality priorities 2017-18

In determining the areas the trust should focus on for our quality priorities in 2017/18, we sought the views of our patients, carers, staff and stakeholders in a number of ways during January and February 2017. Suggested quality priorities were put forward based upon our progress against the 2016/17 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 trust's patient and public involvement committee in January 2017.
- Online consultation on the HRCH website, which was promoted through the network of contacts held by the patient experience manager. This included both 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.

We also considered the outcome of our March 2016 Care Quality Commission inspection and used the CQC's findings to help shape our priorities for the coming year. As part of our preparation for our inspection visit in early March 2016, we undertook a review of all of our services - based on CQC's fundamental standards during 2015/16. Any areas for development which we identified through this process were also included in our thinking.

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 2017/18. We chose 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 to deliver better outcomes and an improved experience for our patients.

They will support delivery of our strategic goals focused on quality.

The quality priorities we have chosen for 2017/18:

Improve patient safety:

Early detection of the deteriorating patient

- Implementation of early warning scores across Trust services

Improve clinical effectiveness:

Referrals management

- Improve the quality, timeliness and safety of internal and external referrals

Improve patient experience:

Patient engagement and involvement

- Introduce Always Events in priority clinical areas

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 2017-18 does not mean that we will not continue to deliver the standards we planned to achieve for the priorities in 2016-17. These will be included in the performance scorecard and monitored as part of business as usual.

Priorities for improvement 2017-18

Priority 1
Improving patient safety
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.

We reviewed the areas where we think we can improve on early detection of deteriorating patients and agreed that we will:

- Ensure there are systems and processes in place to enable staff to use the *national early warning score* (NEWS) and paediatric early warning score (PEWS).
- We will ensure all staff have the skills to detect when a patient's condition is worsening through training, clinical supervision and sharing learning from relevant incidents.
- Use audit to demonstrate that all relevant services use the NEWS/PEWS system effectively and in a way which is appropriate for the type of service being provided.

We know through local audit, that we have implemented the NEWS system on the inpatient rehabilitation unit at Teddington Memorial Hospital. We have worked hard to ensure staff understand the NEWS system and use it effectively. In the final quarter of 2016/17 we carried out twice daily monitoring to assure ourselves that the system was working well for our patients. We are delighted that the system is working well on the inpatient unit but recognise we need to expand the use of the NEWS system to other services. We will use our learning from the implementation of the NEWS in the inpatient unit to help us to do this in other services.

Our aim

To implement the NICE guidance for the national 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 will report to our board

Measures we will report to our board	Position as of 31 March 2017	Target for 31 March 2018
Progress against implementation plan to be developed	Q1 Implementation plan to be developed	Q4 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
The number of serious incidents relating to poor detection of deterioration	4	A reduction of 50% (2 serious incidents)
Audit showing compliance with NEWS	Inpatient unit 100% (March 2017) Q1 audit to agree baseline for other services	Inpatient unit 100% to be maintained Tbc once baseline data received

Priority 2

Improving clinical effectiveness

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

As a community trust we receive a large number of referrals. These come via many different routes including from GPs, hospitals, care homes, other health providers. Due to the complexity of the organisation and the number of different referral routes from both within the community services and from outside of it, we have decided we will focus on referrals relating to our community nursing service and to our rapid response services (Integrated Community Recovery Service (Hounslow), and the Richmond Response and Rehabilitation Team (Richmond). It is essential we ensure services are able to respond effectively to referrals by ensuring they are:

- Of a high quality with relevant and up to date personal and clinical information
- Timely, in that a referral must be sent without delay
- Safe, in that the referral information and the response must ensure patients are safely cared for
- Ensure the patient has a good experience of integrated services

We provide care to approximately 515,000 patients each year and most of them will have had a formal referral to our services. In most cases we believe we get it right for patients and provide the timely and robust information needed for a safe referral. However, we know from our incident reporting system that sometimes we do not have all the information we need to respond to a patient's needs in a timely way or to ensure that the healthcare professional with the right skills visits that patient. This might mean for instance that a district nurse visits a patient expecting to treat a surgical wound but finds the patient also has a pressure ulcer or that a patient has been discharged without any pain relief.

In this coming year we also want to highlight areas for improving our processes to ensure our patients receive care by the right person, with the right skills at the right time and that transfers between services are well-coordinated and result in a safe and effective experience.

Our focus for this work will be the teams outlined above - although we recognise that improvements in systems and processes will be easily transferable to other services. We will specifically look at:

Where incomplete referrals come from

- How and what information we need to be conveyed to the community nursing service
- The quality of the information conveyed
- Identifying areas where we can improve our referrals to internal and external services

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 will report to our board

Measures we will report to our board	Position as of 31 March 2017	Target for 31 March 2018
The number of drug and medication incidents which are not attributable to this trust.	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)
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 the % of all referrals which required additional information – GPs 18% hospitals 30% (Sample size 353 referrals)	A reduction of 25% in the number of referrals which require additional information. (GPs 13%) (hospitals 22%)
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	% improvement to be agreed

* Clinicians from community nursing services and our rapid response services (Community Recovery Service (Hounslow), and Richmond Response and Rehabilitation Team (Richmond).

Priority 3

Improving patient experience

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 this coming year we are introducing 'always events' for priority clinical areas.

The NHS Constitution (July 2015) is clear that we should support people to promote and manage their own health and that our services must reflect, and should be coordinated around and tailored to, the needs and preferences of our patients, their families and their carers. We consider the introduction of 'always events' will support our ambition to do this and will be advantageous in supporting the cultural differences in our local population.

An always event is a statement of a clear, action-oriented practice or set of behaviours which:

- Ensure the best possible patient experience
- Improves outcomes
- Demonstrates an ongoing commitment to person-centred care.
- Meets patient's individual needs and understand what matters to them.

An always event is determined from talking to a range of patients, their families and carers to understand what matters to them in the care they receive. Always events represent a set of behaviours and care provision that patients can expect to see every time they are cared for by our staff.

An always event must meet four essential criteria:

- It is identified by patients and their families as being important to them
- There is evidence that shows the set of behaviours and practices will contribute to high quality care
- It is measurable so we can demonstrate we are providing high quality care
- It improves patient experience through improved relationships with care staff and improved care processes

We know that our staff provide clinical expertise and knowledge about care and treatment, whilst patients are the experts in their condition and have knowledge of their personal preferences. We believe that by understanding what matters to patients and their families and using their expertise in their condition we can improve the experience of care.

Our aim

To improve patients experience and care with the introduction of always rvents in the following clinical areas:

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

Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2017	Target for 31 March 2018
Progress against implementation plan	Q1 Development of implementation plan	Q4 Full implementation of plan
The number of services who have gone through consultation and have designed an always event	0	4
The percentage of patients who report in surveys that they receive care in a way which is right for them	89% (March 2017)	95%

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.

Priority for improvement	Responsible director	Implementation committee
Full implementation of early warning scores (NEWS) across the trust	Donna Lamb, Director of nursing and non-medical professionals	Quality and safety committee
Improve the quality, timeliness and safety of internal and external referrals	Anne Stratton and Stephen Hall, Clinical services directors	Quality and safety committee
Introduce always events in priority clinical areas	Donna Lamb, Director of nursing and non-medical professionals	Quality and safety committee

How will we report progress throughout the year to the trust board and to the public

Progress in all three quality priorities will be monitored by our trust board through the quality governance committee.

We have agreed a board-level sponsor for each priority and the same at service level. These quality priorities will be reported quarterly through the board performance report which is available on our website within trust board papers for staff and the public to view.

Our commissioners will also receive reports as part of our contracts with them.

Additional quality indicators chosen for 2017/18

In addition to the three quality priorities we will also deliver the quality improvements outlined in our contracts and in our Commissioning for Quality and Innovation Schemes (CQUINS).Further information about our CQUINs is on page 41.

We will also identify additional quality indicators which we will monitor monthly through our board performance report as the year progresses. These will align with local, regional and national targets and focus on learning and implementing change.

Targets will be agreed for each indicator; progress will be reported to the board in the monthly scorecard. We will ask our staff to explain, using exception reports, if targets are not on track to be met so that we can make sure they have the appropriate support to work through any barriers to achieving success.

Statements from Healthwatch, Overview and Scrutiny Committees and Commissioners

We would like to thank those who have reviewed and provided comments on our 2016/17 quality accounts.

We have considered all of the comments received; the majority of comments will have been responded to within the account as part of its development. There are additional comments which will be helpful as we seek to continually improve the quality of our services.

NHS
Hounslow
Clinical Commissioning Group

Hounslow Civic Centre
Lampton Road
Hounslow
TW3 4DN.

Wednesday 14th June 2017

NHS Hounslow Clinical Commissioning Group statement for Hounslow & Richmond Community Healthcare Quality Account for the year 2016-17

NHS Hounslow Clinical Commissioning Group (CCG) has reviewed a draft version of the Hounslow & Richmond Community Healthcare Quality Account (QA) for 2016-17. 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 2017-18 are fully supported by Hounslow CCG.

The Trust is to be commended for:

- Achieving a "good" rating for inpatient services provided at the Teddington Memorial Hospital. We recognise the hard work of staff in response to the Care Quality Commission report, delivering the transformation of the inpatient unit, addressing high vacancy rates across the Trust and improving low levels of incident reporting at the Hounslow Urgent Care Centre. We hope that this positive experience will support future work on the Trust's 'Journey to Outstanding' to improve the quality of community services commissioned by Hounslow CCG.

- Demonstrating commitment to whole systems working via engagement with North West London wide work on pressure ulcers and providing training to carers to help manage risk in the community. Though the Trust failed to meet the challenging target of zero avoidable grade 4 pressure ulcers successful implementation of the SSKIN care bundle and delivery of the work program has led to an overall reduction in avoidable ulcers and it is hoped that as work continues in partnership with acute hospitals and the wider care system this target will be achieved in due course.

- The Trust has fully engaged with its Duty of Candour responsibilities by implementing Being Open meetings and ensuring that patients who have been harmed or those acting on their behalf are notified promptly and an apology, explanation and support are provided. The CCG would like to know more about the impact of these meetings on both staff and patients and how this experience and learning is shared across the organisation.

The CCG has identified the following areas where it would like to see a focus during 2017-18:

- We would like to see continuing evidence of an open safety culture in the Trust and require further assurance that all reported incidents are investigated and learning shared throughout the organisation and with commissioners to promote quality improvement and patient safety.

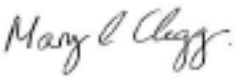
- Continued integration of community teams within GP localities working in partnership with patients to co-ordinate care across multiple providers allowing those with complex needs to

NHS
Hounslow
Clinical Commissioning Group

be treated effectively in the community. We encourage the Trust to use patient activation tools to promote self care and empower patients to make decisions regarding their own health and wellbeing.

Hounslow CCG welcomes the opportunity to work with the Trust, stakeholders and patients to attain the agreed service improvements to achieve high quality services that meet identified population requirements.

Dr Nicola Burbidge
Chair



Mary Clegg
Managing Director

NHS
Richmond
Clinical Commissioning Group

NHS Richmond Clinical Commissioning Group statement for Hounslow and Richmond Community Healthcare quality account 2016-17

Richmond Clinical Commissioning Group's Quality and Safety Committee has reviewed the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) quality account for 2016-17 and believes it to be a balanced and open, demonstrating compliance with national guidance and evidencing good internal governance. HRCH have identified their quality priorities [2017-18] through external and internal consultation and the outcome of the CQC inspection. The CCG supports the quality priorities set and looks forward to seeing innovative practice with the implementation of the NEWS (national early warning score) and PEWS (Paediatric Early Warning Score) in the relevant clinical areas which will continue to improve health outcomes for the Richmond population

Quality improvements 2016-17

The theme of learning and sharing learning is evident throughout the Quality account, demonstrated in the achievements against the quality priorities.

Patient safety; All staff clinical and non-clinical are trained in falls prevention and all falls are investigated to ascertain whether they were preventable. The trust has held regular forums for non-medical prescribers to support enhanced prescribing knowledge and skills. There have been no medication incidents resulting in harm. HRCH Tissue Viability lead nurses are delivering training to carers so that they are able to recognise the early warning signs of pressure damage and escalate to HRCH staff. We commend HRCH for their commitment to 0% tolerance to grade 4 pressure ulcers while recognising the challenge this presents. In 2017-18 HRCH undertaking full root cause analysis on all grade 3 & 4 pressure ulcers and will implement the themed learning across all services to make sure that learning is embedded.

HRCH did not meet the targets in End of Life Care for training or documentation of preferred place of death or patient's discussing their diagnosis and prognosis. HRCH have committed to continue to focus on training in 2017-18. The CCG will support HRCH to look at the difficulties in documentation for patients at the end of life, in particular discussing diagnosis and prognosis. It is recognised that this may in part be due to the patient's capacity to be involved. The trust identified that end of life care involved many organisations and have led partnership working, undertaking

workshops to identify common themes and issues.

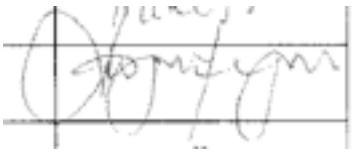
HRCH are using a range of ways to encourage feedback on patient's experiences which has contributed to an increase in the services actively engaging with patients. While they did not achieve the target set regarding care planning, there is recognition that the language used and the need for clarity and consistency when talking to patients may be a factor. The overall number of people who told HRCH about their experiences has improved by 17%, with 97% of patients reporting that they were treated with dignity and respect.

HRCH have continued to have good oversight and scrutiny of incidents. They are proactive in taking the opportunity to learn when things go wrong, utilising a broad range of resources; of note is the reflective learning panels and the "Learn and Share" newsletter. Richmond CCG continues to have regular reviews of serious incidents with HRCH. There is demonstrable improvement in the understanding and knowledge around review of serious incidents and writing of the analysis. HRCH have embedded Duty of Candour during this year as planned and has a robust system in place. All staff were provided with training and how to apply the duty of candour in daily practice. It is worthy of note that HRCH were rated 35 out of 230 NHS trust in the learning from mistakes league, achieving a good.

Richmond CCG welcomed the excellent staff survey response rates and recognises the leading role HRCH are taking in the speaking up safely agenda and supports their plans to continue to engage and respond to staff concerns.

HRCH's CQC inspection report published in September 2016 identified and found an area of outstanding practice in the Rapid Response and Rehabilitation team. The CQC did find that Teddington Memorial Hospital inpatient unit required improvement, HRCH put in place a transformational project for turnaround in a six month period. The re-inspection report in April showed that the service was rated Good. The CQC were impressed by the significant improvements the trust had made. Richmond CCG recognises the hard work by all staff to gain these ratings.

In 2017-18 Richmond CCG will continue to support HRCH's "Journey to Outstanding"



Fergus Keegan

Director of Quality
NHS Richmond CCG

London Borough of Hounslow

Cllr Lily Bath
Chair Health and Adults Care Scrutiny Panel
London Borough of Hounslow
The Civic Centre
Lampton Road
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TW3 4DN

Donna Lamb
Director of Nursing and Non-Medical Professionals
Hounslow & Richmond Community Healthcare NHS Trust
Thames House,180 High Street
Teddington
TW11 8HU

Your contact: Councillor Lily Bath
Mobile: 07905 387818
E-Mail: Lily.Bath@hounslow.gov.uk

DATE 26th June 2017

Dear Ms Lamb

NHS Trust Quality Account 2016/17

On behalf of the London Borough of Hounslow Health and Adults Care Scrutiny Panel, please find below our response statement for inclusion in the HRHC Quality Account 2016/17 final report.

LONDON BOROUGH OF HOUNSLOW HEALTH AND ADULTS CARE SCRUTINY PANEL RESPONSE

The London Borough of Hounslow Health and Adults Care Scrutiny Panel welcomes the opportunity to provide a response to the Hounslow & Richmond Community Healthcare NHS Trust Quality Account 2016/17 which seeks to provide a report on progress made and identifies the future priorities.

Overall, the Scrutiny Panel welcome the priorities for 2017/19 as these accord with the London Borough of Hounslow 2014 -19 corporate priority of building active and healthy communities by promoting lifestyles that improve people's wellbeing with less need for health and social care.[1]

The length and detail of the Quality Account draft report 2016/17, inclusive of explanatory graphics and tables is helpful, however a shorter key summary document would make it more accessible to the public and might enable greater feedback.

[1] London Borough of Hounslow, Our Promises to You, Corporate Plan, 2014-19, pg.12

The positive progress on targets for all three priorities for 2016/17 is commended. In particular the Scrutiny Panel would like to mention the HRHC's progress on its falls prevention work. This is in line with our 2014/19 corporate priority to reduce falls in people aged 65 and over.[2]

In respect to patient feedback cited in the Quality Account draft report 2016/17, the 26% increase in complaints regarding the HRHC compared to 2015/16 is to be noted.[3] However, we also acknowledge the good response rate to these complaints.

The Health and Adults Care Scrutiny Panel recognises with some concern the Care Quality Commission (CQC) March 2016 comprehensive inspection and the finding of '*Requires Improvement*'[4]. Notwithstanding, we do commend the work of the HRCH in the following six months to address these issues. We would recommend this work to address the CQC findings continues.

Finally, the Scrutiny Panel notes and encourages the equality and diversity activities during 2016/17 as cited in the draft report. The proposals to update the 2017/18 equality and diversity action plan in July 2017 and improve the collection of equality and diversity data is supported. We would recommend that consideration is given to how this information could be included in future HRCH Quality Account reports.

Yours sincerely

Councillor Lily Bath
Chair Health and Adults Care Scrutiny Panel

[2] Ibid.pg13
[3] Op cit.pg.22
[4] Op cit.pg.38

Richmond upon Thames' Quality Account sub-Committee response to Hounslow and Richmond Community Healthcare NHS Trust Quality Accounts

Monday 5 June 2017

Following on from the meeting held on Wednesday 24th May 2017, to discuss Hounslow and Richmond Community Healthcare NHS Trust Quality Account, we welcome the opportunity to provide additional input. The London Borough of Richmond upon Thames (hereinafter 'LBRuT') is committed to champion the interests of its residents by playing a full and a positive role in ensuring that the people living and working in LBRuT have access to the best possible healthcare and enjoy the best possible health.

Whilst we appreciate that the version provided is a draft and the final version is yet to be approved we have a number of points we wish to raise.

- We welcome that the Trust has learnt from patient experience, including capturing learning from complaints;
- The positive work that has been done by the Trust to address the issues highlighted in the March 2016 CQC inspection.

As well as these achievements we also noted:

- Whilst there was some progress achieved in areas of HRCH's End of Life Care strategy, several targets established under this priority were missed;
- That the target for a reduction of 50% of avoidable falls at Teddington Memorial Hospital was met along with a reduction of 50% in the number of avoidable grade 3 pressure ulcers;
- While the target of elimination of avoidable grade 4 pressure ulcers was not achieved we welcome the Trust's zero tolerance stance regarding avoidable pressure ulcers;
- That the Duty of Candour has been fully implemented in line with statutory requirements;

We wish to commend HRCH's work on areas identified for improvement following last year's CQC inspection including the many positives that the CQC highlighted. This is also reassuring given the high esteem that Teddington Memorial Hospital is held in by residents of London Borough of Richmond Upon Thames. Going forward for 2017/18 we'd welcome some more information on the potential role of the Trust in promoting health and wellbeing and how this links with the 'make every contact count' approach.

Conclusion

Our aim is to ensure that your Quality Account reflects the local priorities and concerns voiced by our constituents, as our overall concern is for the best outcomes for our residents. Overall, we are happy with the QA, agree with your priorities and feel that it meets the objectives of a QA – to review performance over the previous year, identify areas for improvement, and publish that information, along with a commitment about how those improvements will be made and monitored over the next year.

We hope that our views and the suggestions offered are taken on board and acted upon. We wish to be kept informed of your progress throughout and thereafter.

London Borough of Richmond upon Thames Quality Accounts Sub-Committee

Healthwatch Hounslow response to HRCH Quality Account 2016/17

In their quality account, the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) has presented information on the quality of their services within three areas of quality defined by the Department of Health –Patient Safety, Clinical Effectiveness and Patient experience. They have also examined their performance over the past year (2016/17) to identify where they can improve in the year ahead and to define their main priorities for improvement.

Under the quality priority of Patient Safety, HRCH had committed itself for the period 2016/17 to deliver the five Sign up to Safety pledges in the national NHS campaign. They had also determined that the areas where they would aim to have the biggest impact on improving safety were to be:

- Falls
- Pressure ulcers
- Medication incidents.

Healthwatch Hounslow is pleased to note that they appear to have succeeded in achieving their aims as regards both Falls and Medication incidents. Regarding improving safety related to Pressure ulcers, they have partially succeeded and where they have not they have stated their forward plan by identifying: "We are committed to a zero tolerance to grade 4 pressure ulcers but recognise that this is a challenge. In 2017/18 we have agreed to undertake a full root cause analysis investigation of grade 3 and 4 pressure ulcers and to implement themed learning across all services to make sure that learning is embedded."

Under the priority of Clinical Effectiveness, HRCH seems to have made some progress in moving towards providing suitable End of Life (EoL) care to local patients. For instance, an EoL care specialist nurse has been appointed to provide clinical leadership to delivering their strategy.

It is also encouraging to note that recognising that EoL care involves many organisations, HRCH led two health and care community workshops to identify common themes and issues related to EoL delivery of care. While some set targets appear to have been exceeded, there are some areas where targets have not been met. Among these, the most significant seems to be their failure to meet their training targets fully. It is, however, heartening to note that HRCH is aware of this

shortfall. Thus, while admitting that they have not achieved their training target, they have added that "this will continue to be a focus in 2017/18. A training and development plan for all grades and levels of staff is in place which is offered both online and face to face."

In addition to three areas of focus for quality improvement, the Trust also mentions its overarching strategy to become an outstanding organisation through continuous quality improvement. It is also committed to delivering the quality improvements outlined in its contracts and in its Commissioning for Quality and Innovation Schemes (CQUINS). All these should help in providing quality services and conduce towards continuous improvement.

The Quality Statement also highlights the importance HRCH gives to patient engagement, feedback and complaints. HWH is happy to note that in addition, they have also acted in response to patient feedback.

HRCH's priorities for improvement for 2017/18 reveal their aim to improve patient safety, to enhance clinical effectiveness through better internal and external referral management and to improve patient experience and care. They have also declared that they will identify additional quality indicators and targets which they will monitor on a regular basis throughout the year and will focus on learning and implementing change.

Before we conclude, we would like to add that early in 2017 we carried out a review of HRCH's Urgent Care Centre (UCC) based in WMUH and came to the conclusion that "the UCC functions every day of the year and meets patients' urgent needs to acceptable standards, within agreed timelines and in a safe environment."

We will be monitoring HRCH's performance, targets and priorities in 2017/18. Simultaneously, we will also look forward to furthering our relationship of constructive criticism and collaboration with HRCH in the coming months.

healthwatch Richmond upon Thames

Healthwatch Richmond response to HRCH Quality Account 2016/17

The Quality Account for Hounslow and Richmond Community Healthcare NHS Trust (HRCH) clearly and candidly presents performance and priorities within the limitations of the mandated structure for Quality Accounts.

A key detail within the report that readers should be aware of is that during the year the Trust received CQC inspections resulting in a rating of "requires improvement". The Trust have since made significant improvements, and continue to do so with some services now rated as "Good", but remain rated at this level.

The CQC criticised the model of inpatient care at Teddington Memorial Hospital as leading to patients not always having the care that they needed. Further details of why this rating was given would be welcomed in the report. The Trust has taken significant and positive steps detailed in the Account to improve the care on its ward and have since received a rating of "Good" from the CQC as a result.

The CQC report also referenced high staff vacancy rates which have been an issue for the Trust for some time. The Account details some improvements in reducing vacancy rates which is positive and explains some of the steps taken to achieve these. Staffing appears to be a contributing factor in reported performance over the period. Referencing the impact of staffing overtly within the report in terms of impact on performance would therefore be welcomed. It is also unclear why staffing priorities are not set for the coming year in terms of recruitment, retention and overall vacancies.

We welcomed the Trust's commitment to decreasing avoidable harm in the previous year's Quality Account. The targets for the year were ambitious and their successful achievement is a testament to the work of the trust in these areas.

Decreasing the number of avoidable falls by 50% in inpatient settings is an excellent improvement and we hope that recent improvements at the Trust see further reductions. Similarly ensuring that no medication incidents resulted in harm is an excellent performance as is the reduction of grade 3 pressure ulcers by 84%. The zero tolerance nature of the target for grade 4 pressure made achievement very challenging and whilst it is of course disappointing that this was not met, the Trust's actions to learn from these are welcomed. It is worth noting that the Trust has demonstrated continued improvements in these areas over several years.

Unfortunately the Trust's performance in relation to its targets for End of Life Care do not demonstrate positive progress. Staff training levels are significantly below target and whilst recording of patient's choices in relation to their deaths has improved, substantially in some areas,

there is still much for the Trust to do. We anticipate that staffing problems may have impacted on performance in these areas and would encourage the Trust to discuss the impact of staffing in the Quality Account. The inclusion of End of Life Care as an area in which "Always Events" will be implemented is welcomed. We would encourage the Trust to consider its performance in relation to understanding people's preferences in relation to end of life within this priority.

We note improvements in the numbers of people engaged by the Trust and have received an increase in the number of requests from the Trust for our involvement. The Trust is to be commended on this and our experience of the trust is of one that values patient experience as a positive part of its learning and quality assurance. This is evidenced through selection of priorities as well as through improvements made over the past year such as including patients sharing their experiences directly with the Trust during Board meetings.

The Trust has missed its target in relation to patient's reporting that they have a care plan. HRCH suggest that some patients may not understand the term "care plan" and our work in this area would support this, however it is also an issue picked up by the CQC during their inspection:

"…we did not see any evidence of patients or their relatives' involvement in planning their care. There was little information available to support patients and their carers in understanding their care and treatment during their stay in hospital". We hope that improvements in this area are being made and have asked for further details of these to be presented in the Account.

We welcome the Trust's priority to improve referrals management as it reflects a general trend that we see in patient experience. The targets here seem to reflect problems with the quality of referrals received by HRCH and this reflects issues that have been conveyed to us by staff. Whilst these may be major issues that the Trust faces, the extent to which the Trust can control the referrals it receives is unclear.

The priorities for implementing early warning systems for deteriorating patients seem reasonable based on its success in inpatient settings. It is not clear to the reader however which services this will be extended to and it is difficult to anticipate how meaningfully the proposed measurements will be.

The inclusion of priorities for implementing Always Events is a positive and flexible inclusion. It is entirely right that patients should be involved in the design of these and we encourage this. However consideration should be given to extending the programme to include areas where performance in previous years has not met targets. This may make a positive contribution to continuing improvement in these areas.

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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 sixth quality account. If you have any feedback or suggestions on how we could improve our quality account email us on communications@hrch.nhs.uk or telephone 020 8973 3143.

For comments or questions about our services, or to request a copy of this report in large-print, please contact our Patient Advice and Liaison Service (PALS) on 0800 953 0363 or email: pals@hrch.nhs.uk

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