

QUALITY ACCOUNT 2018-19



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



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About our Quality Account

Welcome to the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) Quality Account for 2018/19. HRCH is a community healthcare provider, providing healthcare to people in their homes and the local community.

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



What is a Quality Account?

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

Why has HRCH produced a Quality Account?

HRCH is statutorily required to publish a Quality Account. This is the seventh 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 large amount of information on the quality of all our services within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness and patient experience. We have used this information to look at how well we have performed over the past year (2018/19) and to identify where we could improve next year. We have defined three main priorities for improvement based on our Quality Strategy 2019 to 2023.

About the Trust

HRCH provides community health services for around 523,039 people registered with GPs in the London boroughs of Hounslow and Richmond, but also serves a wider population across South West London with a range of more specialist services.

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

During 2018/19 HRCH provided or sub-contracted more than 70 community, urgent care and primary care-based NHS services. We believe community health services are key to ensuring people receive the right care, in the right place, at the right time.

We employ around 1,100 people, who work across a wide range of health centres, hospitals, GP surgeries, children's centres, local council facilities and in community settings – including in people's homes.

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

Services

Adult services

- Community Nursing and Night Nursing Service
- Inpatient Unit
- Urgent Care and Urgent Treatment Centres
- Richmond Response and Reablement Team (RRRT), Hounslow Integrated Community Response Service (ICRS), Community Recovery Service (CRS)
- MSK Physiotherapy, Podiatry, Dietetics, Speech and Language Therapy
- Adult Specialist Nursing team including Intravenous (IV), Dementia and Parkinson's Nurses

Specialist services

- Neurorehabilitation, Falls, Cardiac Rehabilitation, Heart Failure, Respiratory and Diabetes Services
- Continence, Lymphoedema, Tissue Viability and Continuing Care Services
- Wheelchairs and Postural Management
- Learning Disability

Children's services

- Child Development, Speech and Language Therapy, Physiotherapy and Occupational Therapy Services
- Universal Children's services – Audiology, Health Visiting, School Nursing, Family Nurse Partnership, Looked after Children's Nurse, New Born Hearing Screening, Continuing Care Services for Children
- Paediatric Community Nursing – Continuing Healthcare, Asthma, Bladder and Bowel, Haemoglobinopathy, Community Nursing

Childhood immunisations

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

Health and wellbeing

- One You Hounslow
- One You Merton
- Help Yourself to Health Sutton

Overview and key achievements

627,171

patient appointments



523,039
population we serve



343

patients admitted to
Teddington Memorial
Hospital inpatient ward



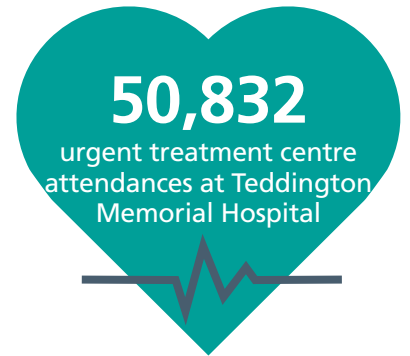
102,574

urgent care centre
attendances at West
Middlesex Hospital



50,832

urgent treatment centre
attendances at Teddington
Memorial Hospital



248,890

district nursing and
community matron
appointments



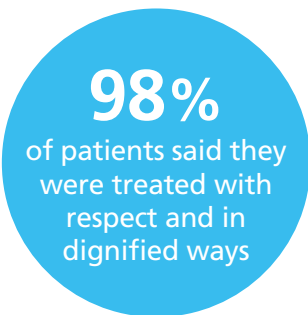
9,582

the total number of
days patients were in
beds on the ward



98%

of patients said they
were treated with
respect and in
dignified ways



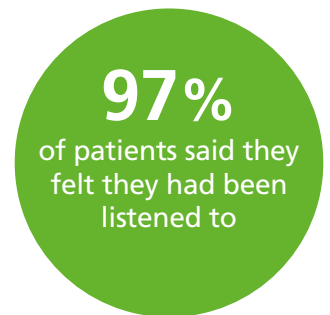
1,100

members of staff at March 2019



97%

of patients said they
felt they had been
listened to

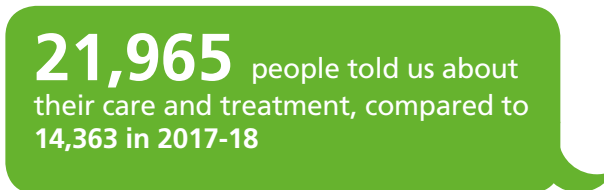


75,724

adult physiotherapy
appointments



21,965 people told us about
their care and treatment, compared to
14,363 in 2017-18



1,718

patients on average
seen every day



78,552

health visitor
appointments



Introduction from the chairman and chief executive



Hounslow and Richmond Community Healthcare NHS Trust continues to play a vital role in improving the health and wellbeing of around 523,039 people registered with GPs in the boroughs of Hounslow and Richmond. As the Nursing Times' best place to work for employee satisfaction, we continue to be impressed by our employees' dedication, hard work and willingness to do things differently. Over the past 12 months they had 627,171 patient contacts here and across a wider range of locations in North West and South West London.

Quality of care

We were absolutely delighted when the Care Quality Commission awarded us a Good rating across all quality domains in October 2018, particularly as they highlighted six areas of outstanding practice:

- The Hounslow Urgent Care Centre patient champion service works well to help homeless patients access services
- The trust was the first to use the Wound Care Buddy app to determine the best way to treat patients' wounds in their own homes
- The wheelchair hub in Hounslow offers comprehensive wheelchair, seating and sleep systems for people with long term mobility problems
- Intravenous therapy nurses developed a new way of administering intravenous antibiotics via portable pumps that patients wear around their necks or in their pockets when at home; this stops them having to go to hospital for treatment
- The trust collaborates with a number of external providers; these relationships are positive and promote best practice
- The children's continuing care team delivers high quality care for children receiving end of life care; relatives told the CQC the team were a lifeline during periods of distress

At the beginning of the year we welcomed our new medical director, Dr John Omany, FRCP, MBChB, MSc, DipPallMed, DMRT who joined Donna Lamb, RN, RHV, MSc our Director of Nursing and Non-Medical Professionals, creating a strong clinical leadership team.

We are a multi award winning trust, including two national awards in 2018/19:

- Nursing Times Workforce Award for best place to work for employee satisfaction
- Health Service Journal Workforce Award for our health visiting service redesign

Two of our nurses, Andrea Wilson and Teresa Keegal, were presented with Queen's Nursing Awards and business support officer Jiwan Gumman won the South West London regional Skills for Health Award.

Our two intravenous nurse specialists, Nicole Moodley and Jacqui Williams, were awarded second place in the Vascular Access Nurse of the Year category at the British Journal of Nursing Awards.

In addition, we were shortlisted for two Flu Fighters Awards for innovation and creativity in our 2018-19 staff flu campaign and were shortlisted for another Nursing Times Award for the Wound Care Buddy App.

NHS Long-Term Plan

We developed a new strategy in 2018-19 in the context of existing NHS policy and indications of what would be included in the NHS Long Term Plan. It recognises the need to work much more closely with health and care partners (particularly primary and social care) and the voluntary sector. We continue to engage with staff, patients, their families, carers and the wider community on our plans to deliver co-ordinated services. We need to shape care around the needs of patients, not services, providing care that is seamless and easy to navigate.

Alongside this, we refreshed our vision, mission and values. More information on this can be found on our website at www.hrch.nhs.uk.

We are members of the North West London and the South West London Health and Care Partnerships, which are refreshing their plans, with renewed emphasis on the themes of 'Start well, Live well, Age well'.

At Borough level, we are taking a lead on community health services as part of the Hounslow and Richmond Health and Care provider alliances. We are also working in partnership with the Hounslow GP Federation and the Richmond GP Alliance to redesign services focused on co-ordinated care and improved patient outcomes.

In the same week that the NHS Long Term Plan was published in January 2019, the Chief Executive Officer of NHS England, Simon Stevens, visited some of our urgent community response and recovery services in Richmond. He was interested to see how community healthcare services are already working in ways proposed in the Plan.

Meeting the people we serve

About 70 people attended our annual general meeting and health fair at Richmond Adult Community College on 5 July 2018. This was timed to mark the 70th anniversary of the founding of the NHS. Our teams showcased the range of services we provide in Hounslow and Richmond and answered questions from the public.

In November 2018, about 200 people gathered at Twickenham Stadium to discuss priorities for the South West London Health and Care Partnership. We both attended the event and Patricia Wright our Chief Executive was one of the main speakers. Some of our colleagues also

attended, including representatives from Richmond Rehabilitation and Response Team, Practice Development Leads, Richmond Urgent Treatment Centre, and Neuro and Early Supported Discharge.

Other attendees represented health and care services, including leaders and employees, plus patients, the public and representatives from voluntary sector organisations. They discussed working in joined up ways to meet priorities for health and care in the borough of Richmond.

Our services and people

In support of the Five Year Forward View and now the NHS Long Term Plan, we have been developing integrated multi-disciplinary teams to improve the way primary care, community health and social care professionals work in partnership with acute hospitals to deliver care. To support this, we also reviewed our clinical services management structures in 2018/9.

With the publication of the NHS Long Term Plan, we are well on the way to boosting out of hospital care and delivering urgent community response and recovery support in primary care networks, previously known as localities. We aim to continue to prepare the trust for the journey towards an integrated care system, focusing on the health and care of people in Hounslow, Richmond and further afield across North and South West London.

We were delighted to win back the Hounslow school nursing service and were pleased that the relaunch of our existing walk-in service at Teddington Memorial Hospital as an Urgent Treatment Centre (UTC) was received positively by local residents and staff. The UTC staff received a special NHS 70 award at our annual staff award ceremony for their professionalism and hard work in managing the transition. The hospital also welcomed Vince Cable, leader



of the Liberal Democrats and one of our local MPs, who unveiled our new x-ray machine in October 2018.

About 160 employees from across the trust gathered at Twickenham Stoop in November 2018 for our annual staff awards ceremony. They shared in the successes of colleagues who received awards for their dedication, professionalism and compassion.


We sponsored six nurses in training to obtain their district nursing qualifications in 2018. Three more are expected to graduate in September 2019.

In addition, we are supporting overseas nurses in qualifying for working in the UK. These are people who were working with us as health care assistants prior to finishing their 18-month course. Two qualified in August 2018 and are working with us as fully-fledged nurses. Four are due to finish in August 2019 and another five were hoping to start training in May 2019.

Our performance

Once again, the results of our staff survey were very encouraging. Out of 90 questions in the survey, we achieved the best score for community trusts in 18. Our results improved in 62 questions overall and 13 of those improved by more than 5%. We will continue to use the survey to focus on working with employees to improve their working lives.

We were delighted to see a 15% increase in the percentage of patient-facing staff being vaccinated against flu; up from 71% last year to 86% in 2018/19. It was great to see our employees being so proactive and responsible in protecting our patients, themselves and their families by ensuring they were not passing the virus on to other people.



Patricia Wright
Chief Executive



Stephen Swords
Chairman

PART 1

Our quality improvements for 2018/19

How we performed against the Quality Priorities we set ourselves

Improving patient safety

Priority 1

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



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



Our aim

To introduce the use of SBAR (Situation, Background, Assessment, Recommendation) in the relevant services when transferring care.

Measures we reported to our board

Measures we report to our board	Position as of 31 March 2018	Target for 31 March 2019	Achieved by 31 March 2019
The % of staff in the agreed cohort who have completed training on the use of SBAR	Nil	80% Inpatient unit, Community Nurses, RRRT, ICRS (280 staff)	90% 
The % of patients for whom SBAR was used when transferred from TMH inpatient unit to the acute hospital	0	90%	92% 
The % of patients with a grade 3 or 4 pressure ulcer who received a clinically appropriate referral to the tissue viability service	0	90%	89%
The % of referrals from community matrons to the acute hospital where SBAR has been used	0	The target was 90% however we found at the end of the year that only four referrals had been made by community matrons to the acute hospital	

Where we did not meet the target for % of referrals from community matrons to the acute hospital where SBAR has been used

We realised that this measure was not completely appropriate because the community matrons were working with GPs to manage these patients. Where the patients did go to an acute hospital, it was due to a rapid deterioration in the patient's condition when the matron was not scheduled to visit. We will continue to provide SBAR training to the relevant services and staff.

Clinical Effectiveness

Priority 2

Strengthen the application of evidence-based guidance and research


As an organisation that aims to deliver outstanding care in all services we decided to focus on using national best practice guidance, such as the National Institute for Health and Care Excellence (NICE), to ensure patients have the best clinical outcomes from our care. For patients to achieve the most benefit from implementing this evidence-based practice we need to minimise individual and team clinical practice variation and, critically, have processes in place to be able to evidence this by individual clinicians.

Our aim

To be able to measure actions resulting from our review of NICE guidance relevant to our services and that consideration of guidance must be part of 'normal' record keeping as relevant to the care of the patient. Wherever possible we will audit this electronically, with the findings being shared with relevant services and clinicians.



Measures we reported to our board

Measures we report to our board	Position as of 31 March 2018	Target for 31 March 2019	Achieved by 31 March 2019
The % of applicable NICE guidance where there is audit evidence that the guidance/standard has been systematically reviewed and there is an action plan in place (if required) to ensure compliance	Baseline audit Q1	90%	Q1: 74.6% Q2: 76.6% Q3: 60.0% Q4: 41.6%
The number of services participating in an audit of templates to evidence compliance with NICE guidance	0	40%	62% 
The number of services with a planned re-audit to measure a reduction in standard deviation in clinical practice	0	95%	90%
The number of patients who have been enrolled in a research study	0	15	5

Where we did not meet the target for % applicable NICE guidance where there has been a baseline assessment

The initial focus was to strengthen and standardise how services assess themselves against NICE guidance and then to be able to evidence this through clinical audit. This was a learning process for our staff but we are increasingly confident that a statement of compliance with NICE guidance can now be supported by evidence and if not, an appropriate plan is put in place and monitored.

Where we did not meet the target for number of services with a planned re-audit

The clinical audit team have worked with services to ensure their audit planners for the year are appropriately designed to include audit against new NICE guidance and other best practice guidance from, for instance, Royal Colleges as opposed to focussing on service evaluations. Re-audit is an effective tool to demonstrate that practice is embedded into the service and so this will continue to be a focus in 2019/20.

Where we did not meet the target for patients who have been enrolled in a research study

2018/19 is the first year that we have been actively involved in research and this has been recognised by the Clinical Research Networks. We are really pleased with this achievement. Whilst we did not achieve our target of 15 patients enrolled in research studies we offered the opportunity to participate in research to more than 50 patients and recruited five, and we are pleased with our progress.

Patients have been recruited to two national research studies; RETAKE 'Return to work after stroke' and 'Pre-appointment materials for children's therapies.'

Educational research activity continues to be strong, across a variety of services such as paediatric audiology, community nursing, and health visiting. To build on this success, we hold monthly research forums for all staff. We do actively seek other research opportunities.

Improving patient experience

Priority 3

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

Following feedback from the public, patients, carers and our staff about the importance of using patient stories we set a priority to encompass the use of patient stories to support patient centred care. Hearing the voice of patients through stories is key to understanding what matters to them and this is an integral part of the co-design of an Always Event.

An Always Event is a clear, action-orientated practice or behaviour designed to improve a patient's experience of care, based on what matters to the patient.

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

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





Our aim

To continue the work started on the Always Events programme in 2017/18 so that we can demonstrate the positive impact of this on patient care and experience. Focus on the Always Events programme in the following clinical areas:

- End of life care
- Inpatient services
- Dementia care

Measures we will report to our board

Measures we report to our board	Position as of 31 March 2018	Target for 31 March 2019	Achieved by 31 March 2019
The % of contacts which meet the Always Event in end of life care (audit of patient records)	0%	90%	We found that we had qualitative evidence rather than quantitative data because an “at end of life conversation” needed to happen in a sensitive manner as appropriate to the patient’s need
The % of contacts which meet the Always Event in the inpatient unit (audit of patient records)	0%	90%	100% 
The % of contacts which meet the Always Event in dementia care (audit of patient records)	0%	90%	96% 

Where we did not meet the target % of contacts which meet the Always Event in end of life care

A staff and patient experience questionnaire was devised for feedback. A follow up call was made by the clinician a week later to establish how helpful the conversation was and to act as a reminder that the conversation had taken place. Patients and their carers have responded positively and fed-back that it gave them an opportunity to think about how the disease may impact them in the future and enabled them to start planning. One respondent said that this was the first time they felt a health care professional had been honest with them about what was going to happen in the future.

Clinicians also responded positively to the experience and found that as their confidence grew they were more comfortable discussing the importance of advance care planning. A training programme has been set up to roll out advance care planning with the template being placed on our electronic patient record system.

Our three Always Events have been put forward to NHS England for accreditation.

Other areas of quality improvement 2018/19

Patient safety

- **Our Duty of Candour**

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

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

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

In 2018/19 we reviewed our threshold for the application of Duty of Candour. We are committed to the philosophy and spirit of the legislation and so whilst not always meeting the statutory criteria, we now apply the Duty of Candour to all grade 3 and 4 pressure ulcers. There were 54 incidents during 2018/19 where we believe the Duty of Candour applied as a result of care we provided. This has significantly increased because of the revision of our Duty of Candour threshold. We are fully compliant with phase 1, 2 and 3 of the process i.e. providing an initial verbal acknowledgement and apology, providing a written acknowledgement and apology and providing a final written confirmation of learning from the investigation.

- **Incidents 2018/19**

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.

We are very proud that our staff support our culture of openness and continue to be open and honest about incidents and near misses. We report all incidents and near misses, including patient safety incidents, through a web-based risk management system. These are investigated so that we make sure we learn from them when things go wrong. In 2018/19 we introduced a target for the timeliness of incident investigations so that we knew immediate actions were being taken to minimise or prevent harm and that learning was shared with staff promptly. We have worked towards and are now meeting our internal targets for this.

When we investigate incidents, we consider “human factors”. These are defined as ‘environmental, organisational and job factors, human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.’ By considering all these factors when we investigate incidents we make sure we can identify all of the areas where we can learn. This approach is accepted as best practice for patient safety management

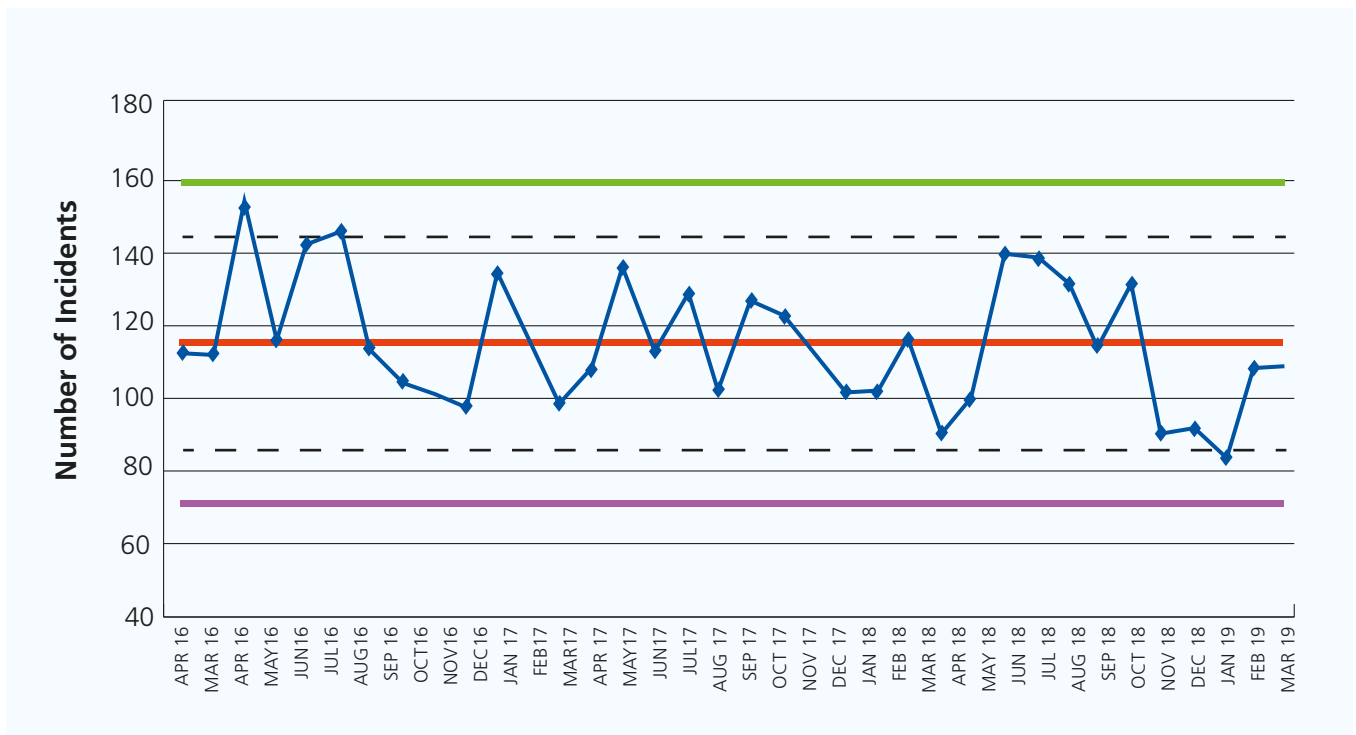
and supported by NHS Improvement (NHSI) and we will continue to embed this approach during 2019/20.

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

We are pleased that the number of patient safety incidents our staff report has increased by 8% for the period April to September 2018 (1101 incidents reported) when compared to the same period, April to September 2017, with 1024 incidents reported. The majority of the reported incidents resulted in no harm to patients. We believe this reflects our open culture of incident reporting and a focus on early intervention and learning from incidents to prevent harm.

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

The chart below shows the patient safety incidents which happened in our care from April 2016 to March 2019.



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

During 2018/19, the number of patient safety incidents reported has remained within the upper and lower control limit and so any variation is considered normal.

- **Serious incidents (SIs) 2018/19**

We reported 12 serious incidents during 2018/19 which forms 0.01% of all patient safety incidents reported. One of these was related to information governance and 11 related to patient care.

The types and number of serious incidents we reported to our commissioners during 2018/19 through the national Strategic Executive Information System (STEIS) are in the table below:

Type of Incident	Number of Incidents 2018/19
Abuse/alleged abuse of adult patient by staff	1
Confidential information leak/information governance breach meeting SI criteria	1
Pressure ulcer meeting SI criteria	3
Slips/trips/falls meeting SI criteria	2
Treatment delay meeting SI criteria	3
Safeguarding adults and pressure ulcer meeting SI criteria	1
Diagnostic incident including delay meeting SI criteria	1
Total	12

- **Learning from Serious Incidents**

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

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

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



- **The NHS Safety Thermometer 2018/19**

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. The data is fed back to a national database, which is used for comparison and benchmarking.

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

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

By March 2019 we were achieving 94.3% of patients receiving harm free care; slightly below the national target of 95%.

- **Safeguarding**

Safeguarding vulnerable children and adults is fundamental to high quality, safe care. All of our staff are trained to the level appropriate for the work they do. In 2018/19, 96.5% of staff had received level 1 training in safeguarding children and adults and 100% of our specialist clinicians had received an advanced level of training. Staff also participate in regular safeguarding supervision and we provide additional training in specific areas if this is required, for instance children with disabilities.

We work in partnership with local safeguarding children and adult boards and participate in case conferences and safeguarding adult reviews where required. Learning from these is shared through training and supervision. We also contribute to multi-agency audit to ensure practice is of a high standard.

There were two serious case reviews ongoing through 2018/19; the trust had some involvement in both and have contributed to the investigations. Learning will be through the local safeguarding children board.

The CQC reported, following their inspection of services in July 2018, that staff understood how to protect patients from abuse and staff worked well with other agencies to do so. They also found that staff were aware of their responsibilities in relation to safeguarding concerns and could demonstrate the process for reporting these.



Patient experience 2018/19

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

- **Patient feedback**

We recognise the value of patient feedback. In 2018/19 21,965 people told us about their care and treatment as compared to 14,363 in 2017/18.

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

- 98% of patients responded positively to questions that they were treated with dignity and respect
- 97% of patients responded positively to questions about whether they felt they had been listened to

- **Friends and Family Test (FFT)**

Our patients are very positive about our services and we increased our satisfaction rate to 96% this year, compared with 95% for the previous three years.

In 2018/19, 96% of our patients would recommend our services to their friends and family compared to 94% nationally

The Inpatient Unit at Teddington Memorial Hospital saw 100% of patients recommending our services to friends and family for 8 of the last 12 months and an average of 92% for the other four months

We also have a children's specific comment card which is visually appealing to ensure we are hearing the children's voice. In 2018/19, 95% recommended the children's services provided.

- **Complaints**

We recognise that feedback from complaints is a valuable part of patient feedback and we are committed to resolving them quickly with the learning gained used to improve our services. We know it is important that complainants receive a prompt response to the issues they raised, and we aim to provide a full written response within 25 working days. This is sometimes challenging if a complaint is complex and/or involves more than one healthcare provider. This year we have achieved 100% response within the agreed time frame.

We received 67 complaints during 2018/19 which is an increase on the 43 complaints received in 2017/18.

No complaints are being investigated by the Ombudsman.

	2017/18	2018/19	Direction
Complaints	43	67	↑
Enhanced PALS	148	158	↑
Total	191	225	↑

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

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

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

You said...

You were concerned that you were not informed that you needed to bring your child to an orthotic appointment

We...

Changed the Standard Operating Procedure to include advice for parents that the child/patient must be present at the time of an orthotic fitting

You asked us...

For clarification on how your child could self-consent regarding their immunisation at school

We...

Updated the trust web page to explain about self-consent for immunisation in more detail



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

- Staff attitude
- Treatment/ability
- Diagnosis

The top three areas are the same as those reported in 2017/18. Complaints about staff attitude represent 24% of our total complaints for the year, with 'treatment/ability' representing 18% of the total and 'diagnosis' representing 18% of the total.

The national NHS complaints report for 2018/19 report includes clinical treatment. This is an overall category which includes our category of treatment/ability and diagnosis which together would be 36%.

Category	National figures - 2018/19	HRCH figures - 2018/19
Clinical Treatment	28%	36%
Staff Attitude	10%	*24%

*16 complaints

The percentages above appear high compared to the national figures, but it is difficult to make a comparison due to the low number of complaints we received. Nonetheless, we are concerned about the number of complaints related to staff attitude and how this relates to the national average of 10% and the London region which is 11% for 2018/19.

The services with the most complaints about staff attitude are Urgent Treatment Centre (UTC) and Urgent Care Centre (UCC). These services do however have the highest activity and number of attendances in the trust; we also recognise that the urgent care services can be challenging environments for a range of reasons including waiting times, people's anxiety and pain. We have taken action to improve the waiting areas and both sites have dedicated children's waiting areas. We are continually developing the range of information we provide for patients and our organisational development team have devised a new customer service training package which has been piloted and is being rolled out to all services.



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

- **Treatment/ability**

You told us that...

You had advised the clinician that your shoulder was also injured as well as your arm

We...

Changed the Standard Operating Procedure to include advice for parents that the child/patient must be present at the time of an orthotic fitting

- **Staff attitude**

You told us that...

The clinician had not made it clear to you what the rehabilitation process would entail, and what the involvement of the service would be.

We...

Asked staff to make sure that the process of rehabilitation and our service is clearly explained, such as who will visit, when they will visit and what they will be doing.

- **Diagnosis**

You told us that...

The clinician had noted down inaccurate information during the triage process

We...

Asked clinicians to ensure they clarify any concerns prior to documenting them and ensured they are aware of their responsibility to keep clear and accurate records.

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

- Ensured all staff have name badges visible and introduce themselves to patients
- Ensured all staff document that they have had discussions with patients regarding advice provided. This is helpful for long term continuity of care
- Ensured all temporary staff members have trust issued encrypted mobile phones and laptops to improve communication and secure documentation
- Ensured that teams routinely check with the patient who they should communicate with regarding their care and decision making and clearly document this in the clinical record

- **Compliments**

We know that the majority of our patients appreciate the compassion, 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 2018/19 we received 393 formal compliments compared to 408 in 2017/18.

The numbers represent compliments which are sent to the patient experience team and are usually in a written form and so 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 clouds' below are a pictorial presentation which shows the prominence of words used most frequently in compliments received across the trust during 2018/19:

Service:



Staff:



- **Patient stories**

In 2018/19, we continued this important area of patient feedback by offering patients the opportunity to tell us about their experiences and present these, usually in person, to the board. The patient story enables the board to hear directly, if possible, from a patient and/or their family about their experience of our services and reflects our open and honest culture at every level of the organisation.

Below are some of the patient stories heard by the Board in 2018/19:

- Board members considered the lessons to be learnt from a complaint about the experience of a patient, who had suffered with dementia for ten years and was cared for at home by her husband. As part of this report, the Board listened to an excerpt of the Being Open meeting held with the patient's husband and niece.
- Board members received a presentation on the wound care app from members of the Tissue Viability Service who highlighted the use of the app in adult community services since September 2017. The Board welcomed the opportunity to learn about the Tissue Viability service and congratulated the team on winning the award for Outstanding Practice in Wound Care in 2017 by the Journal of Community Nursing and noted their success in being shortlisted for an Innovation in Chronic Wound Management by the Nursing Times.
- Board members received a presentation from the Children's Community Nursing Service (CCNS) which provides three services within one; Children's Continuing Care, Children's Community Nursing and Children's Continence. The mother of a 16 year old patient with long term conditions described how the service supported her and her family.
- The Board heard from the Family Nurse Partnership (FNP) and from a young mother and her baby who are being supported. FNP provides an intensive home visiting service to young first-time parents in Hounslow. They use a strengths-based approach and motivational interviewing to improve clients' self-efficacy, develop attachment parenting and improve outcomes for both mother and baby.
- Board members received a presentation from Primary Care Patient Participation (PCPC) coordinators. The patient story followed a fifty-five year old man with long term conditions who was not able to attend his appointments. The patient was discussed at a multi-disciplinary team meeting facilitating an integrated approach to his care. The integration of the patient's care brought about measurable improvement in outcomes after a year. Members of the Board welcomed the opportunity to learn how HRCH is already working in an integrated way with primary care, social care and mental health services.

Our staff

Our employees are fundamental to our success in delivering high quality patient care. We are committed to providing a great experience for everyone working for us, so they can thrive at work and provide the care they aspire to.

Our staff satisfaction ratings measured by the national annual NHS staff survey have been steadily improving over the past few years and we have introduced several initiatives to improve staff engagement and satisfaction at work including:

- We run staff forums with our clinical teams and our Chief Executive records regular videos for staff, encouraging them to make suggestions about improvements
- We introduced mental health first aid training for our staff to help colleagues support one another if they are experiencing difficulties
- We offer a range of wellbeing activities for staff, such as yoga, fitness classes fast-track physiotherapy, counselling and mindfulness as we feel our staff can only care for others effectively if they can also look after their own wellbeing
- We implemented new ways to recognise the hard work and achievements of our colleagues including the new regular champion award, loyalty award and international nurses' day celebrations
- We run regular diversity events where staff share their own experiences and learn from others to celebrate the diversity of our staff and support inclusion

In 2018 we were named Best Place to Work for Employee Satisfaction by the Nursing Times and we won the Workforce category in the Health Service Journal Awards.

In October and November 2018, we took part in the annual NHS staff survey which asks employees about key factors such as quality of care, safety culture, work environment, staff wellbeing, and staff morale. We achieved a high response rate of 68.3%; an increase of 6.3% from the previous year and significantly higher than the community trust average of 53.2%.

The survey comprises over 90 questions; it is noteworthy that the Trust has improved in 62 of these and is the best community trust in 18 areas including:

- Employee satisfaction with the quality of care they provide (87% HRCH, 80% community trust average)
- Employees agreeing that their role makes a difference to patients/service users (93% HRCH, 89% community trust average)
- Employees agreeing, they are able to deliver the care they aspire to (77% HRCH, 64% community trust average)
- Employees being able to make improvements happen in their area of work (64% HRCH, 58% average score)
- Employees satisfied with the resources available (72% HRCH, 57% community trust average)

We also improved in the areas we particularly focused on last year:

- Employees agreeing our organisation acts fairly on career progression (improved by 2.7%)
- Working unpaid extra hours (improved by 1.5%)
- Reporting harassment, bullying or abuse (improved by 13.6%)
- Experiencing discrimination at work (improved by 0.1%)

This year the survey indicates we can work on:

- Inclusion, support and respect (including discrimination and respect for our colleagues)
- Recognition of employee achievements. We have improved this by more than 5% in the last year. Although in 2018 the survey showed 60% of staff were satisfied with the recognition they got for good work, we want to continue to improve in this area.

Whistleblowing (Freedom to Speak Up)

A key recommendation of the Francis report into the care provided by Mid-Staffordshire NHS Foundation Trust, published in February 2015, was the introduction of Freedom to Speak Up (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 providing support to staff in raising any issues or concerns that may prevent good quality patient care.

We have implemented systems to record and report the concerns raised with due consideration to the anonymity of the member of staff who wishes to raise or discuss concerns. We report on the number and method of contact and the directorate of the member of staff as any more detail than this may compromise the member of staff's anonymity. This report is presented at the Quality and Safety Committee (QSC) and the Quality Governance Committee (QGC).

As a leader in this area, we recruited a new FTSU Guardian this year who continues to promote the role locally and regionally. Key activities this year have included:

- Raising awareness during national FTSU month in October 2018
- Visiting our night services
- Increasing our social media presence
- Hosting a bullying and harassment workshop
- Attending team away days and team building events
- Attending the annual FTSU conference

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 2018/19

	Quarter 1 April-June 2018	Quarter 2 July to Sept 2018	Quarter 3 Oct to Dec 2018	Quarter 4 Jan to March 2019
Total number of contacts	9	4	15	7
Contacts which have progressed to a formal human resources and/or whistleblowing investigation	0	0	0	0
Percentage of all issues raised which were concerns	100%	100%	100%	100%
Percentage of all issues raised which were grievances	n/a	n/a	n/a	n/a

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

Concerns highlighted:

- Staff health and well-being
- Perceived poor or lack of communication from senior managers and line managers
- Lack of promotional and development opportunities for lower banded administrative staff
- Visibility of senior managers to staff working in boroughs other than Hounslow and Richmond
- Mobilisation of new services could be improved to support staff through the change processes
- Bullying and harassment within some services/teams

Key to the success of FTSU guardian is that our staff are aware of how to raise concerns and where to go for advice or to discuss something they are not sure about. We address these concerns on an individual basis within the service but are pleased with that our overall staff surveys are positive.



PART 2

Review of services

Governance and assurance

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

The trust has developed a quality report which mirrors the style and format of our board performance scorecard. This report includes statistical process control (SPC), data quality assessment, trends and year-to-date comparison. This approach to the management and presentation of quality data has been noted as an exemplar by NHS Improvement.

Equality and diversity 2018/19

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

During the past year, we have:

- Developed our patient and public engagement strategy to be inclusive by carrying out proactive outreach work with the local communities we serve to actively listen to their feedback and engage in the co-design of our services
- Continued to tackle local health inequalities for patients and the public through One You Hounslow, a new online programme to help people lose weight, eat well, be more active and stop smoking
- Addressed workforce health through a campaign of activities designed to improve wellbeing and mindfulness
- Worked with local schools and colleges to promote the full range of careers available in the NHS, including apprenticeships
- In partnership with local organisations, ensured information was available for the parents and families of children with a hearing impairment
- Held focus groups with staff to respond to NHS staff survey findings on bullying and harassment from patients and staff, with local actions to address specific issues
- Our equality and diversity committee has a named Non-Executive Director (NED) for equality and diversity, in addition to the respective executive leads for staff and patients
- Supported NHS Improvement's 'NExT' NED programme that helps develop future potential NEDs from diverse backgrounds

- Ensured that continued clear health and care information and communication is available to support the needs of patients, service users, carers and parents where those needs relate to a disability, impairment or sensory loss through our implementation of the Accessible Information Standard

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

Clinical audit 2018/19

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

During 2018/19 HRCH participated in a number of national clinical audits which are listed in the table below:

National Clinical Audit	Comments
National Audit of Intermediate Care (NAIC)	The audit focuses on care provided to people who are frail after leaving hospital or when they are at risk of being sent to hospital. Various HRCH services contributed to data collection for this audit; Integrated Community Response Service, Richmond Response and Rehabilitation Team and Community Recovery Service
Community Hospitals	Data for this audit is collected in conjunction with the NAIC audit above, and so the focus of this audit was around older people's wards for general rehabilitation
Pharmacy & Medicines Optimisation (Providers)	This audit looks at a wide range of parameters; it shows the trust uses Patient Group Directions efficiently to provide access to medicines that are clinically appropriate for our patients
Emergency care	This audit is reviewing the provision of walk in centres, urgent care centres and minor injuries unit

We have continued to develop our trust-wide clinical audit programme which links with our key work streams and provides evidence for regulators. This year we have focussed on enabling greater understanding of audit topic areas, and so reduced the number of audits in the trust-wide audit plan allowing focus to be given to projects with the greatest value and impact on the quality of care we provide.

The completion and implementation of actions arising from audit findings are monitored, with common themes identified and shared across all services. Completed audits are available on the trust's audit intranet page and discussed at the Research, Clinical Audit and Effectiveness Group meetings, to facilitate shared learning across teams.

The table below provides a summary of key actions and learning from a selection of local audits completed in 2018/19

Service	New title for QA	Key findings	Actions for improvement
Podiatry service	Are we assessing foot risk for diabetic patients in line with NICE guidance?	The audit found a high level of compliance around appropriate risk classification of foot disease. Areas identified for improvement were around the recording that diabetic foot care and emergency advice had been given	1. Review the podiatry initial assessment form template and modify to include areas to record; Diabetic foot care and Emergency advice, so there is a visual prompt and space for this to be specifically recorded
Child Development Service	Re-audit of safeguarding medical referrals	The re-audit found that the quality of referrals was compliant with good practice guidance, including areas of assessment and effective interagency communication. Areas identified for improvement were the timeliness of the final report and to maintain continued good communication with other agencies	1. Attempt a 3 working day turnaround for completed reports 2. Continued improvement of communication with agencies
Inpatients TMH	Re-audit Privacy and dignity practice	The results of this re-audit demonstrated improved compliance with privacy and dignity standards. One significant improvement was that there was clear evidence that the nursing team were communicating with the domestic team, to ensure that patient dignity was always maintained	1. This remains on the audit schedule to ensure this good practice is sustained
RRRT with social care	Use of National Early Warning Score (NEWS) with Rapid Responses.	The results of this audit found that while NEWS is used, it was not used consistently and not often in its entirety. The respiratory rate and level of consciousness were the two main markers most often not documented, and as a result the initial and often crucial set of objective measurements could not be calculated	1. Ensure observational findings are written up in the same way as the NEWS score results are set out, to enable clinicians to include the level of consciousness in the results. 2. As the most consistently complete NEWS scores came when clinicians were following the Raizer prompt sheet, the introduction of a prompt sheet during visits will be explored. 3. Further training sessions to be rolled out

Service	New title for QA	Key findings	Actions for improvement
Fall and Bones Health	Preventing Falls in Older People: Assessing risk and Prevention. Does the Falls Service comply?	The results of this audit showed a high level of compliance with NICE guidance, demonstrating the Falls and Bone health service are asking all patients over the age of 65 about falls and identifying their risk factors, and offering all patients highlighted to be at risk of falls multifactorial intervention	<ol style="list-style-type: none"> 1. Continue to adhere to the NICE standards for falls by using the appropriate assessment tool 2. Re-audit yearly to ensure falls and bone health team are maintaining standards 3. Ensure documentation of risk factors 4. Ensure those identified to be at risk of falls are offered multifactorial intervention and if the patient declines, we will repeat the offer and document the conversation clearly
Pharmacy	Trust wide antibiotic audits	The results of these audits show that whilst there are effective systems in place for antimicrobial stewardship, areas for improvement were identified around antibiotic prescribing	<ol style="list-style-type: none"> 1. Remind all prescribers that document allergy status is a compulsory check 2. Remind all prescribers to provide clear and concise documentation of physical findings, laboratory results and clinical reasoning for choice of antibiotics 3. Remind practitioners to follow guidelines
Community Nursing	Is the Wound Care buddy application an effective tool in treatment of wound management, in line with best practice?	The results found that the community nursing staff found the web-based application useful, in providing easy access to wound dressings that are gold standards. Its use aided standardisation across the Trust, increasing staff compliance with local policy. Areas highlighted for improvement include ensuring all staff have access to the application including bank and agency staff and other health care professionals across the trust	<ol style="list-style-type: none"> 1. Provide all nursing staff include bank and agency staff with the application on iPhone and laptops 2. Look at what is needed to provide access to other health care professionals

Participation in Clinical Research

During 2018/19 there have been some important and very positive changes regarding clinical research within the trust. A full-time Research and Development, Clinical Audit and Effectiveness Manager started in April 2018 and the South London Clinical Research Network has provided external facilitation including the funding of a one day per week internal secondment to support research and development within HRCH.

We are delighted to have successfully recruited to two national portfolio studies; The Richmond Community Neurology Rehabilitation Team is recruiting to the Return to Work After Stroke (RETAKE) study. This study aims to determine if early stroke specialist vocational rehabilitation plus usual care is a clinically and cost-effective therapy to help people return to work after stroke, when compared with usual care alone.

The Paediatric Therapies Team have supported a study called Pre-Appointment Materials in Children's Therapy Services. Usually, the first interaction between therapists and parents is a package of written materials, posted to parents before the children's first appointment. This study aims to help understand what materials are effective in meeting service-users' needs and enhancing engagement.

Mortality Review

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

HRCH has a mortality review policy in place and a mortality review group that is chaired by our medical director. The group reports mortality data to the board quarterly. Currently HRCH only review deaths that occur in the inpatient unit at Teddington Memorial Hospital.

- **Mortality Data**

There were five deaths in the in-patient unit at Teddington Memorial Hospital. All deaths are reviewed against a mortality review scoring template that looks at patient safety, clinical effectiveness and experience. If there were no concerns, then a score of 0 is given however a score of 1 is given where there are concerns with any of the parameters. Any deaths where the total score is ≥ 1 , a full case note review is undertaken by a senior member of the medical or nursing staff. One of the death's in the inpatient unit scored 1 in the mortality review template and is subject to a full case note review. This is then presented at the Mortality Review Group.

Quarter 1 – 0 reviews or investigations met criteria

Quarter 2 – 0 reviews or investigations met criteria

Quarter 3 – 0 reviews or investigations met criteria

Quarter 4 – 1 review or investigation met criteria



Use of CQUIN payment framework 2018/19

A proportion of our income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between HRCH, NHS Richmond Clinical Commissioning Group (RCCG) and NHS Hounslow Clinical Commissioning Group (HCCG) through the Commissioning for Quality and Innovation payment framework (CQUIN).

The trust is fully engaged in the aspirations and goals of all the CQUIN schemes which have been nationally defined. This year the national CQUIN schemes that were undertaken in Hounslow and Richmond have been supplemented further by an additional local scheme within Richmond.

All these schemes aim to address key objectives for both the wider NHS and our organisation.

The national schemes that HRCH have participated in are;

- Health and wellbeing of staff
- Personalised care and support planning
- Improving the assessment of wounds
- Engagement in the integrated care systems/partnership

The additional local scheme that we are currently engaged within Richmond is:

- The Implementation of the Locality Model

Registration with the Care Quality Commission 2018/19

We are registered with the Care Quality Commission (CQC) without any conditions and were not required to participate in any special reviews or investigations in 2018/19.

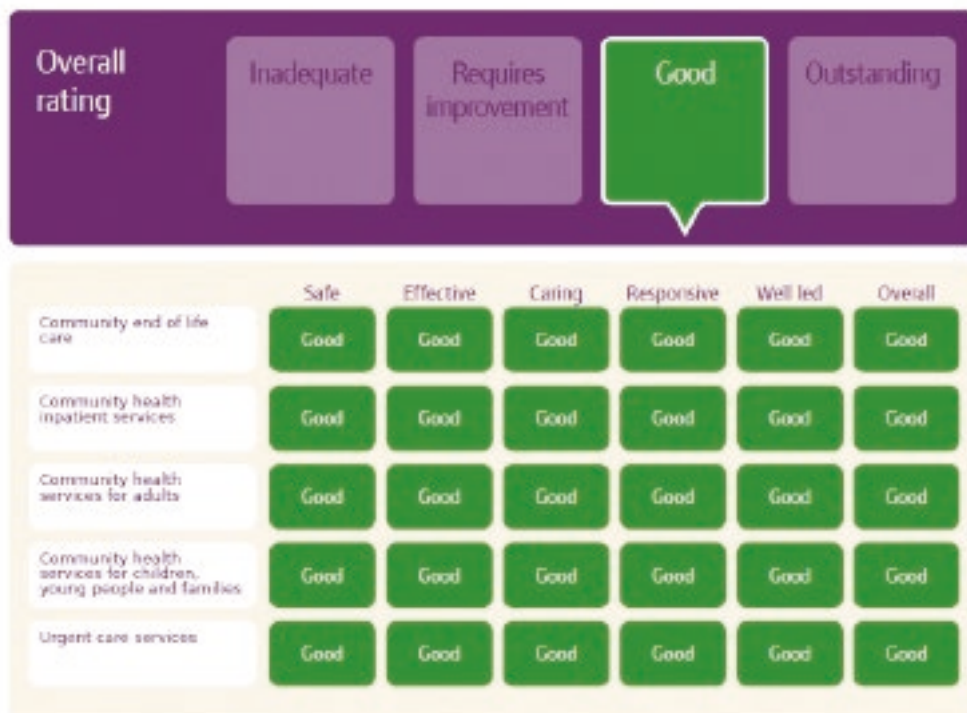
The CQC inspected us in the summer of 2018. They inspected three core services (adult community services, end of life care and urgent care services). The trust was rated as 'Good' (green) in all services and all domains of quality i.e. safe, effective, caring, responsive and well led. This is a significant improvement from the inspection in 2016 when the trust was rated as 'Requires Improvement' and had three regulatory breaches.

The trust now has no regulatory breaches, but the CQC suggested areas for improvement for which an action plan has been developed and is being monitored by the Executive Committee. The trust is aspirational, and our focus is on delivering consistently high-quality care while moving forward to become an outstanding organisation.



Last rated
19 October 2018

Hounslow and Richmond Community Healthcare NHS Trust



The CQC found that we had made improvements in all areas. They noted staff were kind and caring and treated people with dignity and respect. Staff understood their responsibilities to raise concerns and to report safety incidents; there was a positive organisational culture which supported openness and transparency. Leadership teams were visible and supportive, multi-disciplinary working was strong and care was holistically assessed.

Journey to Outstanding

Delivery of our Journey to Outstanding (J2O) action plan was one of the goals in our 2018/19 strategic quality objectives. There were two strands to our journey to outstanding:

CQC compliance

- continued self-assessment through a gap analysis to demonstrate Good in all domains
- a programme of peer review
- clear identification of domains that are the focus for Outstanding during 2018/19
- a programme to support readiness for CQC inspection

Quality Improvement (QI)

- Identifying a clear process and methodology for QI in the trust
- Scoping and identifying QI training at a range of levels across the trust
- Support in identifying and initiating QI projects

Quality Improvement is a culture change programme with Board level commitment and leadership, which aims to empower staff to make evidence-based improvements in the quality of care.

In 2018/19, the Trust initiated a trust-wide QI framework and programme. This included leadership visits and learning from other trusts, staff communications and baseline survey of knowledge and skills, and QI training. In 2019/20, phase two of the programme will continue to expand the QI support offer and engagement with staff across the trust.

We want all of our staff to embrace, engage and utilise QI methodology in our journey of continuous improvement.

Data Quality 2018/19

The trust has maintained a continual programme of data quality improvement projects throughout the year.

This included the introduction of the live Patient Tracking List (PTL) that allows services to track patients through their referral pathway. The interactive dashboard project has provided front line services with a snapshot of key data metrics that can be quickly reviewed and monitored. Amongst other Key Performance Indicators (KPIs) data quality is an integral component of this dashboard.

Our internal auditors have reviewed our data quality within the trust tracking both the capture of all patient protected characteristics and key demographic information. This initial audit has been further supplemented with a follow up audit to quantify improvements realised by project deliverables within the year.

Data quality continues to be at the forefront of all application improvement projects and as the scope of data increases from the number of sources we receive and send information it is paramount we continue to preserve its accuracy and integrity.

Information governance

Information governance supports our statutory duty to safeguard patients' information and keep it confidential but available. It assures us and patients that personal information is dealt with legally, securely, efficiently and effectively.

NHS Digital's new data security and protection toolkit helps us assess ourselves against the NHS information governance assurance framework, giving either a pass or fail mark. We submitted a fully compliant assessment in March 2019.

This was achieved through a variety of measures and actions, including:

- implementation of all aspects of the General Data Protection Regulations (GDPR)
- appointment of a Data Protection Officer which is a statutory role
- an audit of our compliance against the standards set out in the toolkit by our internal auditors
- complete review of policies and staff guidance
- helping colleagues to complete information governance and security e-learning training – 96.4% of staff completed by March 2019



PART 3

Introducing our Quality and Clinical Strategy 2019/23

Our quality and clinical strategy 2019/23 builds on our previous Framework for Quality which set strong foundations for delivering high quality care and raised the profile of quality at all levels of the organisation. This was evidenced by our Care Quality Commission (CQC) inspection of 2018 when we were rated as 'Good' across all core services and in all domains of quality.

This 2019/23 strategy further strengthens our mission to provide outstanding care and services that we and our families would want to use. The purpose of the strategy is to provide a clear framework for the delivery of outstanding services to our patients and service users, their families and carers.

Our trust vision, mission and values demonstrate the commitment to providing high quality care throughout the organisation.

Our trust strategy sets out that in five years from now we will be at the forefront of improving the health and wellbeing of our local population. People who experience care from HRCH will be able to describe that they have had an outstanding experience and we will be able to demonstrate that care is consistently safe and effective.

Our quality and clinical strategy 2019/23 can be found on our website from September 2019: www.hrch.nhs.uk

Our quality priorities 2019/20

We believe 'outstanding' comes from a consistent approach to and demonstrable evidence of the following:

- Quality Improvement (QI)
- Patient and public engagement/co-production
- A strong safety culture

Our quality priorities will align with the year one deliverables from our quality and clinical strategy and will be based on:

- Patient safety – building a strong safety culture
- Clinical effectiveness – embedding Quality Improvement (QI)
- Patient experience – strengthening patient and public engagement and co-production

Quality Priorities 2019/20

	Patient Safety	Clinical Effectiveness	Patient Experience
Vision	To build on our culture of keeping people safe and develop a safety culture which places a high level of importance on the management of safety, including beliefs, values and attitudes.	For staff to be trained, engage and utilise QI methodology in our journey of continuous improvement.	To fully develop an approach that puts people at the heart of care to improve service quality, engaging in on-going service delivery, making changes to services or re-designing care pathways.
Area of Focus	<p>Ensuring staff receive feedback and learning is shared widely</p> <p>Building on our culture of being open and honest when things go wrong</p> <p>Ensuring staff have access to and feel confident to raise concerns</p> <p>Build consideration of human factors into how we investigate incidents</p>	<p>Ensure there is a flexible and responsive training programme, appropriate to all levels of staff</p> <p>Provide QI support through a network of champions and resources</p> <p>Be able to evidence QI activity across the trust from a central hub</p> <p>To demonstrate improved outcomes and sustainability of improvement projects</p>	<p>Embedding and further developing 'Always Events', sharing learning from what we've done well</p> <p>Adopting 'what matters to you' as the HRCH way</p> <p>Developing an integrated model of public engagement with primary care and other stakeholders</p> <p>Ensure we are inclusive in our approach to engagement</p>
Year 1	<p>Demonstrate a trend of increasing incident reporting and decreasing levels of harm from incidents</p> <p>Provide a flexible and open approach to learning across the trust</p> <p>Ensure patients and their families are involved in the terms of reference in the investigation of incidents</p> <p>To develop our learning and training from serious incident (SI) and the role of human factors.</p>	<p>Develop and implement a training programme which delivers an appropriate level of training for all staff on QI</p> <p>Develop the QI internal support offered including the web-based tools</p> <p>Develop a central hub for registration of QI projects and outcomes</p> <p>Implement governance structure around QI</p>	<p>Share learning from three Always Events across the trust</p> <p>Develop a shared programme of public engagement with GP consortium</p> <p>Implement systems to collect and monitor protected characteristics of people we engage with</p> <p>To involve patients and carers in co-design of any service changes</p> <p>To perform Equality Impact Assessment on all service changes</p>

	Patient Safety	Clinical Effectiveness	Patient Experience
Measure	<p>The analyse the number and severity of patient safety incidence reported on DATIX in 2018/2019 to use as a baseline in Q1</p> <p>To increase patient safety incidents reported on DATIX by 5 % in Q2 and Q3 and with no increase in level of harm</p> <p>To decrease incidents with harm by 5% in Q3 and Q4</p> <p>To maintain a level of 50% of staffs learning from incidents and changing their practice in Q1 and Q2 and to increase learning to 60% in Q3 and Q4 as measured in the staff survey</p> <p>To ensure that Duty of Candour letters for SI investigation, will offer all patients, carers or relatives (100% of the time) the opportunity to be involved in the investigation Terms of Reference (ToR).</p>	<p>To increase staff awareness of patient co-design in QI projects.</p> <p>Provide a range of QI training to enable access for:</p> <ul style="list-style-type: none"> • Level 1 (Foundation) training to 50% of staff • Level 2 (Intermediate) training for QI leads – 50 staff members • Level 3 (Advance) training for QI experts – 6 staff members <p>To have 10 QI projects registered over a year with a spread across the divisions</p>	<p>Ensure existing Always Events outcomes are utilised at least 80% of the time:</p> <ul style="list-style-type: none"> • 80% of Dementia directory (signposting booklet) will be provided to patients and carers on first contact with the service • 80% of patients will be kept informed of their care in the in-patient unit • EOLC – Every patient identified as requiring palliative or end of life care will be offered the opportunity to talk about their care needs preferences and wishes <ul style="list-style-type: none"> o Q1-Q2 to obtain baseline data o Q3-Q4 40% of patients to be offered the opportunity to talk about their care needs, preferences and wishes <p>To understand the breadth of representation of people on the trust patient engagement register in Q1 and Q2</p> <p>To ensure that the trust patient engagement register has representation from the 9 protected characteristics in Q3 and Q4</p> <p>Develop a plan of targeted engagement to ensure register is representative of the 9 protected characteristics in Q2, Q3, Q4</p> <p>To be able to demonstrate a co-design/co-production in 2 service change by Q4.</p>

Monitoring progress throughout the coming year

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

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



Statements

from Healthwatch, Overview and Scrutiny Committees and Commissioners

Healthwatch Hounslow were unable to provide a response on this occasion.

NHS Hounslow Clinical Commissioning Group statement for Hounslow & Richmond Community Healthcare Quality Account for the year 2018/19

NHS Hounslow Clinical Commissioning Group (CCG) has reviewed the Hounslow & Richmond Community Healthcare Quality Account (QA) for 2018-19. 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. The priorities identified by the Trust for 2019-20 are fully supported by Hounslow CCG.

The Trust now has a 'Good' CQC rating, and is rated as Good overall in all five domains (Safe, Effective, Caring, Responsive and Well-led). This is an all-round laudable achievement since the previous inspection in March 2016, when the Trust was rated 'Requires Improvement'. We are pleased that since this inspection, the Trust has addressed most of the areas identified for improvement. The CCG will continue to work with the Trust on those areas that continue to be a challenge in order to improve the quality of services which it delivers.

Despite challenging times with staff workforce recruitment and retention, the Trust continues to have a lower than national vacancy rate overall which is now 9.7%. This is commendable given the London wide and national pressures and continued uncertainty with Brexit and its impact on nursing recruitment and retention.

The Trust continues to have top score in the country for the NHS staff survey 2018 with the number of people recommending it as a place to work (70.3%), which is higher than the national average for community trusts. The Trust staff engagement score also improved since last year, and had the second best score out of 16 community trusts nationally.

We are pleased to see the Trusts achievement in building on improving the early detection of the deteriorating patient, and implementation of the SBAR (Situation, Background, Assessment and Recommendation). The Trust's award winning Wound Care Buddy app is already having an impact on the improvement of wound assessments, and standardised treatments and a reduction in patient safety tissue viability incidents.

The Trust strives to deliver outstanding care, and we welcome the continued focus on addressing individual and team variation in clinical practice to improve the care for patients, where measures set have not been achieved.

Feedback from patients and the public is a key indicator of the quality, safety and equality of services being delivered. The Trust increased uptake in gathering the views of patients through the Friends and Family Test which will enable the improvement of the quality of care is commended. In addition to this the Trust's increased patient satisfaction rate overall for adults and children, this continues to address areas where poor experience has led to complaints.

The CCG acknowledges the Trust focus on 'what matters to you' approach to engagement and co-design with patients, their families' carers and staff through Always Events. It will be helpful to see how this influences quality improvement initiatives to enhance experiences of care for patients.

The CCG welcome and support the Trust's commitment to work on the following priorities for 2019/20;

- Building a strong safety culture
- Embedding quality improvement
- Strengthening patient and public engagement and co-production

Overall the CCG welcomes the vision described within the Quality Account, agree on the priority areas and will continue to support the Trust in the areas identified as priorities as well as those areas that have been and continue to be a challenge.

Hounslow CCG remains committed to working with the Trust, stakeholders and patients to continually improve the quality of commissioned services provided to our population. The Trust is well engaged in the development of our integrated care partnership alliance and delivery of the long term strategy for the NHS. The CCG look forward to continuing this work with this high achieving Trust on its journey to outstanding, in the delivery of safe quality care from our commissioned community services.



Dr Nicola Burbidge
Chair



Mary Clegg
Managing Director



Diane Jones
Chief Nurse & Director of Quality
Caldicott Guardian

Dear Donna,

Thank you for sending us a copy of the Quality Report (Draft V7) to provide feedback.

The Richmond Clinical Commissioning Group (CCG) welcomes the opportunity to provide a response to the Quality Report for 2018/19 by Hounslow and Richmond Community Healthcare Trust.

We wish to congratulate Hounslow and Richmond Community Healthcare Trust on the 6 areas the CQC rated as outstanding and want to commend the Trust's ongoing commitment to be an outstanding organisation. The CCG would also like to congratulate the Trust on winning two Health Service Journal awards and being nominated for four others. The CCG also recognise the significant contribution your award-winning clinical staff have made to providing a quality service to the residents of Richmond.

The Trust continues to engage both the public and their staff to improve the experience of using and delivering services. The CCG are pleased to see the continued engagement of the local community along with health, social and voluntary care partners to deliver coordinated services; shaping the care around the needs of the patients to achieve easy to negotiate, seamless care. There has been a significant increase in the numbers of responses to the Friends and Family test. The Trust has excellent staff engagement and continues to develop systems for supporting employees to improve their working lives; this is reflected in the national survey, where the Trust achieved the top-rated score on 18 points for all community trusts. Notably the Trust was named Best Place to Work for Employee Satisfaction by the Nursing Times and won the workforce category in the Health Service Journal Awards.

How the trust performed in the 2018/19 Quality Priorities

Improving Patient Safety:

Priority 1: Improve the management of the deteriorating patient through effective sharing of information.

There was a target the percentage of referrals from community matrons to the acute hospital where SBAR (Situation, background, action, recommendations) has been used. This target was not met due to the low number of referrals and the recognition that this target wasn't appropriate for the patient group. The patients this would apply to were well managed within the community until there was an urgent need or rapid deterioration.

Clinical Effectiveness

Priority 2: Strengthen the application of evidence-based guidance and research.

This priority was to support clinicians to offer consistent care, to set standards across the trust ensuring that patients receive evidence based practice and to decrease the variation in care.

The trust has not met their target of evidencing through audit; that 90% of applicable NICE guidance has been reviewed and an action plan is in place (as required) to support compliance.

The trust also has a target of the number of services who have in place a re-audit process to measure standard deviation in clinical practice. The trust was unable to achieve the target of 95% but obtained 90%. This percentage, as linked to the number of applied NICE guidance, does mean the trust will need to continue to focus on the application of this priority to support the other metrics, demonstrating the trust offers safe and effective care.

Improving patient experience

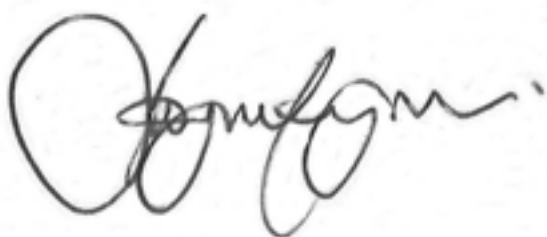
Priority 3: Promote patient-centred care through better understanding of what matters to our patients.

This target is following up and supporting the continuing work started by the trust on Always Events.

The trust was unable to give a percentage for their target; The percentage of contacts which meet the Always Event in end of life care (an audit of patient records) but has provided qualitative data to evidence they were acting upon their target. The CCG questions whether another metric would be more supportive of demonstrating that the trust's commitment to delivering patient centred care in end of life care.

We were consulted with the selection of priorities for the coming year, the CCG welcome the wide consultation the Trust has undertaken in the selection of priorities. Richmond CCG reviews the quality of the services provided by the trust throughout the year through Clinical Quality Review Groups and Director to Director meetings. We welcome the trust's openness and commitment to engaging with the public, its own staff and the CCG to enable continuous development of effective working partnerships.

The CCG are supportive of the quality priorities for 2019- 2020 chosen by the trust which continue to support its journey to outstanding.



Fergus Keegan

Director of Quality

Kingston and Richmond Clinical Commissioning Groups

Commentary on Hounslow and Richmond Community Healthcare NHS Trust

Quality Accounts 2018 – 2019

Healthwatch Richmond greatly welcomes the opportunity to comment on the Trust's Quality Account and be consulted on its quality priorities. The draft did not encompass all of the data that will be included in the final report however, we understand that waiting for it to be available would not have allowed us enough time to provide a thorough commentary.

The 53% increase in the number of people sharing their experiences of care and treatment with the Trust is impressive, especially since this has highlighted a near totality of positive feedback regarding the way people felt treated by staff. Nonetheless, from the draft it is unclear whether the latter was determined by staff training, successful recruitment strategies or simply positive attitudes. We therefore encourage the Trust to clarify this information and pursue further patient engagement. Looking beyond internal announcements and publicising through local charity networks like Healthwatch may allow more patients and carers to participate, whilst shedding a light on the reasons behind such responses.

Priority 1- Improve the management of the deteriorating patient through effective sharing of information

The introduction of a systematic SBAR framework will help improve referrals of deteriorating patients. Training 80% of staff to use SBAR will also allow them to work with the same standards however, provisional figures in the report did not suggest that the Trust had done enough to achieve its target of SBAR training. Whilst it is not possible to reach a conclusion on whether the Trust had met this objective, the high use of SBAR when referring deteriorating patients was positive. We look forward to hearing about further developments.

Priority 2- Strengthen the application of evidence-based guidance and research

The Trust's focus on evidence-based practice is laudable. Specifically, NICE guidelines offer providers an opportunity to align their care to the highest standards, whilst considering individuals' specific conditions, needs and the setting in which they are treated. The Trust has not achieved all targets associated with this priority but the draft report clearly highlighted the challenges surrounding this process and the application of targeted action plans.

High participation in auditing templates seems to indicate that service providers understand the relevance of this priority, whilst patients' engagement in research studies remain lower than expected. In relation to patients enrolled in research studies the narrative around staff involvement and patients' participation seem appropriate and positive. The reasons uptake did not meet targets however remains unclear and we would therefore welcome further clarity around this, as participation to these valuable studies may improve their reliability and results.

Additionally, it would be useful to the reader if the relevant information that comes up later in the report was referenced here.

Priority 3- Improving patient-centred care through better understanding of what matters to our patients

We fully support the view that patients' stories are at the heart of patient-centred care. The figures highlighted in the report show that this priority's aim was achieved and surpassed.

This was also evident from our work as during the last year we received numerous positive feedbacks from Teddington Memorial Hospital and the responsiveness that we experienced from the Trust when we shared these. These generally originated from frontline staff's ability to treat the public in a professional, kind and friendly manner. Efforts taken in promoting staff satisfaction and retention have clearly impacted positively this area. High quality interventions and clear staff-patient communication also seemed to counterbalance long waiting times for patients visiting the UTC. Nonetheless, the latter seems to be the alternative of choice for those who are unable to see a GP.

Additionally, we commend the Trust for the actions adopted to improve patient safety. Although safety incidents remain as high as 63.3%, it is clear that reporting, investigating incidents and the Trust's open attitude in maintaining a Duty of Candour are indicative of a positive organisational culture. There seems to be a pattern where the number of patients' incidents vary over time including peaks during summer months. No qualitative information is provided in the report to explain it (e.g. is this simply due to an increase in patient numbers during that time). The Trust's open attitude coupled to patients' feedback collection may provide clarity on this matter.

Quality Strategy 2019-2023

Healthwatch Richmond is enthusiastic about the Trust's future priorities. Given last year's positive achievements in terms of Quality Improvement and evidence development, the Trust's areas of focus for Patient Safety, Clinical Effectiveness and Patient Experience are suitable for the coming year. These priorities draw on creating a culture of openness between staff and patient, whilst taking a holistic, bottom-up approach to improving the local public's health. If the application of evidence-based guidance and research will be maintained and further developed, we are positive about the Trust's prospects of achieving "outstanding" services for our local community.

Finally, we congratulate the Trust for the report and for the "Good" ratings achieved after the last CQC inspection, an admirable success following the previous "Requires Improvement". The Hounslow and Richmond Community Healthcare NHS Trust has always exhibited an open approach to the community and a readiness over the years to maintain a positive dialogue with the patients it serves. Healthwatch Richmond has, since the inception of Hounslow and Richmond Community Healthcare NHS Trust, maintained a continuing presence at HRCH Board meetings and other key operational and strategic functions within its activities. We look forward to future collaborations in establishing outstanding services to patients, service users, families and carers.



London Borough
of Hounslow



Cllr John Chatt
Overview & Scrutiny Panel
London Borough of Hounslow
Hounslow House
7 Bath Road
Hounslow TW3 3EB

To: Kumal Rajpaul
Assistant Director of Nursing
and Patient Experience
Hounslow and Richmond Community
Healthcare NHS Trust

Your contact: John Chatt
Mobile: 07866 784503
E-mail: john.chatt@hounslow.gov.uk
Date: 28 May 2019

Dear Mr Rajpaul

Hounslow and Richmond Community Healthcare NHS Trust (HRCH) Quality Account for 2018/19.

On behalf of the London Borough of Hounslow's Health and Adult Care Scrutiny Panel, please find our response statement for inclusion in the HRCH Quality Account 2018/19 report.

LONDON BOROUGH OF HOUNSLOW'S HEALTH AND ADULTS CARE SCRUTINY PANEL RESPONSE

The London Borough of Hounslow's Health and Adults Care Scrutiny Panel ('Scrutiny Panel') welcomes the opportunity to provide a response to the Hounslow and Richmond Community Healthcare NHS Trust ('the Trust') Quality Account 2018/19 which provides a report on progress and identifies future priorities.

The Quality Account indicates a Trust with good patient satisfaction, a culture of safety, and listening to patient feedback. To make Quality Accounts more meaningful to service users at a local level, it is suggested that larger organisations like HRCH, provide site-specific information on the quality of their healthcare services as well as data and outcomes split by the local authority of residence of patient.

In addition, the report is very detailed so a shorter summary of performance progress in an executive summary would make it more accessible to the public and might enable greater feedback. Democratically-elected councils have much to contribute when it comes to the success of the local health economy, a simplified version alongside the detailed report will allow councillors and members of the public to engage more actively with giving feedback on this report.

2018/19 Performance

The positive progress on targets for all three priorities for 2018/19 is commended.

Patient safety

It is pleasing to see that the Trust's staff are supportive of the culture of openness and continue to be open and honest about incidents and near misses. The Panel notes that in 2018/19 the Trust reviewed and extended its threshold for the application of Duty of Candour. We note that the duty is now applied to all grade 3 and 4 pressure ulcers, but it is of concern that the Trust has not always met the statutory criteria in this area.

While we commend the Trust on the work to improve the management of the deteriorating patient, the Panel is concerned to see that the Trust has not met its target of 80% of staff completing the SBAR training.

The Panel is pleased to note that the Trust has reviewed and strengthened its serious incident reporting policy and proactively takes opportunities to learn from these incidents. The range of resources to support this, including a monthly newsletter and 'Learn & Share', is commendable.

Clinical Effectiveness

We understand that the focus has been to improve the NICE assessment process, so services use the best possible evidence. However, the percentage of applications of the NICE guidance is worryingly low. We hope, having now identified areas to focus efforts, we shall see action plans and progress towards compliance.

Improving patient experience

The Scrutiny Panel commends the Trust, again this year, on its work and performance to promote patient-centred care and ensure patient engagement particularly with regards to end of life care, inpatient services and dementia care.

The Panel notes that in 2018/19, the feedback collected had increased by a third since the previous year with 21,965 people reporting back on their care and treatment. The Panel was pleased to learn that 98% of patients responded that they were treated with dignity and respect and 97% of patients felt they had been listened to. The continued high satisfaction rate on the Friends and Family Test is also noted.

While the Trust has achieved a 100% response rate to complaints within the agreed time frame, it is of concern to see that the number of complaints is higher this year compared to last year (67 compared to 43). In addition, a higher number of PALS queries were received. The analysis reveals that these relate to staff attitude and treatment and are above the national average. We hope to see this improve with the implementation of the new customer service training package.

The Panel reiterates the recommendation from last year and mentioned above. It would be useful if the Trust includes any variances in patient satisfaction, complaints and compliments across each of its services and locations. This information would be aid us in monitoring your work in Hounslow and identify any gaps and issues.

Your staff

The Panel notes that the Trust's staff satisfaction ratings have been steadily improving over the past few years and that you have had several initiatives to improve staff engagement and satisfaction at work. We applaud the news that, in 2018, the Trust was named Best Place to Work for Employee Satisfaction by the Nursing Times and won the Workforce category in the Health Service Journal Awards. We also welcome the improvements in performance in the Annual NHS staff survey. It is noteworthy that the Trust was rated the best community trust in 17 areas. We look forward to learning how the Trust will continue to improve in the areas of inclusion; support and respect; and recognition of employee achievements. Even though staff recognition improved by more than 5% in the last year, only 60% of staff were satisfied with the recognition they received. We hope to see this increase.

It would also be useful if staff turnover, absenteeism and vacancies are reported. This would give a more comprehensive picture of staff satisfaction.

Whistleblowing (Freedom to Speak Up)

The Panel is pleased to note that the Trust was one of the first NHS trusts in the country to appoint a FTSU Guardian providing support to staff in raising any issues or concerns that may prevent good quality patient care.

Equality and diversity 2018/19

The Panel notes that the Trust has developed its patient and public engagement strategy which will include proactive outreach work with the local communities to actively listen to feedback and engage in the co-design of services. We would encourage the Trust to work with our Adult Social Care Department to ensure that all partners are proactive and coordinated in this approach. This year, the Scrutiny Panel reviewed this Asset Based Community Development Approach and is keen to see further partnership with the Trust.

We were also pleased to learn of the work with local schools and colleges to promote the careers available in the NHS, including apprenticeships. It would be helpful to have this information broken down by borough and to encourage engagements with local career services to ensure greater impact.

Review of services

The Panel commends the Trust again on its result from the CQC inspection from June 2018. This is a significant improvement from the inspection in 2016 when the Trust was rated as 'Requires Improvement' and had three regulatory breaches. We were pleased to hear that the CQC found that the Trust had made improvements in all areas and noted staff were kind and caring and treated people with dignity and respect.

The Panel is pleased to note that the completion and implementation of actions from Clinical Audits are monitored, with common themes identified and shared across all services.

Your quality priorities 2019/20

Overall, the Scrutiny Panel welcomes and supports the priorities for 2019/20 as these accord with the London Borough of Hounslow Corporate Plan 2019-24. Our Corporate Plan aims towards ensuring 'residents that are healthy, active and socially connected'. This means people enjoy good health, have a sense of belonging, and play a role in their local community.

The Trust believes 'outstanding' comes from a consistent approach to and demonstrable evidence of the following: quality improvement; patient and public engagement or co-production; and a strong safety culture. The Panel is particularly encouraged by the Trust's plans to fully develop an approach that puts people at the heart of care to improve service quality and to involve patients and carers in co-design of any service changes. The importance of this work has been emphasised by the Scrutiny's Panel deep dive review into the voluntary and community sector and the support needed to assist them to contribute to prevention and early intervention.

While we note your work and engagement on integrated care, we expect that the NHS Long Term Plan will have an impact on the Trust and we would encourage the Trust to engage in this process in North West London. The Scrutiny Panel recommends, in future reports, that there is a clear articulation of approaches the Trust intends to use in addressing challenges and opportunities arising from the Long Term Plan.

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

Yours sincerely

Councillor John Chatt



London Borough of Richmond upon Thames response to Hounslow and Richmond Community Healthcare NHS Trust draft Quality Accounts

22 May 2019

Following on from the meeting held on Wednesday 8 May 2019, to discuss Hounslow and Richmond Community Healthcare NHS Trust draft Quality Accounts (hereinafter 'QA'), we welcome the opportunity to provide additional input, as the London Borough of Richmond upon Thames (hereinafter 'LBRuT') is determined to champion the interests of its residents by playing a full and positive role in ensuring that the people living and working in the 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 and a number of suggestions we wish to proffer. We would like to take this opportunity to proffer the following comments on the report:

- A comprehensive explanation of the reasons where the Trust had not been successful in meeting its targets in the final report would be welcomed;
- Whilst the committee was reassured to hear that the Trust was meeting many of its nationally prescribed targets we feel that the Trust should be more aspirational and looking to achieve 100% in all assessed areas. Analysis of where higher targets are not met can be used to help identify areas of performance improvement;
- The committee welcomes the Trust's stated intention to minimise individual and team clinical practice variation and that diversion from established patient pathways should be justified clinically in a patient's record;
- The committee noted that complaints against had increased in 2018/19, albeit from a low base in 2017/18 and that patient complaints were spread across all services. We were reassured that the Trust will use analysis from the complaints process to improve the patient experience.

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 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 Health Quality Account Sub-Committee

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.

If you have any feedback or suggestions on how we could improve our Quality Account email us on hrch.communications@nhs or telephone 0208 973 3143.

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


The information in this report is available in large print by calling 0800 953 0363



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