Hounslow and Richmond Community Healthcare NHS Trust

QUALITY ACCOUNT 2013/14

Providing care that we and our families would want to use

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Chief Executive's statement – Quality Account

Our mission is to provide care and services that we and our families would want to use. Our commitment to this is embedded in our four areas of focus:

- Preventing illness, improving health and wellbeing
- Maintaining independence, preventing deterioration in health
- Preventing avoidable hospital admissions / extended stays in hospital
- Providing high quality end of life care

Frank Sims, Chief Executive

Over the past year we have demonstrated excellent care and high quality services across the Trust. This account outlines what we have achieved over the past 12 months and our continued commitment to improving the quality and safety of the care we provide to our patients. Community services are at the heart of a modern and flexible NHS. Our staff, which includes nurses, occupational therapists, consultants and physiotherapists, play a significant role in the health of people in both Hounslow and Richmond, impacting and making a difference every single day to hundreds of people.

As the local community healthcare provider, it's important to us that we are relentless in our drive to continuous improvement in the quality of all the services we provide. We are committed to delivering high quality, safe and effective care within a variety of settings - and providing care for patients in health centres, local hospitals and importantly in people's own homes.

Over the past year we have achieved many things that we are rightfully proud of. To name a few; the introduction of our patient feedback film stories, exceeding our target for hand hygiene compliance, 95% of our services are now reporting their clinical supervision uptake on WIRED - our electronic system for recording training, and we've strengthened our links with both Richmond and Hounslow Safeguarding Adults.

This Quality Account openly describes what we do well and also where we need to make improvements. It focuses on the reasons why I and thousands of other staff have chosen to work in the NHS – to strive for safe, effective care of which patients and staff can ultimately be proud.

Our job is to understand what our patients want from us, to truly listen to what they tell us about

their care, their experiences about what worked well and what could be done better. We continue to remind ourselves that the quality of patient care is our highest priority but this needs to be evident in the everyday experiences of people accessing our services.

Much of what is written in this Quality Account reminds us of why so many people are quite rightly proud of the NHS but also that staff need help and support to change things for the better. For example, whilst we have seen progress in how patients rate our services through the collation of patient experience measures, there is more work for us to do to prevent pressure ulcers which can be a significant cause of sickness and discomfort and lead to a reduced quality of life for patients. This Quality Account also sets out other issues and risks we must address and identifies the five priority quality areas we are committed to improving over the next year.

I wish to take this opportunity to thank our staff who continuously strive to improve the care they deliver, our patients for taking the time to tell us when we got it right but also where we could do better and our colleagues across the local health and social care economy for working with us to provide a comprehensive local service.

Finally, I can confirm on behalf of the Trust Board that to the best of my knowledge and belief, the information contained in this Quality Account is accurate and represents our performance in 2013/14 and our priorities for continuously improving quality in 2014/15.

Frank Sims

Chief Executive

Our priorities for improvement 2014-15

How we decided our priorities for improvement for the next 12 months

In determining the areas the Trust should focus on for our quality improvements in 2014/15, we sought the views of our patients, carers, staff and stakeholders in a number of ways.

- We undertook an analysis of patient safety incidents and complaints to identify key themes and trends
- We implemented an online survey for our staff and gathered feedback through our internal communication bulletins, team and management meetings and our clinical leaders forum
- We promoted this survey to our local community through the network of contacts held by the Patient Experience and Involvement Team including Hounslow and Richmond HealthWatch and patient groups
- We shared our priorities with local groups such as the London Borough of Hounslow's Older People's Group and Richmond Council for Voluntary Services Users and Carers Group
- We presented and sought guidance from our Patient and Public Involvement Committee
- We spent time capturing face to face feedback from patients, carers and the public when they attended West Middlesex University Hospital and the Heart of Hounslow Health Centre
- We listened to the views from Hounslow and Richmond local authorities and Hounslow and Richmond Clinical Commissioning Groups (CCGs)

After careful consideration of the main themes emerging from this feedback and the themes arising from national reviews, for instance the recommendations of the Francis Report and the Clywd and Hart Review of the NHS Hospitals Complaints System, our Trust Board also reviewed our performance against indicators which measure the safety and quality of our services and agreed five priorities for 2014/15. All five priorities are about delivering better outcomes and an improved experience for our patients.

All five priorities are new for 2014/15, although it was important to us that we considered how best we could embed the progress we made in our quality priorities from 2013/14. We wanted to make sure that our learning and improvements in practice become part of our day to day work and so our quality priorities for 2014/15 have focussed on wider themes of transparency, being open and learning.

"Thank you for all your professionalism and kindness"

Mrs M
St Margarets

The priorities for improvement we have chosen for 2014/15:

Improve patient safety:

1. Improve learning from incident reporting and ensure that it is used to drive continuous service improvement
2. Ensure the safe use of medicines so that patients get the maximum benefit from the medicines they need

Improve clinical effectiveness

3. Improve dementia care in our hospital and in the community

Improve patient experience

4. Ensure that we have the right staff, with the right skills, in the right place
5. Improve transparency of complaints reporting, improve our response to complaints and ensure that lessons are learned

Improving patient safety

PRIORITY 1

- **Improve learning from incident reporting and ensure that it is used to drive continuous service improvement**

We believe that the reporting of incidents by our staff promotes an open culture and increases awareness of patient safety across all of our services. We know that reporting and better understanding of incidents, ensuring we learn from them and implementing solutions to minimise the risk of them reoccurring is key to making patient care safer.

The National Patient Safety Agency advises that NHS organisations that report high levels of patient safety incidents promote a culture of safety as they take all incidents seriously and link reporting with learning.

We ask our staff to report incidents on our on-line system, Datix; this includes the ability to record actions required to prevent an incident reoccurring but we know that this is not being used to its fullest extent. A snapshot of incidents reported in March 2014 showed 46% of incidents had either actions or feedback recorded. We want this to increase to 65% and we will do this by:

- Working with operational managers and team leaders to support them to use the actions and feedback elements of the Datix system
- Including this in our risk and incident training which is part of the statutory and mandatory training programme for all staff
- Using our Learn and Share newsletter to highlight learning from incidents

Incident reports tell us that we haven't fully implemented learning in some areas of practice. This is how it is for the identification and management of pressure ulcers.

In 2013/14 we reported 54 grade 3 or 4 (the most serious) pressure ulcers which were acquired by patients receiving care from us and 59% of these were avoidable. We take these figures very seriously and will be reporting this information monthly to our Board. We know from our investigations that the implementation of a care plan to prevent pressure ulcers occurring in high risk patients is essential to delivery of coordinated, high quality care. We want to ensure that all patients at risk of developing pressure ulcers have a preventative care plan in place at their first contact with our services. We understand how a pressure ulcer impacts on the health and well-being of our patients and we want to make this better.

In our 2013/14 Quality Account we focussed on improving the quality of some key, clinical areas, for instance safeguarding vulnerable adults and infection prevention and control.

The good progress made in these areas will be further strengthened during 2014/15 through our focus on identifying patient safety incidents and 'near misses' and ensuring learning is identified and shared across services.

> ***"The nurses were all very professional, caring and considerate and gave the very best service"***
>
> ***Ms A Hounslow***

Our aim

For there to be an increase in the number of staff reporting they can demonstrate learning from an incident

Measures we will report to our Board

Measures we will report to our Board	Position as of 31 March 2014	Target for 31 March 2015
The percentage of incidents that include details on actions and feedback to staff on Datix.	46%	65%
The percentage of appropriate patient records with a care plan in place to prevent pressure damage.	28%	85%
The number of staff reporting they can demonstrate learning from an incident	Not available	Q1-baseline and target to be set following audit findings
Other measures we will use to track progress		
Progress against action plan to improve sharing of learning from incidents	Red, amber, green rated action plan	


One of our physiotherapists became the first in the country to qualify as an independent prescriber!

PRIORITY 2

- **Ensure the safe use of medicines so that patients get the maximum benefit from the medicines they need**

We believe that the safe use of medicines is the responsibility of all healthcare professionals. We want to make sure that our staff are confident and competent in the administration of medicines so that our patients receive their medication in a way which is safe and effective. We want our patients to have confidence when using their medication and the ability to ask their nurse or healthcare professional when they have a query or a difficulty with their medicines.

We know from incident reporting that medication incidents are regularly one of the highest categories of patient safety incidents reported. We also know that medication safety is something that is of concern for patients and their families because members of our Patient and Public Involvement Committee told us this.

Last year our staff reported 208 medication incidents. A proportion of these were our staff identifying incidents which did not occur whilst the patient was receiving care from our services.

Many of these incidents related to patients who have been discharged from hospital to community care. Our nursing teams respond to these incidents to ensure there is no harm to the patient and we inform the organisation where the incident originated so that we work together to share learning, making sure that incidents are identified and managed promptly and any risk of harm to our patients is minimised.

Our quarterly audits of antibiotic prescribing in the Hounslow Urgent Care Centre, inpatient unit at Teddington Memorial Hospital and Teddington Walk in Centre demonstrate that we have raised awareness of local antibiotic prescribing guidelines but that we need to be better at recording allergy status. We will continue to audit antibiotic prescribing practice quarterly and will improve compliance with our guidelines.

Our aim

To increase our staff knowledge and awareness of medicines to reduce the potential harm to patients of medication incidents

Measures we will report to our Board

Measures we will report to our Board	Position as of 31 March 2014	Target for 31 March 2015
Number of medication incidents reported	208 Total for 13/14	228 (10% increase)
Percentage of all medication incidents which have resulted in medium/high levels of harm	5:208 2.4% Total for 13/14	Reduction of 25%
Percentage compliance with safe and clinically effective antibiotic prescribing in line with guidance.	85% NB Q4 data and relates to UCC, TMH and WiC	90%
Other measures we will use to track progress		
Number of serious incidents relating to medication	0	Ceiling 0

Improving clinical effectiveness

PRIORITY 3

- Improve dementia care in our community hospital and in the community

We know that dementia is an increasingly common condition for our patients. Being able to identify early warning signs that may lead to dementia is a priority across our organisation. We also know that dementia is often associated with other long term conditions for frail elderly people such as heart failure, diabetes and limited mobility. The relationship between physical and mental health problems for frail elderly people can mean they do not get the most appropriate treatment and care.

Nurses can make a real difference to people living with dementia, their carers and their families. We want to develop and coordinate the services that people living with dementia receive and participate in, so that we are providing a consistent and responsive approach to their care. In 2013/14 we made significant progress on the journey to becoming dementia friendly including developing four training leads who delivered foundation training to 152 members of staff but we want to continue to develop the skills of all of our staff so they deliver high quality care and support for people with dementia, their families and their carers.

In the 2013 Department of Health paper, 'Making a Difference in Dementia', one of the key steps to improved dementia care is early identification, diagnosis and support. We want our staff to improve their 'dementia awareness' and 'dementia skills' so that they are more confident and competent in identifying early warning signs which may lead to dementia, to be able to discuss these with their patient and be able to make appropriate referrals.

Our aim

For more people to receive mental health interventions at the right time

HRCH are going dementia friendly!

Measures we will report to our Board

Measures we will report to our Board	Position as of 31 March 2014	Target for 31 March 2015
Percentage of patients screened and assessed for early warning signs that may lead to dementia on admission to Teddington Memorial Hospital inpatient unit and community nursing services	Screening and pathway not in place	Trajectory to be agreed with commissioners in Q1
The percentage of patients whose screen for early warning signs that may lead to dementia has triggered a referral in line with the agreed pathway	Referral pathway not in place	Trajectory to be agreed with commissioners in Q1
Percentage of relevant staff who have completed dementia training to enable them to identify early warning signs that may lead to dementia	152 relevant staff completed foundation training	Target and trajectory to be set in Q1
Other measures we will use to track progress		
Progress against 14/15 CQUIN milestones	This will be monitored through the Performance Committee and with our commissioners	

We are currently working with our commissioners to agree our approach to increasing the identification of people who have early warning signs that may lead to dementia and so will be agreeing targets and trajectories to achieve the targets during Q1.

Improving patient experience

PRIORITY 4

- **Ensure that we have the right staff, with the right skills, in the right place**

In December 2012, the Department of Health launched the Nursing and Midwifery Strategy 'Compassion in Practice'. Integral to this strategy are what are now known as the '6Cs':

- care
- compassion
- competence
- communication
- courage
- commitment

We strive to deliver the best possible quality of care for all of our patients and fully support the 6Cs. We launched the 6Cs through a programme of workshop events for all of our staff, where patients told us why compassionate care is so important; 'receiving caring and compassionate care makes me feel safe and as if I can face the days ahead.' We know that being compassionate isn't just about the care we give, but the way we give it. It's about how we listen, what we say, what we do and more importantly, how we do this.

"A huge thank you-you all showed such concern and patience and helped our mother to fulfil her last wish to die at home"

Ms V and D Hounslow

We believe that everyone has a responsibility for the delivery of high quality, compassionate care. We want our staff to feel enabled to do the right thing, to speak up and challenge when things are wrong and above all to demonstrate a willingness to be open and transparent.

For our staff to be the best they can be we need the right number of staff with the right skills and behaviours, working in the right place to meet the needs of the people they care for. We recognise that our staff need time to learn, to reflect and to re-energise and that our staff need to be supported by an organisation that promotes a compassionate and caring culture.

Our aim

To provide assurance that our staffing levels and skills enable the delivery of safe, high quality care and support at all times.

Measures we will report to our Board

Measures we will report to our Board	Position as of 31 March 2014	Target for 31 March 2015
Implementation of evidence based staffing levels for Teddington Memorial Hospital Inpatient Unit	Daily staffing levels reported on internal dashboard and on ward	Daily, shift by shift reporting of staffing levels Monthly reporting and publication of staffing levels in line with NHS England's requirements Staffing levels reported to Board every six months linked to our own indicators for quality of care and patient experience
Progress against project plan to implement behaviour based appraisals across the Trust	27 staff of a cohort of 61 had a behaviour-based leadership appraisal during 2013/14. Appraisal tool for all staff not in place	For there to be an agreed appraisal tool in place For the implementation of this to be completed
Progress against project plan to implement a monthly Quality report which triangulates patient safety & patient experience information with workforce information	Not in place	100% services with service level information reported monthly
Other measures we will use to track progress		
Progress against plans to embed the 6Cs across all clinical services	Progress against action plan	

PRIORITY 5

- Improve transparency of complaints reporting, improve our response to complaints and ensure that lessons are learned

"In recognition of the tremendous help, care, support and love that we received from your team"

D family Hampton

The final report of the Mid Staffordshire NHS Foundation Trust public inquiry, The Francis Report, was published on 6 February 2013 and made recommendations to address the fundamental issues of creating a culture of safety, compassion and learning that is based upon openness and cooperation. We recognise that patients raising concerns about their care are entitled to have the matter dealt with in a way which is prompt and thorough but also sensitive and responsive.

We encourage patients to raise their concerns and have a robust system in place to respond to concerns and complaints through our dedicated Patient Experience and PALS (Patient Advice and Liaison Service) Team.

In 2013-14 we reported 82 complaints and 109 enhanced PALS enquiries. An enhanced PALS enquiry is one that cannot be answered immediately and requires further investigation or action by the PALS team. 87% of complaints were responded to within 25 working days and where we were not able to respond within 25 days, we contacted the complainants to advise of the delay and agree a reasonable extension.

We focussed on making sure that our staff learn and implement change in response to complaints; in March 2014 we reported to our Board that 100% of all complaints had a completed action plan. We strengthened the link between complaints, incidents and serious incidents and have amended our policy to reflect this.

However we think we can do more. We would like to have a better understanding of what patients and their families think about our complaints process and how we can improve it to make sure that it does meet their needs.

We have become a member of the Patient's Association* and they have agreed to support us by undertaking an independent review of a sample of our complaint responses with the complainant. We welcome this opportunity to work with a charity whose central focus is to improve the experience of patients.

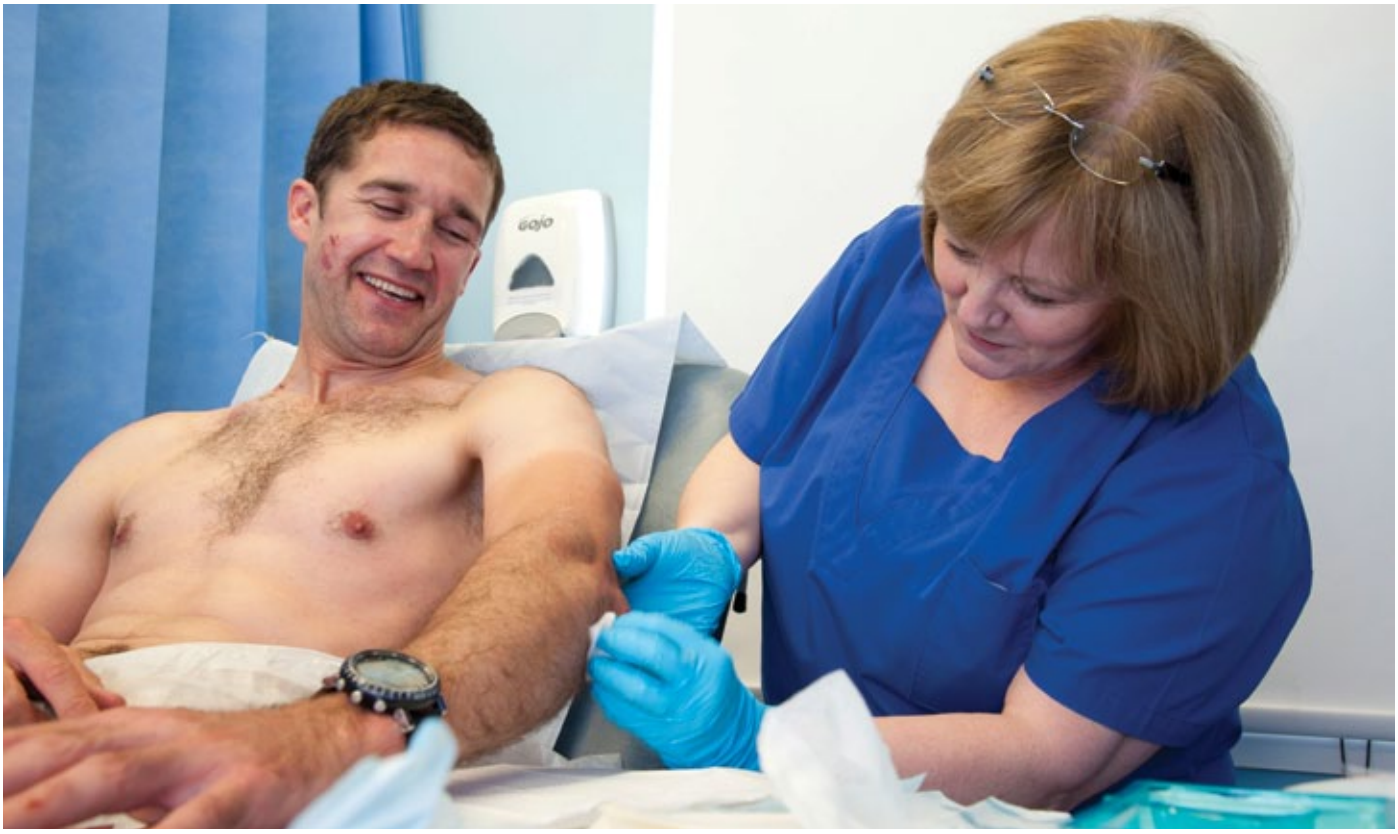
We believe we could be more transparent about our complaints and will be considering how we can do this in a way which protects our patients but which promotes an open and honest approach when we have got it wrong. Last year we significantly increased the number of Being Open meetings that were held; these enable the complainant to meet with staff and agree together how best to resolve the issues raised. Being Open meetings were held as the primary response to 15% of all complaints during 2013/14 but we want to increase this.

Our aim

For patients to feel that their complaint has been listened to and that we have taken actions to make sure it couldn't happen again to someone else.

Measures we will report to our Board	Position as of 31 March 2014	Target for 31 March 2015
The number of complainants who have provided feedback on how their complaint was managed	Nil	20%
The number of 'Being Open' meetings held as a primary response to a complaint	15%	20%
The number of patients who have provided feedback on the services they have experienced	Patient feedback reported through annual surveys	Q1-trajectory to be set following implementation of on-line reporting tool
Other measures we will use to track progress		
The number of complaints and PALS enquiries	82 complaints 109 enhanced PALS	Not required

*Footnote – The Patient's Association is a charity which ensures that the opinions of patients are gathered on a wide variety of health and social care issues and that this knowledge is used to campaign for real improvements to health and social care services across the country.



Monitoring progress throughout the coming year

We have a dedicated committee focussed on reviewing the quality of our services. This committee, known as the Integrated Governance Committee (IGC) will monitor our progress throughout the year. The IGC is chaired by a non-executive director and membership includes the chairman of the Trust Board and representation from Healthwatch. The Medicines Management Committee and Quality and Safety Committee report to the IGC. In addition, our Patient And Public Involvement Committee is specifically tasked with monitoring our performance against our priorities for improvement, they will review progress and hold us to account for its delivery.

Priority for improvement	Responsible director	Implementation Committee
Improve learning from incident reporting and ensure that it is used to drive continuous service improvement	Siobhan Gregory	Quality and Safety Committee
Ensure the safe use of medicines so that patients get the maximum benefit from the medicines they need	Siobhan Gregory	Medicines Management Committee
Improve dementia care in our hospital and in the community	Jo Manley	Quality and Safety Committee
Ensure that we have the right staff, with the right skills, in the right place	David Lee	Quality and Safety Committee
Improve transparency of complaints reporting, improve our response to complaints and ensure that lessons are learned	Siobhan Gregory	Quality and Safety Committee

How will we report progress throughout the year to the Trust Board and to the public

Progress in all five priority areas will be monitored by our Trust Board through the Integrated Governance Committee. We have agreed a Board level sponsor for each priority and the same at service level. These quality priorities will be reported quarterly through the integrated finance and performance report which is available on our website within Trust Board papers for staff and the public to view.

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

Additional quality indicators chosen for 2014/15

In addition to the five priorities for improvement we will also deliver the quality improvements outlined in our overriding strategy to improve the quality of our services, in our contracts and in our commissioning for quality and innovation schemes (CQUINS). Further information about our CQUINs is on page 24.

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

Targets will be agreed for each indicator; progress will be reported to the Board in the monthly scorecard.

Review of services

During 2013/14 Hounslow and Richmond Community Healthcare NHS Trust (HRCH) provided and/or sub-contracted 60 NHS services in Hounslow and Richmond. We also provided some services to patients outside of Hounslow and Richmond boroughs:

- **LiveWell**
  Sutton and Merton
  Newborn Hearing Screening Programme
  Maternity units in Kingston, Croydon, St Helier's, St George's and Ealing hospitals
- **Healthy Lifestyle Programme**
  Ealing

HRCH has reviewed all the data available to them on the quality of care in all of these NHS services.

Performance management is embedded throughout the Trust with reporting processes from 'patient to board'. During 2013/14 we implemented a Performance Review Committee which is tasked with identifying, monitoring and providing assurance in relation to any concerns resulting from our performance. This committee reviews performance against a scorecard of indicators, identifies root causes for any underperformance and reviews progress of action plans to remedy underperformance. This committee has strong leadership and accountability; all directors are members.

"Thank you for the great treatment. You were professional, gave effective treatment and got me back on my feet quickly"

Mr G
London

Our Board continued to develop its integrated finance and performance report. This report has indicators which measure the safety and quality of services alongside measures on finance, workforce and performance. The report is scrutinised by the Finance and Performance Committee every month which reports to the Trust Board. An exception reporting system ensures that there is focus on areas of unsatisfactory performance, with clear accountability for delivery of action plans within agreed timetables.

The performance of services is monitored through use of a 'heat' map which shows those areas where a service may not be providing consistently high quality services. This information is gathered from a wide range of sources including complaints, incidents, serious incidents and patient feedback.

Services

HRCH provides a combination of specialist and local healthcare services across Hounslow and Richmond in a wide variety of settings including health centres and clinics, schools, hospitals and in patients' homes. We also provide inpatient, outpatient and Walk-In services at Teddington Memorial Hospital and were awarded the contract for the Hounslow Urgent Care Centre at West Middlesex Hospital from April 2014 after a successful pilot.

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

Participation in clinical audit

81 local clinical audits were completed and reviewed by HRCH from April 2013 - March 2014 and many of these have led to improvements in care and learning which can be applied across the Trust.

The table below provides a summary of actions from a selection of local clinical audits.

Title of local clinical audit	Actions taken to improve quality of healthcare provided
Consent audit	• Developed a learning sheet for staff to raise awareness and knowledge of consent processes and policy. • Amended RiO (our electronic care record) to highlight patients with communications difficulties to ensure all services are aware and can make reasonable adjustments.
Newborn hearing screening decliners audit	• Screeners to provide parents with written information on hearing screen by presenting them with the NHS booklet 'Screening Tests for your Baby'. • Screeners to explain screening process and benefits verbally prior to screening.
Mental Health Learning Disability audit	• All follow up appointments to be booked after each clinic/home visit • Write all diagnoses of dementia in diagnosis column • Specify level of learning disability on GP letter
Falls Prevention Client Experience audit report	• All clinicians to explain the likely cause(s) of the clients fall at the end of the assessment • Improve target triage times from 3 weeks to 7 days
Records Management audit	• Improve our system for tracking of records when moving from clinic to clinic • Improve recording of allergy status, next of kin and/or carer details • Appropriate use of agreed abbreviations only • Subsequent audit of electronic records is required
Community Intravenous Therapy Services-re-audit	• Ensure patients are provided with information about any side effects of their medication
Goal Attainment Scores (GAS) in Rehabilitation Services	• Improve clinician's knowledge of using SMART measures (specific, measurable, achievable, relevant, timely) • For all patients, including short term treatment, to have agreed GAS
Audit of babies under 28 days old attending A&E departments	• Improve awareness of breastfeeding support • Improve clinician's knowledge of babies at risk of jaundice and weight loss

The list of national clinical audits and enquiries for inclusion in Quality Accounts 2013-14 have been reviewed for relevance with the majority of the audits having been deemed not applicable to HRCH as a community provider.

During 2013/14 HRCH participated in the Sentinel Stroke National Audit Programme (SSNAP). This audit collects data from all stroke patients admitted to hospital and follows their care through their entire hospital stay and into the community to monitor care from rehabilitation teams and then collects outcome data at six months. This audit will continue into 2014/15.

HRCH is also participating in the National Chronic Obstructive Pulmonary Disease Audit which started in Autumn 2013.

When actions have been produced from both national clinical audits then they will be disseminated to relevant services by our clinical audit team to improve the quality of healthcare provided.

There were no Clinical Outcome Reviews (formerly known as National Confidential Enquiries) which covered services provided by HRCH.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2013/14 participating in research approved by a Research Ethics Committee was fourteen.

HRCH has been involved in five new clinical research studies during 2013/4 which were approved by a Research Ethics Committee. These were:

- Use of knowledge in practice by musculoskeletal physiotherapists
- Conducting initial healthcare assessments for unaccompanied asylum seeking children and young people
- National guidance for measuring assistive technology
- Commissioning through competition and cooperation
- EVRA (Early Venous Reflux Ablation)

HRCH continues to be involved in the six studies that commenced during 2012/13 and which continued during 2013/14. We anticipate these will conclude during 2014/15 and we will ensure learning is shared and actions implemented appropriately.

An additional six applications for research governance were received during 2013/14 which did not require ethics approval. Local approval was granted and the studies are underway.

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

Use of CQUIN payment framework

A proportion of HRCH's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between HRCH, NHS Richmond Clinical Commissioning Group (CCG) and NHS Hounslow Clinical Commissioning Group (CCG) through the Commissioning for Quality and Innovation payment framework (CQUIN).

Our achievements against CQUIN goals for 2013/14

Goal	Commissioner	Achievement	Status (RAG)
PROMS (patient reported outcome measures) and PREMS (patient reported experience measures)	NHS Richmond CCG	Partially met; outstanding actions will be achieved during Q2 2014/15	Amber
Becoming a dementia friendly Trust	NHS Richmond CCG and NHS Hounslow CCG	Partially met; our commitment to becoming dementia friendly will be achieved during 2014/15	Amber
Safety Thermometer	NHS Richmond CCG	Fully delivered	Green
Implementation of improved integration of care across health economy	NHS Richmond CCG	Fully delivered	Green
Safety Thermometer	NHS Hounslow CCG	Fully delivered	Green
Harm free training for care homes	NHS Hounslow CGG	Fully delivered	Green
Catheter care management	NHS Hounslow CCG	Partially met; outstanding actions will be achieved as part of the 14/15 CQUIN scheme	Amber
Single point of access referral system	NHS Hounslow CCG	Fully delivered	Green

We did not fully deliver all of our CQUINs.

We have worked with our commissioners to agree our CQUIN schemes and goals for 2014/15; these are detailed below.

(NB at time of this Account being produced, all CQUINS for 2014/15 had not been signed off in full by commissioners)

Goal	Commissioner
Friends and Family Test (FFT) • Implement the FFT for both staff and patients across all areas of the Trust	NHS Hounslow CCG NHS Richmond CCG
Safety Thermometer • The Safety Thermometer is a local improvement tool for measuring, monitoring, and analysing patient harms and harm free care. • This year's focus is on the reduction of pressure ulcers	NHS Hounslow CCG NHS Richmond CCG
Shared Patient Record • Develop systems to allow access to and two way information exchange within a common clinical IT system/shared electronic record between the GP and the care provider, ensuring that we achieve a single patient record with a single care plan visible to and updated by all providers involved • Electronic real-time information to be made available to GP systems.	NHS Hounslow CCG
Single Point of Access (SPA) – Discharge referral monitoring • To improve the quality of referrals from acute providers using the revised community referral template already in place and reviewing, monitoring and analysing all community referrals to the SPA	NHS Hounslow CCG
Catheter care • Expand the multidisciplinary work completed with West Middlesex University Hospital (WMUH) urology team to other WMUH departments/ discharge teams to encourage prompt reassessment and where indicated removal of catheters upon discharge. • Continue to improve communication channels with GPs to discourage the unnecessary use of emergency services. • Continue the development of the community database of catheterised patients. • Deliver catheter training to nursing home staff.	NHS Hounslow CCG

We did not develop a community database for catheter patients. This activity has been rolled over into the 2014/15 catheter care CQUIN. We were also unable to use our newly purchased on-line system for collecting, analysing and reporting patient feedback for patient reported outcome measures during 2013/14 but the system is in place and will be used to record Patient Reported Outcome Measures (PROMS) during Q2 of 2014/15.

Goal	Commissioner
IT Integration • Develop a roadmap for clinical information systems that would support integration and interoperability between HRCH and other NHS and social care providers across the local community.	NHS Richmond CCG
Paediatric Ambulatory Care • Develop ambulatory care pathways for Richmond children • Scope the need to develop an outreach service for children operating across the acute and community setting linking in with the existing Children's Community Nursing Team • Provide Nurse Practitioner training for paediatric nurses	NHS Richmond CCG
Dementia reporting • Map the flow of dementia patients across Teddington Memorial Hospital's (TMH) Inpatient Unit and Community Nursing Services and identify ways to capture the pathway (identification of potential dementia patients/carers and appropriate onward referral) for reporting purposes. • Utilise clinical coding on RiO for diagnosis including dementia.	NHS Richmond CCG
Innovation and Service Redesign • Review the community service model and redesign pathways to maximise integration and outcomes for patients. • This CQUIN is being developed in Quarter 1 of 14/15.	NHS Richmond CCG

Targets will be defined with commissioners during Q1 of 2014/15.

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

Registration with the Care Quality Commission

Hounslow and Richmond Community Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without conditions'.

The CQC has not taken enforcement action against HRCH during 2013/14.

We were not required to participate in any special reviews or investigations by the CQC during 2013/14.

As is standard, the CQC undertook one review of compliance within our services during 2013/14.

An unannounced inspection was undertaken in January 2014 as part of the CQC's scheduled programme of inspections. The four services listed below were inspected.

- Hounslow Diabetic Service;
- Richmond Diabetic Service;
- Hounslow Community Rehabilitation Service;
- Richmond Rapid Response and Rehabilitation Team.

The CQC found that all services inspected met the seven Essential Standards of Quality and Safety inspected apart from the Richmond Rapid Response and Rehabilitation Team (RRRT) which was assessed as not meeting the standard 'assessing and monitoring the quality of service provision' in that we were not adequately identifying, assessing and managing risks to patients using the RRRT.

This was judged to be having a minor impact on the people who use the service.

We have provided the CQC with a report that says what action we are going to take to meet this essential standard in the RRRT.

Patients interviewed as part of the inspection reported:

> "The therapists were wonderful, explained everything very well and in detail";
>
> "I have learned more about my diabetic condition in two visits to the clinic than in the previous eight years since being first diagnosed";
>
> "Staff are helpful, friendly and they listen to me";
>
> "Staff were respectful and treated me with dignity; I never felt rushed."

The report, produced by the CQC, can be found at www.cqc.org.uk

Data quality

Reliable information is a fundamental requirement for HRCH to conduct its business efficiently and effectively. We need accurate, timely and comprehensive data to deliver high quality services and to account for our performance. Producing data that is fit for purpose is a key element of our operational performance management and governance arrangements.

HRCH will be taking the following actions to improve data quality:

- Undertake an assessment of our data across all of our services to understand where quality may be strengthened in order to accurately model services and improve data quality and service efficiency as a whole
- Apply the standards of data quality as outlined in our Data Quality Policy
- Continue to develop a culture of high data quality within the Trust and involve clinical staff in reviewing data as we move increasingly towards more patient care being recorded electronically
- Continue to run reports to assure ourselves and our commissioners of the accuracy, timeliness and quality of our data

An audit of our Quality Account for 2012/13 highlighted that we had some areas where we needed to improve data quality. In response to this our Trust Board approved an Information Assurance Framework which is the overarching document of the Data Quality Policy and the Data Quality Strategy. We have reported our performance in relation to data quality to our Board regularly.

HRCH worked in conjunction with other London

trusts to develop a Community Information Data Set. We have now achieved a completion rate exceeding 95% against a 50% target for main community information systems, and have exceeded 60% coverage on service specific systems.

HRCH will continue to focus on data completeness during 2014/15 through inter-system comparisons and a range of reporting functions that identify particular areas for improvement. Particular emphasis will be based initially on our district nursing service which is one of our largest services and this project will inform further phases to ensure effective delivery of better quality data.

Our records audit showed that best practice was in place for use, storage and disposal of corporate records

The patient NHS number is the key identifier for patient records. We report the percentage of electronic patient records which include the patient's NHS number; we achieved in excess of 98% during 2013/14 on our main electronic care record (RIO) which is linked to the National Spine*, with in excess of 800,000 appointments for approximately 120,000 patients.

HRCH also submitted information about the percentage of records for patients admitted to our inpatient wards at Teddington Memorial Hospital which included the patient's NHS number to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics. We reported that 99% of records included the patient's NHS number and 99% included their General Medical Practice.

Hounslow and Richmond Community Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during 2013/14.

*Footnote – The National Spine is part of the national infrastructure that supports the delivery of healthcare services and provision in the UK. It supports a single NHS Number as a unique identifier facilitating the safe, efficient and accurate sharing of patient information across organisational and system boundaries within the NHS.

Information Governance Toolkit

Information Governance (IG) supports clinical governance, service planning and performance management. It gives assurance to the Trust and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The Health and Social Care Information Centre (HSCIC) Information Governance Toolkit (formerly NHS Connecting for Health) is an online web-based system which allows us to self-assess against the NHS Information Governance Assurance Framework, including Information Governance Toolkit requirements and standards.

We submitted a fully compliant level 2 IG Toolkit on 31 March 2014. Our overall compliance score for this annual submission was 71% (green rated); this was an increase of 3% from our score in 2012/13.

This good progress was achieved through a variety of measures and actions undertaken which included:

- We regularly reviewed and updated our progress using our information governance action plan which was overseen by the Information Governance Committee;
- We reviewed and updated all of our Information Governance and Information Technology policies and procedures;
- We undertook an audit of both our clinical and corporate records;
- We reviewed and amended job descriptions of key leads to ensure their role and responsibilities regarding Information Security and Records Management were clear;
- We supported our staff to complete their Information Governance e-learning; 95% of all of our staff had completed this by 31 March 2014 and
- We reviewed and updated our Information Data Flow Mapping registers.

Our progress during 2014/15 will continue to be monitored by the Information Governance Committee, which reports to the Quality and Safety Committee.

Our quality improvements for 2013/14

How we performed in the 'priority for improvement' areas we set ourselves

Patient safety

PRIORITY 1

- Ensure a consistent, high quality standard for safeguarding vulnerable adults is delivered across the organisation

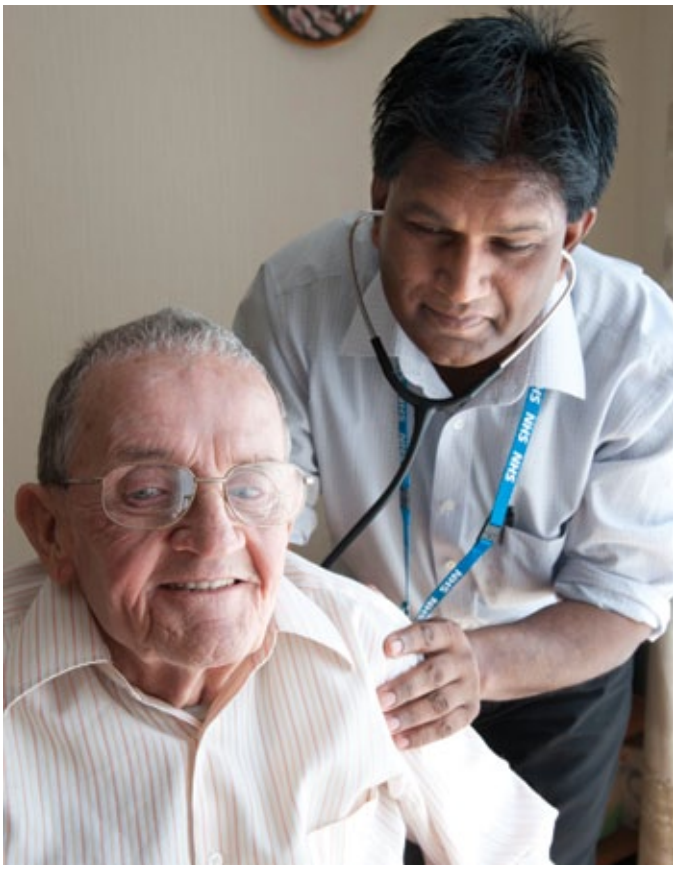
Our aim

To achieve a 'green' rating against 19 out of 21 applicable actions required within the Safeguarding Adults Self-Assessment and Assurance Framework (SAAF).

This quality priority built on the work we did during 2012/13 when we recognised that we hadn't made as much progress as we wanted to. During 2013/14 we wanted to train more staff both in basic safeguarding adults awareness but also for clinicians to have a greater knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) so that they are more equipped with the skills to provide safer and better patient-centred care for people who are not able to make their own decisions about their health needs; we have made significant progress in achieving this priority.

The outcomes we achieved:

- We are really pleased that by 31 March 2014, 92.9% of our staff had completed training in safeguarding adults awareness



- We have significantly increased the number and percentage of staff who have completed MCA and DoLS training from 5.3% (March 2013) to 44.8% (March 2014)
- We assessed our safeguarding adults performance using the SAAF and found we scored green i.e. effective in 18 out of 21 (86%) areas, and blue i.e. exceeding

"We would like to thank each and everyone of you for the marvellous care and attention we received. Without your tremendous support he wouldn't be doing so well now

Mrs R Teddington

requirements in one (5%) area. The area where we scored a blue rating was joint working with other agencies including local authorities and the police which is integral to a robust and safe service

- An internal audit showed that our Board can take reasonable assurance that our safeguarding adults systems and processes are safe and effective.

How we supported these achievements:

- We invested in a full time Adults at Risk lead nurse post
- We have strengthened our links with both Richmond and Hounslow Safeguarding Adults Partnership Boards
- We ensure that all safeguarding alerts are followed up to ensure there is an appropriate and timely response which protects our patients
- We revised our internal procedures for safeguarding adults
- We provided 12 MCA and DoLS training sessions for staff as well as making an e-learning option available

Measures we reported to our Trust	Baseline position 31 March 2013	Target 31 March 2014	Position achieved by 31 March 2014
Number and percentage of questions in SAAF where we have reported a green (effective) or blue (exceeding requirements) status	10 out of 21 48%	19 out of 21 90%	19 out of 21 90.5%
Percentage of staff who have attended safeguarding adults awareness training	89.4%	95%	92.9%
Percentage of clinical staff required to attend MCA and DoLS training who have completed this training	5.3%	40%	44.8%
Other measures we used to track progress			
Number of serious incidents relating to safeguarding adults	1	Ceiling: 1	3

We reported three serious incidents which were allegations of abuse made against our staff. Through greater awareness of safeguarding adults, there has been an increase in reporting of incidents; we take all allegations seriously. Two allegations related to care provided by our nurses. We ensured the allegations were investigated, one by an external investigator and one by an internal investigator. The investigations found that whilst the care was not of the high quality we would expect from our staff, it was not abusive. Robust action plans have been implemented with director leads to ensure the quality of our services improves. The third allegation related to an individual who was not a permanent member of our staff and who is no longer working for us. We informed the police who will investigate and take the appropriate action.

PRIORITY 2

- Minimise risk of preventable healthcare associated infections

Our aim

To minimise the risk of preventable healthcare associated infections through a comprehensive programme of training and audit against our Infection Prevention and Control Policy.

Whilst our baseline position on 31 March 2013 was high, we wanted to demonstrate our commitment to reducing healthcare associated infections across the wider health economy during 2013/14 and embed the good practice that had been implemented.

We acknowledge that we did not make the level of progress that we wanted to. Whilst 93% of our clinical services teams submitted High Impact Interventions* in quarter 1 of 2013/14, this was not consistent throughout the year and we achieved an average of 81% which is 9% below the target we had set ourselves. We will however continue to encourage the submission of High Impact Interventions to ensure we can demonstrate that the care we provide meets best practice standards.

We are disappointed that we also did not achieve our target for infection prevention and control training uptake. By March 2014, we achieved 84% against a target of 90%. From April 2014 all infection prevention and control training is provided as e-learning to provide a more flexible and convenient approach for clinicians.

The outcomes we achieved

- Our clinicians met and exceeded the target for submission of hand hygiene compliance audits; 92% against a target of 90%
- Throughout the year our clinicians have met or exceeded the target for compliance with our hand hygiene policy; at the end of March 2014 this was 96% against a target of 95%
- We met our locally set ceiling for reportable healthcare associated infections.

How we supported these achievements:

- We have an infection control link practitioner network in place who oversee and undertake hand hygiene compliance audits in their services
- We have provided extensive training to the infection control link practitioners which has enabled them to provide meaningful feedback on compliance with hand hygiene policy to colleagues and promote effective hand hygiene across their service
- We have provided specialist advice through our infection prevention and control team on the management of patients who may present with an infection
- We have revised our healthcare associated infection risk assessment, making it clearer for clinicians to assess a patient's risk of acquiring an infection and so to put in measures to address these risks

Footnote – *High Impact Interventions are evidence based guidelines which must be applied every time a clinical procedure is carried out. They form part of the programme to deliver Saving Lives: Reducing Infection, Delivering Clean Safe Care (DH, 2007) and reduce the risk of infection to patients when used consistently.

Measures we reported to our Board	Baseline position 31 March 2013	Target 31 March 2014	Position achieved by 31 March 2014
Percentage of services completing a hand hygiene audit quarterly	97%	90%	92%
Percentage compliance with hand hygiene policy	98%	95%	96%
Percentage of teams submitting high impact interventions	100%	90%	81%
Percentage of clinical staff who have completed their annual infection prevention and control training	89%	90%	84%
Other measures we used to track progress			
Number of healthcare associated infections	0 MRSA 2 *Clostridium difficile* infections	Ceiling: 0 MRSA 1 *Clostridium difficile* infections	0 MRSA 1 *Clostridium difficile* infections

Clinical effectiveness

PRIORITY 3

- To ensure consistent, high quality care is maintained through effective clinical supervision

Our aim

For our clinical staff to report that they access clinical supervision which complies with the Clinical Supervision Policy.

This quality priority built on the work we started during 2012/13 when we stated our commitment to providing effective clinical supervision across all our services.

We recognise that we did not achieve our target of 70% compliance with clinical supervision but are pleased with the progress of this priority and that the majority of our staff are receiving clinical supervision in a way which meets the requirements of our policy. The Clinical Supervision Compliance Group will meet during 2014/15 to ensure that we do meet and exceed this target, which will be reported internally to our Quality and Safety Committee.

The outcomes we achieved:

- 95% of services are reporting their clinical supervision uptake on WIRED (our electronic system for recording uptake of training)
- Of the staff groups which are reporting on WIRED, 60% of staff report they are receiving clinical supervision

How we supported these achievements:

- We implemented a working group who were tasked with delivering our project plan
- We revised our Clinical Supervision Policy
- We adopted a staged approach to full implementation

We trained staff who had expressed an interest in being clinical supervisors.

Measures we reported to our Board	Baseline position 31 March 2013	Target 31 March 2014	Position achieved by 31 March 2014
Implementation of a revised Clinical Supervision Policy	Not available	Full implementation	Completed August 2013
Percentage of clinical staff who report they are receiving clinical supervision and are complying with the Trust's policy	30.2% (audit of health visitors only)	70%	60%
Other measures we used to track progress			
Progress against project plan	Not available	100% actions to be green Exception reporting of any amber actions	100% actions green

Patient experience

PRIORITY 4

- Deliver the right care, at the right time, in the right place

Our aim

For 80% of patients to report they received care in the way that was right for them.

We wanted better outcomes for our patients and knew that we needed to listen to what our patients, carers, service users and the public were telling us to help us to achieve this. We knew that this priority would be a challenge, but we also knew how important it was to our local community that we focussed on this.

> ***"All the staff from reception through to doctors and nurses were really excellent, very friendly and attentive"***
>
> ***Mr A***
> ***London***

We offered patients the opportunity to tell us if they received care in the way which was right for them through having comment cards available across some of our key sites and are pleased that we are clearly getting this right for the majority of our patients, the majority of the time.

The outcomes we achieved:

- 92% of patients who attended the Walk in Centre, the Urgent Care Centre or were an inpatient in Teddington Memorial Hospital reported they did receive care in a way which was right for them
- 87% of patients who were surveyed as part of the district nursing survey reported they had been involved in decisions about their care and treatment as much as they wanted to be
- 84% of Expert Patient Programme (EPP) participants reported increased uptake of positive healthy lifestyle behaviours such as increased physical activity, healthier eating or giving up smoking
- 90% of EPP participants reported a decrease in the need or no need to visit A&E or the Urgent Care Centre either at the end of the programme or at their three month follow up contact

How we supported these achievements:

- We successfully introduced comment cards and the Friends and Family Test in Teddington Memorial Hospital inpatient unit, the Walk in Centre and the Urgent Care Centre
- We worked with our district nurses to develop an action plan in response to their survey
- We took a flexible and responsive approach to delivering the Expert Patient Programme and provided women only classes and classes on a Saturday
- We expanded our pool of trained Expert Patient tutors so we could offer more classes

Measures we reported to our Board	Baseline position 31 March 2013	Target 31 March 2014	Position achieved by 31 March 2014
Patient reported 'do you feel you have received care in the way that is right for you?'	Not currently recorded	Establish a baseline	92% N.B. full year average
% of patients reporting they were involved in decisions about their care and treatment as much as they wanted to be	82% N.B. 2011/12 local patient survey	86%	87% N.B. taken from 2013 district nursing survey
% of patients reporting they see their GP, consultant or health care professional less as a result of completing the EPP	64% N.B. self-reported evaluation	50% National research shows A&E attendances are reduced by 16% for patients who have completed the EPP	80.5% N.B. This is a self-reported evaluation; we do not discourage patients from seeking advice from their health professional appropriately
Other measures we used to track progress			
Number of patients who have had their discharge from our inpatient unit delayed	10	8	11

We did not achieve our target of a 20% reduction in the number of patients who had their discharge from our inpatient unit delayed. During 2013/14 there were 11 delayed discharges. We are reviewing our Discharge Policy which will clarify and strengthen the discharge process and the respective responsibilities of each party. We have also implemented a new, integrated 'Response and Rehabilitation' team in Richmond which will support a more seamless transition for patients and their families from our inpatient unit to home and ensure social workers are involved in discharge planning in a timely way.

We do recognise that there is still work to be done and so have adapted this priority for 2014/15 so that we can continue to demonstrate our commitment to providing care in a way which is right for our patients.

Other areas of quality improvement

Patient safety

The safety of our patients is of the utmost importance to us and we believe that no patient should be harmed whilst receiving care from our services.

We recognise that the single best way of doing this is to have systems that are based on continually learning and improving patient care.

We reviewed the messages from the Berwick report - 'A promise to learn – a commitment to act' and identified key actions required to ensure that we place the quality of patient care above all other aims. This action plan is led by our Executive team and delivery is monitored by the Integrated Governance Committee.

One of our district nurses was awarded the prestigious title of Queen's Nurse

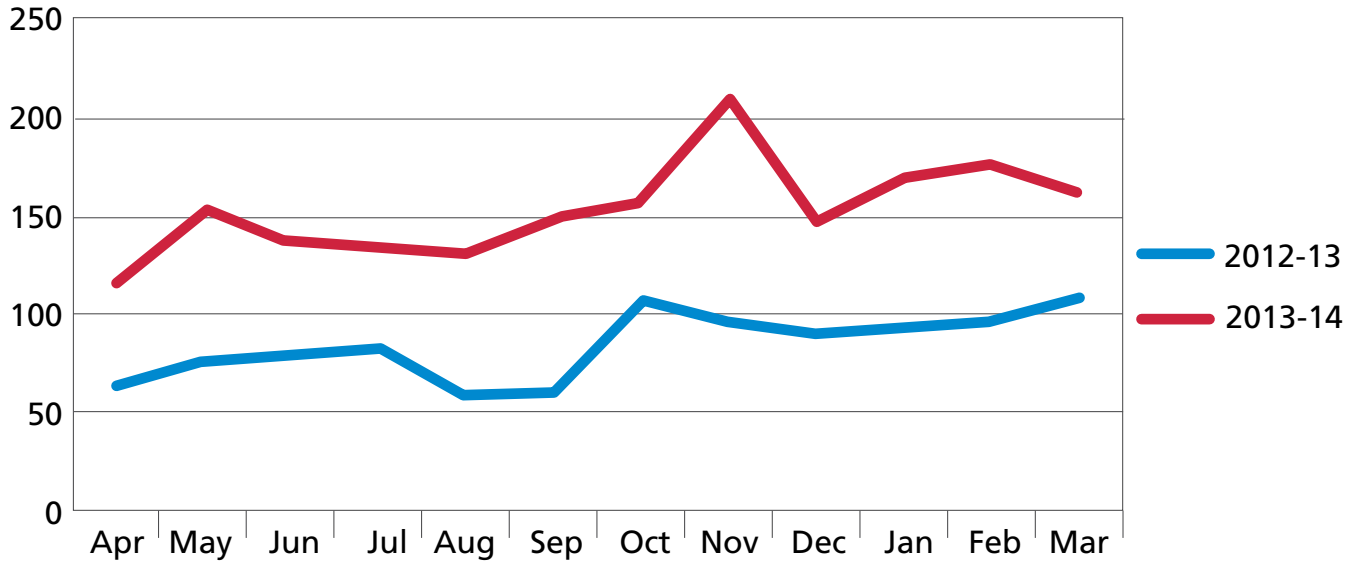
Patient safety incidents

During 2013/14 we wanted to improve our level of incident reporting; we believe that encouraging staff to report incidents promotes a more open approach to patient safety and therefore to learning from incidents. We report all incidents, including patient safety incidents, through our web-based risk management system, Datix, and report these monthly to our Quality and Safety Committee.

During 2013/14 we reported 1,829 patient safety incidents as compared to the 1,004 we reported the previous year; this represents a significant increase of 825 (82%).

During 2013/14 we reported 11 (0.6%) incidents when patients died and nil resulting in severe harm. Of the 11 deaths, eight were not as a result of a patient safety incident within our care. Two patients died as a result of a fall whilst an inpatient at Teddington Memorial Hospital and one patient died following a poorly managed 'no access' home visit. These deaths were tragic and unacceptable but provided us with an opportunity to make

Patient safety incidents 2012-13 and 2013-14



sure they don't happen again. All were fully investigated as serious incidents and learning has been implemented. We invited the families of the patients who died to be part of our investigation and we shared our findings with them in the way which they requested.

National benchmarking data from the National Reporting and Learning System (NRLS) is available for the April 2013 - September 2013 period only. Unfortunately this does not reflect the data our system gives us. The NRLS reports show that we reported only 164 patient safety incidents during the first six months of 2013-14. This data also shows that we reported two incidents resulting in severe harm and one resulting in death. We are discussing this discrepancy with the NRLS as we recognise the value of accurate and timely incident reporting and the ability to benchmark the safety of our services against other similar NHS providers.

We want our governance of patient safety reporting to be robust; we have agreed to implement Statistical Process Control during 2014/15 so that we can better understand the normal variations in incident reporting and therefore be more able to identify and respond to a significant event.

Serious incidents

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

We reported 89 serious incidents during 2013/14, 10 of which were de-escalated by Hounslow or Richmond Clinical Commissioning Group and one which related to staff information not being securely stored.

The resulting 78 serious incidents represent 4.3 % of all patient safety incidents.

Actions we have taken as a result of learning from incidents and serious incidents include:

- We launched a pressure ulcer 'task force' to review standards of care for patients with or at risk of developing pressure ulcers to ensure all care was evidence based and patient focussed
- We reviewed the prevention and management of falls in our inpatient unit and implemented actions including training and revised documentation
- We have introduced a Single Point of Access for referrals

The NHS Safety Thermometer

The NHS Safety Thermometer is a point of care survey which provides a comparative 'temperature check' of four key harms:

- Pressure ulcers
- Falls with harm
- Catheter associated urinary tract infections
- Venous thromboembolism

During 2013-14, we surveyed 4,166 patients with full data collection from September 2013. We have met the target we set ourselves as we have steadily reported a harm free rate of 90% for 2013/14 although this is 2% below the national average of 92%. The prevalence of 'new' harms i.e. those which developed whilst a patient was receiving care from our services, is low and we have consistently exceeded the national average of 92% since September 2013.

We will continue to collect Safety Thermometer information so that we can use the tool to improve the safety of our services.

Clinical effectiveness

Clinical audit

Clinical audits and service evaluations have become an integral part of quality assuring and improving clinical practice in all local services.

We have monitored the services who completed a re-audit; we have achieved 93.8% against a target of 95%.

The recommendations from clinical audits are a key part of improving clinical practice and we have achieved 95.3% against our target of 90% of completed clinical audit reports with an action plan. The completion and implementation of actions are monitored by the Clinical Effectiveness and Audit Group where common themes are identified and shared across all services.

- We have continued to develop our trust wide clinical audit programme which links in with our key work streams and evidence for regulators
- We continue to promote the use of an audit forward planner; and 41 local services submitted a forward planner to the clinical audit department, a 35% improvement from 2012/13

We launched a Dragons' Den to reward innovation in practice. The Wheelchair Service won £30,000 to pilot night time positioning aids for patients with complex postural needs!

In addition to improvements in clinical effectiveness arising from our clinical audit programme our Clinical Audit and Effectiveness Group reviewed the national clinical guidance and quality standards released during 2013/14 by NICE (National Institute for Health and Care Excellence).

NHS Litigation authority

We retained our level 1 accreditation with the NHS Litigation Authority (NHSLA) achieved in October 2012, a reflection of the quality of the content of our policies and the risk management standards to which we work.

Patient experience

The final report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (the Francis report) was published in February 2013. The report is clear that all organisations need to ensure there is openness, transparency and candour throughout their systems and that it is patients who count. We fully support this. We put patients, their individual needs and those of their family and carers at the heart of everything we do. We recognise the importance and value of patient feedback and encourage this through the actions outlined below:

Friends and Family Test

We introduced the NHS Friends and Family Test in the Urgent Care Centre, the Walk in Centre and Teddington Memorial Hospital inpatient unit and on a pilot basis in our community Tissue Viability and Diabetes Services and received over 1,200 responses from patients. We are really pleased that 88% of patients who responded said they would be extremely likely or likely to recommend our services to their friends or family if they needed similar care or treatment.

"LH was very helpful and understanding, sensitive to all my needs and made a tremendous difference to my life. Thank you"

Ms G
Hounslow

We report our net promoter score (NPS) monthly to the Board; this has varied considerably throughout the year as our response rate has varied. Our target was a net promoter score of 60 which we achieved on three occasions.

The chart below shows our net promoter score and response rate per month; comment cards were introduced to the Urgent Care Centre and Walk in Centre in August 2013 which is why our response rate significantly increased from then.

Month	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NPS	56	64	53	57	58	57	53	34	46	67	73	44
Number of responses	9	11	15	14	228	107	181	164	227	62	71	188

Over the course of the next year we will continue to roll out of the Friends and Family Test across all of our services; our new on-line reporting tool for capturing and reporting patient experience will enable higher response rates and therefore promote greater validity in the net promoter score.

Footnote

*The Friends and Family test is a question that is asked of all patients who use services, the response to which can then be used to drive change and continuous improvements in the quality of the services provided. Patients will be asked how likely they would be to recommend the service they have received to a friend or relative based on their treatment and experience. The results will be published nationally

**The net promoter score is calculated from the proportion of respondents who would be extremely likely to recommend MINUS the proportion of respondents who would not recommend

More information can be found here: http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx

• Complaints

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

We received 82 complaints during 2013/14 which is a 24% rise compared to the 66 complaints received in 2012/13. We wanted to make sure we learnt from these complaints and so we monitored the number of complaints which had a completed action plan; by 31 March 2013 100% complaints had a completed action plan.

We also reported 109 enhanced Patient Advice and Liaison Service (PALS) enquiries. These are concerns and queries which some additional intervention from the PALS team to resolve.

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

- Complications during or following treatment
- Staff attitude
- Standard of treatment
- Communication standards

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

- We are reviewing electronic display signs which can give information about waiting times as well as health education advice in our Urgent Care Centre and our Walk in Centre
- We have provided conflict resolution and managing difficult communication training to staff who work in highly pressurised areas for instance in our Urgent Care Centre
- A patient information leaflet has been produced explaining the referral process
- A patient advice leaflet has been developed for podiatry patients which provides information and aftercare advice
- A revised consent form has been implemented to help inform patients prior to verruca freezing treatment and ankle manipulation treatment

• Compliments

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

We have generated a 'word cloud' which shows the prominence of words used most frequently in compliments received across the trust during 2013/14.

• Being Open meetings

We offer all complainants the opportunity to meet with trust staff to discuss their concerns and to agree how best to resolve the issues of concern. We facilitated ten 'Being Open' meetings with staff and complainants during 2013/14; these have been a personal and effective means of listening to our patients, their relatives and carers.

We will provide audio recordings of all meetings for complainants to ensure they have an accurate record of what was discussed and agreed.

• Patient stories

In 2013/14 we significantly developed this important area of patient feedback by offering complainants and service users the opportunity to tell us about their experiences on video in addition to coming in person. We invite service users to attend Board meetings to share their stories and to give further context to their videos

and presentations. Patients who have accessed District Nursing, Learning Disabilities, Family Nurse Partnership, Speech and Language Therapy and the Richmond Response and Rehabilitation Team have told us what is important to them and what makes a good experience when using our services.

We also use patient stories through film at staff inductions to support learning.

- ## Community and voluntary group engagement

The Patient Experience Team undertook a number of visits to local community, voluntary and service user groups in the year to help better understand the experiences of our communities who use our services, and to promote awareness of the team. The team visited twelve community, voluntary and trust service user groups, which included Tulip n Roses MS Support Group, Hounslow Alzheimer's Society and Diabetes UK.

Our staff

We know that our staff are our most valuable resource. We also know that we need to provide our staff with the right skills and support to enable them to do their jobs to the best of their ability.

As part of the national staff survey, our staff are asked if they would recommend the Trust as a provider of care to their family or friends.

The national 2013 staff survey reported that 63% of staff would recommend HRCH as a provider of care to their family or friends. Our overall score for staff recommendation of us as a place to work

We celebrated the success of our staff through our Staff Excellence Awards. We recognised individual staff and teams for their dedication and commitment!

or receive treatment was 3.58; this is significantly better than two years ago and an improvement compared to the previous year. We will be able to measure this more regularly with different staff groups during 2014/15 with the introduction of the Staff Friends and Family Test.

The staff survey was very positive. The way we engage with our staff has improved and we have better than average scores for staff motivation; this was above the average for community trusts. There was an increase of 7% in the number of our staff who agreed that we act on concerns raised by patients and service users and an increase of 2% in the number of staff who felt that the care of patients was the organisation's top priority.

We achieved this by updating our staff engagement strategy, improving how we communicate with part time staff and improving the ways that staff can raise concerns or highlight issues to senior managers.

We have made good progress with improving our percentage uptake of training; by March 2014 86% of our staff had completed all of their statutory and mandatory training. A total of 87% of our staff told us that they had received job-relevant training, learning or development. To support professional development and ensure our staff are fully engaged with the organisation's objectives we achieved an appraisal uptake rate of 89.5% which exceeded our target of 85%.

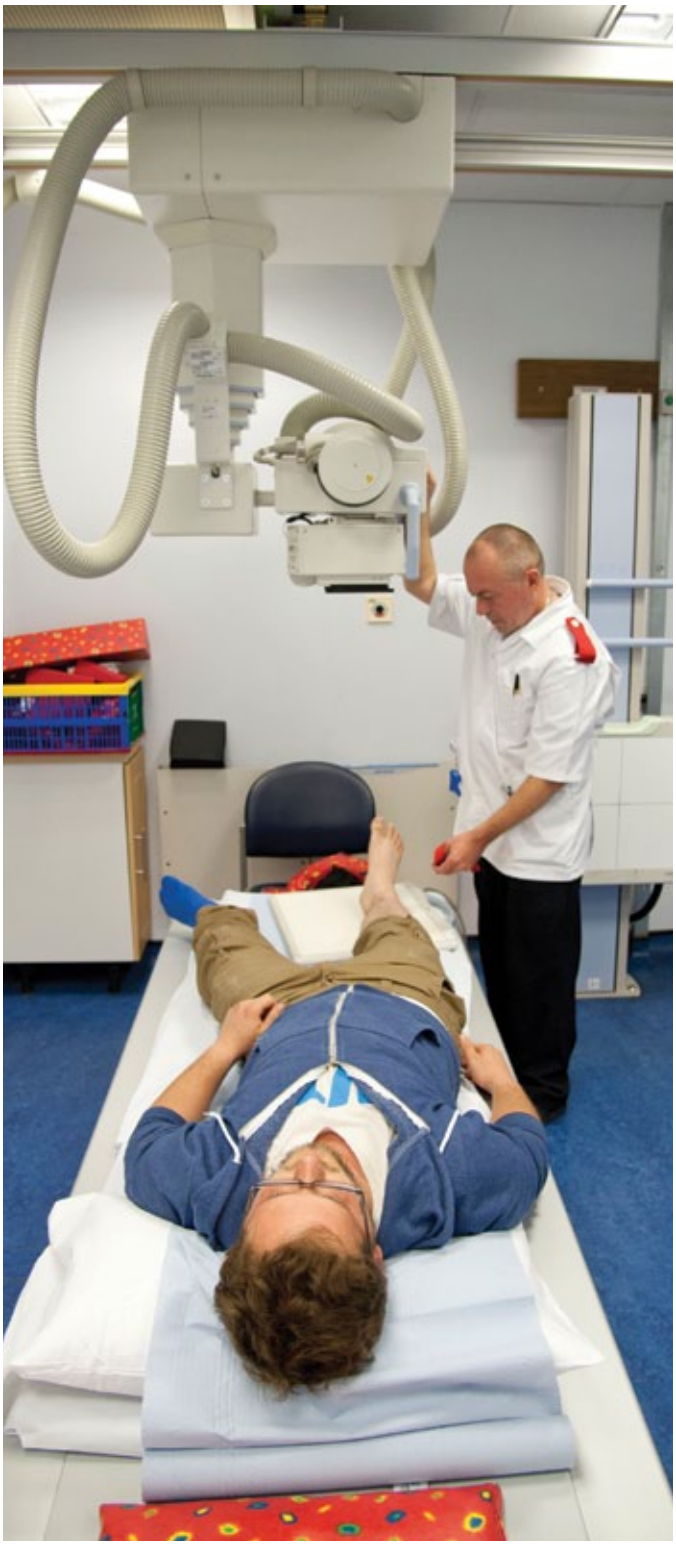
Equality and diversity

We want to ensure that we recognise and deliver culturally sensitive, inclusive, accessible and fair services which make a difference to the individuals we serve.

We are also committed to providing employment practices which are fair and accessible for the diverse workforce we employ. Equality and diversity is at the heart of the NHS and investing in a diverse workforce enables us to deliver a better service and improve patient care.

In 2012, we implemented the NHS Equality Delivery System (EDS) framework to help support improvements in patient access, experience and outcomes and to improve our workforce practices and be seen as an inclusive organisation. The EDS is a developmental tool and will help us to assess our performance annually with local partners.

Further information can be found on our website: www.hrch.nhs.uk



Assurance statement from internal auditors

Undertaken in May 2014 by the Trust's internal auditors, Baker Tilly, as part of the 2013/14 internal audit plan.

The audit focussed on providing assurance that Quality Account data is accurately reported to the Board. The auditors tested the following indicators as part of their review:

- Patient safety incidents
- Medication incidents
- Friends and Family Test

The auditors found that taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Three recommendations have been agreed and will be implemented during 2014/15.

Statements from Healthwatch and Clinical Commissioning Groups

We would like to thank those who have reviewed and provided comments on our 2013/14 Quality Accounts.

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

The Quality Account was also shared with members of Richmond and Hounslow Health and Wellbeing Boards and no additional comments were made.

Healthwatch Hounslow's response to Hounslow and Richmond Community Healthcare NHS Trust Quality Account 2013-2014

Introduction

Healthwatch Hounslow appreciates the opportunity to comment on the quality of services delivered by Hounslow and Richmond Community Healthcare NHS Trust for the year 2013-2014 and we welcome the chance to be involved in the setting of future priorities.

Priorities 2013/2014

Priority 1

It was disappointing to hear about the three serious incidents regarding abuse, we hope this has acted as a learning experience. We would welcome the Trust sharing their action plan outlining what they have learned, the steps that will be taken to rectify potential problems and how this will be monitored.

Priority 2

We applaud the effort of the Trust to undertake various measures to minimise the risk of hospital infections however we believe more teams should submit High Impact Interventions. It would be interesting also to see the hospitals performance in comparison to national level data.

Priority 3

We praise the ability of the Trust to achieve a rise in compliance with clinical supervision, however it would be valuable to know more details about how these achievements were supported. It would also be good to have more measurable outcomes to measure the success of compliance.

Other areas of quality improvement

We found that the rise in patient safety incidents was alarming, especially the number of those that died due to safety. We believe more could be done to prevent such deaths, it would also be useful to understand the role of the Quality and Safety Committee from a patient's perspective. These concerns of the seriousness of safety are extended to the 78 serious incidents.

We would welcome more information on how safety related incidents and deaths will be prevented. We would suggest the number of issues related to safety should be monitored closely and regularly.

We admired the use of innovation by adapting Dragons Den to better patient experiences, we encourage more use of innovative techniques to drive improvements for patient.

It was valuable to see that 63 per cent of staff would recommend the Trust to friends and family. In addition to this, it would be useful to understand the reasons behind this and build upon the strengths and weaknesses to enhance the patient experience.

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Registered Charity Number: 1152553

Priorities 2014-2015

We appreciate the range of initiatives undertaken by the Trust to engage various stakeholders in order to establish the priorities in the upcoming year.

Priority 1

We commend the Trust's serious approach to improving patient safety, however for the Learn and Share newsletter it would be useful to evaluate the effectiveness of this through gathering information on how many staff members read the newsletter. We would also welcome more information on the implementation of the care plan to prevent pressure ulcers, as this does seem to be high. It would also be useful to identify and evaluate the contributory factors causing pressure ulcers as a way to remedy high numbers of serious grade pressure ulcers. We hope the measures taken in place for improving patient safety will be reviewed throughout the year for monitoring purposes.

Priority 2

While we understand most of the incidents relating to medicines stem from outside the hospital it would be beneficial to work with various groups such as pharmacies and those in community care to understand how better to improve the number of medication incidents. This too would help with freeing up time of the nursing teams.

Priority 5

We were pleased to see that the Trust undertook action plans for all 100 per cent complaints. However there was a rise in complaints of 24 per cent which we hope will be lower for the next year. We would like to see more steps taken towards minimising the number of complaints. We also believe the involvement of patients and their families in the complaint process is a good step the Trust will take.

We consider that the formation of the Integrated Governance Committee will be useful and are pleased to see there will be representation from Healthwatch on the Committee. However it is unclear about the difference of the roles of the Performance Review Committee and the Integrated Governance Committee.

We were disappointed to see that the hospital did not fully deliver the targets of the Commissioning for Quality and Innovation (CQUINs).

In conclusion, we applaud the Trust for their continued efforts to improve services however we would encourage the hospital to make the Quality Account report clearer to the general public. We have noted the actions the Trust will take and we hope they will act on these imminently. We hope that the Trust will share its action plans with us and to the wider public domain to ensure public confidence in improvements to service.

Healthwatch Hounslow looks forward to continuing our relationship and working with Hounslow and Richmond Community Healthcare NHS Trust.

5 June 2014

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healthwatch Richmond upon Thames

Commentary on Hounslow and Richmond Community Healthcare NHS Trust

Quality Accounts 2013-2014

These Quality Accounts present a transparent report of HRCH. The Trust has made some excellent improvements in the areas set out, and has been open in addressing targets they have not achieved. However, there are a small number of measures, such as percentage of staff attending safeguarding adults training (Priority 1) and percentage of teams submitting high impact interventions (Priority 2), where there is insufficient analysis of why these targets have not been met. In other areas we appreciate the clear presentation of how performance has been measured against set targets.

We noted that the Trust had difficulty in achieving targets for staff training across two priorities. In particular it is disappointing to see that the Trust failed to maintain or improve upon the percentage of staff completing infection prevention and control training. However it is good that the Trust's commitment to continuing to improve training is demonstrated in some areas, for example the implementation of e-learning in Infection Prevention and Control Training. Given the difficulties faced this year, we feel that this should be explicitly included in future priorities.

The Trust has made some significant improvements over the past year: it is encouraging to see a positive increase in the percentage of staff receiving clinical supervision and the commitment to continue to improve upon this over the next year.

We are also pleased to acknowledge that the Trust exceeded their target for patient satisfaction with services over the past 12 months, and that they are committed to continuing an adapted version of this priority for the coming year.

We appreciated the Trust's use of patients, carers, staff and stakeholders views to decide on the future priorities, and we are impressed to see that these priorities are focussed on delivering better outcomes for the patients.

The target relating to improving overall dementia care is welcome, and it makes sense to tie this into the Trust's CQUIN targets, by focussing on recognising and implementing early warning signs for those who have undiagnosed dementia. However, it would also be beneficial to consider a patient or carer reported measure for quality of care of those with diagnosed dementia, as this is not otherwise measured. We were pleased to note that, having recognised and investigated the number of serious incidents leading to death, the Trust is expanding on the 2013/14 priorities and has committed to a patient safety priority where learning from these reported incidents will be shared for the benefit of patients.

Overall we were pleased with the Trust's achievements over the past year. We support their aims for the coming 12 months, and their continuing commitment to patient centred priorities.

Richmond Healthwatch is run by Richmond Health Voices
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NHS
Hounslow
Clinical Commissioning Group

NHS Hounslow CCG Statement for HRCH Quality Account 2013-14

NHS Hounslow Clinical Commissioning Group (CCG) Quality, Patient Safety and Equality Committee have reviewed the Hounslow and Richmond Community Healthcare NHS Trust's Quality Account (QA) for the year 2013/14 with support from the North West London Commissioning Support Unit (CSU) quality, contracting and performance teams. In our view, the QA is a balanced report that complies with guidance as set out by both Monitor and the Department of Health (DH).

The CCG note the increased level of patient engagement in defining priorities and in developing the 2014/15 QA. The priorities for quality improvements in 2014-15 are accepted by Hounslow CCG. However, it is felt that some targets are not setting a high enough aspiration for achievement. Hounslow CCG will work with the trust to achieve beyond their set targets. Learning from any incident is critical to any healthcare organisation and the CCG would hope the trust exceeds the target they have set for action plans on Datix.

It is pleasing to note that the number of patients who reported they received care in the way that is right for them exceeded the target set in 2013/14. The continuation of improving patient experience is welcomed. The CCG support the focus on staff supervision and culture in achieving this overall outcome. However, it is disappointing to see that the not all targets for clinical supervision have been met in 2013/14. This priority was also not met in 2012/13. The CCG would hope for a significant increase in this area and will be reviewing this question in the 2014 Staff Survey.

It was also disappointing to see that although HRCH achieved all set targets for infection control Hounslow CCG expected the trust to have maintained the levels from 2012/13 in preventing healthcare associated infections.

The improvements made in the patient safety culture of the trust are encouraging and Hounslow CCG would urge the trust to continue developing this area.

In 2014-15, Hounslow CCG is expecting to see improvements in quality reporting in terms of indicators reported on as well as the quality or completeness of the data. The use of benchmarking data can also be further utilised to help showcase improvements. The CCG will continue to work with the trust in developing, monitoring and benchmarking these quality improvement areas via the contract and quality meetings for the trust.

Hounslow CCG hopes that Hounslow and Richmond Community Healthcare NHS Trust have found these comments helpful and we look forward to continuous improvements and productive collaborative working in 2014-15.

Dr Nicola Burbidge
Chair
Hounslow CCG

Dr Annabel Crowe
Quality, Patient Safety and Equality Chair
Hounslow CCG

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NHS Richmond CCG statement for HRCH Quality Account 2013/14

Richmond Clinical Commissioning Group has very much appreciated the joint working we have undertaken this year with HRCH.

We fully support the future priorities for the coming year and we will continue to support and work closely with HRCH to meet these, to enable the best outcomes for the population of Richmond.

Joint quality review meetings have taken place for the last year and openness and transparency has been very beneficial.

The development of the Serious Incident Review Group (SIRG) has enabled us to look in great detail at the safety and quality of the care provided by HRCH. The action plans developed as a consequence of an incident occurring have addressed areas of concern and improvements where required. We look forward to developing this meeting further and appreciate the time commitment from HRCH to enable this meeting to function at the desired level.

Further work on patient satisfaction, including inpatient surveys and the friends and family test will enable HRCH to be specific on the areas of improvement required and to celebrate good practice in the appropriate areas.

Incident reporting and learning from incidents and complaints is a priority area that we fully support to enable HRCH to know how best to deal with the themes and trends that emerge. Medicines management is an area highlighted and we are very supportive of this priority.

The CCG would very much welcome continued patient participation and feedback to be taken into account when planning services so that patients are at the centre of the care given that is given.

We are pleased to see that dementia care is a high priority again this year. We would like to take this opportunity to congratulate HRCH on the commitment and hard work undertaken in the previous year and look forward to seeing the progress made in the coming year.

A lot of work has been undertaken in the previous year regarding staffing levels and recruitment, this is still a very high priority and we mustn›t underestimate the hard work and resource required to address this concern. We hope to see the effort continued and an improvement in staffing numbers where indicated.

Yours sincerely

Jacqui Harvey — Interim Chief Officer
Dr Graham Lewis — Chair
Richmond Clinical Commissioning Group

17 June 2014

Feedback

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

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

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

The information in this report is available in large print by calling 0208 973 3143

If you would like a summary of this document in your own language, please call 0800 953 0363 and state clearly in English the language you need and we will arrange an interpreter to speak to you.

Arabic

إذا كنت ترغب ملخصاً عن هذه الوثيقة بلغتك، يرجى الإتصال على الرقم 0800 953 0363 و إذكر بوضوح و بالإنكليزية اللغة التي تحتاج اليها و سنقوم بتوفير مترجم ليتكلم معك.

Somali

Haddii aad u baahan tahay dokomantigan ku jira boggan in lagugu turjumo luqadda da, fadlan naga la soo xiriir telefoon kaan 0800 953 0363 si fasiix ah na u sheeg luqadda aad dooneeso adigoo ku sheegayo afka English ka ah si aan kuugu diyaarino turjumaan ku la hadlo.

Polish

Jeśli życzą sobie Państwo otrzymać streszczenie niniejszego dokumentu w swoim języku, prosimy o kontakt telefoniczny pod numerem 0800 953 0363 (prosimy wyraźnie powiedzieć po angielsku język, którego sobie Państwo życzą). Połączymy wówczas Państwo z tłumaczem ustnym.

Panjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਖ਼ੁਲਾਸਾ ਆਪਣੀ ਬੋਲੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0800 953 0363 ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਜਿਸ ਬੋਲੀ ਵਿੱਚ ਇਹ ਚਾਹੀਦਾ ਹੈ ਉਸ ਦਾ ਨਾਮ ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਸਾਫ਼ ਸਾਫ਼ ਦੱਸੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ (ਦੁਭਾਸ਼ਿਏ) ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

Hounslow and Richmond Community Healthcare
NHS Trust

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Providing care that we and our families would want to use