

Quality Account

2015/16



Our Values



Care

HIGH QUALITY SAFE CARE WITH COMPASSION



Respect

DIGNITY AND RESPECT TO PATIENTS AND COLLEAGUES



Communication

LISTENING AND COMMUNICATING CLEARLY



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Our Values

Care
Respect
Communication

CARE: HIGH QUALITY SAFE CARE WITH COMPASSION

RESPECT: DIGNITY AND RESPECT TO PATIENTS AND COLLEAGUES

COMMUNICATION: LISTENING AND COMMUNICATING CLEARLY



Chief executive's statement

I am pleased to introduce our sixth annual Quality Account which outlines the quality priorities that we will focus on over the next 12 months and reviews our progress against the quality priorities that we set ourselves for 2015/16.

As a local and responsive community healthcare provider, our mission is to provide care and services that we and our families would want to use. We will achieve this mission through focussing on four strategic goals, whilst embedding a culture of transparency and learning.

Our strategic goals are:

Quality

- Quality and safety is our top priority
- We will get the basics right and create a learning organisation which focuses on service improvement and learning

People

- We will develop a highly skilled and engaged workforce that champions our values and delivers our vision and
- We will develop patient, public and carer engagement
- We will develop our partnerships

Whole System Solutions

- We will design services to meet the needs of our population in health and illness, playing a key role in the delivery of plans to integrate health and social care services by 2010

Sustainable

- As a small, agile, locally focussed community healthcare provider, we will use resources effectively and efficiently, working with partners to deliver the Five Year Forward View.



Our commitment to excellence is encapsulated in our 'Journey to Outstanding'. In March 2015/16 we welcomed the Care Quality Commission who undertook an external assessment of the quality of our services and we will use the recommendations and learning from this to further develop our year 2 plan to be an outstanding provider of healthcare.

We are really pleased at the progress we made in 2015/16: 85% of our staff have received training in dementia awareness; we are leading work across North West London to improve joined up care for patients who are at risk of developing pressure ulcers and we successfully implemented a bespoke leadership programme for our senior nurses to support them to lead the delivery of the right care, in the right place by the right person.

Our priorities for 2016/17 will make a significant impact on reducing harm from falls, pressure ulcers and medication incidents and will make a difference to the care that people receive when at the end of their life. We are committed to improving our partnerships, particularly with our patients, their families and carers and we will do that both at a service level but also at a strategic level through our Engagement Framework.



We believe that an engaged and supported workforce is essential to deliver high quality care and so, whilst our staff survey results this year were excellent, we will be putting plans in place to address those areas where we were less good. Our programme of regular visits by the executive team and the board to services will continue throughout 2016/17. These have proved valuable to senior managers and staff alike and have resulted in a better understanding of how care is delivered at the front line and how senior managers and staff can work together in a supportive way to ensure high quality care for our patients.

I would like to take this opportunity to thank and recognise our staff who strive for excellence in delivering care. An example of this is the trust's immunisation team who reached the finals of this year's prestigious Royal College of Nursing Awards celebrating excellence in nursing, although there are many more examples every

day of individuals and teams of staff who make a real difference to the health and wellbeing of our patients and carers.

I hope you will enjoy reading through our quality priorities for the next 12 months, which have been chosen in partnership with our staff, patients, carers and stakeholders.

I can confirm that the information contained in this Quality Account is accurate, represents our performance in 2015/16 and our priorities for continuously improving quality in 2016/17.

Patricia Wright
Chief executive



OUR QUALITY PRIORITIES 2016-17

How we decided our quality priorities for the next 12 months

In determining the areas the trust should focus on for our quality priorities in 2016/17, we sought the views of our patients, carers, staff and stakeholders in a number of ways over a six week consultation period. Suggested quality priorities were put forward based upon our progress against the 2015/16 quality priorities, our knowledge of incident reporting and complaints, national and local drivers and feedback from staff and patients.

Our consultation included:

- an online survey for our staff and feedback through team and management meetings;
- a workshop with our patient and public involvement committee where we presented options and sought guidance from community group representatives including Healthwatch;
- an online survey with all of our members, over 1,000 local people who have expressed an interest in Hounslow and Richmond Community Healthcare NHS Trust (HRCH) and
- consideration of the views of Hounslow and Richmond local authorities and Hounslow and Richmond Clinical Commissioning Groups (CCGs).

We had also undertaken a review of all of our services based on the Care Quality Commission standards during 2015/16 as part of our preparation for our inspection visit in early March 2016. Any areas for development which we identified through this process were also included in our thinking.

After careful consideration of the main themes emerging from this feedback our trust board also reviewed our performance against indicators which measure the safety and quality of our services and agreed three priorities for 2016/17.

All three priorities are about supporting our staff to deliver better outcomes and an improved experience for our patients.

All three priorities have been developed from previous quality priorities in 2014/15 and 2015/16.

We are truly grateful for the care and attention you have given...we could not be more impressed and grateful...we cannot thank you enough

Compliment received by Richmond community neuro-rehabilitation team



The quality priorities we have chosen for 2016/17:

Improve patient safety:

Sign Up To Safety

- Deliver year 1 of our Safety Improvement Plan

Improve clinical effectiveness:

End of Life care

- Deliver year 1 of our End of Life Care Strategy

Improve patient experience

Patient and Public Involvement

- Strengthen the involvement of patients, their families and carers with their care and with service improvements and developments

We want to be able to show that we have embedded the progress we made in previous years' quality priorities and that that we have made a difference to the quality of care. Some areas which were a focus last year have a lighter focus this year as we are moving the reporting and monitoring into 'business as usual' processes.

The quality priorities are broad in that they will impact on all of our patients, their carers and families but will also strengthen the way we work with patients and the public. We have selected measures which will demonstrate local progress but also enable us to consider how we are doing as compared to other provider organisations.





Our quality priorities for 2016-17

Improving patient safety

Priority 1

Deliver year 1 of our Safety Improvement Plan as part of the Sign up to Safety campaign.

Keeping our patients safe is always our priority and so we welcomed the national NHS Sign up to Safety (SU2S) campaign. We have committed to delivering the five Sign up to Safety pledges:

- Put safety first
- Continually learn
- Honesty
- Collaborate
- Support



We reviewed where we think actions to improve safety can make the biggest difference and agreed three areas for improvement; falls, pressure ulcers and medication incidents.

Falls

We know that a fall can have a huge impact on a person, particularly if they are already frail and/or recovering from surgery or illness. We also know that some falls result in serious harm and some contribute to the death of that person. Because of this we implemented the FallSafe care bundle, a national falls prevention initiative, in our inpatient unit. This has been effective in reducing those falls which result in serious harm from seven in 2014/15 to one in 2015/16.

However we also know that some patients will still fall, particularly as we encourage them to be more independent; in 2015/16 the rate of falls in our inpatient unit varied from 3.8 to 12.1 (per 1,000 occupied bed days) against a target of 8.0. We will therefore review every fall to assess whether we did everything we could to prevent it from happening and so whether it was avoidable or unavoidable and we will aim to reduce those falls which could have been avoided whilst making sure we learn from all falls.

They have been a godsend, encouraging me, helping me, advising me so that I am now able to walk again.

Compliment received by Richmond response and rehabilitation team

Pressure ulcers

We know we have made good progress in reducing avoidable pressure ulcers; in 2015/16 we reported 13 grade 3 and 4 avoidable pressure ulcers, but we want to do better. Our staff care for people who are at high risk of developing pressure damage because of their poor health and we understand the pain and distress that a pressure ulcer can cause so it is really important that we continue to focus on getting this right for everyone. We want to make sure that no patient in our care has the most serious type of pressure ulcer (grade 4) which could have been avoided.



Medication safety

We believe that the safe use of medicines is the responsibility of all healthcare professionals but our reporting shows that medication is consistently one of the highest categories of incidents that our staff report. In March 2016 14% of all patient safety incidents were related to medication. We know the majority of these incidents are those which our staff have detected when a patient has been transferred from hospital into our services and so our nurses respond to these incidents to ensure there is no harm to the patient. We do still have a small number of incidents which result in harm and we want to reduce this even further so that our patients have full confidence when using their medication.



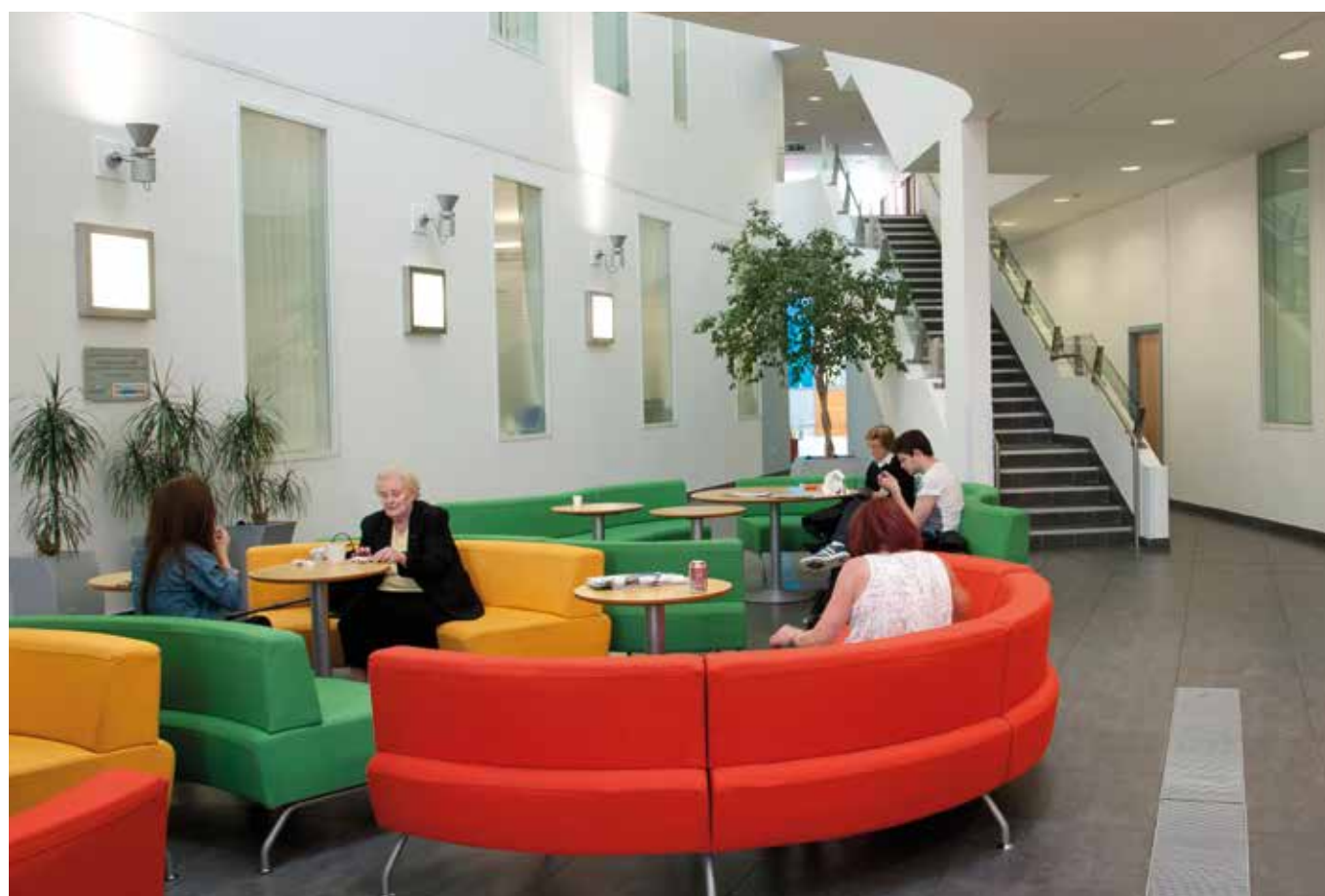
Our aim

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



Measures we will report to our board

Measures we will report to our board	Position as of 31st March 2016	Target for 31st March 2017
Falls prevention The number of avoidable falls in the inpatient unit NB Measuring avoidable falls is a new measure and so our baseline will be taken from Q1 information	March 2016 total number of falls per 1,000 occupied bed days – 6.0 2015/16 total number of falls per 1,000 occupied bed days – 8.4 (target 8.0)	A reduction of 50% in avoidable falls in the inpatient unit
Pressure ulcer reduction The percentage of all grade 3 and 4 pressure ulcers which were avoidable	37 avoidable grade 3 pressure ulcers (61% of all grade 3 and 4 pressure ulcers in 2015/16) 2 avoidable grade 4 pressure ulcers (3.3% of all grade 3 and 4 pressure ulcers)	0% avoidable grade 4 pressure ulcers acquired in HRCH care A reduction of 50% in avoidable grade 3 pressure ulcers
Medication incidents The percentage of medication incidents which resulted in harm (moderate to severe)	14/15 – 3.1% 15/16 – 2%	A reduction of 50% in medication incidents which resulted in harm 0% of medication incidents resulting in severe harm



Improving clinical effectiveness

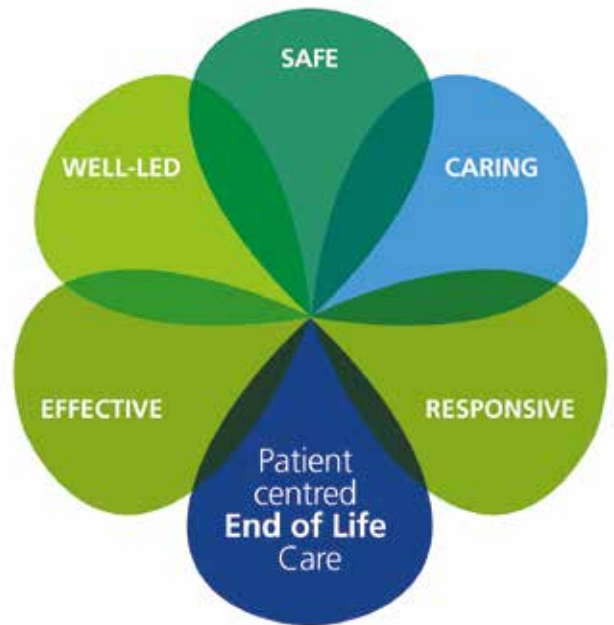
Priority 2

Deliver year 1 of our End of Life Care strategy

Deliver year 1 of our End of Life Care strategy

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

We know because our patients, their families and carers tell us that our staff are highly experienced and committed to delivering compassionate and high quality care to people at the end of their lives, their families and carers. However in response to national best practice guidance we have undertaken a major project to set our approach to end of life care, that is the care received by people who are likely to die in the next 12 months, as well as care in the last days and hours of life, and care after death, including bereavement support for families and loved ones.



Thank you for your care, tenderness and advice during his last days. Without you I would not have been able to carry out his wishes to remain at home.

Received from Mrs H for Whitton and Twickenham district nurses

We started this work in 2015/16 and we have taken great strides forward in getting this right.

We audited our records against the key questions relating to the priorities set out in 'One Chance to Get it Right', the national policy document published June 2014 by the Leadership Alliance for the Care of Dying People. We were pleased that the results showed that communication was sensitive and family involvement was clear (86%). The needs of family members were identified in over half the cases (60%) and in all cases the assessment and delivery of personal care scored highly (71% – 100%). However our records audit showed that only 37% of patients died in their preferred place of death, although 57% records were not clear about this.



We recognise this is a really good baseline but we need to do more; we want all of our patients who are at the end of their lives to receive outstanding care which meets or exceeds best practice guidance.

We will invest in training and supporting our staff so that they have the confidence and competence to deliver outstanding End of Life (EoL) care and we will put in place an audit programme so we can make sure that this happens.

Our aim

To deliver patient centred end of life care that ensures the dying person and their family's preferences and individual physical, psychological, social and spiritual needs are met, and that we consider the ethnic diversity of our population.

Measures we will report to our Board

Measures we will report to our board	Position as of 31st March 2016	Target for 31st March 2017
Training Training uptake for end of life care (to include the numbers of staff trained and the level they are trained to)	A baseline assessment will be undertaken by end May 2016	85% of nursing staff at all grades to have had induction EoL training 70% of nursing staff at band 5 and above have had e-learning training to module 3
Preferred place of death The percentage of patients who died in their preferred place of death, including those who died at home	37% (records audit 2015/16)	For 80% of patients to have died in their preferred place
Audit Compliance with the care standards in One Chance to Get it Right (2014) and the NICE Guideline (Dec 2015)	3% of patient records audited showed that an End of Life care plan was in place. 60% of records showed diagnosis and prognosis was discussed with the patient 77% of records showed diagnosis and prognosis was discussed with the patient's family and that support was offered to the family	For 80% of patient records to have an End of Life care plan For 80% of patient records to show recording of communication with patient For 80% of patient records to show recording of communication and support to family and carers

Improving patient experience

Priority 3

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

As a trust we have committed to continually improve the quality of our services. To make this a reality every day, for every one of our patients, we know that it is essential that patient and public opinion is heard, feedback is acted on and lessons are learnt. We recognise that the voices of our patients and the public are real opportunities to improve the quality of care we provide.

We provide services to a population of more than 515,000 people across Hounslow and Richmond with 34% of the population we serve being from a BME (black and minority ethnic) community. Effective methods of patient involvement and partnership mean we need to work more closely with local voluntary and community groups who can help us to design better care pathways and ways of delivering services that meet the needs of all of our patients.

The NHS Constitution (July 2015) is clear that we should support people to promote and manage their own health and that our services must reflect, and should be coordinated around and tailored to, the needs and preferences of our patients, their families and their carers. We want to move towards greater partnership with patients and the public in the co-design of our services. We know that this will be challenging but we will work with Healthwatch and local community representative groups to consider and agree how best to do this. We also recognise that we need to train and support our staff so that they are enabled to work in this way.

We want patients to feel able to participate actively* with the people who are providing their care and treatment in making decisions about their care and treatment. In 2015/16 87% of patients reported they were involved in decisions about their care and treatment. We will make sure that patients have a care plan and that they know and have been involved in what is in their plan. We will also make sure that patients are supported with advice and information in their self-care.





We know that our staff provide clinical expertise and knowledge about care and treatment, while patients are the experts in their condition and have knowledge of their personal preferences. We believe that by sharing their knowledge, we can work better together to improve patients' experiences of the services we deliver.



Our aim

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

Measures we will report to our board

Measures we will report to our board	Position as of 31st March 2016	Target for 31st March 2017
The percentage of services where there is evidence of co-design	Baseline not available; audit to be undertaken in Q1	To be determined following audit in Q1
The percentage of services who are actively engaging* with patients and carers	August 2015 audit – 41%	60%
The percentage of patients who report in surveys that: <ul style="list-style-type: none"> they have a care plan they were involved in decisions about their care and treatment 	2015/16 54% (District nurse survey March15) 87%	70% 95%

*Actively engaging has been defined as 'as an activity that enables service users and carers to influence actions and decisions, at the level of service delivery and decision making within the trust.' Examples include patient experience/ satisfaction surveys, audit activities and attending local and community groups. Service users/carers at this level will also be involved in reviewing plans, taking part in decision- making and giving direct feedback about the ways in which services are delivered.

Monitoring progress throughout the coming year

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

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

In addition, our patient and public involvement committee is specifically tasked with monitoring our performance against our Quality Account, they will review progress and hold us to account for its delivery.

Priority for improvement	Responsible director	Implementation committee
Deliver year 1 of our Safety Improvement Plan as part of the Sign Up To Safety campaign.	Siobhan Gregory	Quality and safety committee
Deliver year 1 of our End of Life Care strategy	Siobhan Gregory	Quality and safety committee
Strengthen the involvement of patients, their families and carers with their care and with service improvements and developments	Siobhan Gregory	Quality and safety committee
How will we report progress throughout the year to the trust board and to the public		
<p>Progress in all three quality priorities will be monitored by our trust board through the quality governance committee.</p> <p>We have agreed a board level sponsor for each priority and the same at service level. These quality priorities will be reported quarterly through the board performance report which is available on our website within trust board papers for staff and the public to view.</p> <p>Our commissioners will also receive reports as part of our contracts with them.</p>		



Additional quality indicators chosen for 2016/17

In addition to the three quality priorities we will also deliver the quality improvements outlined in our contracts and in our Commissioning for Quality and Innovation Schemes (CQUINS). Further information about our CQUINs is on page 21.

We will also identify additional quality indicators which we will monitor monthly through our board 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. We will ask our staff to explain, using exception reports, if targets are not on track to be met so that we can make sure they have the appropriate support to work through any barriers to achieving success.

We would like to extend our deepest appreciation and gratitude for your continued kindness, compassion and emotional support, not forgetting your nursing expertise.

Thank you card received by Brentford and Isleworth district nurses

Review of services

During 2015/16 Hounslow and Richmond Community Healthcare NHS Trust (HRCH) provided and/or sub-contracted over 60 community, urgent care and primary care based NHS services in Hounslow and Richmond in a wide variety of settings including health centres and clinics, schools, hospitals and in patients' homes. We also provide in-patient, out-patient and walk-in services at Teddington Memorial Hospital and the Hounslow Urgent Care Centre at West Middlesex University Hospital. The trust provides some services outside of the Hounslow and Richmond boroughs, including health and wellbeing services, and the new born screening programme.

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

We produce a wide range of reports for both internal and external monitoring and performance management. There are well-established processes and timetables for the routine delivery of monitoring and performance reporting. Where targets are not met, exception reports are produced explaining the reasons for this, actions to rectify the situation and an estimate of when performance will be back within target. All reports are then monitored and discussed at regular monthly meetings to identify root causes for any underperformance and review progress of action plans to remedy underperformance.

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

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





Equality and diversity

HRCH is fully committed to continually improving our services to meet the diverse needs of our local patients, carers and the communities we serve through the provision of culturally sensitive, inclusive, accessible and fair services. We are also committed to providing employment practices which are fair and accessible for the diverse workforce we employ.

Some of our achievements during 2015/16:

- We provided 'Unconscious bias' training for 60 of our recruiting managers which was evaluated very positively.
- We initiated 'Project Clarity'. All of our patient information and literature was reviewed and revised to make it more inclusive and accessible for our patients, including the provision of easy-read materials where requested and making information more easily available on-line.
- We held an event for staff which raised awareness of the NHS Equality Delivery System framework where the trust's performance on equality, for both patients and staff, is assessed and graded in partnership with local stakeholders

Our areas for focus in 2016/17:

- To agree ways in which we can measure the impact of our Quality Priorities on all of our patients and staff, including those who may have one or more of the nine protected characteristics.
- Deliver the Unconscious Bias training programme to a further 100 staff.
- Develop a diversity guide for frontline staff to help them deliver a fair, personal and diverse service for patients and carers
- Implement a diversity toolkit for managers to increase their knowledge and capability in managing diversity and diverse teams effectively

We have 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. An assessment of our performance against patient-focussed goals of the EDS framework took place in April 2015 in partnership with our Patient and Public Involvement Committee and we will be repeating this in July 2016. This helps us to identify actions to improve our assessment rating for the following year for patient experience as part of the continual development aim of the EDS framework.

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



Participation in clinical audit

During 2015/2016, HRCH participated in all of the national clinical audits that we were eligible for; these are listed in the table below.

National Clinical Audit	Participation	Submitted cases or reason for non-participation
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Data is submitted quarterly but the number of patients is too low to provide separate results so added to the percentage in the London region results.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	25 cases - 100% of eligible patients consented and participated
Dementia Care Audit Feasibility study - Community hospitals 2015-2017	Yes	12 cases – 120% of the required submission

Action plans from findings of both SSNAP and COPD national audits have been implemented and are being actively monitored. The preliminary findings from the Dementia Care Audit are in the process of being disseminated across the trust.

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

53 local clinical audits were completed and reviewed by HRCH from April 2015 - March 2016 and many of these have led to improvements in care and learning which can be applied across the Trust. This is a reduction in the number of clinical audits undertaken however we have made a decision to focus more on the quality of the audit and making sure there is service improvement as a result.

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
Monitoring the assessment and management process of middle ear effusion within the Paediatric Audiology service	Record all management options offered to parents. Record whether glue ear is affecting school progress or social development. Encourage clinicians to record any reasons for deviations from local guidance.
Internal Cross Team Referral Review Audit 2015	Template for internal referrals implemented via SystmOne.
Risk Handling Strategy Audit Report 2015	Ensure repeat fallers are assessed and documented in the FallSafe Care Bundle* and not only in the clinical notes.

*The FallSafe Care Bundle is a national falls prevention initiative which brings together existing and new resources in a best practice 'bundle'.



Participation in clinical research

There were no patients receiving NHS services provided or sub-contracted by HRCH that were recruited during 2015/16 to participate in research approved by a research ethics committee. We have been involved in three new clinical research studies during 2015/16 which were approved by a research ethics committee. These were:

- Pre-post evaluation study on the effectiveness of existing diabetes self-management programmes.
- Evaluation of physiotherapist and podiatrist independent prescribing
- The effects of a motivational interviewing training programme for low back pain on the behaviour, attitudes and beliefs of physiotherapists

Additional applications for research governance were received during 2015/16 which did not require ethics approval. Local approval was granted and the studies are underway. Learning has been shared and actions implemented appropriately.

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

Use of CQUIN payment framework

A proportion of our income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between us, NHS Richmond Clinical Commissioning Group (RCCG) and NHS Hounslow Clinical Commissioning Group (HCCG) through the Commissioning for Quality and Innovation payment framework (CQUIN).

Our achievements against CQUIN goals for 2015/16 are below.

NB Please note this is currently up to Q3 and not year-end.

Goal	Commissioner	Achievement	Status (RAG)
Dementia	NHS Hounslow CCG	Partially met	Amber
	NHS Richmond CCG	Fully delivered	Green
Shared Patient Record	NHS Hounslow CCG	Fully delivered	Green
Whole Systems Supporting the Personal Care Framework	NHS Hounslow CCG	Partially met	Amber
Catheter Care	NHS Hounslow CCG NHS Richmond CCG	Fully delivered	Green
IT Integration	NHS Richmond CCG	Partially met	Amber
Unplanned Emergency Care	NHS Richmond CCG	Partially met	Amber
Community Referrals	NHS Richmond CCG	Fully delivered	Green

At the time of writing, we have not yet received feedback from our commissioners. Our end of year position was submitted to our commissioners at the end of April 2016 and they are currently reviewing this against the measures and milestones we agreed.

We have worked with our commissioners to agree our CQUIN schemes and goals for 2016/17; these are below.

Goal	Commissioner
Staff health and wellbeing <ul style="list-style-type: none"> • Introduction of staff health and wellbeing initiatives • Improving the uptake of flu vaccinations for frontline clinical staff 	NHS Hounslow CCG NHS Richmond CCG
Learning disabilities <ul style="list-style-type: none"> • Increased signposting of annual health checks for people with a learning disability 	NHS Hounslow CCG
Learning disabilities <ul style="list-style-type: none"> • Increased identification of a care co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition 	NHS Hounslow CCG
Health Equality Framework <ul style="list-style-type: none"> • Outcome measurement for services to people with a learning disability 	NHS Hounslow CCG
Digital <ul style="list-style-type: none"> • NW London Information Technology and Information Governance Strategy • Sharing of integrated care plans • Improved communication method for GP follow ups to trust clinical services • Diagnostic cloud • Electronic clinical correspondence – improvement & enhancement • NW London data quality 	NHS Hounslow CCG
Integrated Health & Social Care <ul style="list-style-type: none"> • Support to Personal Care Framework providers Personal care providers are organisations who provide care in people's homes to reduce the likelihood of a crisis or hospital admission. This CQUIN is about us providing training and expertise to these organisations. 	NHS Hounslow CCG
Support to Outcomes Based Contracting Programme <ul style="list-style-type: none"> • Details to be confirmed 	NHS Richmond CCG
Paediatric Asthma <ul style="list-style-type: none"> • Reduction in A&E attendances for children and young people with a diagnosis of asthma 	NHS Richmond CCG

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 2015/16.

We were not required to participate in any special reviews or investigations by the CQC during 2015/16.

Our CQC inspection

In March 2016 we were pleased to welcome the CQC for an announced comprehensive inspection of our services. We have not yet received our report which is expected within 50 working days of the inspection.

The CQC visited our services for three days from 2nd March to 4th March 2016. The week before their inspection visit they held focus groups with our staff and our chief executive gave a presentation about our trust to the inspection team the day before the inspection visit.

We used the CQC inspection visit as an opportunity to 'shine a light' on the really good care our staff provide to our patients. As a trust we are continually seeking to improve the quality and safety of the services we provide and we know we are on a journey to being an outstanding provider of care and treatment.

Our preparation for the inspection visit was part of our broader 'journey to outstanding' and we reviewed our services to understand where we needed to improve. We used the CQC five key questions and assessed ourselves against those.

- **Are our services safe?**

We found that we had a good track record on safety and that our staff told us that they felt encouraged and supported to report and learn from incidents although we recognise that we are not as good as we could be about making sure that learning is shared more widely.

We know we have high vacancy levels in some of our services, particularly our inpatient unit and our community nursing services but we maintain the safety of our patients by carefully prioritising patient's needs and by asking our staff to work across the teams where they are needed the most.

- **Are our services effective?**

We have worked hard to increase the percentage of staff who have completed or updated their statutory and mandatory training; our staff were also able to tell the CQC that their professional development was supported and they were encouraged to take opportunities for further learning.

We are delighted to report that 93% of our staff are receiving clinical supervision by the end of 2015/16; we know that clinical supervision supports clinicians to deliver the best care.

Went above
and beyond...
excellent service

Feedback from online
patient survey regarding
Richmond health visiting
service

- **Are our services caring?**

Our patients regularly tell us about the kindness of the care they have received and we were really pleased that the CQC also told us in their initial, verbal feedback that they observed kind and compassionate care, particularly end of life care, being delivered in all of our services.

- **Are our services responsive?**

We are now providing a full response to complaints within 25 working days to 100% of complainants (Q4 2015/16) but we know we need to be better at making sure we have implemented change as a result of a complaint to minimise the risk that it will happen again. This is a key area of work for 2016/17.

- **Are our services well-led?**

Our staff have engaged with our vision, to provide care and services that we and our families would want to use, and our Journey to Outstanding has given them the opportunity to develop their leadership skills but we think we have more work to do to truly embed our strategy so that all staff understand their role in delivering this.

Our staff have also told us that our senior managers are not always visible and accessible; we put in place a programme of visits prior to the inspection visit which both staff and senior managers felt helpful and so we are continuing this throughout 2016/17.

We had over 40 CQC inspectors who came and observed the care and treatment our staff provided, and who talked to clinical and support staff, managers, patients, their families and carers. The inspectors also interviewed senior managers about how they manage the trust to make sure that services are safe, that patients have a positive experience of their care and that care and treatment is monitored to ensure it is effective.

Some of the inspectors who visited our services were training and we were glad to be able to support their learning about community services.

The CQC did not give any immediate feedback at the time of the visit that required enforcement actions.

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.

Following introduction of a new Electronic Patient Record during 2015/16 HRCH has taken the following actions to improve data quality:

- Developed a suite of Data Quality Monitoring reports that focus on key areas of reporting (including data used to monitor contracts and to support national data submissions).





- Undertaken an external audit of our data across a selection of services to understand where quality may be strengthened.
- Began a full review of the clinical templates in the new electronic patient record to ensure coding of information is accurate and relevant. We 'code' each consultation with a patient so we can understand what care and treatment has been provided and highlight any specific patient health needs that would be relevant for the staff looking after that patient in the future to know.
- Continued to develop a culture of high data quality within the Trust and involve clinical staff in reviewing data.
- Produced guidelines for staff on the recording of key patient information to ensure standardisation, accuracy and timeliness.

HRCH has previously worked in conjunction with other community trusts to develop a Community Information Data Set. The Trust continues to achieve a completion rate exceeding 95% against a historic 50% target for main community information systems.

As part of the annual review of performance reporting across the trust consideration will be given to including data quality indicators in the trust's performance report which is submitted to the board on a monthly basis.

HRCH will continue to focus on data completeness during 2016/17 through a data quality and optimisation working group and through the continued development of data quality monitoring reports.

The patient NHS number is the key identifier for patient records. The trust reports the percentage of electronic patient records which include the patient's NHS number and has achieved in excess of 98% during 2015/16 on our main electronic care record (SystemOne) which is linked to the National Spine*.

HRCH also submitted information about the percentage of records for patients admitted to our inpatient wards at Teddington Memorial Hospital which included the patients NHS number to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics. We reported that 100% 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 2015/16.

*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

Information governance 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.

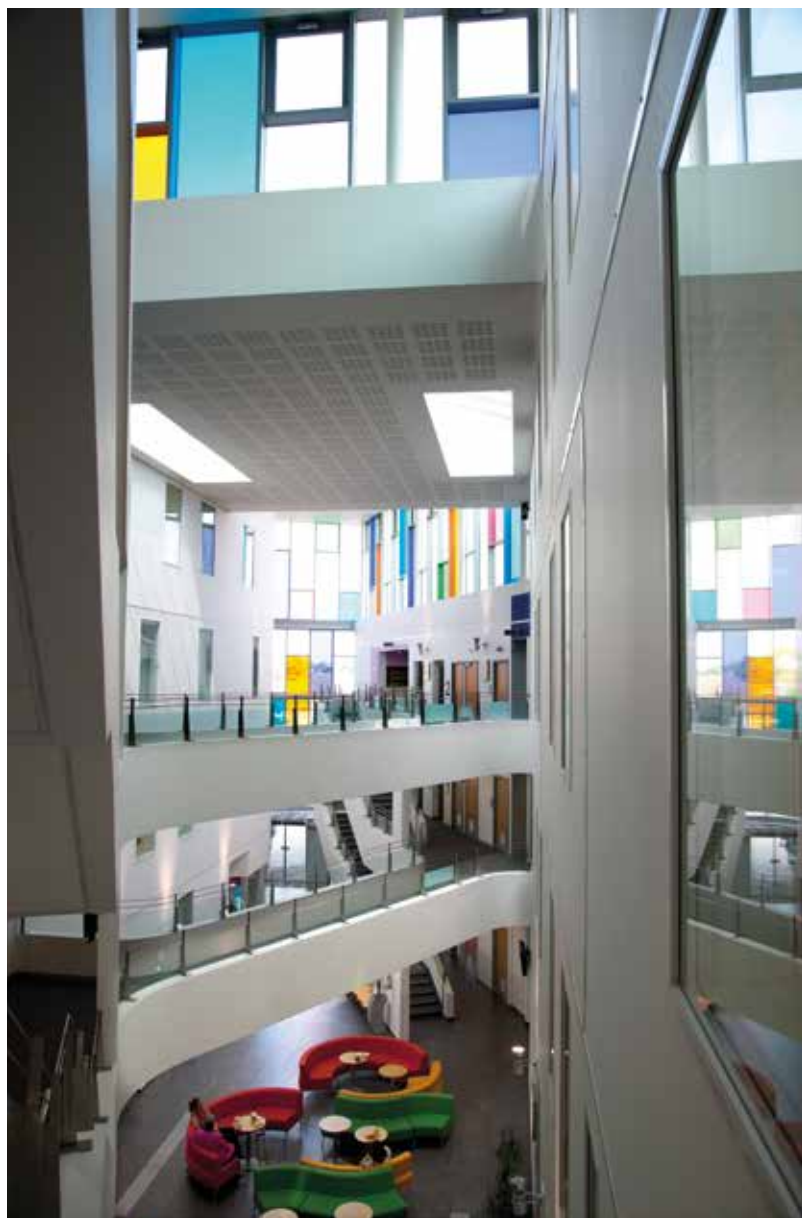
The Health and Social Care Information Centre (HSCIC) Information Governance Toolkit is an online web-based system which allows us to self-assess against the NHS Information Governance Assurance Framework, including Information Governance Toolkit requirements and standards.



We submitted a fully compliant level 2 IG Toolkit on 31st March 2016. Our overall compliance score for this annual submission was 66% (green rated)

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 all of our information governance and information technology policies and procedures in order to reduce the number to just the relevant ones as part of our action plan to review and bring up to date all the trust's policies and procedures;
- We undertook an audit of our corporate and clinical records; this has identified areas of records keeping which require improvement and specific training needs for roles which include responsibility for information.
- We undertook a comprehensive data flow mapping exercise which reviewed all flows of information both in and out of the organisation and plan to follow up with further in-depth audits of the identified flows this year
- We supported our staff to complete their information governance e-learning; 95% of all of our staff had completed this by 31st March 2016.



Based on the audits completed this year; areas for improvement have been identified and we plan to implement the changes for the next round of audits in 2016/17.

We are clear about what needs to be done during 2016/17 to continue to demonstrate compliance and submit a compliant IG Toolkit in March 2017.

Our progress during 2016/17 will continue to be monitored by the information governance sub-committee, which reports to the quality and safety committee.



Our quality priorities for 2015/16

How we performed in the Quality Priorities we set ourselves

Patient safety

Priority 1 - Dementia Care

To further develop the care we provide to patients, their families and carers with or with early warning signs of dementia in our hospital and in the community.

We know that dementia is an increasingly common condition for our patients and so being able to identify early warning signs that may lead to dementia continues to be priority for us. Patients with early warning signs of dementia may access any of our community services and so it is important that all staff have an awareness and understanding of dementia.

We developed a training programme including a basic awareness course but also more advanced training for those staff who may come into regular contact with patients with dementia for instance our community nurses and those working in the inpatient unit. We are really pleased that this training has been seen by our staff as valuable. We also encouraged staff from care homes to attend the foundation training so that knowledge is shared across a wide range of people who provide care for our more vulnerable patients.

We implemented a screening programme in our inpatient unit at Teddington Memorial Hospital and our community nursing teams. The programme included the complete process of identifying appropriate people to be screened, referring where appropriate and identifying and referring carers for support. We are disappointed that we did not make as much progress as we wanted to in putting in place systems which enabled us to easily share information with GPs. Our target was based on our new electronic patient record system being in place much earlier in the year than it actually was. We will always have a discussion with a GP when we screen a patient however our systems have not been sufficiently developed to enable a safe transfer of information.

We recognise that some patients with dementia will not be able to make every decision for themselves and so we are pleased that audit has shown that 77% of records provide assurance that our staff are supporting patients and making decisions in their best interests in line with what the law requires. We acknowledge that we didn't quite achieve our target but it is important that patient records are reflective of discussions and decisions made about a patient's care and treatment so we will continue to work on this area and monitor progress through our safeguarding committee.

Your practical help and advice was essential but the kindness and understanding really comforted us.

Thank you letter received by Sheen and Barnes district nursing team

Our aim

– for people to receive mental health interventions at the right time and for those who are less able to make decisions about their care to be supported to do this

The outcomes we achieved:





- ★ 85% of our staff have received training in dementia awareness
- ★ Over 90% of our staff have been trained to understand and apply the Mental Capacity Act (MCA)
- ★ 86% of records when audited showed that treatment being given in a patient's best interests was recorded

How we supported these achievements:

- We delivered training to staff which focused on how they work with patients who have or have early warning signs of dementia in their service
- We developed a standardised letter to go to GPs when their patient has been screened for early warning signs of dementia
- We recruited two dementia nurse specialist in Richmond
- We have supported staff in practice to make sure their record keeping about decision making and consent is recorded in line with the requirements of the law





Measures we reported to our board	Baseline position 31st March 2015	Target 31st March 2016	Position achieved by 31st March 2016
The % of relevant staff to have completed a one day foundation course in dementia awareness	273 staff (cumulative total 13/14 and 14/15) 56%	85%	Cumulative total 85% 
The percentage of all patients who have been screened and identified as having dementia or suspected dementia who have their GP notified of the findings of the assessment	No baseline – reporting system development to commence Q1 and reporting from Q3 2015/16	90%	27% of patients who have been screened and found to have early warning signs of dementia have a formal notification sent to their GP. 
The % of relevant staff to have completed MCA training in the last three years	85%	90%	90.5% 
The % of patient records where the process of decision making is identified for those patients who lack capacity to make some decisions about their healthcare	31% (Q1 2015/16 baseline)	80%	77% 

Equality and diversity

The amount of demographic information that we are able to report is limited but we are working with our systems team to ensure that we will be able to report sex, age and race from later in 2016.

Of the 433 people who were screened for early warning signs of dementia during 2015/16 69% were 75 years of age or older, 30% were between 65 and 74 years of age and 1% were below 65 years of age.

Clinical effectiveness

Priority 2 - Skin Care

Ensure that patients who are at risk of pressure damage have their care delivered in a way which consistently meets best practice guidance.

We know how distressing a pressure ulcer can be and how it can affect the quality of a person's life. We also consider pressure ulcers to be a reflection of the general standard of nursing care and so it was really important that we embedded our zero tolerance to pressure ulcers and that all of our staff were trained to provide care and treatment which is evidence based and effective. We made sure that the training included therapists and other clinical staff who work with the community nursing teams for instance podiatrists and nutritionists.

We also know that to truly prevent pressure damage we have to work with other organisations so that patients receive joined up, high quality care. Our pressure ulcer prevention lead nurse is leading the work with the North West London pressure ulcer steering group and we are working together to implement a tool to make sure our patients receive the best care wherever they are having healthcare.

We have undertaken the following actions to enable our staff to deliver the best possible care in pressure ulcer prevention and care:

- Updated the list of specialist pressure relieving equipment available
- Developed a SSKIN* leaflet for patients, their families and carers
- Improved communication with our partners in our local hospitals
- Improved working with safeguarding teams so that our most vulnerable patients continue to be protected

Our aim – for no patient to acquire an avoidable pressure ulcer whilst in our care

The outcomes we achieved:

- ★ 0 pressure ulcers reported as a serious incident
- ★ The prevalence of pressure ulcer harms has reduced from 9% to 5% during 2015/16 (Safety Thermometer data – see page 40 for more information on the Safety Thermometer)
- ★ 23% of grade 3 and 4 pressure ulcers were assessed as having been avoidable against 30% by Q4 of 2015/15.





*SSKIN is a five step national model for pressure ulcer prevention:

- **S urface:** make sure your patients have the right support
- **S kin inspection:** early inspection means early detection. Show patients & carers what to look for
- **K eep your patients moving**
- **I ncontinence/moisture:** your patients need to be clean and dry
- **N utrition/hydration:** help patients have the right diet and plenty of fluids



How we supported these achievements:

- We have a pressure ulcer action plan which is led by our pressure ulcer prevention lead nurse and monitored by our pressure ulcer steering group
- Delivered training to all clinical staff, not just nursing staff, about the SSKIN care bundle (a national five step approach to pressure ulcer prevention)
- Implemented core care plans for prevention of pressure ulcers and treatment of pressure ulcers in our new electronic patient record (SystmOne)
- Introduced reflective learning panels so that learning from pressure ulcer incidents is shared

Measures we reported to our board	Baseline position 31st March 2015	Target 31st March 2016	Position achieved by 31st March 2016
The % of all HRCH acquired grade 3 and 4 pressure ulcers which are avoidable	Q4 2014/15 30%	0%	13 23% 
The number of pressure ulcer Serious Incidents reported using new Serious Incident Reporting Framework	1	1 (ceiling)	0 
The % of patient records with a completed core care plan in place	80% NB baseline set in Q3 due to delay in implementation of SystmOne	85%	100% 
The number of grade 2 pressure ulcers reported as being acquired in HRCH care	Q4 2014/15 54 pressure ulcers	15% 46	44 

Equality and diversity

We looked at the demographic information, particularly sex, age and race, of the patients who had an avoidable grade 3 or 4 pressure ulcer.

27% of patients were over 95 years old, 45% were between 75 and 94 years old, 9% were between 65 and 74 years old and 18% were below 65 years old. 73% of patients with avoidable grade 3 or 4 pressure ulcers were female. 91% reported they were white British, 9% reported their race as being white other.

Patient experience

Priority 3 - Leading Care

Ensure that our staff have the skills and behaviours to deliver the right care, at the right time, in the right place.

We know that what we do and how we behave affects our patient's experience of care, the quality of that care and our organisational reputation as a provider of care and as an employer. Good leadership means high quality care and that is why this was chosen as one of our priorities for 2015/16.

We implemented a bespoke leadership programme for our senior nurses; this programme was delivered over a seven month period and included classroom-type learning and experiential learning. Our senior managers heard how participants had implemented their learning through a series of evening celebratory events. The evaluation of the course shows that participants felt it was useful for their day to day management of teams and services but also for their own self-awareness.



We also recognised that staff need time to learn, to reflect and to re-energise and so we knew we had to really embed clinical supervision to support our staff and to grow the compassionate and caring culture of the trust. Clinical supervision is now part of 'normal' practice and whilst we are delighted that we exceeded our target, we know that we need to focus on addressing the themes that are arising from clinical supervision and to make sure the quality of the supervision is good to make this truly valuable for our staff and patients.

Delivering the right care, at the right time, in the right place is particularly significant when caring for people at the end of their life. We have given this area of work a high focus during 2015/16 and we now have a framework in place to ensure that we deliver care based on national best practice which we can monitor this.

We recognise that good end of life care enables people to live in as much comfort as possible until they die, and to make choices about their care but we know that to do this we need to work better in partnership with hospitals, GPs and the non-statutory sector, voluntary groups and charities for instance and so this is one of our priorities for 2016/17.

Excellent service.
Extremely informative
staff to help me with the
choices available to me.

Feedback from online patient
survey regarding the contraception
and sexual health service



Our aim – for our staff to have the knowledge, leadership skills and behaviours to deliver consistently high quality care





The outcomes we achieved:

- ★ Staff report that clinical supervision has made a difference to the effectiveness (84%) and the safety (73%) of their practice
- ★ 80% of patients had an advanced care plan and died in their preferred place.
- ★ 86% of records showed that communication with patients and their families at the end of their life was sensitive and there was clear evidence of family involvement

How we supported these achievements:

- We implemented a programme of leadership forums for all staff with a supervisory or managerial role
- Our 'Journey to Outstanding' and CQC inspection visit preparation provided opportunities for staff to really develop and share their leadership skills
- Increased the number of staff trained as clinical supervisors and offered a range of flexible options for staff to access clinical supervision
- Developed an End of Life Care strategy and policy
- Implemented a clinically-led operational group to deliver the policy and a steering group to oversee this and progress our partnership approach.



Measures we reported to our board	Baseline position 31st March 2015	Target 31st March 2016	Position achieved by 31st March 2016
The percentage of patients who are likely to recommend our services to friends or family if they needed similar care or treatment.	Q4 2015-16 95%	93%	96% 
The percentage of senior community nurses who have participated in a bespoke leadership development programme	No baseline – programme to start in 2015/16	38%	95% 
The percentage of actions from peer audit of our performance against the five priorities for care identified in the 'One Chance to Get It Right' guidance on the care of dying people which have been completed	No baseline – audits to commence in Q2	Initial audit to commence Q2	Priority 1 – 77% Priority 2 – 86% Priority 3 – 43% Priority 4 – 60% Priority 5 – 80% 
The % of relevant staff who have received clinical supervision	85%	52%	93% 

Equality and diversity

The trust is committed to a culture where staff are valued and appreciated for the skills and talents they bring to the organisation and where the needs of those using our services are understood and respected. We know that the distribution of gender at all levels across the trust is unequal; 87% of staff are female and 13% are male.

49% of senior nurses participating in the bespoke leadership development programme report they are white British, 15% reported they were black or black British, 12% reported they were white Irish, 2% were white other and 22% preferred not to say.



Other areas of quality improvement

Whilst we agree three areas of focus for quality improvement in our quality priorities, we also monitor other factors to ensure we continually improve the safety, effectiveness and experience of our services in our drive to be an outstanding organisation.

Patient safety

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



Our Duty of Candour

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

We believe that promoting a culture of being open is a prerequisite to improving patient safety and the quality of healthcare. For our patients, effective communication starts from the beginning of their care with us and continues throughout their treatment. Being open when things go wrong is fundamental to the partnership we have with patients and carers

We have had a Being Open policy since 2012 but we have further developed this during 2015/16 to include our statutory duty of candour. Our approach is to be open and honest when things go wrong. Staff will take immediate action to put things right and will talk to the patient (and their family and carers if that is appropriate) to apologise and to advise of the impact of the incident and what will be done to prevent it happening again. We recognise that some staff may find this difficult and so during 2016/17 we will be offering training to support staff in this.

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

When a patient or their family make a complaint we always offer a 'Being Open' meeting. This gives the complainant the opportunity to discuss their concerns with the clinical lead or manager and for them to agree on how best to resolve it. It also gives us the opportunity for a face to face apology and explanation which can be more personal than a formal letter.

We have amended Datix (our on-line incident reporting system) so that staff are prompted to record when they have applied their duty of candour; this will also enable us to have a better understanding of how this is working in practice.

We know we can do more to embed our duty of candour and to make our systems easier and so we will be giving this additional focus and attention during 2016/17.

Sign up to Safety

Sign up to Safety is a campaign for the NHS in England supporting each other to reduce avoidable harm and save 6000 lives over the next three years. We 'signed up' and committed to delivering the five pledges and we have now developed our Safety Improvement Plan. This sets out what we aim to do, when we aim to do it and how we will implement it over the next three years.

We have chosen three workstreams which are outlined on p9; delivery of year one of our plan is one of our priorities for 2016/17.

Our plan has been submitted to the national Sign up to Safety programme and is available online:

<http://www.hrch.nhs.uk/patients/safer-staffing/sign-up-to-safety/>

The care we received was fast, caring and professional from beginning to end. Thank you for looking after us so well.

Feedback from online patient survey regarding the Hounslow Urgent Care Centre.

Patient safety incidents

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

We are really pleased that our staff are open and honest about incidents and near misses. Our incident reporting shows a continued increase in the number of incidents reported over the last four years.

2012/13	2013/14	2014/15	2015/16
1004	1829	2198	2269

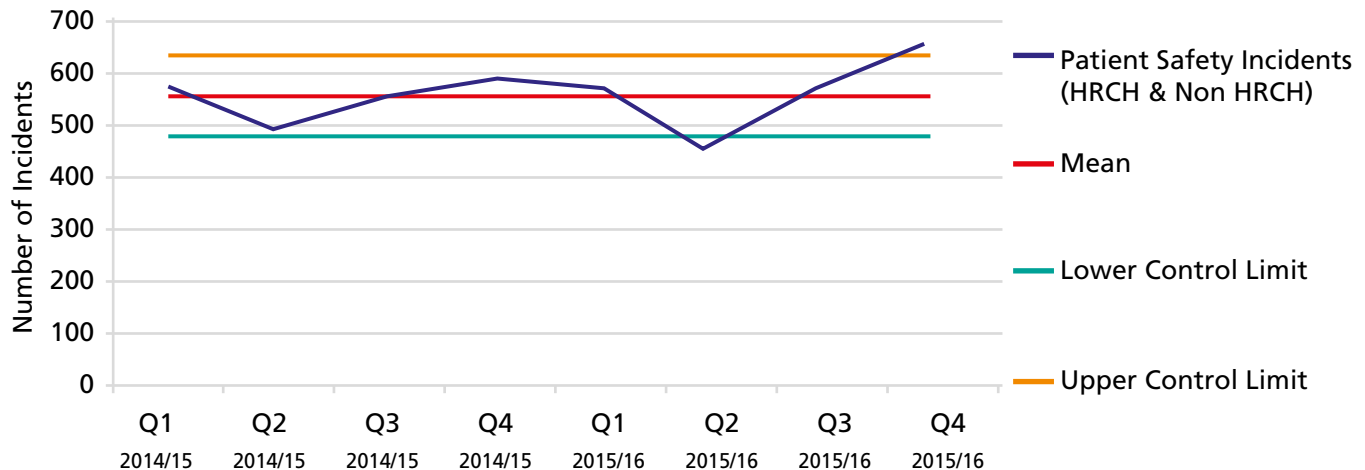
We report all incidents, including patient safety incidents, through our web-based risk management system, Datix and report these monthly to our quality and safety committee.

To enable us to better understand the normal variations within our incident reporting we introduced Statistical Process Control (SPC). SPC works by calculating an upper and lower range (using two standard deviations). SPC charts normally use three standard deviations to set their upper and lower control limits but we have used two so we can identify any possible trends early. The ranges change each month to reflect the variations in the number of incidents reported. If we report numbers of patient safety incidents within the upper and lower range we can be assured that these are within normal variation however reporting numbers outside of the ranges prompts us to look at the incidents to analyse why this has happened.



The chart below shows our incident reporting from April 2014 to March 2016. SPC charts are a more useful tool if data from two or more years is used so we have not kept the information in the chart below solely to 2015/2016.

Patient safety incidents April 2014 - March 2016



During 2015/16 there were two occasions (August 2015 and February 2016) where we breached the upper or lower range of normal variation.

- In August 2015/16 we reported a much lower number of incidents; there was no particular theme to this and we felt it may be seasonal so we decided to keep a 'watching eye'; by September 2015 it had increased to the mean.
- In February 2016 we reported a much higher number of incidents and we believed this to be as a result of our increased focus on encouraging staff to report incidents as part of our CQC inspection visit preparation.

In 2015/16 we recognised that many of the incidents that our staff report are as a result of them identifying an incident which was not attributable to this trust. We amended our Datix system so this was clear in the incident report and we share the incident with the relevant provider so that they can take any action to address the concern raised and identify learning.

In 2015/16 29% of patient safety incidents reported by our staff were not attributable to our services.

64% of all incidents reported resulted in no harm. This is significantly more than the 57% average reported by other similar community NHS providers, according to the organisation level data for the 6-month period, 1st April 2015 - 30th September 2015 submitted to the National Reporting & Learning System. We think it is very positive that our staff are reporting incidents before they have caused harm so that preventative actions can be put in place to protect our patients.

During 2015/16 we reported 18 (0.7%) incidents where patients died, and three which resulted in severe harm.

Of the three incidents that resulted in severe harm; two were not attributable to us but had been detected and reported as an incident by our community based staff. The remaining incident related to a patient who was under the care of the district nursing service for wound care and had an unplanned hospital admission followed by a lower leg amputation. We reported this as a serious incident and the investigation found no omissions in the care provided by our staff.

Of the 18 deaths reported; one was reported twice resulting in a duplicate, three were not attributed to our services and five were not the result of a patient safety incident within our care. This would be

for example if a patient who died was known to our district nurses but who had not been accessing the service at the time of their death or when a patient dies whilst receiving care from us but the cause of death shows that their death was unrelated to the care and treatment they had been receiving. Nine were however reported as serious incidents to enable us to undertake comprehensive root cause analysis investigations which would identify gaps in our care and learning.

Of the nine deaths reported as serious incidents, three were the unexpected deaths of patients at the Teddington Memorial Hospital in-patient unit. Three patients died after attending the Hounslow Urgent Care Centre for treatment and three were reported by the Richmond Response & Rehabilitation Team. This is an integrated team which provides a range of short-term interventions including intensive therapy and practical support following a period of illness, disability or following hospital discharge.

The death of any patient is deeply regrettable but we are committed to making sure that we learn from these deaths, even if an investigation shows the death was not as a result of an omission in our care.

We are required to report the national benchmarking data from the National Patient Safety Agency (NPSA) which is available for the April 2015 – September 2015. The table below shows our reporting for this period and compares it to the previous two six month periods.

1st April 2015 to 30th September 2015						
	Number of Incidents	Degree of Harm %				
		None	Low	Moderate	Severe	Death
Hounslow and Richmond Community Healthcare NHS Trust	1014	68.8	10.2	19.9	0.7	0.4
Highest Community Trust	5344	78.9	58.2	19.9	5.0	1.1
Lowest Community Trust	542	26.9	10.2	1.6	0.1	0.0
Median Community Trust	1300	54.7	31.8	8.5	0.5	0.1
All NHS Community Trusts	33796	54.7	34.9	9.5	0.7	0.2

1st October 2014 to 31st March 2015						
Hounslow and Richmond Community Healthcare NHS Trust	727	67.0	11.1	21.2	0.6	0.1
Highest Community Trust	3857	82.1	55.7	21.2	5.1	1.0
Lowest Community Trust	604	27.2	7.8	3.7	0.1	0.0
Median Community Trust	1702	54.6	31.6	11.2	0.5	0.1
All NHS Community Trusts	34796	52.2	35.0	11.8	0.8	0.2

1st April 2014 to 31st September 2014						
Hounslow and Richmond Community Healthcare NHS Trust	1055	65.7	19.6	14.2	0.1	0.4
Highest Community Trust	3068	80.4	54.1	27.0	3.9	1.1
Lowest Community Trust	563	31.1	8.6	5.0	0.0	0.0
Median Community Trust	1879	55.5	33.3	14.0	0.5	0.2
All NHS Community Trusts	34036	51.8	34.5	12.7	0.8	0.2

The number of incidents is provided for information only, and cannot be used to compare Trusts as no indication of the size of the Trust and number of months reported is provided.



We have reviewed this data and found that it does not consistently match what our internal Datix system tells us. We recognise that there will be small discrepancies but during the period October 2014 to March 2015 there was a significant discrepancy. We discussed this with the NRLS and could find no reason however we now keep a record of all of our data uploads so that we are in a better position should similar discrepancies arise.

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 40 serious incidents during 2015/16. Three of these were related to information governance and one related to a referral not being received. The resulting 36 serious incidents represent 1.5% of all patient safety incidents. This is significantly less than in 2014/15 when we reported 61 patient safety related serious incidents which represented 2.7% of the total number of patient safety incidents reported.

The key reason for the decrease in the number of serious incidents reported is because of the revised guidance published by NHS England in April 2015. This clarified that pressure ulcers were only applicable as serious incidents if the level of harm was amputation or death; prior to this all grade 3 and 4 pressure ulcers were reported as serious incidents by HRCH. In 2014/15 we reported 49 grade 3 and 4 pressure ulcers as serious incidents.

The categories of serious incidents we reported are:

Category	Reported
Section 42 referrals	14
Unexpected deaths	9
Safeguarding	6
Information governance	3
Falls resulting in serious harm	1
Other	6
Total	40



Learning:

Section 42 referrals:

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

We have now put in place a safeguarding protocol with our local acute hospitals which means that hospital staff first discuss the patient and their pressure ulcer with the community nurses or the tissue viability team to see if the patient is known to us and if we are already investigating the pressure ulcer.

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



Unexpected deaths:

We reported the unexpected deaths of three patients who had attended the Hounslow Urgent Care Centre. One baby died having been discharged following treatment for viral symptoms and two adults died after being treated for their symptoms. These deaths are tragic and we have been open and honest with the families of the deceased to make sure that appropriate actions are taken in response to any findings.

We also reported three deaths in our inpatient unit at Teddington Memorial Hospital and a further three deaths of patients who were receiving care from our response and re-ablement team in Richmond. We reported these as part of being open and to make sure we reviewed our care for any learning.

Safeguarding:

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

Of the six safeguarding allegations made during 2015/16, three were from patients who were in our inpatient unit at Teddington Memorial Hospital. None of the allegations were substantiated although it was recognised in one case that two members of nursing staff who were from an agency did not have the level of sensitive communication skills we expect from our staff. Two allegations were made about our community nursing staff; one of these was unsubstantiated and the other found that there were some concerns about the nurse's actions which we have addressed. We also reported one safeguarding serious incident in our children's services. This incident involved children who were 'looked after' and so we fully anticipate our internal investigation to contribute to a wider multi-agency review.



We work with our partners in social services to make sure vulnerable children and adults are safeguarded and that learning is shared across agencies where this is appropriate.

Falls:

We are really pleased that the number of falls resulting in serious harm has decreased dramatically. In 2014/15 we reported seven patients who fell and sustained a fracture and in 2015/16 we only reported one.

We recognise that one is still too many and we are continuing our work to prevent falls, particularly in our inpatient unit.

Other:

The 'others' category of serious incident has changed significantly in 2015/16 and include incidents that involve other agencies including the local authorities and other NHS trusts.

These types of incidents include a medication prescribing and administration error, a wheelchair user in a care home falling out of their chair; and the trust holding the Responsible Clinician role for a patient with learning disabilities who commits a crime.

It is not always clear where responsibility for reporting and investigating these types of incidents lies and so, to make sure we take every opportunity to learn from incidents, we have undertaken an investigation following advice from our commissioners.

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 (although we are not required to report this as we are a community trust)

We want all our patients to be safe whilst in our care and we set a target of 95% harm free. Harm free care means a patient has not acquired a pressure ulcer, a catheter associated urinary tract infection or has had a fall whilst in our care.

We are really pleased that we have improved significantly from 2014/15; we have achieved our 95% harm free target in 2015/16 and have improved our level of harm (that is, reduced harm) in all categories. Our harm rates are now consistent with national rates and those of other community trusts and we are now in the mid-level in the league tables in comparison to other community health care trusts.

This good work has been led by our 'Harms' Panel which has strong clinical leadership.

Clinical effectiveness

Clinical audit

The recommendations from clinical audits are a key part of improving clinical practice and we have achieved 100% completed clinical audit reports with an action plan. This demonstrates a significant commitment to ensuring there is learning identified from audit activity. The completion and implementation of actions are monitored by the learning and compliance committee 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.

In addition to improvements in clinical effectiveness arising from our clinical audit programme we also continued to regularly review the national clinical guidance and quality standards released during 2015/16 by NICE (National Institute for Health and Care Excellence).

Your support has been invaluable....it's better to quit (smoking) with other people.

Feedback from patient attending Hounslow smoking cessation service

Patient experience

Gathering the views and experiences of people who use our services and using these to improve the quality of the care we provide is important to us. We take any poor experiences highlighted by our patients and carers as part of complaints or concerns very seriously. The issues raised are discussed from service to board level to ensure lessons are learned and actions are taken to make positive changes to the care and treatment we deliver. We use different ways for people to give us their views including questionnaires, comments cards, on-line surveys and individual feedback.

• Patient feedback

We continue to develop ways to engage and listen to our patients, collecting views, and ideas for improvements from patients and their families. Our patient feedback system known as Meridian uses real time feedback that can be used to make improvements to care.

A standard questionnaire is available for services to use or they can tailor one to their specific service. These surveys are available by using iPads, stand-alone kiosks, comment cards, electronic links and on our website.

Meridian is a system which allows us to use a variety of tools to gather feedback from our patients and the public.

We recognise the value of patient feedback and so we delighted that the number of people who took the time to tell us about the care they or their relatives received has increased by over 100%.



In 2015/16 11,963 people told us about their care and treatment as compared to 4,683 in 2014/15

- ★ 95% of our patients responded positively to questions about whether they had received care in a way which was right for them.
- ★ 95% reported that they were treated with dignity and respect
- ★ 94% responded positively to questions about whether they felt they had been listened to.

• Friends and Family Test (FFT)

From January 2015 the number of FFT responses the Trust receives per month has been reported to NHS England.

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

Hounslow and Richmond Community Healthcare NHS Trust

How are we doing?

Hounslow and Richmond Community Healthcare NHS Trust want you to have the best possible experience of care. The NHS Friends and Family Test is a way of gathering your feedback, so we can continually review our service.

It is based on one simple question:

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"

Your feedback will help us learn more about what you think of your experience – what you like and what you think we could improve. Ultimately, you're helping us to make changes that will ensure we can offer the best possible care.

Please turn over

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

For more information contact our patient experience team pals.hrdh@nhs.net



In 2015/16, 95% of our patients would recommend our services to their friends and family as compared to 93% in 2014/15.

To raise the awareness of FFT throughout the trust and improve information to staff and patients we put up posters in all our sites so that we were providing a consistent message. These posters included the results of the Friends and Family Test and examples of feedback received and what improvement had been made, a 'you said, we did' approach.

We also wanted to ensure we are hearing the 'children's voice' and so developed comment cards for children which are more appealing and simpler to complete.

We would like you to think about your recent experience of our team

1. Would you tell a friend that this is a good team to use?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

2. To help us more we'd really like to know why you've said this:

☐ Please tick this box if you DO NOT wish your comments to be made public.

3. Are you a: ☐ Boy ☐ Girl

4. How old are you? ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12 ☐ 13-15 ☐ 16-18

5. What is your ethnic background?

☐ White ☐ Asian or Asian British ☐ Mixed
☐ Black or Black British ☐ Other Ethnic Group ☐ Prefer not to say

6. Who is filling in this form?

☐ You ☐ Someone from your family ☐ A carer or friend

Tick the boxes that best match your answers

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

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

• Complaints

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

We received 57 complaints during 2015/16 which is a 44% decrease compared to 101 complaints received in 2014/15.

	2014/15	2015/16	Direction
Complaints	101	57	↓
Enhanced PALS	150	121	↓
Total	251	178	↓

An enhanced PALS (Patient Advice and Liaison Service) enquiry is a concern or query which requires some additional intervention from the PALS team to resolve.

We want to provide a prompt and local resolution to concerns which patients, their family or carers raise and so we liaise with the service manager or clinician, who contacts the complainant to discuss and agree how best to resolve the issues raised in whatever way the complainant wishes.

We have noted that the ratio of enhanced PALS compared to complaints has increased over the year which highlights the complainants wish for their complaint to be handled by the quickest route possible whilst still being investigated properly.

The (real) examples below show how we provide a responsive PALS service:

You asked us...

The father of a client rang our PALS line as he had been trying to contact the continence department. He had left messages but no one had returned his call. He wanted to order some continence products.

We did...

The continence team telephoned the father that same day and arranged for the products needed to be ordered and delivered.

You asked us...

If your disabled child could have a 'Priority Access Service for Special Needs Children' placed on their file as they were concerned over the length of time they had waited at the Urgent Care Centre (UCC) and were concerned for any future visits.

We did...

The UCC team confirmed that they had amended records as requested.



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

- Treatment/ability
- Staff attitude
- Communication

Two of the top three subjects are the same as reported in 2014/15. These are 'treatment/ability' which represents 35% of our total complaints for the year and staff attitude which represents 17% of the total. Communication has moved into the top three and accounts for 9% of the total.

The national NHS complaints position in 2015/16 is not available yet but the position in 2014/15 was that 44% were about clinical treatment, 11.4% were about staff attitude, and 10% about communication. The types of complaints we receive are therefore broadly similar to the national picture however, providing care that we and our families would want to use is key for this organisation and so we take complaints about staff attitude very seriously.

On some occasions complaints are about a specific member of staff and these are always addressed by managers with support from our human resources team where necessary. We know that we need to do more to ensure our staff approach people in a kind and respectful manner and we have been exploring with our organisational development team how we can improve on and embed learning from our current training, 'Putting the Patient First'.

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

- **Treatment/Ability**

You complained that...

One of our leaflets regarding treatment did not correspond to the treatment you received. Also, you noted that we could not provide the relevant medication as there were no available prescribers.

We...

Checked that our treatment does correspond to best practice and is consistent regardless of the clinician. We also developed a protocol so that this medication can be administered without a prescription.

- **Staff attitude**

You complained that.....

A member of our staff was rude and very bad mannered

We...

Acknowledged that this was unacceptable and apologised.

The service manager took action to support the staff member to improve their communication skills

- **Communication**

You complained that...

our assessment pathway for autism spectrum conditions was not clear. You expected clarity over a diagnosis sooner, as you had been waiting a long time.

We...

produced a leaflet to explain the pathway and advised all parents that the assessment process can take a long time because of the range of professionals who needed to be involved and the importance of getting the diagnosis right

We have had challenges this year with ensuring that complaints have received a full response within the trust agreed timeframe, which is within 25 working days. From July to October 2015 only 61% of complainants received a full response within 25 working days.

To address this we put in place an action plan which was based on the Health Service Ombudsman's report, 'My Expectations'. We are really pleased that our actions have been successful and by the end of 2015/16 100% of complainants have received a full response to their complaint within 25 working days.

We are pleased that we have had no complaints referred to the Ombudsman during 2015/16; we work hard to respond to each complainant's concerns individually and sensitively.

There was one complaint from 2013/14 which the Ombudsman reported on in 2015/16. This complaint involved several organisations which resulted in delays in completing the investigation. The area where we had some involvement was not upheld by the Ombudsman and we had no actions to complete.

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

- Following feedback from a patient that their appointment was cancelled at short notice and they didn't receive a message, the muscular-skeletal physiotherapy service advised the patient that a new database system (SystemOne) was being installed in September 2015. This system will provide additional features to assist in the management of appointment booking and re-booking, more efficiently, through tracking and alerts to the status of each appointment and patient. Therefore in future if a message is left on a voicemail for a patient who doesn't respond, the administrator will be made aware of this and can take further action to contact the patient.
- A mother provided feedback that her GP practice nurse thought an incorrect dressing had been applied to her child's wound. The walk-in centre lead nurse spoke to the GP practice nurse about that particular type of dressings and their removal, to ensure accurate information is given to patients and that practice staff are aware of the appropriate removal procedure.
- Following feedback that a patient had not been aware of the implications of funding his accommodation himself, the Richmond response and re-ablement team reviewed the information pack for patients who are self-funding so that it is given to each patient who funds their own care to ensure that it is explicit about the stages in the process and the time that rehousing can take.
- Following feedback from a parent around their child receiving an immunisation at school all members of the immunisation team have been advised that they need to discuss any issues raised on a consent form with parents in the first instance.



In 2015/16 we received 330 formal compliments compared to 275 in 2014/15.

We have included examples of compliments received throughout this Account.

The 'word cloud' below is a pictorial presentation which shows the prominence of words used most frequently in compliments received across the Trust during 2015/16.



People who have received care from our community pain management service, Hounslow community learning disability team, clinical nurse specialist-pressure ulcer prevention, audiology, dietetics and Hounslow Stop Smoking service have told us what is important to them through attending the board meetings and what makes a good experience when using our services.



Our staff

To be successful in delivering outstanding patient care we realise the importance of supporting and enabling our staff to deliver care they would be happy for their friends or family to receive. We know that we need to provide our staff with the right skills and knowledge to enable them to do their jobs to the best of their ability.

During 2015/16 we developed a set of trust values, pictured below. The purpose of these values is to help everybody to understand who we are and to ensure we have a mechanism to ensure that patients and our staff have a really good experience at HRCH.

Our staff are key to providing a good experience for the community we serve; they are the shop window for our organisation. The way they behave and their attitude tell people who we are and how we do things here. By having a set of values we encourage a shared meaning at our trust and give staff a framework that identifies the types of behaviours we want to see and the culture we want to create so that our staff and our patients have the best experience.

We worked with service users and staff about what was important to them when receiving care or working with us. From this, our values were developed and launched in June 2015, via a series of cross-site and service user events.



Care

HIGH QUALITY SAFE CARE WITH COMPASSION



Respect

DIGNITY AND RESPECT TO PATIENTS AND COLLEAGUES



Communication

LISTENING AND COMMUNICATING CLEARLY



Since then the values have been embedded into the organisation to bring them to life so that staff are clear about their importance. We have done this in the following ways:

- Inclusion of a behavioural framework in the appraisal paperwork to improve the quality of appraisals and to give managers a tool to assess performance against behaviours as well as the technical skills required for the role
- Values related questions have been developed to assist in the selection process during interviews
- The CEO talks about the values during induction so that new starters understand them as well as showing a video to demonstrate how they are used in practice.

- **National staff survey**

We are delighted that so many of our staff took their valuable time to tell us about how it feels to work in this trust. We had the best response rate of any London trust and any community trust and we achieved the 12th highest response rate in England.



In 2015 58% of our staff responded to the national staff survey. This is an improvement on 2014 (53%) and the national average of 42%.

As well as achieving our highest ever response rate:

- ★ We achieved the highest score out of all 252 NHS trusts across the country for staff agreeing that their training helped them deliver better patient experience (87%)
- ★ the second highest scores in the country for staff agreeing that their training has helped them do their job more effectively (89%)
- ★ the second highest score in the country for staff agreeing their training helps them stay up to date with professional requirements (90%)

Our staff also told us:

- 79% told us that care of patients/service users is the organisation's top priority
- An increase of 9% since last year
- 76% told us that they would be happy with the standard of care provided by the trust if a friend or relative needed treatment
- An increase of 4% since last year
- 75% told us that this trust acts on concerns raised by patients/service users
- An increase of 3% since last year

We do know however that we are not perfect; we scored below the national average in the following areas:

- 13 % of our staff reported they had experienced discrimination at work in last 12 months.
- The national average is 8%
- We scored 3.54/5 in relation to 'staff reported that the trust and managers were interested and took action on their health and wellbeing'. The national average for community trusts is 3.65/5.

- 27% of our staff reported they had witnessed potentially harmful errors, near misses or incidents. The national average is 21%.

We are asked to report on the two key areas below where there has been no or little change.

- 22 % of our staff had experienced harassment, bullying or abuse from other staff in the last 12 months.
- There has been no change since last year.
- 86% of our staff reported that they believed the trust provides equal opportunities for career progression or promotion. This is a slight increase from the 84% in 2014.



We know that staff who are happy, engaged and supported at work deliver better and safer patient care and so we are not complacent about our excellent survey results.

We have implemented an action plan which will be monitored by our workforce committee. This is chaired by our chairman and so there is a high level of scrutiny of our progress.

• **Staff Friends and Family Test**

We participate in the Staff Friends and Family Test which takes place quarterly. Staff are asked two questions:

- How likely are you to recommend this organisation to friends and family if they needed care or treatment?
- How likely are you to recommend this organisation to friends and family as a place to work?

Again, we are delighted with the positive response from our staff.

- ★ 71% of staff would recommend HRCH as a place to work.....9% above the national average
- ★ 89% of staff would recommend HRCH as a place to receive care or treatment....10% above the national average

• **Workforce**

Our workforce priorities in 2015/16 were:

- Recruitment
- Temporary staffing
- Compliance
- Organisational development, learning and education

Recruitment of clinical staff, mainly nurses and therapists, has been particularly challenging. We know that this is a national issue but we know that we need to recruit and to retain really good staff to be



able to provide outstanding care that we and our families would want to use.

We have taken action to improve our recruitment process and to reduce the 'time to hire'. We have also responded to national guidance about using temporary staff from agencies to support the management of levels of pay and numbers of temporary staff.

Our board challenged us to reduce our vacancies by 50% by the end of June 2016. Each division put an action plan in place and we have taken the following actions to achieve our target:

- Held recruitment open days for newly qualified nurses and therapists
- Used social media (twitter and Facebook) to publicise vacancies
- Encouraged our staff and managers to be creative about ways to attract new staff
- Implemented recruitment and retention incentives

We are on target to achieve the challenge we set in most services and we are working hard to resolve issues in those services for whom recruitment is more difficult.

Whistleblowing (Speak up Safely)

Following the public inquiry into the care provided by Mid Staffordshire NHS Foundation Trust, Sir Robert Francis QC was asked to produce a report into the culture of raising concerns within the NHS. A key recommendation from this report, published in February 2015, was the introduction of Freedom to Speak Up (FTSU) Guardians with responsibility for ensuring NHS staff feel confident in raising concerns.

We are fully committed to implementing this recommendation and we were one of the first NHS trusts in the country to appoint a FTSU Guardian. Our Guardian started in August 2015 and he provides support to staff in raising any issues or concerns, or challenging any wrongdoing, that may prevent good quality patient care.

This first year has been a learning curve and we have implemented new systems to record and report the concerns raised with due consideration to the anonymity of the member of staff who wishes to raise or discuss concerns. We report the number and method of contact and the directorate of the member of staff. Any more detail than this may compromise the member of staff's anonymity.

As a leader in this area our FTSU Guardian has been involved in helping to establish the role nationally. We are regularly approached to share our processes and our learning, which we are always happy to do. We are part of a national expert group and our Guardian writes a regular speaking up blog for NHS Employers.

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



Chris Hall, our freedom to speak up guardian

The table below shows the number of concerns raised during 2015/16.

	Quarter 1 April-June 2015	Quarter 2 July to Sept 2015	Quarter 3 Oct to Dec 2015	Quarter 4 Jan to March 2016
Total number of contacts	1	6	5	6
Contacts which have progressed to a formal human resources and/or whistleblowing investigation	1	2	1	0
Percentage of all issues raised which were concerns	100%	50%	60%	50%
Percentage of all issues raised which were grievances	0%	50%	40%	50%

Themes of concerns raised:

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

We have developed performance indicators and will be reporting on those every quarter to our quality and safety committee. The most important thing however is that staff are fully aware of how to raise concerns and where to go for advice or to discuss something they are not sure of.



Statements from Healthwatch, Overview and Scrutiny Committees and Commissioners

We would like to thank those who have reviewed and provided comments on our 2015/16 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.



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

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

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

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

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

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

Healthwatch Richmond welcomes the continued focus on the reduction of acquired pressure ulcers. The Trust state that they know they have made good progress in reducing avoidable pressure ulcers; however we cannot make a judgement on this priority as at the time of writing figures were not available to us. The Trust has pledged that it wants to ensure that no patient in their care suffers the most serious type of pressure ulcer (grade



4). We also welcome the proactive and progressive pledge to ensure a reduction in grade 3 pressure ulcers by 50%. We would anticipate this approach commensurately to lead to a commitment to reduce grade 2 pressure ulcers as well.

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

Previously all grade 3 and 4 pressure ulcers were reported as serious incidents, which may account for the drop from 49 pressure ulcer serious incidents in 2014/15 to zero in 2015/16. We expect to see the impact of the guidance changes explained in clearer terms earlier on in the final report. Further on in the draft report, we note that 14 'Section 42 safeguarding' referrals were reported as serious incidents. The Trust acknowledges that the majority of the safeguarding enquiries related to grade 3 and 4 pressure ulcers.

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

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

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

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

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

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

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

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

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Healthwatch Response to HRCH Quality Account Report 2015/2016

Healthwatch Hounslow has developed a good working relationship with Hounslow and Richmond Community Healthcare NHS Trust (or HRCH). We are happy to note the performance of HRCH last year as evident from their Quality Report for 2015/16.

We also think that they deserve to be commended for trying to seek public input and for keeping Care Quality Commission (CQC) standards in view, while deciding and setting their quality priorities for 2016/17.

HRCH's three priorities for the coming year; Improving Patient Safety, Improving Clinical Effectiveness and Improving Patient Experience clearly indicate the patient-centred nature of the Trust. By setting clear targets for each of these priorities, clarifying their plan to audit or monitor performance against progress and planning to compare their performance against other similar organisations, HRCH are clearly indicating that they intend to introduce real improvements in the services they provide to patients. The importance that they have given and plan to continue giving to training their staff also reflects positively on them as an organisation that cares for its clients, invests in staff and believes in continuous improvement of the quality of the care and services they provide.

Healthwatch Hounslow is pleased to note HRCH's awareness of the ethnic diversity of their client base. We would like to particularly commend the way they have taken cognizance of the pivotal role played by the local community and voluntary sector in the field of health and social care. We believe that their intention to work collaboratively with the third sector will contribute towards improving services and the wellbeing of local patients. We are especially pleased to note that HRCH has cited Healthwatch to play a positive role in facilitating and helping them move towards greater partnership working between them and the voluntary/community sector. We will look forward to this role with enthusiasm and interest in the months ahead.

HRCH's intention to actively engage and involve patients and their families in developing the services received by users, deserves to be actively supported. This is because we believe it is through patient education and better and more effective communication of information that we can empower patients, their families and carers to engage with service providers. Patients will learn how to take charge of their health and make informed choices regarding the services they receive and respond confidently and constructively towards services being provided to them.

¹ This is evident from the following statement in HRCH's 2015/16 Quality Account report: "We provide services to a population of more than 515,000 people across Hounslow and Richmond with 34% of the population we serve being from a BME (black and ethnic minority) community."

² Ibid., p. 12 where they say: "Effective methods of patient involvement and partnership mean we need to work more closely with local voluntary and community groups who can help us to design better care pathways and ways of delivering services that meet the needs of all of our patients."

Healthwatch have worked constructively with HRCH this year in bringing about positive change in the interest of patients and the services received by them from the Trust. For example, when after being prompted by some local patients, we raised concerns with Public Health around health trainers provided by HRCH, their knowledge of diabetes and the advice provided by them, a review and retraining of the relevant Health Trainers was undertaken to introduce improvements. Similarly, after relaying to HRCH that Physiotherapists in the Musculoskeletal (MSK) Physiotherapy Department (based at WMUH) had been criticised they promptly “implemented an action plan to address the negative feedback received” by them.

Healthwatch Hounslow was also commissioned to review and assess HRCH’s Community Recovery Service (CRS) and Integrated Community Response Service (ICRS). We received full cooperation from the managements and staff of these services and have prepared a report of their performance based on staff as well as patient/carer responses of the users of these services. We will look forward to similar such constructive partnership working with HRCH in the months ahead.



NHS Hounslow Clinical Commissioning Group (CCG)

NHS Hounslow Clinical Commissioning Group statement for Hounslow & Richmond Community Healthcare Quality Account for the year 2015-16

NHS Hounslow Clinical Commissioning Group (CCG) has reviewed a draft version of the Hounslow & Richmond Community Healthcare Quality Account (QA) for 2015-16. We have reviewed the content of the QA and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the QA demonstrates the progress made on achievement of last year's priorities and the plans for future development. The priorities for quality improvement in 2016-17 are fully supported by Hounslow CCG. The CCG is particularly pleased to see End of Life Care as one of the quality priorities for 2016-17.

The Trust is to be commended for:

- The use of patient stories to inform Board discussions.
- The results of the Staff Friends and Family Test which demonstrate overwhelmingly positive responses - well above the national average for both questions - and improvement from last year's results.
- The implementation of a leadership development programme with substantial participation by senior community nurses.
- The increased feedback from patients to local surveys and the positive responses in relation to being treated with dignity and respect, being listened to, and receiving care in a way which was right for them.

The CCG has identified the following areas where it would like to see a focus during 2016-17:

- The falls prevention focus in the QA is on the inpatient unit and we would like to discuss with the Trust what is being done to prevent patients from falling in their own homes.
- The indicator for notifying GPs of identified signs of early dementia was only met in 27% of cases, which is disappointing; the CCG will be looking for evidence of improvement this year.
- We would like to see a focus on improving the safety culture in the Trust, evidenced by an increase in reporting of incidents and learning from incidents, but a reduction in the level of harm. It is recommended that efforts are focused on learning across the health economy in a whole systems approach and the CCG is willing to support and facilitate this.

- An improvement in reporting on “preferred place of death” to meet the core North West London quality standard of 90%.
- Equality Data Collection -meeting the needs and improving the experience of people from key equality groups - national evidence suggests that patients, carers and staff from black and minority ethnic(BME) groups have a worse experience than the general population. We would like to see more evidence of how data relating to key equality groups is collated and used to inform service improvement.
- Given that the response rate for staff who believe that the Trust provides equal opportunities for career progression or promotion is worse than the national average, the CCG would be interested to see the breakdown of those who participated in the bespoke leadership development programme.
- We would like to see the Trust’s action plans to address the main themes of complaints which have been identified over the last two years, being: treatment / ability; staff attitude; and communication.
- The CCG notes a slight improvement towards the end of the year in safeguarding training uptake, but would request this remains a high priority for the Trust in 2016-17.

The CCG looks forward to receiving the Care Quality Commission report on its inspection of the Trust in March 2016, and to working with the Trust to ensure any necessary actions are taken forward. The CCG will continue to work collaboratively with the Trust to help shape how we move the quality agenda forward, both from a commissioner and provider perspective.



Dr Nicola Burbidge
Chair



Sue Jeffers
Managing Director



NHS Richmond Clinical Commissioning Group statement for Hounslow and Richmond Community Healthcare Quality Account 2015-16

Richmond Clinical Commissioning Group's Quality and Safety Committee has reviewed the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) Quality Account for 2015/16 and believes it to be a balanced and open, demonstrating compliance with national guidance and evidencing good internal governance. Richmond CCG continues to work closely with HRCH, building on our sharing and learning relationship. We fully support the priorities that have been identified for the 2016/17 year, which will continue to improve health outcomes for the Richmond population

During the 2015/16 year Richmond CCG and HRCH initiated discrete Clinical Quality Review Groups for greater focus on the health outcomes for Richmond patients.

The Serious Incident Review Group (SIRG) continues to meet monthly, scrutinising the safety and quality of the care provided by HRCH. HRCH continues to demonstrate learning and improve the quality of care given through the review of incidents. There were no pressure ulcers reported as serious incidents within 2015/16; evidence of the embedding of learning.

RCCG supported HRCH to deliver its commitment to improving care for patients with dementia and achieve excellent levels of training in dementia awareness and mental capacity for their staff. HRCH has recognised that there is further learning required to embed the Duty of Candour; this is planned for 2016/17. Incident reporting continues to be at expected level with a 3% rise in reporting over the year, HRCH has introduced a statistical process control to assist in the monitoring of variances.

Patient experience continues to be a focus and Richmond CCG welcomes this; there were double the amount of patients telling HRCH about their care from the previous year. This is due to the use of multiple and different ways of engagement. The CCG acknowledges the continued use of patient participation in planning and improving services and the setting of priorities for quality improvements. Response times to complaints have proved challenging at times, particularly when external participation was required, by year end HRCH achieved 100% response within 25 working days.

HRCH overcame significant challenges in recruiting and retaining community nurses in 2015/16. Richmond CCG was pleased to see that clinical supervision levels were at 93% by the end of the year, which supports improvements in clinical practice and patient experience.

HRCH was inspected by the CQC in February, initial feedback from the CQC inspectors was positive; HRCH demonstrated an open and honest culture. The response from staff to incidents was good, however the evidencing actions developed from the investigations wasn't demonstrated as robustly.

CQC identified an area for improvement for RCGG commissioned services; there is a risk arising from the caseload mix at Teddington Memorial Hospital (TMH) as there are differing types of patients being admitted – rehabilitation, End of Life Care, Continuing Healthcare - it is a concern as this may be affecting the model of care being delivered.

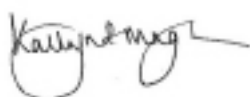
In 2016/17 Richmond CCG and HRCH will be pursuing a joint developmental agenda to review all community nursing, rehabilitation and rapid response services and the Teddington Walk in Centre.

Richmond is looking forward to working with HRCH and GP colleagues with a wider network of providers in 2016/17 to further develop an innovative approach based on patient centred outcomes. Richmond CCG with HRCH will focus on integrated primary-care based models for improving population health out of hospital which:


- Empower patients and local communities, supporting individual wellbeing through proactive and preventative care;
- Improve access to services and rapid response closer to home
- Develop care models identified to meet the needs of frail adults or those with multiple health conditions, including work with care homes and continuing care; people with long-term conditions: cardiology, diabetes, COPD and respiratory; high attenders and people with complex needs who also have mental health problems; and end of life care

In 2016/17 Richmond CCG will place equal emphasis on close joint dialogue over the development of safe services for children and younger people in appropriate settings. The CCG is working with HRCH and providers partners to put in place quality measures based on the patient centred outcomes that matter to individuals. The reason for this change is so that we measure and reward organisations for working together to deliver care in a holistic way. The outcomes selected have been designed and chosen by working with patients, service users and carers.

Regards



Kathryn Magson
Chief Officer
Richmond CCG



Dr Graham Lewis
Clinical Chair
Richmond CCG



London Borough of Hounslow Overview & Scrutiny Committee

Due to other work priorities in 2015/16, the Hounslow Health and Adult Care Scrutiny Panel was unable to include consideration of Hounslow and Richmond Community Healthcare NHS Trust's activities in its work programme. This has meant that it has been difficult for them to provide meaningful feedback on the 2016/17 Quality Account. Panel Members will be discussing this year's work programme at the end of June and will share any work items they agree on relating to the Trust.



Richmond upon Thames' Health Services Scrutiny Committee response to Hounslow and Richmond Community Healthcare Quality Accounts

Following on from the meeting held on Wednesday 26th May 2015, to discuss Hounslow and Richmond Community Healthcare Quality Account, we welcome the opportunity to provide additional input, as the London Borough of Richmond upon Thames (hereinafter 'LBRuT') is determined to champion the interests of its residents by playing a full and positive role in ensuring that the people living and working in the LBRuT have access to the best possible healthcare and enjoy the best possible health.

Whilst we appreciate that the version provided is a draft and the final version is yet to be approved we have a number of points we wish to raise and a number of suggestions we wish to proffer. We would like to take this opportunity to commend the Trust on a report that was easy to read and navigate. The report evidences that the Trust has achieved all of the 2015/2016 targets. The LBRuT particularly noted the Trust's accomplishments in the following areas during 2015/16:

- We understand that the Trust was subject to a CQC inspection in January 2016 and the findings have as yet to be published. We appreciate the offer to share any findings that may become publically available prior to the completion of the Quality Account;
- We noted that the Trusts Training standards in Dementia Care and End of Life care are excellent;
- The Trust's high performance in Skin Care was also noted;
- The panel were pleased to hear that Safety Thermometer achieved a 95% harm free target, which is a great improvement on 2014/2015.

The priorities outlined for 2016/2017 are fully supported by the Council. We also have a number of points we wish to highlight and a number of suggestions we wish to see incorporated in the final version, as we believe that these will further highlight the hard work and commitment which has taken place to improve the level of quality at Hounslow and Richmond Community Healthcare.

- The Council welcomes the delivery of year 1 of the Safety Improvement Plan as part of the Sign up to Safety campaign as it addresses three high priority areas: falls, pressure ulcers and medication incidents;
- The Council welcomes the commitment to reduce A&E attendance for children and young people with paediatric asthma as part of 2016/2017 priorities. Asthma in children is part of the CCG QIPP scheme. This initiative has been successfully rolled out in Hounslow in previous years;



- The Panel was reassured on the measures that the Trust has put in place to learn from unexpected deaths in Teddington Memorial Hospital in-patient unit;
- 22% of staff surveyed said they had experienced harassment, bullying or abuse and the Panel was pleased to learn that the Trust has put measures in place to reduce this figure over the coming year including Freedom to Speak Up Guardians to ensure staff feel confident in raising concerns and an action plan to improve staff wellbeing;
- The Panel was pleased to learn that the Trust has had a 44% decrease in complaints during 2015/16 as compared to 2014/15 and the panel commends the PAL service for the swift resolution of patient concerns before they turn into complaints;
- The Outcomes Based Commissioning framework captures in depth the perspective of Richmond patients and we would expect that the Trust takes account of this. Integration between hospital, community and social services, and primary care services is essential to provide a seamless service around the patient's need is a recurrent theme and we welcome commitment to work closely with partners to achieve this.
- We would welcome any progress on the Public Health initiatives such as smoking cessation, promoting physical activity, healthy diet and obesity, excessive alcohol use as was highlighted by Quality Accounts from some other trusts to show the trust's commitment to the wider healthcare agenda and to Simon Steven's new vision of the NHS.
- We are pleased to see the Trust taking forward the Staff Health and Wellbeing CQUIN. We would also invite the trust to consider engaging in the London Healthy Workplace Charter.
- A greater focus on self-care and self-management in line with Richmond's Council and Richmond CCG's Prevention Framework, Better Care Fund and Better Care Closer to home strategy would be welcomed.

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

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

London Borough of Richmond upon Thames Health Scrutiny Committee

Feedback

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

This is our sixth Quality Account. If you have any feedback or suggestions on how we could improve our Quality Account email us on communications@hrch.nhs.uk or telephone 020 8973 3139.

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 020 8973 3139.





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 إليها 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 ਖੁਲਾਸਾ 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 (ਦੁਬਾਸ਼ਿਏ) ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।



Hounslow and Richmond Community Healthcare

NHS Trust



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