Hounslow and Richmond Community Healthcare
NHS Trust

Quality Account
2014/15

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

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Care

Chief executive's statement

Welcome to our fifth annual Quality Account - which outlines the quality priorities that we will focus on over the next 12 months and reviews our progress against the 'priority for improvement' areas that we set ourselves during the 2014/15 financial year.

Frank Sims, chief executive

As a local community healthcare provider, our mission is to provide care and services that we and our families would want to use. The trust will achieve this mission through a strategy of focussing on three set strategic goals:

- Quality - We will ensure our services are safe, effective and continually work efficiently to deliver the best care.
- Caring - We will place individual patient's needs at the heart of all the care our staff deliver
- Responsive - We will work in partnership to design pathways of care that meet the needs of the communities we serve

These goals are also underpinned by a set of key objectives and organisational values.

Over the past year we have demonstrated excellent care and high quality services across the trust. This report outlines some of our achievements over the last 12 months and our continued commitment to improving the quality and safety of the care we provide to our patients.

Community services are at the heart of a modern and flexible NHS. Our staff, which includes nurses, therapists, consultants and physiotherapists, play a significant role in the health of people in both Hounslow and Richmond, impacting and making a difference every single day to hundreds of people.

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

To achieve this we have established a robust system to ensure that we are accountable for continuously monitoring and improving the quality of our care and services. Our highly skilled workforce is dedicated to pursuing the best outcomes for patients through research into new treatments and therapies and delivery of excellent clinical care.

Over the past year we have achieved many of our priorities for improvement, set out in last

year's Quality Account. For example we have demonstrably improved dementia care in our community hospital and in community settings – with 56% of relevant staff completing dementia awareness training, a dementia referral pathway developed with key local partners, and a screening tool put in place to assess patients for early warning signs that may lead to dementia on admission to our Teddington Memorial Hospital inpatient unit and community nursing services.

We have also improved learning from incident reporting to ensure it is used to drive continuous service improvement, evident by a 15% increase in the number of incidents which have actions or feedback recorded. In addition, we have achieved 98% compliance with safe and clinically effective antibiotic prescribing in line with national guidance, while achieving a reduction of 46% in the number of incidents which resulted in medium or high levels of harm.

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

Our job is to understand what our patients want from us, to listen to what people tell us about their care, their experiences about what worked well and what could be done better. The quality of care we provide to our patients is our highest priority - but this needs to be evident in the everyday experiences of people accessing our services.

Much of what is contained within this Quality Account reminds us of why so many people are quite rightly proud of the NHS - but also stresses the need, necessity and importance for all of our staff and services to continually review practice to ensure the best outcomes for the patients we serve. This Quality Account also sets out other issues and risks we must address and identifies the five priority quality areas we are committed to improving over the next financial year.

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

Frank Sims

Chief executive

Our quality priorities 2015-16

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 2015/16, 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 2014/15 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 expressed an interest in HRCH and
- consideration of the views of Hounslow and Richmond local authorities and Hounslow and Richmond Clinical Commissioning Groups (CCGs).

After careful consideration of the main themes emerging from this feedback, the trust board also reviewed our performance against indicators which measure the safety and quality of our services and agreed three priorities for 2015/16.

The quality priorities we have chosen for 2015/16:

1

IMPROVE PATIENT SAFETY:

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

2

IMPROVE CLINICAL EFFECTIVENESS:

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

3

IMPROVE PATIENT EXPERIENCE:

Leading Care

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

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 2013/14 and 2012/13. We want to be able to show that we have embedded the progress we made in previous years quality priorities and that we have made a difference to the quality of care. We recognise this can take more than a focus for one year.

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

"Dad and I would like to thank you for everything you did to help mum.

She was so very, very precious to us and you made us feel that she was very precious to you too, and for that I thank you."

Patient's daughter, March 15

Priorities for improvement 2015-16

1

IMPROVE PATIENT SAFETY:

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 a priority for us. We know that it is important that the early warning signs of dementia are identified at an early stage and so we are adopting the Find, Assess, Identify, Refer (FAIR) model to ensure that patients are identified promptly and referred to their GP for the most appropriate follow up and care.

Our Director of Quality & Clinical Excellence is leading the way in becoming a Dementia Champion volunteer with the Alzheimer's Society

Improving dementia care in our community hospital and in the community was a priority for us in 2013/14 and we made good progress. We engaged with key stakeholders in mental health and across our clinical teams to review current pathways of care and we held discussion groups and training with our staff.

This work isn't complete; by the end of 2014/15, 56% of relevant staff had completed dementia training to enable them to identify early warning signs that may lead to dementia. People who have or who have early warning signs of dementia and their families access all sorts of community care and so we need to make sure we have embedded the training across all our services.

We understand that patients who do have dementia may not be able to make every decision for themselves and may not have family or carers who can help them with making decisions. Our staff need to be able to assess a patient's capacity to make decisions and to make sure they understand what the law requires they do to ensure decisions are made in a patient's best interests. We will ensure that as many as possible but at least 90% of relevant staff working with adults have been trained in the Mental Capacity Act and Mental Capacity Assessment and that they are confident in how to apply their learning. We will be able to use our new electronic care record (SystmOne) to understand how our staff are recording these decisions and the process used to reach a decision in the patient's records.

Serving such a diverse community with people from various backgrounds and experiences can mean that they have particular challenges around language and access to support services. We will continue to work with carers and our partners so that our patients are supported in a way which is right for them.

We will use SystmOne to tell us about some of the characteristics of this patient group, for instance their age, their ethnic origin and their gender so that we can make sure our staff take these into account when planning care for patients.

We have invested significantly in our Inpatient Unit and have completed phase 1 of a redesign so it is dementia friendly

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.

Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2015	Target for 31 March 2016
The % of relevant staff to have completed a one day foundation course in dementia awareness	273 staff (cumulative total 152 13/14 and 121 14/15) 56%	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* 2015/16 and reporting from Q3 2015/16	90%
The % of relevant staff to have completed MCA training in the last three years	85%	90%
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	Baseline to be agreed during Q1	Target to be agreed once baseline identified in Q1
How we will promote an inclusive approach to our staff and our patients		
We will use the information we have on our electronic care record (SystmOne) to ensure that our dementia services meet the diverse needs of our local patients, carers and the communities we serve. We will do this by monitoring the age, sex, race and disability status of patients who are screened for the early warning signs of dementia and will use this to ensure that services are developed which meet a diverse range of needs.		

*Q1 means quarter 1, that is between April and June 2015. Q2 (quarter 2) is July to September 2015, Q3 (quarter 3) is October to December 2015 and Q4 (quarter 4) is January to March 2016.

Priorities for improvement 2015-16

2

IMPROVE CLINICAL EFFECTIVENESS:

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.

In 2012/13 we said that we wanted fewer patients to develop a pressure ulcer whilst in our care, whether they were being cared for on one of our inpatient wards or in their own home, and where a pressure ulcer did develop that our staff would provide the right care to prevent deterioration and promote healing.

Whilst we made some really good progress in reducing pressure ulcers, we recognise that we haven't fully embedded evidence based practice across all services which provide care and treatment for patients with or at risk of pressure damage and so some of our patients are still sustaining what we consider to be 'avoidable'* pressure damage. By March 2015, 49 grade 3 or 4 pressure ulcers were reported as being acquired in our care and 49% of these were avoidable. This is significant progress from the beginning of 2014/15 when 85% (Q1, 2014/15) of pressure ulcers were assessed as being avoidable, but we want to be better.

We want our patients to receive care which is based on evidence. NHS England has widely adopted and recommended a best practice care bundle called SSKIN:

- Surface
- Skin inspection
- Keep moving
- Incontinence/moisture
- Nutrition

Evidence tells us that using a SSKIN bundle assessment tool helps staff to achieve reliability in:

- Evaluating and documenting risk assessments;
- Ensuring all patients receive the most appropriate care;
- Documenting deviations from best practice, for example when patients withhold consent to interventions.

This is a tool which focuses on prevention of pressure damage but is most applicable to care provided in hospitals or care homes. Our specialist nurse has amended this so it can be used in people's homes; we are one of the first community trusts to do this. Our challenge during 2015/16 will be to train staff to understand and to apply this tool so that we see a real difference in the number and seriousness of pressure ulcers that patients acquire whilst in our care.

We know that some pressure ulcers are unavoidable, for instance when the skin changes at the end of life, however we want to really embed our zero tolerance approach to avoidable pressure ulcers which we launched in 2014.

Our aim

For no patient to acquire an avoidable pressure ulcer whilst in our care.

Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2015	Target for 31 March 2016
The % of all HRCH acquired grade 3 and 4 pressure ulcers which are avoidable	Q4 2014/15 30%	0%
The number of pressure ulcer Serious Incidents reported using new Serious Incident Reporting Framework	Q1 baseline	To be confirmed once baseline determined
The % of patient records with a completed core care plan in place	Q1 baseline from audit of patient records	85%
The number of grade 2 pressure ulcers reported as being acquired in HRCH care	Q4 2014/15 54	15% reduction 46
How we will promote an inclusive approach to our staff and our patients		
We will use the information we have on our electronic care record (SystmOne) to ensure that our pressure ulcer care meets the diverse needs of our local patients, carers and the communities we serve. We will do this by monitoring the age, sex, race and disability status of patients who have a pressure ulcer which has caused significant harm and using this to make sure we plan care which is personalised and which considers a patient's individual needs.		

*An avoidable pressure ulcer is one which has developed where we had not done one or more of the following:

- evaluated the patient's clinical condition and pressure ulcer risk factors;
- planned and implemented their care in a way which met their needs;
- monitored and evaluated the impact of our care plan;
- revised the care plan as appropriate.

"I just wanted to say thank you so much for the care you are all giving to my granddad. The last couple of months since his sudden stroke and recent dementia problems have been very difficult and emotional for us as a family, and incredibly confusing and challenging for him. To know he is being looked after with such kindness is so heartening."

To the district nurse team, February 2015

Priorities for improvement 2015-16

3

IMPROVE PATIENT EXPERIENCE:

Leading Care

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

During 2014/15 we started having discussions with our staff and our patients about what values are important to us all. We have captured this information and will develop and adopt a set of values; from these values will emerge behaviours. We want all of our staff to share our values and to be able to demonstrate behaviours which reflect these values. We will use our appraisal system to ensure that staff are supported to use and develop these behaviours so that patients receive care in a way which is right for them.

We know that leadership behaviours affect the culture and climate that our staff work in. What we do and how we behave will affect the experience of our patients, the quality of care we provide, and our organisational reputation. Good leadership means high quality patient care and that is why supporting our staff to develop their leadership skills is a priority for us. We have developed a bespoke leadership programme for our senior nurses and we will support our staff to participate in this and to apply their learning and development to their practice.

Three of our health visitors have become prestigious Fellows of the Institute of Health Visiting in recognition of their outstanding contribution to the profession

We also recognise that our staff need time to learn, to reflect and to re-energise and that staff need to be supported by an organisation that promotes a compassionate and caring culture. We implemented clinical supervision for staff during 2013/14; by March 2014, 60% of staff were receiving clinical supervision. Some services, because of the nature of the service provided, found clinical supervision more difficult to implement and we have supported them throughout 2014/15.

85% of clinical staff were receiving clinical supervision by the end of March 2015 and we want to maintain this during 2015/16.

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 adopted the patient focussed approach in the 'One Chance to Get it Right' document produced by the Leadership Alliance for the Care of Dying People in July 2014. This guidance sets out five priorities to ensure high quality, consistent care for people in the last few days and hours of life. We will monitor our progress during 2015/16 against full implementation of each of these five priorities.

Our aim

For our staff to have the knowledge and leadership skills and behaviours to deliver consistently high quality care.

Measures we will report to our board

Measures we will report to our board	Position as of 31 March 2015	Target for 31 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%	95%
The percentage of senior community nurses who have participated in a bespoke leadership development programme	No baseline – programme to start in 2015/16	85%
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	
The % of relevant staff who have received clinical supervision	85%	85%
How we will promote an inclusive approach to our staff and our patients		
We will use the information we collect about our staff to ensure that we increase the number of staff who are from an ethnic minority group who are in a leadership role within the organisation. This will be reported monthly to the board through the performance scorecard.		

Monitoring progress throughout the coming year

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

"I would like to thank you for the excellent treatment that I received at the Walk in Centre...I was treated with extreme kindness and courtesy throughout."

Walk in Centre patient, June 2014

Priority for improvement	Responsible director	Implementation committee
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 hospitals and in the community	Jo Manley	Quality & Safety Committee
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	Jo Manley	Quality & Safety Committee
Leading Care Ensure that our staff have the skills and behaviours to deliver the right care, at the right time, in the right place.	David Lee	Workforce Committee

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

Progress in all three quality priorities will be monitored by the trust board through the Integrated Governance Committee.

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

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

Additional quality indicators chosen for 2015/16

In addition to the three quality priorities for improvement 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 23.

We will also identify additional quality indicators which we will monitor monthly through our Integrated Quality and Performance Report. These will align with local, regional and national targets and focus on learning and implementing change.

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

Review of services

During 2014/15 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. The trust also provides some services outside of the Hounslow and Richmond boroughs, including health and wellbeing services, and newborn hearing screening programme in Kingston, Croydon, St Helier, St George's and Ealing hospitals.

We have reviewed all the data available to us on the quality of care in all of our 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 Integrated Quality and 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.

Services

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

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

Participation in clinical audit

During 2014/2015, HRCH participated in all of the national clinical audits that we were eligible for; these are listed in the table below.

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

National Clinical Audit	Participation	Submitted cases or reason for non-participation
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Early Supported Discharge Team - 183 cases. Community Neuro Rehabilitation Team – 136 cases Hounslow. The trust has submitted data for both components of this audit i.e. patient's clinical information and service information. Data collection is currently still in progress.
NCEPOD Acute Pancreatitis (AP) study	Yes	We registered for the national audit; however, cases were not submitted as we did not have the minimum number of cases that met the sample inclusion criteria.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	Audit began in January 2015, data collection is currently in progress.
Dementia Care Audit Feasibility study - Community hospitals 2015-2017	Yes	Currently participating.

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

46 local clinical audits were completed and reviewed by HRCH from April 2014 - March 2015 and many of these have led to improvements in care and learning which can be applied across the trust.

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

Title of local clinical audit	Actions taken to improve quality of healthcare provided
Rapid Response Team Referral and Documentation Audit	The triage process highlighted issues that had an impact on the <two-hour response time. A process was developed to improve communication between triage and the Rapid Response Team. An awareness exercise was undertaken to improve the quality of data recording.
Records Management Audit	We are looking at ways to continue to improve our system for tracking of records when they are moved from clinic to clinic. The medicines management team have been working to raise the profile of recording of allergy status in patient's records.
Prospective Audit of the Initial Health Assessments in the Referral Pathway for Looked After Children	Referral documentation revised. The timeframe for the referral for an initial health assessment for Looked After Children from the local authority has been reviewed and confirmed; this now allows the Looked After Children team to offer the appointments to children within the statutory timeframe. We have created a joint protocol between both Richmond and Hounslow local authorities and our Looked After Children health team with agreed escalation policy (this action is still in progress).
Antibiotic Audit	We will continue with quarterly audit monitoring; this is improving awareness of recording the duration of a prescription for antibiotics and for when a review of the prescription is required.

Participation in clinical research

There were no patients receiving NHS services provided or sub-contracted by HRCH in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee.

We have been involved in one new clinical research study during 2014/5 which was approved by a research ethics committee. This was:

- FADES study - 'Feeding and Autoimmunity in Down's Syndrome Evaluation'.

We continue to be involved in the four studies that were started before April 2014. Information about these studies can be found in our 2013/14 Quality Account, published on our website www.hrch.nhs.uk.

Two research studies were concluded during 2014-5. Learning has been shared and actions implemented appropriately.

- *Experiences of HCP (HealthCare Professionals) in providing the initial healthcare assessments for Unaccompanied Asylum Seeking Children and Young People (UASCYP) in London: A Qualitative Study.*

  This study highlighted the need for a holistic assessment looking at the UASCYP's experience in their country of origin; in flight; and on arrival in the UK, as well as the impact of their possible return.

  The findings added to the current evidence base through insights into the issues surrounding consent for immunisation, risk-taking behaviours, and the impact of the immigration process on the health and well-being of unaccompanied asylum seeking children and young people. The study supported the need for further guidance, training and resources in this area.

- Evaluating the feasibility of integrating salivary testing for congenital cytomegalovirus (cCMV) into the Newborn Hearing Screening Programme (NHSP) in the UK.

  This study demonstrated that enhancing the integration of testing for cCMV through the NHSP enables timely diagnosis and treatment and is feasible. It noted that larger studies to determine the cost-effectiveness and utility of testing across different NHSP regions would be helpful before wider implementation.

An additional ten applications for research governance were received during 2014/15 which did not require ethics approval. Local approval was granted and the studies are underway.

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

Use of CQUIN payment framework

A proportion of HRCH's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between HRCH, NHS Richmond Clinical Commissioning Group (CCG) and NHS Hounslow Clinical Commissioning Group (CCG) through the Commissioning for Quality and Innovation payment framework (CQUIN).

Our achievements against CQUIN goals for 2014/15:

Goal	Commissioner	Achievement	Status (RAG)
Friends and Family Test	NHS Hounslow CCG NHS Richmond CCG	Fully delivered	Green
Safety Thermometer	NHS Hounslow CCG NHS Richmond CCG	Fully delivered	Green
Shared Patient Record	NHS Hounslow CCG	Partially met	Amber
Single Point of Access (SPA) (a one-stop single access system)	NHS Hounslow CCG	Fully delivered	Green
Catheter Care	NHS Hounslow CCG	Fully delivered	Green
IT Integration	NHS Richmond CCG	Fully delivered	Green
Paediatric Ambulatory Care (a project to reduce children's admissions to A&E)	NHS Richmond CCG	Fully delivered	Green
Dementia Reporting	NHS Richmond CCG	Fully delivered	Green
Innovation and Service Redesign	NHS Richmond CCG	Fully delivered	Green

We did not fully achieve our Shared Patient Record target as the system was not clinically ready by the scheduled go-live date in March 2015. This will be achieved in Q1 2015/16.

We have worked with our commissioners to agree our CQUIN schemes and goals for 2015/16; these are below.

Goal	Commissioner
Dementia • Find, assess, identify, refer • Staff training • Carer support	NHS Hounslow CCG NHS Richmond CCG
Shared patient record • This CQUIN will ensure integrated and fit for purpose IT solutions across the health economy that link primary care with other settings of care	NHS Hounslow CCG
Whole systems supporting the personal care framework • To work with a cohort of personal care framework providers to scope what nursing advice access that would support them to care for patients in their own homes • The provision of nursing advice to those who provide care in people's homes will support a reduction in calls to GP practices the reduction of emergency attenders and admissions to hospital	NHS Hounslow CCG
Catheter care • Expand the multidisciplinary work completed with West Middlesex University Hospital and Kingston Hospital • To support the reduction of emergency admissions for catheter related issues • Deliver catheter training to qualified nursing home staff • Ensure a catheter clinic in the community and that the catheter 'passport' is used to improve communication between clinicians for those patients with a catheter	NHS Hounslow CCG NHS Richmond CCG
IT integration • Develop a framework for better electronic transfer of referrals between GPs and the Single Point of Access (SPA) • To improve the quality and management of referrals from GPs	NHS Richmond CCG
Unplanned emergency care • A reduction in avoidable emergency admissions to hospital.	NHS Richmond CCG
Community referrals • To increase the number of referrals directly from GPs to our services including Richmond Response and Rehabilitation Team	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 2014/15.

We were not required to participate in any special reviews or investigations by the CQC during 2014/15 and the CQC have not undertaken a review of compliance within our services during 2014/15.

In August 2014 the CQC reviewed an unannounced inspection of Richmond Rehabilitation and Reablement Team (RRRT) which was in January 2014. The RRRT was assessed in January 2014 as not meeting the standard 'assessing and monitoring the quality of service provision' in that we were not adequately identifying, assessing and managing risks to patients using the RRRT.

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

"I want to thank you most sincerely for the wonderful care you gave to my Aunt. Your knowledge and professionalism, combined with a genuine concern and care for her wellbeing, both physical and emotional, was very much appreciated. Your sense of humour and positive outlook at all times was an amazing asset."

To the Richmond Response and Rehabilitation Team, January 2015

The subsequent review in August 2014 found evidence that we had completed the actions set out in our action plan to ensure compliance with the regulation. The CQC subsequently judged that HRCH were meeting this standard and had an effective system to regularly assess and monitor the quality of service that people receive.

Mock CQC inspection

As an organisation we are committed to delivering high quality, safe and effective care across all settings. To enable a cycle of continuous improvement, we proactively look for ways to improve the quality of the care we provide.

A mock inspection was undertaken as a learning and improvement exercise. It was intended as an opportunity for staff to 'show and tell' the inspection team what is done well and to recognise, praise and share good practice. In addition it was intended to identify where any gaps were so that we could address those, and to have the knowledge needed to move the organisation to a state of readiness for a full CQC inspection.

The two day inspection was undertaken in June 2014, in line with the CQC Framework for Inspection of Community Services and based on the five key questions i.e. are services safe, effective, caring, responsive and well-led. A team of 18 inspectors visited 12 services over two days. The inspectors talked to staff and patients and observed care being delivered in a variety of settings including people's homes, health centres, children's centres and schools, and reviewed patients' care and treatment records. In addition, during the visit a focus group was held with a range of staff.

The CQC inspection teams include experienced inspectors, independent clinical experts and 'experts by experience' i.e. people who have in-depth experience of using care services. We wanted to model this approach and so asked for volunteers to be part of the team from our staff, the trust board and our Patient and Public Involvement Committee.

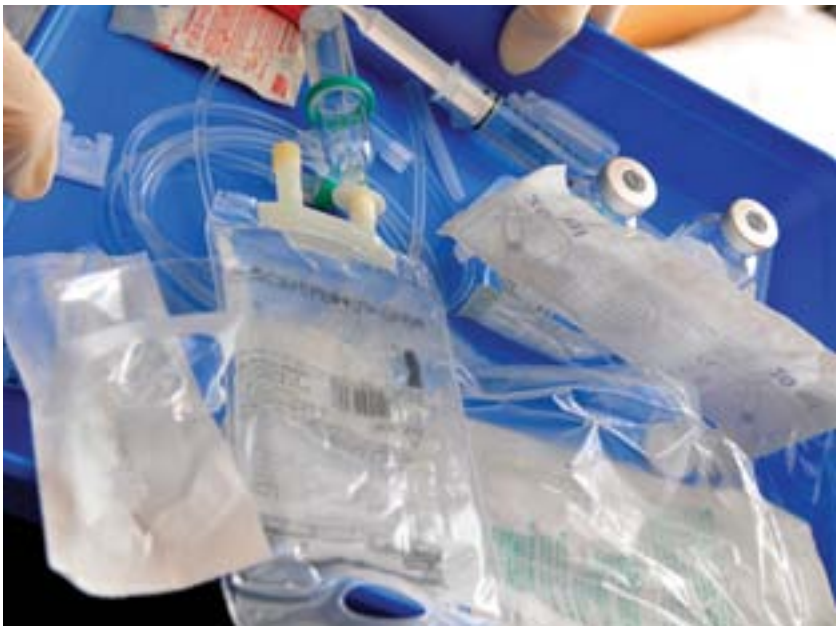
The inspection made recommendations which have been incorporated into existing action plans and trust-wide strategies e.g. Listening into Action, safeguarding adults workplan and delivery of Quality Priorities to ensure the work becomes part of 'business as usual' and supports a continuous cycle of improvement.

We anticipate that our services will be inspected as part of the CQC's new inspection framework during 2015/16.

Data quality

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

HRCH has taken the following actions to improve data quality:



- Developed a trust wide Data Quality Report that monitors the completeness of data across key patient systems.
- Undertaken an assessment of our data across all of our services to understand where quality may be strengthened in order to accurately model services and improve data quality and service efficiency as a whole.
- Introduced new process and procedures to better support services using systems that do not link to the National Spine*.
- Continued to develop a culture of high data quality within the trust and involve clinical staff in reviewing data as we move increasingly towards electronic patient records.
- Introduced a new suite of data quality reports to allow better monitoring and management of data quality at an operational level.

HRCH has previously worked in conjunction with other community trusts to develop a Community Information Data Set. We continue 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 expanding the range of data quality indicators included in the trusts; performance report which is submitted to the board on a monthly basis.

HRCH will continue to focus on data completeness during 2015/16 through inter-system comparisons and a range of reporting functions that identify particular areas for improvement. The main focus of data quality monitoring in the next year will be linked to the introduction of a new electronic care record: SystmOne to ensure effective delivery of better quality data.

The patient NHS number is the key identifier for patient records. We report the percentage of electronic patient records which include the patient's NHS number; we achieved in excess of 98% during 2014/15 on our main electronic care record (RIO) 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 98% included their General Medical Practice.

HRCH was not subject to the Payment by Results clinical coding audit during 2014/15.

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

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

We submitted a fully compliant level 2 IG Toolkit on 31st March 2015. 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 trusts, policies and procedures;
- We undertook an audit of our corporate and clinical records; our findings will be used as the basis for a comprehensive information audit in 2015/16. This audit will include all information flows in and out of the trust and will identify specific training needs for roles which include responsibility for information.
- We strengthened our information governance expertise within the trust and appointed an Information Security Manager whose responsibilities include ensuring we meet the requirements for the HSCIC cyber security preparedness programme
- We implemented an encryption programme (Egress) into our email system to ensure that emails sent outside of HRCH are secure and there is no risk to the security of person identifiable information
- We supported our staff to complete their information governance e-learning; 95% of all of our staff had completed this by 31 March 2015 and
- A comprehensive action plan was developed to identify all the data flows in and out of HRCH covering all services and locations.

Based on the action plans submitted as part of the evidence of compliance for the March 2015 Information Governance Toolkit submission we are clear about what needs to be done during 2015/16 to continue to demonstrate compliance and submit a compliant IG Toolkit in March 2016.

Our progress during 2015/16 will continue to be monitored by the Information Governance Committee, which reports to the Quality and Safety Committee.

Our quality improvements for 2014/15

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

Patient safety

1

PRIORITY 1

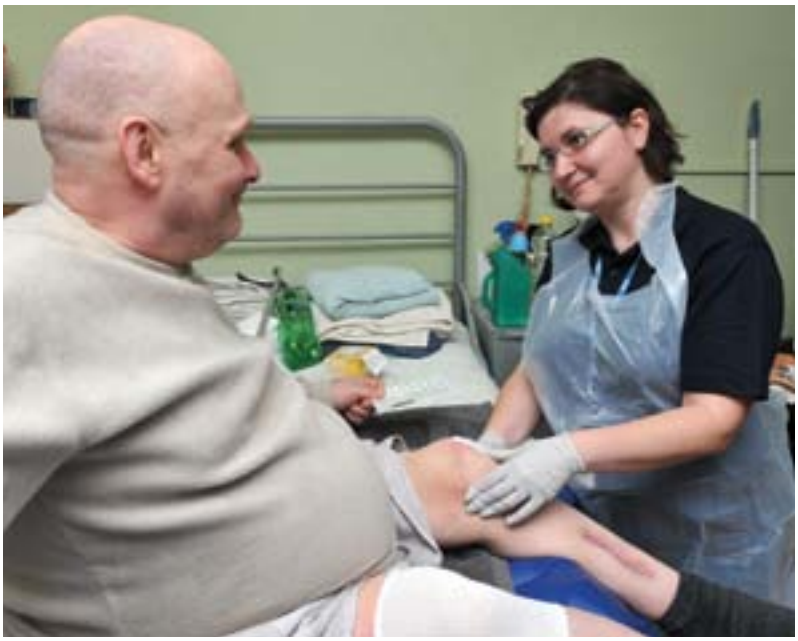
Improve learning from incident reporting and ensure that it is used to drive continuous service improvement.

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

We know that reporting and better understanding of incidents, ensuring we learn from them and implementing solutions to minimise the risk of them reoccurring is key to making patient care safer. We have an open approach to incident reporting and we wanted to increase the percentage of incidents which had actions or feedback recorded. We are disappointed that we didn't quite achieve our target but we know it takes time to embed change and we are confident this will continue to increase.

We worked with managers, clinicians and specialist tissue viability nurses to change practice as a result of learning from pressure ulcer incidents which is the category with the highest number of incidents reported. Investigating these showed us that staff were not using preventative care plans consistently for those patients at high risk of pressure damage and so we launched a 'Stop the Pressure' campaign. This included a coordinated, evidence based approach to prevention of pressure damage and continues to lead our work in this area.

We have continued to develop our Learn & Share newsletter so that lessons learnt can be shared across services and we have trained more staff to undertake investigations where learning is identified.



The outcomes we achieved:

- An increase of 15% in the number of incidents which have actions or feedback recorded
- A significant increase in the percentage of pressure ulcer incidents which, on investigation, were found to have a preventative care plan in place

How we supported these achievements:

- Implementation of a clinically led Pressure Ulcer Working Group to lead change
- Development of core care plans
- Dissemination of the Learn & Share newsletter to encourage learning from incidents across services
- Development of our Risk & Incident training so that staff know how to use Datix to provide feedback and to record actions after an incident.

Measures we reported to our board	**Baseline position 31 March 2014**	**Target 31 March 2015**	**Position achieved by 31 March 2015**
The percentage of incidents that include details on actions and feedback to staff on Datix.	46%	65%	61%
The percentage of pressure ulcers which had a care plan in place to prevent pressure damage.	28%	85%	87% (Q4 2014/15)
The number of staff reporting they can demonstrate learning from an incident	Not available	70%	57%
Other measures we used to track progress			
Progress against action plan to improve sharing of learning from incidents	No baseline	100%	75%

Patient safety

2

PRIORITY 2

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

Our aim – To increase our staff's knowledge and awareness of medicines and so reduce the potential harm to patients of medication incidents.

We wanted to make sure that our staff were confident and competent in the administration of medication and that any incidents were reported so that we could understand how they happened and learn from them thereby reducing the risk of harm and repetition.

We are really pleased with the progress we have made to ensure that patients receive their medication in a way which is safe and effective.

Our pharmacy team have worked with clinicians and managers to ensure that all incidents are fully investigated and that learning is shared not only across our organisation but also with other providers - for instance local hospitals who discharge patients into our care and GPs.

The increase in the number of incidents reported and the decrease in the number of incidents resulting in medium or high levels of harm tells us that our staff are identifying 'near misses,' that is incidents where things could have gone wrong but we have prevented from having an impact on patient safety.

The outcomes we achieved:

- An increase of 39% in the number of medication incidents reported
- A reduction of 46% in the number of incidents which resulted in medium or high levels of harm
- No serious incidents relating to medicines
- 98% compliance with safe and clinically effective antibiotic prescribing in line with guidance

How we supported these achievements:

- We worked with our colleagues in Lloyds Pharmacy who provide a pharmacy service to our inpatient wards to enable and encourage them to identify and report medicine related incidents
- We promoted learning from medication incidents by including examples in our Learn & Share newsletter
- We undertook quarterly audits of antibiotic prescribing and shared the findings and actions through our Medicines Management Committee and relevant services

One of our podiatrists was amongst the first in the country to gain his independent prescribers qualification

Measures we reported to our board	Baseline position 31 March 2014	Target 31 March 2015	Position achieved by 31 March 2015
Number of medication incidents reported	208 Total for 13/14	228 (10% increase)	289 (39% increase)
Percentage of all medication incidents which have resulted in medium/high levels of harm	5:208 2.4% Total for 13/14	1.8% (Reduction of 25%)	1.1% (Reduction of 46%)
Percentage compliance with safe and clinically effective antibiotic prescribing in line with guidance.	85%	90%	98%
Other measures we used to track progress			
Number of serious incidents relating to medication	0	0	0

Clinical effectiveness

3

PRIORITY 3

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

Our aim – For more people to receive mental health interventions at the right time.

Improving care of patients with or with early warning signs of dementia is a national priority and we know that an increasing number of people who access care and treatment from us have dementia or are caring for someone who has dementia. We wanted to build on the work we did in 2013/14 so that more staff were equipped to identify the early warning signs that may lead to dementia and to implement systems to ensure people received the right care, referrals and support at the right time.

We knew we didn't have the right systems and processes in place to enable our staff to provide consistent high quality care and so we worked with our commissioners and our partners to review and agree screening tools and referral pathways. It was important that we took a multi-agency approach to this as we know that people with dementia access a range of services across the health economy.

To make sure that our staff received training at a level which was right for them we undertook a review of training needs and developed a programme to meet those needs. We know that not all staff have received training yet but we are pleased that we have reached over 50% of staff. We will build on this during 2015/16 so that all of our staff have the right level of knowledge to enable them to provide the right care, support and management to patients and their families and carers.

It is unhelpful that our current electronic care record (RiO) does not have the functionality to be able to report the outcome of screening and referrals however the trust has adopted a new electronic care record (SystmOne) which will be able to do this; this will be implemented from July 2015.

We are one of only five community trusts in the country to be a pilot site for a national Dementia audit

"May I take the opportunity to thank you for your tremendous work in helping us all - with varying degrees of physical disability, get back our confidence and our strength, to enable us to cope with our daily challenges. Your cheerfulness is infectious, and your patience admirable."

To the cardiac rehab team, June 2014

The outcomes we achieved:

- 56% of relevant staff have received dementia awareness training
- A referral pathway has been agreed with all partners and is now in place
- A screening tool has been agreed and is in place

How we supported these achievements:

- We set up a Dementia Steering Group to coordinate our work
- We worked closely with our commissioners and with community mental health services to make sure we took a coordinated approach
- Our Information Management team supported the development of screening tool so we were able to record and monitor referrals
- We commissioned a training programme which met the needs of our staff

Measures we reported to our board	Baseline position 31 March 2014	Target 31 March 2015	Position achieved by 31 March 2015
Percentage of patients screened and assessed for early warning signs that may lead to dementia on admission to TMH inpatient unit & community nursing services	Screening and pathway not in place	Trajectory to be agreed and will align with CQUIN milestones	Screening processes being embedded and align with CQUIN milestones. NB Reporting not possible through existing reporting systems but is being incorporated into our new system
The percentage of patients whose screen for early warning signs that may lead to dementia has triggered a referral in line with the agreed pathway	Referral pathway not in place	Trajectory to be agreed and will align with CQUIN milestones	Referral pathway in place in line with CQUIN milestones. NB Reporting not possible through existing reporting systems but is being incorporated into our new system
Percentage of relevant staff who have completed dementia training to enable them to identify early warning signs that may lead to dementia	152 (31%) relevant staff completed foundation training	50%	273 staff 56% (152 - 2013/14 , and 121 - 2014/15)
Other measures we used to track progress			
Progress against 14/15 CQUIN milestones	N/A	Green	Green

Patient experience

4

PRIORITY 4

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

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

We wanted our staff to work in an environment where they were supported to provide compassionate care. We know that patient outcomes are improved when staffing levels are right for the sort of care being provided. We used national guidance, evidence based tools and professional judgement to review the staffing in our inpatient unit. We discussed our staffing levels with our commissioners and made changes to ensure patients were safe and that they had a positive experience of our care.

Whilst we achieved the significant majority of the measures put in place to assess progress of this Quality Priority, we have not implemented behaviour based appraisals across the trust.

The trust's priority changed during the year and we focussed on implementing Listening into Action* and beginning discussions with staff and patients about the values which are important to them.

We have however carried this forward to 2015/16 as it is important to us and we are confident that we will progress this further.

The outcomes we achieved:

- We increased our establishment of nursing staff in our inpatient unit so that there is one qualified nurse to every seven patients
- We report staffing levels monthly to our board
- We report incidents and patient experience information at a service and a divisional level monthly
- We undertook a mock CQC inspection in June 2014 which found that our services were caring

"We wanted to thank you for your time last week! Our consultation with you regarding our son's hearing was extremely insightful, helpful, pragmatic and professional. We felt that you explained everything to us in a clear, comprehensive way which has enabled us to understand more not only about our younger son's hearing but also our older son's too."

To the audiology team, December 2014

How we supported these achievements:

- We undertook a review of staffing in our inpatient unit; we discussed this and the findings with our board and commissioners
- We have held a range of workshops for staff to promote a culture which embraces the 6Cs**

Measures we reported to our board	Baseline position 31 March 2014	Target 31 March 2015	Position achieved by 31 March 2015
Implementation of evidence based staffing levels for Teddington Memorial Hospital Inpatient Unit	Daily staffing levels reported on internal dashboard and on ward	Daily, shift by shift reporting of staffing levels Monthly reporting & publication of staffing levels in line with NHS England's requirements Staffing levels reported to board every six months linked to our own indicators for quality of care and patient experience	Completed
Progress against project plan to implement behaviour based appraisals across the trust	27 staff of a cohort of 61 had a behaviour-based leadership appraisal during 2013/14. Appraisal tool for all staff not in place	For there to be an agreed appraisal tool in place For the implementation of this to be completed	No progress
Progress against project plan to implement a monthly Quality report which triangulates patient safety & patient experience information with workforce information	Not in place	100% services with service level information reported monthly	Completed
Other measures we used to track progress			
Progress against plans to embed the 6Cs across all clinical services	Green	Green	Green

*Footnote - Listening into Action is an approach to staff engagement where teams are supported and enabled to work differently, in a way that links to outcomes they care about, makes them feel valued, and gives them 'permission to act' that.

**Footnote – the 6Cs are a set of core nursing values which form the bedrock of the 'Compassion in Practice' national nursing strategy. They are Care, Compassion, Competence, Communication, Courage and Commitment.

Patient experience

5

PRIORITY 5

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

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

We see complaints as valuable source of patient feedback and wanted to make sure that we manage complaints about our services in a way which is open and honest and meets the needs of our patients and their families.

Whilst we have significantly increased opportunities for patients and the public to provide feedback, we have had limited feedback from people who have complained about our services. We do know however that 75% those people did say they were satisfied with the response they received.

We are disappointed that we did not meet our target for Being Open meetings. All complainants are offered a choice as to how they would like us to respond to their complaint. Whilst we encourage Being Open meetings we offer the complainant a choice and we support this choice.

We do provide an enhanced Patient Advice and Liaison Service which means that we can respond to and resolve concerns quickly through encouraging a discussion between the service manager or clinician and the patient or their family.

The outcomes we achieved:

- 16% of patients provided feedback on how we manage their complaints
- Over 5,000 patients provided feedback on the services they or their family received
- We respond to 58% of patients who report a concern by local resolution through our enhanced PAL Service

How we supported these achievements:

- We joined the Patient's Association benchmarking project to ensure an independent approach to asking complainants about their experience of our complaints system
- We implemented an online patient experience tool (Meridian) which we made available through kiosks in our key sites and hand held i-pads
- We discuss with all complainants how they would like us to manage their complaint and we agree an approach which is right for them

Measures we reported to our board	Baseline position 31 March 2014	Target 31 March 2015	Position achieved by 31 March 2015
The number of complainants who have provided feedback on how their complaint was managed	Nil	20%	16%
The number of Being Open meetings held as a primary response to a complaint	15%	20%	12%
The number of patients who have provided feedback on the services they have experienced	Patient feedback reported through annual surveys	Q1-trajectory to be set following implementation of on-line reporting tool	5481 responses via online survey and comment cards (14/15 total)
Other measures we used to track progress			
The number of complaints and PALS enquiries	82 complaints 109 (56%) enhanced PALS	No target	101 complaints 149 enhanced PALS enquiries

Other areas of quality improvement

Patient safety

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

Our Wheelchair Service was a finalist in the national Health Services Journal awards for Compassion in Care

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' in November 2014 and committed to delivering the five Sign up to Safety pledges:

- Put safety first
- Continually learn
- Be honest when things go wrong
- Collaborate with our partners
- Support staff to improve

An essential element of the Sign up to Safety campaign is for us to develop a Safety Improvement Plan. This will set out what we aim to do, when we aim to do it and how we will implement it over the next three years.

We are excited to be part of this and will develop our Safety Improvement Plan and our key areas of focus over 2015/16.

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 who say that there is emerging evidence that organisations with a higher rate of reporting have a stronger safety culture.

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

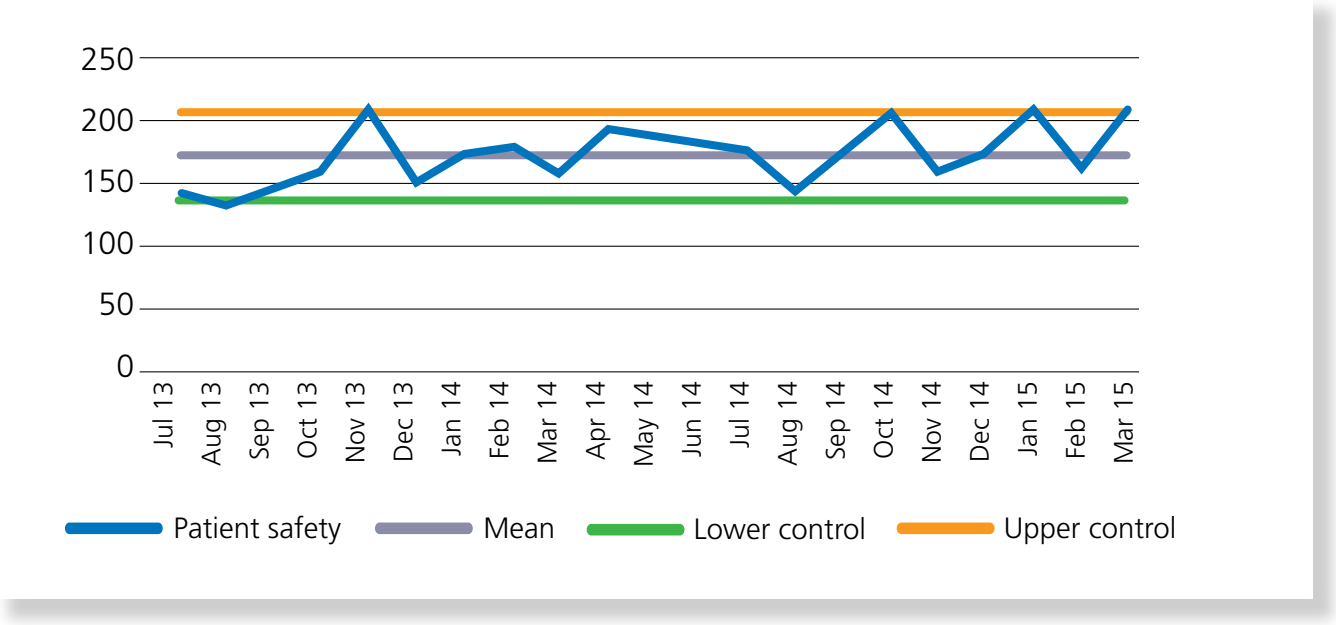
During 2014/15 we reported 2198 patient safety incidents as compared to the 1829 we reported the previous year; this represents an increase of 369 (20%).

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 June 2013 to March 2015. 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 2014/15.

Patient safety incidents June 2013 - March 2015
Source - Datrix



63% of all incidents reported resulted in no harm. This is significantly more than the 52% of other similar community NHS providers. 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 2014/15 we reported 11 (0.5%) incidents when patients died and nil which resulted in severe harm. Of the eleven deaths, eight were not as a result of a patient safety incident within our care. Two patients died unexpectedly whilst an inpatient at Teddington Memorial Hospital and one young child died despite receiving treatment at the Urgent Care Centre. The three deaths, whilst very sad and unexpected, were found to be due to underlying health conditions and our staff had provided clinically appropriate care and treatment.

Notes:

* Data on incidents from 19 Community trusts occurring between 1st April 2014 and 30th September 2014 and reported to the NRLS by 28th November 2014. Trusts have reported between 5 and 6 months of data

** Data on incidents from 19 community trusts occurring between 1st October 2013 and 31st March 2014 and reported to the NRLS by 30th May 2014. Trusts have reported between 3 and 6 months of data.

We are required to report the national benchmarking data from the National Patient Safety Agency (NPSA) which is available for the April 2014 – September 2014 period only. The table below shows our reporting for this period and compares it to the previous six month period (October 2013 to March 2014).

	1 April 2014 and 30 September 2014*					
		Degree of Harm %				
	Number of Incidents	None	Low	Mode rate	Severe	Death
Hounslow and Richmond Community	**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

	1 April 2014 and 30 September 2014*					
		Degree of Harm %				
	Number of Incidents	None	Low	Mode rate	Severe	Death
Hounslow and Richmond Community	**993**	**60.5**	**21.2**	**17.1**	**0.4**	**0.7**
Highest Community Trust	4058	79.2	55.0	25.5	4.1	1.2
Lowest Community Trust	531	29.6	11.3	6.3	0.0	0.0
Median Community Trust	1609	51.7	34.3	12.9	0.5	0.1
All NHS Community trusts	3332	49.1	35.5	14.3	1.0	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.

This data is limited by the period it covers (only six months of the reporting year) and by the delay before this is made available. However it does show an increase in incident reporting and a similar percentage of incidents resulting in severe harm or death.

We have strengthened our processes during 2014/15 to ensure that we upload our information on a monthly basis so that the data received is as accurate as possible as this was a finding from the audit of our Quality Account in 2013/14.

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 66 serious incidents during 2014/15, three of these reported information governance breaches and one reported system failure which had an impact on our ability to provide services. The resulting 62 serious incidents represent 28% of all patient safety incidents.

The categories of patient safety serious incidents we reported are:

Category	Reported
Pressure ulcers	49
Fractures	7
Safeguarding	3
Unexpected deaths	2
Other	1
Total	**62**

Learning:

- **Pressure ulcers**

  We have invested in a significant amount of work to ensure that our staff have the skills, knowledge and resources to identify, treat and manage patients with or at high risk of pressure damage. We investigate all grade 3 or 4 (the most severe) pressure ulcers which are acquired within our care and we have embedded a zero tolerance to pressure damage. We report the number of avoidable pressure ulcers to our board monthly and have made significant progress. Whilst we know this will continue to be a challenge over the next year, we are really pleased with what our staff have achieved so far.

The chart below shows the number and percentage of avoidable pressure ulcers during 2014/15:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Pressure ulcer SIs	4	6	5	5	4	3	3	1	3	7	5	3
No of avoidable pressure ulcers	3	6	4	1	2	1	1	0	1	2	3	0
Target	3	3	3	3	3	2	2	2	1	1	1	0
Avoidable pressure ulcers %	75%	100%	80%	20%	50%	33%	33%	0%	33%	29%	60%	0%
Target %	59%	59%	59%	59%	59%	51%	42%	34%	25%	17%	8%	0%

- **Fractures**

  Five of the seven fractures happened when patients at Teddington Memorial Inpatient Unit fell. We have revised how we assess people for their risk of falling on admission and we have implemented preventative measures for people who are at a very high risk, for instance sensor pads so staff can be alerted when a patient who needs support to walk tries to stand.

  One serious incident related to a patient whose fracture was not correctly diagnosed by staff at the Urgent Care Centre and one other was a patient in the community who was inappropriately given bed rails. We have revised our Slips, Trips and Falls Policy so that it meets best national practice and this includes information about the use of bed rails.

- **Safeguarding**

  We reported three safeguarding allegations made about our staff during 2014/15. One related to wound care provided by our district nurses; this was subsequently found to be clinically appropriate and no further action was taken. Two allegations were made by patients at Teddington Memorial Hospital Inpatient unit. They have both been fully investigated and the local authority safeguarding team have taken no further action. Learning has been shared with the teams.

  We take all allegations very seriously and work with our partners in social services to ensure a transparent and open process is adopted throughout an investigation and that the appropriate actions are taken in response to any findings.

- **Unexpected deaths**

  We reported two unexpected deaths as serious incidents during 2014/15. One incident related to young children who were brought into the Urgent Care Centre but subsequently died. One related to an unexpected death of a patient whilst an inpatient at Teddington Memorial Hospital.

  We reported these as part of being open and to make sure we reviewed our care for any learning. Niether of the deaths were related to a patient safety incident within our care and investigations found that our staff provided appropriate care and treatment.

  We have put in place a Mortality Review Group, led by our medical director and all deaths at Teddington Memorial Hospital Inpatient Unit are screened with an investigation and case note review where this is assessed as being required.

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 90% 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.

Our data showed that we were not achieving this and so we looked again at how we were recording our information. We found that we had not collected and recorded information as we should have done and so we made an adjustment so that we could compare our information with that of other organisations. Our revised reports do now show that we achieved an average harm free rate of 91%, exceeding our target and matching the national target.

As we continue to report our progress in 2015-16, we will closely monitor the validity of our data so that we can use the tool to improve the safety of our services.

PLACE

We believe that every patient should be cared for with compassion and dignity in a clean, safe environment. We participate annually in Patient Led Assessments of the Care Environment (PLACE). A group of staff, patients and the public went into Teddington Memorial Hospital inpatient unit to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. The assessment focused entirely on the care environment.

We are really pleased at how well we did. We scored better than the national average in all aspects which were cleanliness, food, privacy, dignity and wellbeing and condition, appearance and maintenance. This also represented a significant improvement since the previous years assessment.

Clinical effectiveness

Clinical audit

The recommendations from clinical audits are a key part of improving clinical practice and we have achieved 98% against our target of 90% of completed clinical audit reports with an action plan. This is a 3% improvement from 2013/14 and 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 2014/15 by NICE (National Institute for Health and Care Excellence).

Patient experience

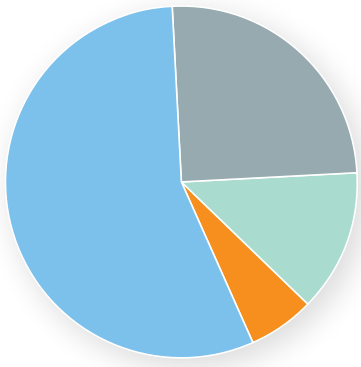
Gathering the views and experiences of people who use our services and using these to improve the quality of the care we provide is important to us. We take any poor experiences highlighted by our patients and carers as part of complaints or concerns very seriously. The issues raised are discussed from service to board-level to ensure lessons are learned and actions are taken to make positive changes to the care and treatment we deliver. In 2014/15 we used different ways for people to give us their views including questionnaires, comments cards, on-line surveys and individual feedback.

Patient feedback

In 2014/15 we introduced a new on-line system to capture patient feedback called Meridian. Meridian is a system which allows us to use a variety of tools to gather feedback from our patients and the public. It enables us to develop surveys and questionnaires which are available from kiosks at eight of our busiest sites across the trust. We also have hand held iPad devices which our staff can give to patients after their treatment to ask about their experience of their care in a way which is completely anonymous and allows the patient to include their own comments as well as respond to set questions. We have also redesigned our comment card and implemented this in every clinic or health centre setting.

In 2014/15 4683 people took the time to tell us about the care they or their relatives received. We were able to provide a range of methods for them to do this:

Method of providing patient feedback
April 2014 - March 2015



iPads	2,714
Comment cards	1,177
Kiosk	580
Internet page	212

Meridian is able to group questions and their responses into themes. During 2014/15:

- ✔ 97% of our patients responded positively to questions about whether they had received care in a way which was right for them.
- ✔ 96% reported that they were treated with dignity and respect
- ✔ 94% responded positively to questions about whether they felt they had been listened to

However only 83% of patients responded positively to questions about how easy they found it to access the service. We also know from our complaints that people do sometimes find it hard to access services; whilst we have put some measures in place to improve this we recognise we need to do more.

Friends and Family Test

During 2014/15 we extended the NHS Friends and Family Test from our Urgent Care Centre, Walk in Centre and Teddington Memorial Hospital inpatient, wards to making it available across all services and all sites from January 2015 through using our on-line patient experience feedback tool (Meridian) and through comment cards.

In December 2014 NHS England asked all providers of NHS services to change the way that they reported the findings of the Friends and Family Test from what was called the 'net promoter score' to reporting the percentage of respondents who would recommend services and those would not. We put that change in place and report monthly to our board as well as sharing our information with NHS England and on our website.

The chart below shows the percentage of patients who would recommend our services per month.

Area	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	YTD
Inpatient (% recommend)	90	100	67	100	100	94	93	91	82	95	100	77	91
UOC and WIC (% recommend)	82	97	92	92	86	90	92	95	94	96	94	95	92
Community (other) (%recommend)										96	96	98	97

We are really pleased that on average 93% of our patients would recommend our services to their friends and family, should they require similar care or treatment.

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

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

Complaints

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

We received 101 complaints during 2014/15 which is a 23% rise compared to 82 complaints received in 2013/14.

We also reported 150 enhanced Patient Advice and Liaison Service (PALS) enquiries. This is a rise of 49% from the number of enhanced PALS enquiries in 2013/14. An enhanced PALS enquiry is a concern or query which requires some additional intervention from the PALS team to resolve. We aim 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 patient and they discuss, agree and complete an individual resolution which meets the need of the patient.

You asked us...

Mr H rang our PALS line as he wasn't able to get through to the physiotherapy service to rearrange his appointment.

We did.....

Our service manager telephoned Mr H that same day and arranged an appointment for him.

You asked us...

Mrs S rang our PALS line as she didn't understand why her son had been asked to come back for more blood tests.

We did.....

We contacted the pathology lab to understand why the blood tests needed to be repeated. We spoke to Mrs S and explained the reason and made another appointment for her son.

Only one of the top three subjects reported in 2013/14 is the same as in 2014/15. This is staff attitude and accounted for 19% of our total complaints during the year. In 2013/14, 11.6% of all NHS complaints were about staff attitude so we recognise that we need to improve. 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. However we know that we need to do more to ensure our staff approach people in a kind and respectful manner.

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

- **Staff attitude**

You complained that...

A member of our administrative staff was very bad mannered and was sarcastic.

We...

Acknowledged that this was unacceptable and offered apologies. The service manager took action with the member of staff involved.

- **Treatment/ability**

You complained that...

Our district nurses did not identify and treat deterioration in your wound.

We...

Reviewed the care we provided and found that this was clinically appropriate. We acknowledged that there was one element of care which could have been done differently and which may have resulted in a quicker recovery and we apologised for that. The service manager discussed this complaint with the team so they could make sure this didn't happen again.

- **Diagnosis**

You complained that...

Staff did not diagnose your stomach pain as appendicitis and you were discharged without the right diagnosis.

We...

Reviewed your records and found that the diagnosis that was made was correct at the time, considering your symptoms. We recognise however that we did not give you clear advice as to what to do should the symptoms not improve and we apologised for that. This was discussed at the team meeting to make sure all staff were aware of the importance of giving clear advice after a consultation.

We are pleased that we have had no complaints referred to the Ombudsman during 2014/15; we work hard to respond to each complainant's concerns individually and sensitively. There is one complaint from 2013/14 which is still going through the Ombudsman's process; resolution of this has been delayed by the Ombudsman. We are working with an independent charity (The Patient's Association) to seek the views of complainants about how their complaint was managed so that we can use this learning to continually improve our process.

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

- Acknowledgement letters are now being sent to patients on the MSK Physiotherapy Service waiting list so they know their referral has been received and who to contact to discuss any queries
- We arranged training for all our school nurses on the National Child Measurement Programme
- We are exploring how we can improve communication and ensure that the privacy and dignity of patients can be enhanced at the reception desk area in the Urgent Care Centre
- We have implemented a generic email address for people wishing to contact the speech and language therapy service so that all contacts are responded to promptly

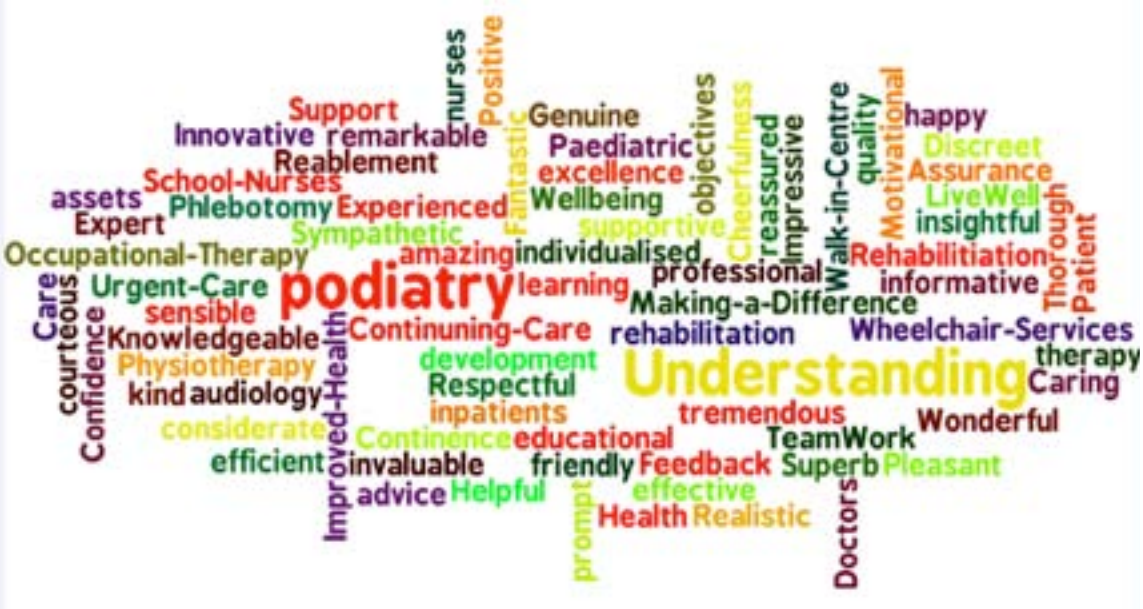
Compliments

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

In 2014/15, we received 275 formal compliments; these are compliments which are sent to the patient experience team and will not include all the lovely expressions of thanks that our staff receive on a regular basis from their patients. We are always grateful that patients and their families take the time to tell us how much they appreciate our care; it is very important to us that the care we provide is that which we would want our families to receive.

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 2014/15.



Patient stories

In 2014/15 we continued this important area of patient feedback by offering complainants and patients the opportunity to tell us about their experiences on video, in an audio recording and to attend our board in person. We invite service users to attend board meetings to share their stories and to give further context to their story.

Whilst it is nice for the board to hear a positive patient story, we recognise the importance of being open and honest at every level of the organisation. We have therefore invited people who have had cause to complain or be critical about the care and treatment they have received to attend the board or for us to play an audio recording of a resolution meeting with them and the service so we can demonstrate how we manage complaints, that we acknowledge that things do sometimes go wrong but how we use the valuable feedback to drive forwards change to improve our care.

People who have received care from our learning disabilities team, speech and language therapists, Teddington Memorial Hospital inpatient unit, our multiple sclerosis nurse specialist, night nursing service and the Urgent Care Centre 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

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

- **National staff survey**

We are really pleased that so many of our staff wanted to provide feedback on working for HRCH. We increased our response rate to the national staff survey with 53% of staff responding to an online questionnaire. This was against a national response rate of 42% and our own response rate in 2013 of 50%.

Our staff told us:

- ✔ 79% were satisfied with the quality of work and patient care they were able to deliver (70% in 2013)
- ✔ 70% felt that the care of patients was the trust's top priority (59% in 2013)
- ✔ 45% were satisfied with the extent to which their work was valued (35% in 2013)

They also said that all aspects of team working has improved, they know what their work responsibilities are, they are enthusiastic about their job and look forward to going to work.

However they also told us that:

- Only 63% had equality & diversity training (74% in 2013) and 75% had health & safety training (84% in 2013) in the last year
- Only 32% felt there was enough staff to enable them to do their job properly

We know we needed to act on this and so we are currently reviewing our induction and our statutory and mandatory training programme so that people's time is best used accessing training that helps them to do their job more effectively and is the best investment in our resources.

We know we have difficulties in recruiting staff and that we are no different from other NHS provider organisations in this. However we have taken action to encourage agency staff to work through our staff bank and we have taken innovative steps to increase recruitment to key posts. Our vacancy rate fell from 22.8% in April 2014, to 15.5% in March 2015. We are delighted that our staff vacancy rate is the lowest it has been since 2012 and we have the highest number of staff in post in the history of HRCH.

- **Whistleblowing**

We re-launched our Speaking Up (Whistleblowing) Policy to reassure our staff that it is safe and acceptable to speak up and to enable them to raise any concerns at an early stage and in the right way.

We are currently recruiting to a Speaking Up Guardian role which will report directly to our Chief Executive, as recommended by Sir Robert Francis.

We welcome the increased awareness of Speaking Up and raising concerns that our actions will bring and are committed to dealing with all concerns raised openly, responsibly and professionally.

- **Staff Friends and Family Test**

We participate in the Staff Friends and Family Test which takes place quarterly throughout 2014-15.

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?

✔ 65% of staff would recommend HRCH as a place to work….. exceeding the national target of 61%

✔ 84% of staff would recommend HRCH as a place to receive care or treatment….exceeding the national target of 67%

- **Listening into Action**

Listening into Action (LiA) is a new way of working that mobilises staff around better patient care. We want to our teams to make improvements from the 'inside-out', by giving 'permission to act', supporting them to cut out non value-add activity and unblocking the way.

We currently have twelve on-going projects, each with an executive sponsor and a staff lead. These range from looking at the journey from recruitment to a new member of staff starting in post to accessibility at Teddington Memorial Hospital.

As well as the on-going projects we are proud of the quick wins our staff have made happen:

- We have started drop-in IT surgeries
- We have put a water cooler in at Teddington Memorial Hospital
- We have arranged for small occupational therapy items to be stocked in the hospital pharmacy
- We have designated an equipment cupboard at the hospital gym
- We have implemented a probation period for new starters

LiA is about us working together to do our best for our patients and is a fundamental shift in the way we work; regular 'pulse checks' are taken to ensure that staff feel engaged and involved in this.

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. As evidence of our commitment, we have included measures for all of our 2015/16 Quality Priorities from the outset.

The trust has also 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 have identified actions to improve our assessment rating next 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

Statements from Healthwatch and Clinical Commissioning Groups

We would like to thank those who have reviewed and provided comments on our 2014/15 Quality Accounts.

We have shared our Quality Account with the London Borough of Hounslow but due to recent changes in their governance structure they have not had sufficient opportunity to review and comment on the Account. The Quality Account will be discussed and reviewed at a meeting of the Health and Adult Care Scrutiny Panel and the outcome of this will be shared with us then.

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

NHS
Hounslow
Clinical Commissioning Group

NHS Hounslow Clinical Commissioning Group (CCG) has reviewed the Hounslow & Richmond Community Healthcare Quality Account (QA) for the year 2014-15.

We have reviewed the content of the Quality Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the account represents a balanced overview of the quality of care at the Trust.

It demonstrates the progress made on achievement of last year's priorities and the plans for future development. It provides a clear rationale for the coming priorities alongside expected delivery dates. The priorities for quality improvements in 2015-16 are supported by Hounslow CCG.

The CCG note an improvement towards the end of this year in safeguarding training across the workforce but would request this remains high on the list of priorities for the trust. This CCG will work with the trust to ensure that this improvement is sustained and continues to climb.

The trust has focused on pressure ulcer management and the level of detail and expert analysis that this has produced is excellent. The trust has recruited a leader in her field in this area and the enthusiasm and determination has had an immediate impact. This has been accompanied by an improved overall position, inevitably there had been an increase mid-year attributed to improved reporting but the CCG is assured that the Trust understand and are taking all actions they can to improve on their position.

The CCG welcomes the approach the trust has taken to receive patient feedback both in regards to service improvement and with the contribution people have made to the development of the quality account.

The CCG will continue to work collaboratively with you to help shape how we move the quality agenda forward both from a commissioner and provider perspective over what proves to be an exciting year ahead.

Dr Nicola Burbidge
Chair

Sue Jeffers
Managing Director

NHS
Richmond
Clinical Commissioning Group

NHS Richmond CCG statement for HRCH quality account 2014/15

Richmond Clinical Commissioning Group's Quality, Finance and Performance committee has reviewed the Hounslow and Richmond Community Healthcare NHS Trust (HRCH) quality account for 2014/15. In our view, it is a balanced and transparent report which complies with the national guidance.

Richmond CCG has continued to work closely with HRCH throughout the year and we fully support the priorities that have been identified for the coming year which will ensure the best outcomes for the population of Richmond.

The joint quality review meetings with both HRCH and Hounslow CCG have continued to take place during the year demonstrating openness and transparency which has been beneficial to all organisations.

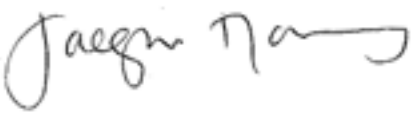
Richmond CCG's Serious Incident Review Group (SIRG) which meets monthly has also enabled us to scrutinise the safety and quality of the care provided by HRCH. Throughout the year we have seen a lot of work being undertaken to improve clinical effectiveness in regard to pressures damage and we are pleased to acknowledge HRCH's commitment to this work by ensuring that skin care is one of the priorities they have chosen for 2015/16. We agree with HRCH's commitment to ensure that of the grade 3 or 4 pressure ulcers which are reported during the year, none are avoidable. However, we note that the learning from these incidents to prevent recurrence has yet to be fully embedded among staff. We would therefore envisage that this improves during the year.

The CCG is pleased to note that HRCH has again made dementia care a priority after the commendable progress they have made to date in previous years. It is also timely given NHS England's Chief Executive recent commitment to ensuring that everyone with dementia receives a timely diagnosis. We will continue to work with HRCH and other partners to ensure that the right screening tools and referral pathways are in place across the borough and we look forward to seeing further progress made throughout the year.

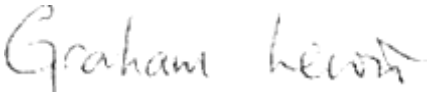
The continued focus on improving patient experience is welcomed. Richmond CCG notes the work that HRCH is undertaking to develop a compassionate and caring culture among staff. Although clinical supervision targets have been met recently it is disappointing to see that the introduction of a behaviour-based leadership appraisal tool has not been introduced consistently across the organisation. The CCG believes this is required to enable HRCH to achieve its priority of ensuring that staff have the skills and behaviours to deliver the most appropriate and timely care.

In addition, the CCG acknowledges the continued use of patient participation and feedback to help plan services so that patients remain at the heart of the care that is provided. The CCG would like to ensure that the feedback around the accessibility of services is addressed during the coming year and will continue to work with HRCH to develop, monitor and improve in this area.

Richmond CCG looks forward to continuing to working with HRCH to develop the outcomes that matter to patients and through this seeing continuous improvement in the services provided as well as closer collaborative working with all partners across the local health economy.



Jacqui Harvey
Interim Chief Officer
Richmond Clinical Commissioning Group



Graham Lewis
Chair
Richmond Clinical Commissioning Group

Richmond upon Thames' Health Services Scrutiny Committee response to Hounslow and Richmond Community Healthcare NHS Trust's Quality Account

Following on from the meeting held on Monday 11 May 2015, to discuss Hounslow and Richmond Community Healthcare (HRCH) NHS Trust's Quality Account, we welcome the opportunity to provide additional input, as the London Borough of Richmond upon Thames (hereinafter 'we' or 'us') 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.

The Report:

We thank you for this document. In particular we noted:

- The use of tables and graphs to display information is helpful at breaking down the content of the report, however the overall style and layout of the report is difficult to navigate and understand. We recommend the use of a traffic light system to indicate the progress for each target and make the Account more accessible to the public.
- The overall length of the report could be a deterrent for members of the public. We would encourage the inclusion of a summary or highlights section at the start of the report, to improve accessibility.
- The inclusion of a methodology section, summarising how the priorities for 2015/2016 were decided, was welcomed by the sub-committee.
- It is evidenced within the report that HRCH achieved some of the priorities set for 2014/2015. We particularly noted the Trust's accomplishments in the following areas:
- We appreciate the Trust on exceeding the targets set to ensure the safe use of medicines so that patients get the maximum benefit from the medicine they need (Priority 2) and look forward to seeing further improvement in this area.
- We recognise HRCH's work to reduce slips, trips and falls amongst patients. We encourage the Trust to continue to share their progress with us in the coming year, as this is an important area of concern for our residents but it is not a named priority for 2015/2016
- We note the Trust's commitment to placing the community at the centre of its work, displayed, for example, by the recent work providing support to staff and patients to understand the wider mental health perspectives for issues such as non-concordance with health advice.
- We note and welcome the priorities for 2015/16

Suggestions:

Whilst we appreciate that the version provided is a draft and the final version is yet to be approved, we have 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 HRCH. These are as follows:

- The timeliness of discharge is a key concern for our residents. There is a need to improve the partnership working amongst GPs, HRCH, local hospitals and other community services, including RRRT, to improve the discharge service.

- The ongoing work to improve the targets set in Priority 1 for 2014/2015 across the three priorities set for 2015/2016 is supported by us, as HRCH failed to meet these important targets in 2014/2015.
- We noted with concern the categories with the highest reporting of patient safety incidents in Richmond (as below) and also the high number of Serious Incidents reported during April 2014 to March 2015. We would like further progress to be made on these areas going forward as an assurance for our residents.
- Tissue Viability (25)
- Slips, trips and falls (20)
- Diagnosis/treatment (18)
- Healthcare appointments (18)
- Healthcare records (10)

It's good to see 'Skin Care' being included as a priority for 2015/16 and we look forward to further progress in this area. We noted that the baseline data for some reported fields was not available and would encourage including it to help benchmark current and future activity.

- The Better Care Fund (BCF) target to bring together all partners is a complex one, but one the Council prioritises. We would welcome further work from the Trust to improve the interfaces between services and establish clear lines of accountability and responsibility for each section of the patient journey.
- We are happy that the Outcome Based Commissioning (OBC) work is progressing and recognises the ongoing work to develop a framework to gain a holistic understanding of what matters to a patient and how this outcome can be delivered. We would encourage the Trust to carry out further patient engagement and use the opportunity to develop two-way learning with local Trusts.
- We acknowledge the priorities chosen for 2015/2016 focus on the Trust's largest demographic - the elderly; however we would welcome further information on the quality of the Paediatric Services within the report, especially relating to young people's mental health services.
- Finally, we would encourage you to report any progress on the Public Health initiatives such as smoking cessation, promoting physical activity, healthy diet and tackling public health issues such as obesity, alcohol abuse and mental health to show the trust's commitment to the wider healthcare agenda and to Simon Steven's new vision of the NHS. It might also be useful to focus more on self-care and self-management in line with Richmond's Council and Richmond CCG's Prevention Framework, BCF and Better Care Closer to Home strategy.

Conclusion:

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

We also hope that our views and the suggestions offered are taken on board and acted upon and we are kept informed of your progress.

London Borough of Richmond upon Thames Health Scrutiny Committee

Hounslow and Richmond Community Healthcare Quality Account response 14/15

Having reviewed the quality accounts for 2014/15 Healthwatch Hounslow (HWH) has outlined our comments and recommendations as per the account.

Quality priorities:

- In determining the quality priorities to focus on did HRCH engage an external partner to seek the views of patients, carers, staff and stakeholders? It would be advisable to involve an organisation like HWH to obtain those views as an impartial body.
- In formulating improved patient safety with particular emphasis on dementia care were organisations like Alzheimer's or Age UK involved?
- To complete the training including external experts such as the aforementioned may ensure a thorough process of training and result in completion.
- HWH are delighted that pressure ulcers have been identified as a quality priority, have the new guidelines for pressure ulcers been incorporate into current service delivery? As a note it is extremely positive that HRCH are involving providers and safeguarding teams in the quarterly SAB.
- Quality measures for pressure ulcer targets are incomplete.
- Leading care is a positive example of ensuring responsiveness to patient needs at a senior level and the integration of clinical supervision is invaluable.
- Identified six peer audit/assessments to be undertaken to identify performance against the five priorities for care identified in the 'One Chance to get it Right' guidance on the Care of Dying People, who will be carrying out the audits?

Review of services:

- HWH would question if there had been an external audit of services within HRCH as again this would yield unbiased results from an independent organisation.
- Registration with CQC
- As part of the January 2014 inspection was there a move to review services involving external independent agencies.
- The inclusion of patient's by experience for the mock inspection is extremely positive.
- Would there be a remit to involve external organisations like HWH or HW Richmond in future reviews?

Information Governance

- Compliance score of 66% appears low
- External audit of clinical records sample

Quality improvements for 2014/15

Priority 1 – Improve learning from incident reporting and ensure that it is used to drive continuous service improvement

- External review of incident reporting and input into preventative care plans may have supported the target aim.
- Very positive to see such an important issue taken seriously and the stop the pressure campaign is very reaffirming.

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

- Engagement with voluntary sector organisations?
- The report does not stipulate an approach to dementia care in the community especially in light of the reduction in current funding to support community services in this area.

Priority 5 – Improve transparency of complaints reporting, improve our response to complaints and ensure that lessons are learned

- There is an identifiable lack of comparable targets for this area, difficult to interpret the data.
- PALS and identifiable links to HWH and HW Richmond would improve number of complaints and ensure that complaint responses are reviewed to improve the process.

As an overall comment the progress that HRCH appears to be making towards improving the quality of the service received and responsiveness to key issues such as pressure ulcers and Dementia is very encouraging and demonstrates a commitment to a patient focused agenda. HWH would recommend that greater involvement of both Healthwatch Hounslow and Healthwatch Richmond would underpin some of the outcomes and provide an independent review that would highlight and support emerging issues. HWH would welcome the opportunity to work alongside HRCH in evaluating patient experiences to support the work being undertaken within the current quality priorities and evaluation of quality improvements for 2014/15.

Commentary on Hounslow and Richmond Community Healthcare NHS Trust

Quality Accounts 2014-2015

Healthwatch Richmond found this to be a well written and accessible document and the Trust should be commended on the clarity of content and language.

It is encouraging to see that the focus on reporting, measuring and analysing incidents and the open culture at the Trust has resulted in a larger number of events being reported and consequently that there is more opportunity to learn from incidents and "near misses". We note that Trust fell slightly short on targets for incidents but acknowledge that challenging targets were set and good progress was made over the year.

We were pleased to read about the attention given to preventing falls and urinary tract infections. We also commend the Trust on reducing staff vacancy rates as well as achieving a high level of clinical reports with action plans. Additionally we were pleased to read that the Trust have embraced the Sign Up to Safety Campaign. The Trust are also to be congratulated on the recognition of the Wheelchair service in the Health Service Journal awards.

We note that there has been an increase in complaints received in the past year and hope the Trust will continue to focus on staff attitude, which continues to be one of the main areas of complaint. We suggest that a plan to implement behaviour based appraisals would support this agenda.

We welcome the three priorities set for the 2015/16 period and find that they are very well aligned to the Trust's patient population and their needs. We were particularly pleased to find a focus on developing the way that dementia patients are cared for by the Trust as well as the continuing focus on eliminating pressure ulcers.

Although more staff have provided positive responses to working at the Trust, the proportion completing their required training has fallen and we encourage the Trust to continue to set challenging targets for itself in staff training. Whilst we were pleased to find staff training a priority for the coming year, we also encourage the Trust to set a higher target for the number of relevant staff receiving clinical supervision to demonstrate continuous improvement.

Overall we were pleased with the Trust's achievements over the past year. We support their aims for the coming 12 months and support achieving any missed targets from the 2014/15 period. We look forward to working together with the Trust in the future to improve patient experience.

Healthwatch Richmond is run by Richmond Health Voices

Regal House, 70 London Road, Twickenham, TW1 3QS. 020 8099 5335.

Charity no. 1152333

Registered as a Company in England & Wales No. 08382351

Feedback

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

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

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

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

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

Arabic

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

Somali

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

Polish

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

Panjabi

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

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