Hounslow and Richmond Community Healthcare
NHS Trust

Celebrating our first year




Annual Report 2010/11

Introduction from the Chairman and Chief Executive

This is our first annual report as a fully merged organisation and we can look back on 2010/11 as a pivotal year, of which we can feel immensely proud. Despite significant uncertainty and change, we have seen considerable achievement across a wide range of objectives that place us in a strong position as we begin our life as a new NHS trust.

We have more than a thousand staff caring for thousands of patients every day and each and every one has a story to tell about their experience of our services, notwithstanding our visitors and volunteers. In these following pages we focus on just five of those stories which we hope will demonstrate who we are and what we do, as well as our achievements over the past year and developments to come.

In April 2010 we started operating as one organisation for the first time after the merging of community health services in Hounslow and Richmond in 2009. With NHS Richmond as our legal hosts, Hounslow and Richmond Community Healthcare then began the process of applying to become a separate, standalone organisation. This involved proving that we were financially and clinically viable, firstly to NHS London and then to the Department of Health, who gave their approval in December 2010. In April 2011 we became Hounslow and Richmond Community Healthcare NHS Trust following approval from the Secretary of State for Health. This was a huge milestone for the organisation and was the culmination of years of hard work, vision and commitment.

Stephen Swords
Chairman

Richard Tyler
Chief Executive

We would like to express our gratitude for all the support we received during the process of becoming an NHS trust – as without that support we would not have become a standalone organisation. We would particularly like to thank NHS Richmond, our legal hosts, and NHS Hounslow. We had unanimous backing from stakeholders right across the two boroughs – from GPs, to our LINks (Local Involvement Networks) to our colleagues in our local boroughs.

The work of our Board was recognised in our being shortlisted for an HSJ Patient Safety Award for Board Leadership in November 2010.

We are pleased to report we achieved financial balance in 2010/11 and put in place a significant savings programme for 2011/12 which will reduce overhead costs to a more sustainable level and put us on the right footing for our preparations to become a foundation trust.

In December 2010, we conducted an organisational-wide formal consultation to develop a new clinical and managerial structure for the organisation that would enable us to respond to the emerging GP consortia. This structure began operating on 1 April 2011.

Despite the organisational change, we remained responsive to the requirements of our commissioners and achieved a number of developments and improvements to services.

- We set up a rapid response and single point of access service in Richmond and set up a GP-led health centre based at Teddington Memorial Hospital, on time and within budget.
- We consolidated the intermediate care service for diabetes in Hounslow
- The Hounslow Stop Smoking Service achieved its targeted number of quitters
- We consolidated our governance structures and saw significant improvement in clinical audit and the development of wider clinical engagement through a new clinical leaders' forum.

2011/12 will see our first year of operation as an NHS trust and our primary focus will be on consolidating the organisation so that it is fit to meet the challenges ahead. We will begin to put plans in place to move us towards foundation trust status. At the same time, we are aware of the importance of responding to the needs of our commissioners in developing high quality, innovative and cost effective services, and to put in place a long-term clinical strategy that meets the demands of the QIPP (quality, innovation, productivity and prevention) agenda.

We would like to pay a special tribute to the efforts of our staff. Despite the many pressures and changes they have faced in the last year, they have demonstrated enthusiasm and commitment – working tirelessly to provide high quality care for our patients.

And finally, this organisation would not run smoothly without our volunteers and we would like to thank them for their ongoing support.

Richard Tyler, *Chief Executive*

Stephen Swords, *Chairman*

Contents

About us

Who we are

- Hounslow and Richmond Community Healthcare NHS Trust provides community-based health services for the 420,000 people living in the boroughs of Hounslow and Richmond upon Thames. We employ just over 1,000 staff, 800 of which are nurses, doctors, physiotherapists, podiatrists, speech and language therapists, dietitians, psychologists, occupational therapists and health and wellbeing advisers. With a budget of £55 million, we work across more than twenty different sites including health centres and clinics, GP surgeries, children's centres, schools, hospitals and in patients' homes. We also run Teddington Memorial Hospital which hosts a 50 bed inpatient unit, walk-in centre and health centre.

Lavina Ramlingam, Stop Smoking Specialist, checks the carbon monoxide levels of newly smokefree client Dave Floyd.

What we do

- **We prevent hospital admissions and emergencies**. Our new rapid response service in Richmond assesses patients with long-term conditions in their own homes and provides care within two hours of GP referral. Our district nursing services across the boroughs provide care around the clock.
- **We rehabilitate.** Our range of therapists based at West Middlesex Hospital help patients recover from injuries and illnesses and manage long-term conditions, while our specialist neuro-rehabilitation team in Richmond help patients recover from strokes and brain injuries.
- **We prevent illness and improve health and wellbeing**. Our health and wellbeing services such as the Hounslow Stop Smoking Service helped nearly 2,000 people stop smoking in 2010/11 and our dietitians and specialist diabetes teams educate and support patients to make long-term lifestyle changes.
- **We care for people in their own homes**. Services like our Respiratory Care team based in Richmond visit patients with long-term respiratory illnesses monitoring their health and helping them manage their condition, while our Children's Continuing Care team care for children with complex health needs, life-limiting conditions and those who require palliative care.
- **We are community healthcare specialists**. We are one of only two NHS trusts in the capital and 16 nationally, solely focussed on providing community healthcare.

Our mission, vision and values

Our mission

To improve the health and wellbeing of the population of Hounslow and Richmond through the provision of high quality community health services

Our vision

Over the next five years we will consolidate our position as the principal provider of community health services for the populations of Hounslow and Richmond

Our values

The following **values** underpin all that we do:

- We will be recognised as providing **excellent clinical care**, customer care and management practice
- We will value, retain and develop **excellent clinical, administrative and managerial staff**
- We will **involve, listen and respond** to patients and carers
- We will adopt a **holistic approach** to assessment, care planning and care delivery
- We will work in **partnership** with other health, social and voluntary sector providers working towards integration and collaboration wherever possible

Our objectives

Our overall aim for 2010/11 was to be 'a strong and credible organisation both to meet the demands of our local population and to give us the best possible change of entering a future merger as an equal partner'. We set three overarching themes underpinned by six more detailed objectives. Our achievements against these themes are detailed below.

People - getting the organisation right

- Attract and maintain committed and motivated staff

We successfully developed a new clinical structure that will enable us to respond to the emerging GP consortia. Recruitment to the senior managerial structure is nearly complete and will enable us to drive and deepen clinical review in 2011/12.

Productivity – achieving financial sustainability

- Establish a financial base
- Culture of performance improvement

We achieved financial balance and put in place a significant savings programme for 2011/12 which will reduce overhead costs to a more sustainable level and put us on the right footing for the next stage of our foundation trust application.

Performance – delivery for patients and our population

- High quality clinical effectiveness
- Improved outcomes
- Integrated models of care.

We responded successfully to commissioners' requirements for a rapid response service and single point of access in Richmond; delivered the GP led health centre on time and within budget and consolidated the intermediate care service for diabetes in Hounslow. These developments were underpinned by consolidation of our governance structures; significant improvement in clinical audit and the development of wider clinical engagement through the Clinical Leaders' Forum.

Allison's story

"I now walk for an hour a day and I go to the gym. I can bake and do some cooking. My speech has improved and I am not apprehensive when leaving the house by myself. My aim is to live a normal life."

Twenty-seven-year-old Allison Tovey can't thank our Neuro-Rehabilitation team enough. The St Margaret's resident's life changed forever when she suffered a stroke in December 2009, surviving four operations and spending seven months in hospital. Allison was discharged into the care of the Richmond-based team in June 2010, and nine months on, she's making a strong recovery.

"When I first met Allison, she had little movement in her arm and she couldn't walk without a stick. Now her balance and strength have really improved and she goes for long walks and is going to the gym regularly," says physiotherapist Sarah Coleman, who has worked with Allison since she left hospital.

Allison Tovey (pictured second from right) is reunited with the therapists who helped rehabilitate her – Occupational Therapist Martine Freemantle, Speech and Language Therapist Hannah Davies and Physiotherapist Sarah Coleman

Allison says, "I was like a drunken sailor! I was very wobbly and lacked confidence. I was apprehensive of leaving hospital and coming home. I couldn't go out but I can now. I can even catch a bus and taxi."

The Neuro-Rehabilitation team help 120 people a year recover from a stroke, but Allison's story is unusual because of her young age. Their approach to recovery is holistic due to the multi-disciplinary nature of the team which is made up of physiotherapists, dietitians, occupational therapists and speech and language therapists. All therapists play a part in the

rehabilitation plan for the patient.

Sarah Coleman explains, "When we first assessed Allison, we asked her and her family what she wanted to achieve. We agreed some goals which we regularly evaluated, and a therapist saw her weekly, sometimes twice weekly, either at home or at the clinic."

The team set goals for all patients, who include people with multiple sclerosis and Parkinson's disease, and in 2010/11, 70 per cent of patients achieved all their goals and 24 per cent partially achieved their goals.

Allison says, "I really wanted to improve my speech. When I first met Hannah (speech and language therapist) I was using an alphabet chart and I relied on my dad and boyfriend to answer questions for me. I am now a lot more capable and natural in conversation and use the telephone. I use email – something I just could not do nine months ago - and have begun attending therapy sessions on my own."

Sarah adds, "Several months in, Allison and I went to her local gym together to look at the type of equipment that was there and how she could use it. What is unique about our team is that we are very flexible in terms of what kind of care and support we offer – it is all about the patient's needs.

"We are incredibly proud of what Allison's achieved, and will continue to work with her to help her manage her condition and will monitor and take great interest in her progress."

Allison has begun writing a blog which she hopes will raise awareness of the issues young people deal with when recovering from a stroke. www.20somethingstrokemovingon.com

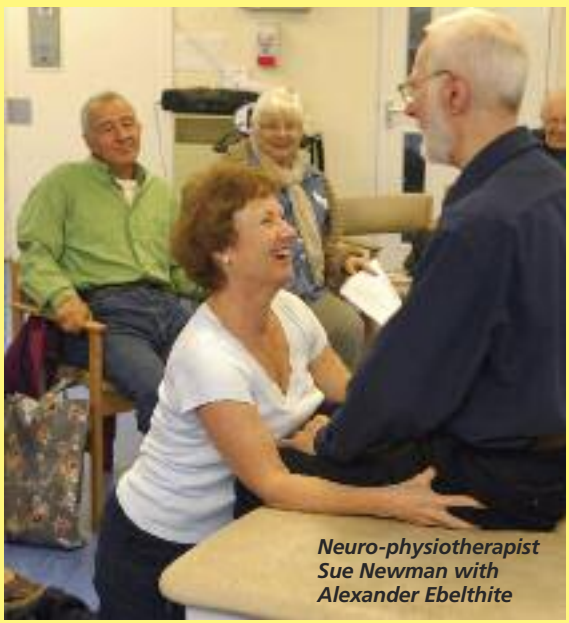
Support for Parkinson's sufferers

The Neuro-Rehabilitation team that helped Allison, also run education and exercise groups to support people newly diagnosed with Parkinson's disease and their partners, to help manage all aspects of the condition.

The groups run at the Richmond Rehabilitation Unit for eight weeks and covers topics ranging from an overview of Parkinson's disease, exercise and advice on communication, nutrition and swallowing. Research shows that incorporating exercise into daily life can radically increase mobility, a function that degenerates with Parkinson's.

Sue Newman, neuro-physiotherapist, says "The aim is to build confidence by improving understanding of the condition to assist people to maintain an independent lifestyle. By practising everyday actions that you and I take for granted, such as bending down to pick something up or getting out of bed or a chair, these actions can be maintained for longer."

"Living with Parkinson's can be difficult for everyone, those with the condition as well as their carers. It is important to empower both parties with knowledge about the condition, its treatments and therapies, so that the person remains in control."



Neuro-physiotherapist Sue Newman with Alexander Ebelthite

Sandra's story

"There are not many hospitals as good and as clean as Teddington Memorial. Everyone goes the extra mile. From the nurses to the domestic staff - that's what makes it so special."

Sandra Clark with her team who ensure Teddington Memorial Hospital's top notch environment

After speaking to Teddington Memorial Hospital's housekeeper Sandra Clark for less than a minute, it is clear that she's not just passionate about her job but about the hospital itself.

"I love working at Teddington Memorial because patients get the five star treatment. The hospital is rare – it's a little unknown gem. Nothing is ever too much trouble for the nurses and other staff that work there. We all work together and we want to make things right for our patients." Approximately 150 staff work at the hospital, which hosts a walk-in centre, inpatient rehabilitation unit, health centre, outpatient clinics, x-ray department and physiotherapy service.

Sandra, who has been housekeeper at the hospital for 10 years, is responsible for the environment of the hospital, which for the second year in a row has received top marks in the National Patient Safety Agency's PEAT (Patient Environment Action Team) programme. The hospital received scores of Excellent across the Board for the quality and cleanliness of its environment, quality of food and levels of privacy and dignity.

Sandra gets in at six every morning to oversee the domestic staff (cleaners) and ensure the hospital's environment is in top shape. "I treat Teddington like my own home. I'll come in on the weekends to make sure everything is ok. It's a personal thing, a pride thing."

What's the secret to the hospital's sparkling environment? "Good training. I'm fierce about my training," laughs Sandra.

"Our domestic staff have at least a month's training, whereas in some hospitals it's just a day. Staff also move around so they don't have one special area that they clean – it keeps standards up."

Infection prevention is a key component of the training and this is evident not only in the cleanliness of the hospital's wards and clinics but in the fact that Teddington Memorial has had no incidents of MRSA, Clostridium *difficile* or any other hospital-acquired infection in the past year.

"We take infection control very seriously," says Sandra. "We wash everything including the walls. When a patient leaves, we wash the bed with special cleaning fluid – nothing goes unchecked."

Matron Liz Riedlinger who is responsible for the inpatient unit at the hospital, says, "Sandra's attention to detail and passion for what she does inspire a real sense of pride and work ethic in those who work with her." Sandra adds, "I really think the staff and cleanliness of the hospital is a credit to the community. We really do try – everyone does the best they can."

Services at Teddington Memorial Hospital

- Two inpatient wards with 50 beds that cater for patients that require a period of rehabilitation before they can return home. Most of these patients are not sick enough to be in a major hospital but too ill to be at home
- Walk-in centre run by specialist nurses. Patients can walk-in without making an appointment, and it is open seven days a week
- Teddington Memorial Health Centre (GP and blood testing clinic)
- Outpatient clinics including dermatology, diabetics, ophthalmology, children's audiology and other visiting clinics
- X-ray department
- Physiotherapy service.

Ensuring best care for dying patients

- In 2010/11, the Liverpool Care Pathway was introduced on the wards at Teddington Memorial. The approach is recognised as best practice by the Department of Health to ensure quality of care in the last hours and days of a person's life. Nurses on the wards work with community-based matrons and nurses as well as specialist palliative care nurses and GPs.

Privacy and dignity at Teddington Memorial

A number of steps are taken to respect the privacy and dignity of our patients at Teddington Memorial:

- The toilets are separated to provide for same gender only and patients do not share rooms with members of the opposite sex
- A relatives' room is available for confidential conversations, meetings etc and quiet times for patients, relatives and friends
- All patients are asked on admission how they want to be addressed
- Curtains around the bed are well fitted and there are blinds at the window to ensure privacy when completing personal care. The policy that no one enters closed curtains unless the patient agrees is followed by all staff.
- Side rooms are available so that patients and relatives can have privacy
- A leaflet given to patients when they are admitted to make it clear that their wishes will be respected when it comes to the gender of the staff member providing intimate care
- Short audits are carried out asking patients if their consent has always been sought.

Sheri's story

"I've been coming every week for two years. It feels like a family," says Inderpreet Golhar of the New Communities support group run by Sheri Yusuff, Hounslow's specialist health visitor for refugees, asylum seekers and homeless.

Indepreet "Indie" is just one of a number of Sheri's 'regulars' who come along with their toddlers to the North Isleworth Children's Centre for two hours every Tuesday morning. The support group is for anyone new to the community who is an asylum seeker or refugee and attracts mums from all backgrounds and ethnicities.

"Sometimes we get up to 37 mums and kids. We don't like to turn people away but it can get pretty squashed in here," laughs Sheri as she surveys the room and outdoor play area which is full of mothers keeping an eye on their playing toddlers as well as talking to one another.

She set up the group five years ago after many of her clients on her home visits spoke of a sense of detachment and feeling of disconnection from society.

"Refugees, asylum seekers and the homeless are some of the most isolated people in our community. They don't have the same access to health and social care as other people. Most of them have no knowledge of how the health service works. This means their kids are isolated which has all sorts of knock-on effects. For example, their development can be slower than other children. They have their own language to learn as well as English."

While half of the group's time is spent in "play", the other half involves educational games for children such as "rhyme time" when the children sing nursery rhymes, educational talks and quizzes for parents on issues such as safety in the home, being sunsmart, weaning and healthy eating.

In fact, one of Sheri's breakthroughs has been to introduce a scheduled time towards the end of the group, when the children sit down at the table and eat fruit.

Indie says she and her daughter Harleen, two, eat more fruit as a result. "Sheri is the one who makes us eat fruit. We are going healthy as well as the kids! Harleen never used to eat fruit but now she does." Other mums agree.

During play time, mums have the chance to talk and get to know each other and ask Sheri questions. It is this time that can be the most valuable.

The New Communities Support Group runs every Tuesday at North Isleworth Children's Centre from 10am-11.30am.

Says Indie, "It's fantastic for Harleen as she gets to socialise with other children. But it's great for me too. It's educational but I also get to know other mums. Health-wise, if I'm worried about anything with Harleen, I can just ask Sheri. We can ask her anything and it doesn't necessarily have to be about health issues either."

Sheri explains, "Sometimes I have to speak to the Home Office about an immigration issue and I also give advice on the schools system, how to apply for nursery and so forth." She gets a huge amount of satisfaction from her work, "There is a lot of inequality for these groups when it comes to accessing health. They are more likely to not have a GP or know how to access a dentist. A lot of things come up."

The group works in partnership with the children's centre whose staff provide many of the activities available to the mums and toddlers.

Hayden's story

"You can't help but feel bonded to someone you've been working with for seven years."

Helen Breach has become more than just a physiotherapist to Isleworth resident Hayden Childerhouse and his family. Hayden, who has cerebral palsy and some learning difficulties, has been seen by Helen since he was 11 and recovering from an operation to release his hamstrings, a common operation in those with the condition.

Now 18, Hayden attends mainstream drama and performing arts classes at West Thames College in Isleworth and Helen has been supporting him every step of the way.

"Usually children from about the ages of 12 to 16 go backwards when it comes to their range of movement. But Hayden's stayed the same. All credit goes to him – if anything his movement has improved," says Helen, a specialist physiotherapist.

Hayden puts this down to the regular sessions he's had with Helen over the years, both at home, at school and at the clinic. They spend time getting Hayden to move in and out of his wheelchair and onto a bed or chair as well as stretching out legs and helping him deal with the regular spasms he suffers. Helen also teaches him a range of exercises that he practises at home.

"A lot of the treatment is about helping Hayden manage his condition," says Helen. "It's about enabling him to lead as normal life as possible."

And Hayden is determined to do just that – he plans to go to university once he finishes at West Thames College in three years time. He's also on the disability rights panel at the college.

Helen usually has about 50 children that she supports regularly in different community settings including the Heart of Hounslow Centre for Health and in patients' own homes. A large part of her role sees her working in schools across the borough including Feltham Community College, Oaklands School and Linden Bennett School, which means she is a regular confidant to the pupils. When Hayden started college, she went with him

Hayden with physiotherapist Helen Breach who has been providing him with support since he was 11

"The treatment is about helping Hayden manage his condition... enabling him to lead as normal life as possible."

to ensure all the appropriate facilities were in place for him. "The service is very patient-focussed and needs-led," explains Helen. "Hayden only needs to call me if there are issues and we can talk through them."

Hayden's mother, Julie Childerhouse says, "Helen has become a friend to both Hayden and me. We know she is always on the end of the phone."

Working together

We are proud of our relationships with our partners such as Hounslow LINk, Richmond LINk, our local councils, as well as our neighbouring trusts, NHS London and our commissioners, NHS North West London (Hounslow) and NHS South West London (Richmond). We also work closely with local charities and voluntary organisations. We look forward to further developing our close working relationships with the new GP consortia that were established in 2010/11 – the Great West Commissioning Consortium (representing Hounslow GPs) and the Richmond and Twickenham GP Consortium. The unanimous support we had from our stakeholders was an important factor in our recent success in being granted NHS trust status. A member from each Local Involvement Network (LINk) is a co-opted member of our Board as is a representative from each local authority.

We see local stakeholders as having an integral role in the development and governance of our new organisation and want to work with them to realise the benefits of much greater integration between services and providers.

Daljit's story

"The best thing about losing weight is when I went to M&S and I had a suit fitted. I have never fitted a blazer before and the tailor said I was a medium – I used to be XXXL."

Sixty-five year old Daljit Grewal of Whitton says his life has changed forever after attending one of the X-pert Type 2 Diabetes patient courses run by the HRCH Diabetes team.

Mr Grewal has lost a staggering 45 kilograms (seven stone) and has significantly lower cholesterol and blood pressure since completing the course in 2009. He attended an update course in 2011.

"I'm now down to 16 stone but I want to lose another one before I am satisfied," says

Specialist Dietitian Rupindar Sahota with diabetes patient Daljit Grewal who has lost 45kg since attending the X-pert patient programme

Mr Grewal, who is retired and was diagnosed with diabetes in 2008. "I had my blood test results back and my GP said he didn't believe they were mine! Everything had come up normal."

Mr Grewal, who is originally from India, was referred to the course by his GP. Diabetes patients can also refer themselves too.

The HRCH Diabetes team is made up of a hospital consultant, GPs with specialist knowledge of diabetes, specialist dietitians, nurses and podiatrists as well as a nutritionist. The dietitians have a lead role in promoting lifestyle management as part of the X-pert Patient course which is

designed to increase patients' knowledge of the disease, giving them the confidence to manage their condition more effectively.

Specialist Dietitian, Rupindar Sahota explains, "The course is held in locations across the borough and includes four to five once weekly sessions lasting about two hours. Some courses are delivered in Hindu or Urdu as the South Asian communities have a higher incidence of Type 2 diabetes."[1]

She adds, "The programme has gone from strength to strength in 2010. We have seen an increase in referrals by 73 per cent with more than 80 per cent of patients completing the course. Patient satisfaction is at 91 per cent and patients report significant improvement in their confidence to self-manage their diabetes and control their overall blood glucose levels."

"The programme triggered something in me," says Daljit Grewal. "The awareness sessions included basic information about food and food labelling, as well as heath issues that can arise from diabetes. It gave me an insight into the body's relationship with food and the impact it can have."

"I started to be more careful about what I was eating and I started to look at labels in the supermarket. For the first time in my life, I looked at the fat content of food.

"I started walking more too. I was determined to do it. I needed to do it for my health and the sake of my family. I wanted to do it properly – no crash diets. I excluded fats from my diet – no butter, no oil. I steamed or roasted everything."

Mr Grewal's biggest test was when he went back to India for three months.

"Although I attended many weddings and parties, I didn't put on anything and that really spurred me on," says Mr Grewal. "I added more exercise from then on."

Mr Grewal has also set up a walking group in his local park. "I am full of energy. I don't get tired. I went to a wedding yesterday and everyone said I looked great. I feel a great sense of achievement."

X-pert Type 2 diabetes patient course

What is it? It is a diabetes education programme designed to increase your knowledge and confidence in managing your diabetes

Who can attend? Adults diagnosed with Type 2 diabetes

When is it? Various times including evenings and weekends

Where is it? Different locations across the borough

What language is it in? The sessions are held in English. There are Hindi/Urdu sessions available as well

How long is it? There are five weekly sessions, each session lasts 2 - 2½ hours

How do I join? Call 020 8630 3564 to request a self referral form or request your GP or practice nurse for a referral

"Patient satisfaction is at 91 per cent"
Rupindar Sahota, specialist dietitian

[1] Taking figures from Wilson et al.'s survey (1993), and the 2001 Census, if it is assumed that 1 in 4 South Asians have diabetes. This means some 9,203 people of Indian origin (4.3% of the local population) and 2,282 people of Pakistani origin in Hounslow (1.1% of the local population) might be expected to have diabetes, representing a significant disease burden locally.

Our services

Adults

Our services for adults (anyone over 18 years old) include the following:

- Continuing care nursing
- Community matrons
- District nursing
- Health and wellbeing services
- Intermediate care
- Learning disabilities services
- Musculoskeletal physiotherapy
- Nursing and physiotherapy management of continence
- Specialist diabetes services
- Phlebotomy (blood testing)
- Podiatry and nail surgery
- Rehabilitation (neuro-rehabilitation, falls prevention and rehabilitation, cardiac rehabilitation, physiotherapy)
- Respiratory care
- Speech and language therapy
- Tissue viability nursing

Assistant Director of Adult Services, Anne Stratton says, "One of our big achievements of 2010/11 was to set up a single point of access service in Richmond so that the majority of referrals go to one place to be processed. This ensures that referrals go to the most appropriate service.

Rehabilitation assistant Miriam Murphy helps patient Hassan Sayed recover from a hairline fracture of the wrist

"We also set up a rapid response service to help adults with long term conditions to avoid unnecessary hospital admissions by providing assessment and, if necessary, care within two hours.

"Our district nursing and community matron teams have also expanded their service to accept referrals from hospital and GPs for those patients who require cannulation for intravenous therapy. This means intravenous therapy can be undertaken at home, preventing unnecessary hospital admissions."

Children

Our services for children (from birth to 16 or 18 if the young person has long term care needs) include the following:

- Audiology
- Family planning and sexual health services
- Health visiting and school nursing, including specialist health visiting for children with complex needs
- Healthy weight team
- Immunisation team
- Looked after children lead nurses
- Newborn hearing screening
- Occupational therapy
- Physiotherapy
- Speech and language therapy
- Specialist community paediatric medical and nursing services, including continuing care nursing

Nutritionist Kiran Sharma

Assistant Director of Children's Services, Natalie Douglas, said: "We had many successes in children's services in 2010/11. We secured pathfinder status for the implementation of the Bercow Report aimed at improving children's speech and language therapy. We also saw a reduction in the waits across audiology services.

"Reaching NHS London's target of a new birth visit within 14 days continued to be a challenge but the implementation of our staff nurse pilot and the continued use of our community staff nurses has supported a significant improvement in this area and promoted the recruitment of health visitors.

"I am also proud of our children's immunisation team for their continued hard work and innovative practice resulting in significantly improved waiting times for the BCG vaccine and increased uptake of the HPV vaccine – from 67 per cent last year to 81 per cent this year. "

Working Smarter

The Working Smarter programme was launched in 2010 and, led by Director of Operations, Jo Manley, it looks at our ways of working to improve quality and the experience of our patients. It's about ensuring we are as productive and efficient as possible, without compromising our high standards of care and professionalism.

Text messages reduce patient "no shows"

In 2010/11 we introduced a text messaging service which prevented hundreds of wasted appointments. The new service cut the number of patients failing to turn up to blood test appointments in Hounslow by 38 per cent.

Manager Kulvinder Jhita and her team introduced the service. "Blood tests are only ten minutes long and so people tend to think they're not important if they miss them – however that's not the case: Every missed appointment costs the NHS money and it also means a patient who could've had the appointment misses out," said Kulvinder (pictured).

The service is also running in HRCH's diabetes, dietetics and podiatry services and there are plans to roll it out further across the organisation.

District nurses take the lead

The Hampton and Teddington District Nursing Team is HRCH's showcase team for the Productive Community Services programme, which aims to empower staff to change their environment and routines to spend more time on patient care.

The team has implemented a range of new ways of working, including transforming the way they control their stock.

HRCH has a Productive Community Services lead, Suki Bhogal, who is supporting the work. She says, "It may sound like a simple thing but it's enabled the nurses to spend less time looking for things and more time on the things that matter, like spending time with patients."

District nurse Vicky Hodges shows off the new and improved store cupboard

Tackling infections

We are committed to ensuring our patients receive clean, safe care through optimising infection prevention and control practice and providing appropriate facilities for this across our services and sites. Our Infection Prevention and Control team, made up of specialist nurses, work in partnership with other organisations across the local health economy to support the prevention of avoidable healthcare associated infections.

Lead Infection Prevention and Control Nurse Specialist, Nicola Sirin, said, "We are proud that in 2010/11 there were no cases of healthcare associated infections at Teddington Memorial Hospital or any of the sites we operate in. This is testament to our commitment to providing a clean and safe environment for our patients.

"This year saw the strengthening of our team as the first full year of providing the service for both Richmond and Hounslow. This provided the opportunity to standardise infection prevention and control initiatives across the organisation. The establishment of Hounslow and Richmond Community Healthcare NHS Trust on 1 April 2011 presents the opportunity to further embed optimal infection prevention and control practice throughout the new organisation with the merger of clinical services and the new structure."

Lead Infection Prevention and Control Nurse Specialist Nicola Sirin (centre) with infection prevention nurses Deborah Tyler and Esther Ekong

We are unconditionally registered with the Care Quality Commission against the criteria of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

Other achievements include:

- Introducing MRSA screening for our inpatients at Teddington Memorial Hospital
- Introducing formalised healthcare associated infection risk assessments for all patients
- Completing a full infection prevention and control environmental audit of all sites and clinics from which we operate
- Developing patient and public information on specific infections and infection control advice for inpatients at Teddington Memorial Hospital
- Introducing and developing an infection control link practitioners' scheme
- Piloting the Department of Health's *Essential Steps to safe clean care* 'Preventing the spread of infection' infection prevention and control practice audits.

"We are proud that in 2010/11 there were no cases of healthcare associated infections at Teddington Memorial Hospital or any of the sites we operate in."

Nicola Sirin, Lead Infection Prevention and Control Nurse Specialist

How we performed

We scrutinise our performance closely by monitoring a number of performance indicators and national targets on a regular basis at our Trust Board meetings.

Patient Environment Action Team (PEAT) score

Teddington Memorial Hospital received scores of excellent for the cleanliness of its environment, quality of food and levels of privacy and dignity in the Patient Environment Action Team (PEAT) programme for the second year in a row. You can read more about this on page 8.

18 weeks waiting time

The majority of our services have waiting times below 12 weeks and many provide an urgent response within 1-2 days. Our consultant-led services ensured 96.5 per cent of patients were seen within 18 weeks from referral to treatment – well within the 95 per cent national target.

Meeting waiting times standards

We met our local and national waiting times targets at our walk-in centre at Teddington Memorial Hospital. The average time patients wait to be seen is 41 minutes – well with in the local two hour maximum waiting time and national four-hour maximum waiting time.

New birth visits

We achieved the national target of 95 per cent of all visits within the first 21 days of birth. London trusts also have to achieve a more challenging target of 14 days. In 2010/11, 63 per cent of our visits took place within the latter timescale. Our performance improved over the course of the year – from 40 per cent in April 2010. Problems recruiting qualified health visitors (a pan-London and national problem) contribute to the difficulties in meeting this target, combined with the high levels of health needs, particularly in Hounslow.

Children's height and weight

This campaign is carried out annually by school nurses at Reception and Year Six. We exceeded our target of 85 per cent of children measured and weighed – achieving 95 per cent across both Richmond and Hounslow.

Ninety-five per cent of children across Hounslow and Richmond were weighed and measured in 2010/11 as part of the National Child Measurement Programme, well above the national target of 85 per cent. The Children's Healthy Weight Team in Hounslow of Buvana Ailoo (team lead), Kiran Sharma and Stephen Murphy are pictured here.

HPV campaign

The human papillomavirus (HPV) campaign is carried out annually by school nurses for girls in Year 8 (with catch-up when girls have not previously been vaccinated). School nurses work closely with schools, parents and girls to ensure that they have knowledge about HPV vaccination and are well prepared about the decision. The London average for this indicator is 67 per cent achievement. We achieved 84 per cent against a target of 90 per cent.

Smoking cessation

We run a Stop Smoking Service for NHS Hounslow and for the first time, exceeded their target of 1,755 smokers who have been supported through the Stop Smoking programme during the year and have quit for more than four weeks. Telephone support has been increased within this service and drop-in clinics are also popular.

Did Not Attends (DNAs)

We closely monitor the number of appointments that patients do not attend (where the appointments have not been cancelled in advance). We tightened up our appointment procedures in 2010/11 and performance has improved from nearly eight per cent in June to below five per cent of all appointments at the end of the year (see page 19 to find out how text messaging is helping us improve our DNA rate).

Infection control standards

London trusts are required to meet five standards regarding infection control. We are currently meeting three standards and plans are progressing to meet the other

two – these are Essential Steps audits being carried out across all services, which have begun, and increasing the numbers of staff attending the infection control training. Full compliance with all standards is expected in 2011/12. More information about how we are tackling infections is available on page 19.

Care Quality Commission registration

In January 2010 we were registered by the national regulator, the Care Quality Commission (CQC) without compliance conditions.

Our successful Hounslow Stop Smoking Service helped nearly 2,000 people stop smoking in 2010/11. Congratulations to Andrew Stock, Health and Wellbeing Manager, and his team of smoking cessation experts.

Mixed-sex accommodation compliance

We are committed to providing every patient with same sex accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable. We are proud to confirm that mixed sex accommodation has been eliminated at Teddington Memorial Hospital. Patients only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Clinical governance

"Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."[2]

Mock Care Quality Commission inspection

In December 2010 we undertook an unannounced mock CQC inspection, looking particularly at the issues of the environment, consent and clinical quality. Using both external and internal colleagues, this was extremely useful in identifying how well our staff were able to present their work. We noted that some of our staff and patients were not as up-to-date as we would wish on the issue of consent. This has enabled us to comprehensively address this area. Areas of good practice included our patients' experience of our services, the clean and safe environment and clinical audit. The findings were presented to the Board and staff received feedback sessions.

New governance structure

During 2010/11, the governance structure was reviewed and changed to reflect the importance of quality. Our new committee structure has resulted in fewer committees and also developed working groups which are focused on frontline staff, learning and ensuring that the organisation has assurance that our services are safe and effective. The Board receives regular quality reports as well as statistical analysis and data.

Respiratory physiotherapist Julie Read is one of our clinical leaders and is just one of two physiotherapists in the country to have been selected to represent the profession to promote a law change for physiotherapists to become independent prescribers.

Clinical leadership

The newly formed Clinical Leaders' Forum is a committee made up of senior clinicians from all clinical backgrounds that provide the Board with their expertise and advice around consultations, service redesign proposals as well as leading key pieces of work to improve clinical practice. This group is afforded clinical leadership by the Director of Quality and Clinical Excellence.

Audit participation

We have achieved a significant increase in clinical audits – with a total of 85 audits submitted, up 325 per cent from the previous year. This has enabled staff to improve services, develop a robust process for managing complaints and

[2] Department of Health http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Patientsafety/Clinicalgovernance/index.htm

queries and run a large number of successful drop-in sessions to support clinical staff around incidents, risks and audit.

Patient and public involvement

Next year we are looking forward to further developing our patient and public involvement strategy – benefiting from the valued support we already receive from our health and social care partners and LINks. We look forward to further improving staff and patient engagement during 2011/12 in all aspects of integrated governance.

Patient feedback

We welcome feedback from the people who use our services and learn from comments we receive, acting on them to improve our services and care we provide to our patients.

Complaints and compliments

During 2010/11 we received 19 complaints in Hounslow and six in Richmond. A key priority for 2011/12 is to standardise the system used for recording complaints as the systems are different in each borough. We plan to introduce Datix Web, an online system that will allow staff to report and record concerns and complaints when they are raised. The new system will enable us to record data more efficiently and identify trends. We hope this will help us deal with issues more effectively and promptly, acting quickly before any issues become a formal complaint. Our target for responding to a complaint is 25 working days.

We also introduced a complaints scrutiny group with members of the public to look at complaints in detail with a view to improving services.

We also now call every person who makes a complaint with a view to looking at how they can be supported through the process.

Principles for Remedy

In handling complaints, we adhere to the Parliamentary and Health Service Ombudsman's six Principles for Remedy which highlights best practice for organisations to follow. Complainants can also ask the Parliamentary and Health Service Ombudsman to review the way in which their complaint has been handled if they remain dissatisfied with the investigation and action taken by the organisation.

Thank you cards on the wards at Teddington Memorial Hospital.

Our people

Our most important asset is our staff and we aim to develop a high performing workforce by attracting and retaining committed and motivated staff through the provision of exciting development opportunities and career pathways.

What our staff said about working here

The Care Quality Commission publish the results of all the NHS staff surveys each year and our results provide us with an opportunity to compare how we are doing with regards to staff satisfaction in comparison to other NHS employers. Each year the results of our annual staff survey are analysed and an action plan developed outlining improvements to address areas of concern raised by staff. This year was the first time we had been surveyed as a fully merged organisation and we had an overall response rate of 49 per cent.

Overall we scored above average on our scores for staff engagement and motivation and for the number of staff who would recommend the organisation as a place to work or receive treatment. The areas where we have scored well overall were the percentage of staff feeling there are good opportunities to develop their potential and the percentage of staff having well structured appraisals. Our positive approach to learning and development for our staff is also highlighted by the high percentage of our staff receiving an appraisal and receiving job-relevant training, learning or development.

It is particularly pleasing to score highly in these areas in light of the positive actions we have put in place over the year to improve engagement with our staff. This includes the setting up of regular internal staff briefings with our managing director and executive directors as well as the introduction of regular information bulletins for our staff. We are aware that staff are experiencing rapid change and have improved our informal and formal engagement and consultation with staff to ensure that they have every opportunity to be informed about the changes and to feedback their comments, concerns and questions. We have also worked closely with our staffside (union) colleagues to develop close partnership arrangements and will continue to prioritise these developments over the coming year.

It should be noted however that the organisation has been experiencing significant change and this is reflected in some of the results, particularly in staff having to work extra hours and the number of staff experiencing work related illness. Initiatives for addressing these issues will be covered in our staff survey action plan. We have also seen an increase in our sickness absence rate over the course of the year and as a result of this we have improved our sickness absence policy and improved monitoring and reporting arrangements.

Learning and development

Improving opportunities for learning and development is very important to us. This is highlighted by the fact that we became one of the pilot sites for the implementation of the NHS London talent management framework. This was a very positive experience for the organisation, helping us to identify and nurture the development of

our staff across the organisation. We have also put arrangements in place to improve our provision of training opportunities including mandatory and statutory training, soft skills training and management development. We have set up a Human Resources Committee to ensure that we are maintaining high standards in our approach to managing our staff and that we are achieving the targets we have set with regards appraisal rates and statutory and mandatory training.

Health and wellbeing

The health and wellbeing of employees and in particular issues relating to work related stress, violence and harassment continue to be closely monitored, with positive action taken where required. We also provide exercise classes for our staff and provide a fast track physiotherapy service for staff requiring such services.

Equality and diversity

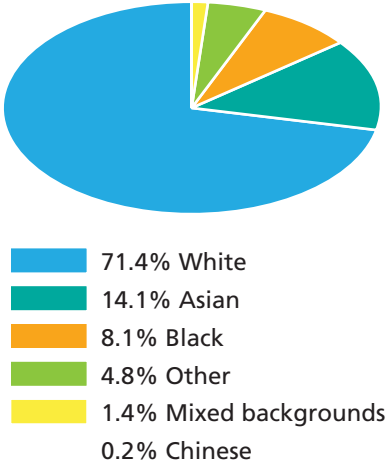
We have put arrangements in place to ensure that we are compliant with equalities legislation including the development of an integrated equalities plan for the organisation. We have recently recruited an equalities lead for the organisation and will be implementing the Equalities Delivery System for the NHS.

Workforce performance

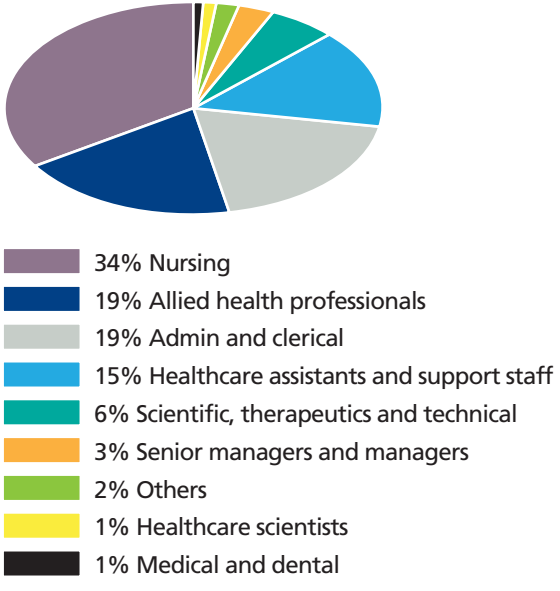
Information on key workforce indicators is reported to our Board. Below are some facts and figures that make up these indicators:

- 1,012 people are employed by the Trust (821 full time equivalent)
- The reported sickness absence rate is 3.7 per cent
- More than 73 per cent of staff have had an appraisal in the past 12 months. This is a figure we hope to improve in 2011/12.

Employees in the Trust by ethnicity



Trust's workforce by staff group



Being prepared for emergencies

Emergency preparedness is a priority area for the NHS and we are committed to fulfilling our responsibilities through being ready to respond should an emergency arise.

The separation from our two parent primary care trusts necessitated that we put in place our own on-call processes and procedures to ensure that our response to an emergency incident could be effectively managed. These on-call processes have been successfully tested through an NHS London communications exercise.

Teddington Memorial Hospital

The development of our Major Incident Plan in 2010 was a considerable step forward in complying with the NHS emergency planning guidance; it was tested with a live exercise in November 2010 called Exercise Rest Assured. This was carried out jointly with NHS Richmond and tested our ability to respond effectively to a major incident within the Twickenham area; it ran concurrently with an NHS London communications exercise that we also took part in. The exercise validated the plan and provided valuable learning that has been incorporated into our emergency control room procedures.

As a new organisation, we are conscious of the need to be able to deliver our services regardless of whether we are suffering from the impact of an incident ourselves. Consequently, we have undertaken a review of business continuity plans across all our services and are now in the process of revising them to reflect our new structure.

Being sustainable

During the financial year 2010/11 we were tenants in buildings owned by NHS Richmond and NHS Hounslow and hence were included in the primary care trusts' (PCTs) carbon reduction savings targets. The NHS has set a UK-wide target of reducing its carbon footprint by 10 per cent in the period 2007 – 2015.

Heart of Hounslow Centre for Health

During the year both PCTs undertook to calculate their carbon footprints as far as possible and produced carbon reduction strategies with action plans to reduce energy consumption and promote green travel together with investigating different forms of procurement. We participated in this work with representation at the carbon reduction group for NHS Richmond.

The year 2011/12 will bring a very different set of circumstances as we become a property owner and a separate NHS trust. A carbon reduction group has been established and work started on the carbon footprint calculation which will be used to benchmark performance. An NHS good corporate citizenship self assessment has been completed which will contribute towards a carbon reduction action plan for the year.

A carbon reduction strategy will be developed which will include initiatives to reduce energy consumption, promote green travel and improve procurement options, much of which will build on the work started by the PCTs in the previous year.

Looking ahead

Our strategy for the next three years is focused on improving the quality of our services whilst being more productive and efficient in the way we operate. Our plan for 2011/12 is to consolidate the organisation, ensuring we get our clinical structures embedded and the organisation working as one across both boroughs. In 2012/13 and 2013/14 we plan to begin developing a platform to prepare for developing and acquiring new business.

Review of administrative and support staff

In 2010/11 we restructured our corporate and clinical management and following on from this, we want to ensure we have the right administrative structure to support our clinicians and managers. One of our key objectives in taking forward this review is that staff will be involved in deciding on the future model for administrative and support services. It is crucial that we create a model that is efficient, responsive and best placed to enhance the quality of all our services. The review will concentrate not just on administrative structures but also on current working practices with a view to optimising efficiency and learning from best practice already in evidence in some of our services.

Better services, better value

In June 2011, NHS South West London (the organisation representing primary care trusts across south west London) announced a review of services in the area called *Better Services Better Value*. Doctors are leading six clinical working groups to look at how patients can receive the best possible care across health services in south west London. They want GPs and hospital doctors, nurses and therapists to work more closely together to improve services for patients and get better value for money for local people. The review acknowledges a need to change health services to reflect a growing preference to care for patients in the community and in partnership with local authorities.

Clinical strategy

In 2010/11 we began working on our clinical strategy and held two staff senates to get feedback and input from staff – both clinical and non-clinical – about the development and implementation of the strategy. The strategy will cover the next five years and will be launched in the autumn of 2011.

Staff awards

We held staff achievement awards in July 2011 to thank staff for their commitment and professionalism and to recognise excellence and innovation across the organisation. Categories included clinical excellence; working smarter and beyond the call of duty. Long service awards for staff with more than 25 years service in the NHS and a travel bursary were also available.

Preparation to become an NHS foundation trust

Like all NHS trusts, we plan to become a foundation trust (FT). We have agreed a timetable with the Department of Health for our plans to become a FT with a formal public consultation likely in 2012. Being a foundation trust will give us even more freedom to decide our strategy and the way services are run. It will mean we can

We held our first staff recognition awards in July 2011. Pictured are our long service award winners who between them have 1,322 years of service!

retain any surplus we manage to deliver to invest in new and innovative services for patients. Foundation trusts are accountable to their local communities through their members and governors. We will let you know more about our application to become a foundation trust on our website www.hrch.nhs.uk

Our aims for 2011/12

Building on 2010/11, we have developed six corporate objectives for the next year:

- **High quality standards:** To deliver and demonstrate safe and effective high quality standards of patient care
- **Innovative and responsive clinical services:** To deliver safe integrated patient-centric and clinically-led services that ensure we thrive in a climate of contestability
- **High performing workforce:** To attract and retain committed and motivated staff through provision of exciting development opportunities and career pathways
- **Financial viability:** To achieve robust financial performance and sustainable growth in line with our strategic direction
- **Commercial development:** To ensure that the necessary policies, systems and processes are in place to enable the organisation to compete in the new NHS marketplace
- **Organisational excellence:** To create an organisation that is fully aligned with our vision, values and strategy with the right capacity and capabilities to achieve foundation trust status in due course.

We have robust performance management systems in place to support the achievement of objectives. Directors have responsibility for specific workstreams arising from the objectives.

2011/12 will be an exciting and challenging year for the NHS. Locally the emerging clinical commissioning groups will begin to review our services and we need to ensure that we have the ability to respond flexibly and constructively. Similarly we will continue to face demanding financial and quality targets. We are well placed to meet these challenges but we are well aware of the potential risks that they pose to clinical and financial sustainability.

The Board

In 2010/11, our Board was a committee of the NHS Richmond Board. During this period, it had the following members:

Chairman
Stephen Swords

Managing Director
Richard Tyler

Non-executive directors

Carol Cole

Pablo Lloyd

Ajay Mehta

Judith Rutherford

Executive directors

Siobhan Gregory
(from June 2010)
Director of Quality and Clinical Excellence

David Hawkins
Director of Finance and Information Management and Technology (IM&T)

Dr Daniela Lessing
Medical Director
(from December 2010)

Rachael Moench
Director of Human Resources and Organisational Development

Jo Manley
Director of Operations

Caroline White
(until June 2010)
Interim Director of Quality and Clinical Excellence

In attendance

Local Involvement Networks (LINk) members:

Lew Gray (Hounslow);

Paul Pegden Smith (Richmond)

Observers:

Michael Marks
London Borough of Hounslow

Derek Oliver
London Borough of Richmond upon Thames

Membership of Board sub-committees

The following committees reported to the Board. A * denotes the committee chair.

Audit Committee

Pablo Lloyd*

Ajay Mehta

Judith Rutherford

Integrated Governance Committee

Carol Cole*

Siobhan Gregory

Nikki Hill, Associate Director of Corporate Affairs

Catherine Mann (LINks)

Stephen Swords

Remuneration Committee

Ajay Mehta

Judith Rutherford

Stephen Swords*

Finance and Strategy Committee

Lew Gray (Hounslow LINk)

David Hawkins

Pablo Lloyd

Jo Manley

Rachael Moench

Paul Pegden Smith (Richmond LINk)

Judith Rutherford*

Stephen Swords

Richard Tyler

Human Resources Committee

Carol Cole

Siobhan Gregory (from June 2010)

David Hawkins

Jo Manley

Ajay Mehta*

Rachael Moench

Richard Tyler

Caroline White (until June 2010)

Report from the Director of Finance

These pages serve as a summary of the main financial statements of the organisation. Since Hounslow and Richmond Community Healthcare (HRCH) was legally hosted by NHS Richmond during 2010/11, the financial outturn of the organisation comprised part of NHS Richmond's financial returns. Therefore, the attached statements have not been separately reviewed by external auditors.

Financial balance

The organisation's total revenue income during 2010/11 was £56.2m. The majority of this was obtained through commissioning contracts with our two main primary care trusts (NHS Hounslow and NHS Richmond), with the remainder from a number of service agreements with West Middlesex University Hospital NHS Trust, NHS Kingston, NHS Sutton and Merton, NHS Wandsworth, Ashford and St Peter's NHS Foundation Trust, NHS Ealing, London Borough of Richmond upon Thames, London Borough of Hounslow and the Department of Health totalling £5.6m.

At the beginning of the financial year, a surplus outturn figure of £254k was planned by the organisation, with expectations from NHS Richmond that this would be achieved since it formed part of their control total. Although faced with a number of financial pressures, we were able to ensure that expenditure was kept within the financial target, resulting in a surplus of £767k at the end of the year.

Summary of results

	2010/11 £000	2009/10 £000
Income	**56,218**	55,437
Expenditure	**(55,451)**	(55,400)
Surplus/(deficit) for the year	**767**	37

Balance sheet

During 2010/11 HRCH entered into a more formal arrangement with both NHS Hounslow and NHS Richmond regarding the occupancy of their premises that was governed by a formal Memorandum of Occupation (MOO). This is the agreement on occupancy levels and financial recharges in respect of HRCH services operating from primary care trust premises. Since the MOO now includes charges in respect of equipment, the balance sheet shows a zero balance against non current assets as compared to the different calculation in the prior year.

The balance sheet also highlights a significant decrease in current assets. This reflects good practice in minimising outstanding debts. In addition the figure for trade payables has also decreased compared to the previous year, reflecting the decreased levels of outstanding invoices at the end of the financial year.

Cashflow

The cashflow statement for the year shows the outcome of the receipts and payments made over the financial year, to demonstrate that HRCH could operate on a cash basis independently from the PCTs. Careful management of cash during the financial year resulted in non-material values left in the bank accounts at the end of March.

Better Payment Practice code

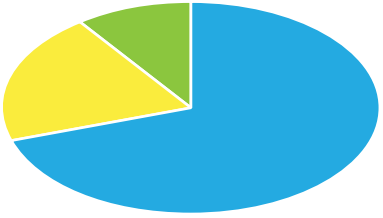
It is required that all NHS organisations pay their creditors in accordance with the CBI prompt payment code and government accounting rules; that is, to pay their creditors within 30 days of receipt of invoice. Hounslow and Richmond Community Healthcare formed part of NHS Richmond's target of 95%, and achieved 78% overall in number of bills paid and 93% overall in value. This can be further split between non-NHS creditors (78% in number of bills paid and 90% value) and NHS creditors (76% number of bills paid and 95% value).

Management costs

Hounslow and Richmond Community Healthcare's management and administration costs totalled £4.65m against a combined weighted population of 374,353, which equates to a cost per head of £12.44. This shows a significant reduction from 2009/10 levels.

How we spent our money

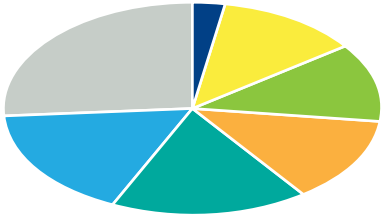
The following chart details how the trust spent its money in 2010/11.



70% Pay costs
20% Support costs
10% Clinical supplies

What we spent on clinical services

The chart below shows the percentage breakdown of our spending on clinical services in 2010/11.



26% Adults and older people Richmond
17% Urgent care Hounslow
17% Children and families Hounslow
13% Planned clinic based Hounslow*
12% Community hospital services Richmond
12% Children and families Richmond
3% Learning disabilities Hounslow

* Planned clinic-based Hounslow services include diabetes, podiatry, physiotherapy, smoking cessation and wheelchair services.

Statement on Internal Control

Below is the Statement on Internal Control (SIC) in respect of Hounslow and Richmond Community Healthcare for 2010/11. Since the organisation was legally part of NHS Richmond there is no statutory duty to produce this, but it is felt that it is best practice to do so even though it will not be verified by external auditors.

Statement on Internal Control 2010/11

1. Scope of responsibility

The Board is accountable for internal control. As delegated Accountable Officer, and Managing Director of the Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The accountability arrangements surrounding my role comprise:

- Development of the organisation's corporate objectives
- Preparation of the operating plan
- Application of an annual budget, linked to the above
- Regular reporting to the Board on performance monitoring and any other key issues
- Regular reviewing at the Board of the minutes of meetings held by the Integrated Governance Committee and Audit Committee
- Regular reporting and review at executive team meetings on operational matters
- Engaging with NHS London, in various forms, to receive direction in matters relating to strategy to determine policy and identify, prioritise and manage risks
- Working with a number of partner organisations such as the London Borough of Richmond upon Thames, the London Borough of Hounslow and other neighbouring organisations and trusts through networks and consortia.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Hounslow and Richmond Community Healthcare for the year ended 31 March 2011.

3. Capacity to handle risk

As Managing Director of Hounslow and Richmond Community Healthcare (HRCH) I have overall responsibility for having in place effective systems of risk management and internal control. The key elements of risk management within the organisation comprise:

- A risk management and board assurance strategy that outlines the risk management objectives, the structure, the assurance

framework, roles and responsibilities, monitoring and reporting and communication of the strategy

- The assurance framework, which for 2010/11 was based on the organisation's corporate objectives
- Executive management team meetings review finance, estates, security, health and safety, human resource and other related matters
- The Integrated Governance Committee co-ordinates risk management and reports to the Board
- The Audit Committee reviews strategic risk and seeks assurance on the internal control framework. In 2010/11 HRCH had a separate agenda on NHS Richmond audit committees, and also its own independent audit committee
- Directors have taken immediate responsibility for their department's risks and the overall assurance framework
- Risk management included as part of the mandatory training programme.

Following the primary care trust and provider services separation, the approach to risk management was updated and a new risk management strategy and board assurance framework adopted.

4. The risk and control framework

HRCH has an integrated governance strategy, which has been ratified by the Board. The strategy identifies:

- Aims and objectives
- Responsibilities
- Board assurance
- Committee structure
- Risk register

The integrated governance strategy is underpinned by the risk management procedure, which has been ratified by the Integrated Governance Committee. The procedure identifies:

- Objectives
- Structure
- Assurance framework
- Roles and responsibilities
- Monitoring and reporting
- Communication

Risk is identified in a number of ways, through review of the organisation's objectives and the risks to achieving them, through incidents and near-misses reported, complaints and contacts with the Patient Advice and Liaison Service (PALS), and through risk assessments. Risk is evaluated by use of the 5 x 5 risk matrix with detailed descriptions of impact and likelihood to ensure consistency in risk scoring across the organisation.

The executive team focus specific attention on the strategic risk as well as primary operational risks. Key controls and sources of assurance are in place for each risk, with mitigating actions, and risk ratings are regularly reviewed to reflect action taken to address risk and changing circumstances.

There are a number of mechanisms in place which contribute to the risk and control framework to ensure that risk management is embedded in the activity of the organisation:

- Integrated governance strategy
- Risk management and board assurance strategy
- Various policies and procedures covering major issues of health and safety, fire, security, violence and aggression, lone working, infection control
- Integrated Governance Committee
- Assessment of the sources and calibre of assurance (internal and external) available to the Board to understand and assess the nature and impact of key risks.

The assurance framework for 2010/11 was based on the organisation's corporate objectives. Risks to achieving the objectives were identified at both strategic and operational level and key controls were identified for each risk, or in the absence/weakness of a key control, an action plan. Sources of assurance, both internal and external were also identified, and action plans developed for any gaps in assurance. The development and ongoing review of the assurance framework provides evidence to support the Statement on Internal Control by ensuring that the organisation's risks are identified, managed, prioritised and regularly reviewed.

Public stakeholders are involved in managing risks which impact on them by providing feedback on services through a number of routes, e.g. patient surveys, focus groups, contacts with the Patient Advice and Liaison Service (PALS) and complaints, to promote improvements in quality and accessibility which in turn can reduce risk. Users, carers and the public are also engaged in consultation regarding the re-design and reconfiguration of services.

Compliance with NHS Pension Scheme regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Compliance with Equality, Diversity and Human Rights

NHS Richmond has in operation an Equal Opportunities and Management Diversity Policy. This policy complies with the Equalities Act 2010. As an organisation hosted by NHS Richmond, HRCH complied with this policy.

Disclosure on Care Quality Commission Essential Standards of Quality and Safety

For the period 2010/11 HRCH was required via NHS Richmond to declare compliance against the Care Quality Commission's (CQC) standards of Quality and Safety. During this year, HRCH identified that it was not compliant against the standards relating to medical devices. During 2010/11 action plans were implemented and achieved by the end of March 2011. Monitoring of these has been undertaken by the Board and assurance given to the Integrated Governance committee.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of Internal Control. My review is informed in a number of ways. Internal audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control have provided me with an assurance statement for 2010/11. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives has been reviewed.

My review is also informed by the essential standards self assessment declaration.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee and Integrated Governance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The board is accountable for internal control. Assurance is provided to the board on the processes for managing risk by:

- Reports to the Board from the Integrated Governance Committee and Audit Committee
- Internal audit which undertakes an agreed risk based annual programme of work to ensure that adequate internal controls and procedures are in operation
- External audit which oversees the financial integrity
- The assurance framework for 2010/11 was reviewed regularly by the Integrated Governance Committee
- The updated assurance framework for 2010/11 was reviewed and endorsed by the executive team, the Integrated Governance Committee, the Audit Committee and the Board.

Throughout 2010/11, the Board received assurance from the following sources:

- Finance and performance management reports at every meeting
- Review of the minutes of the Integrated Governance Committee and Audit Committee and verbal reports from the chairmen of these committees
- Update on the introduction of major initiatives, e.g. the development of a GP-led health centre and progress towards the 18-week referral to treatment target
- Action plans and on-going progress update on any serious untoward incidents. Further information is available on request in line with our data protection and freedom of information policy.
- Action plans following serious data security incidents. These are as follows:

Summary of serious incidents involving personal data. The second of these was reported to the Information Commissioner's office in 2010/11.

Date of incident	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
September 2010	Unauthorised disclosure of paper documents	Name address, NHS number	2	Individuals notified by post
November 2010	Loss of paper documents from outside secured NHS premises	Name, address	358	Individuals notified by post
Further action on information risk	The trust continues to monitor and assess its information risks and those within the NHS to identify and address any weaknesses and ensure continuous improvement of its systems. We intend to employ a dedicated lead working on all aspects of the information governance toolkit and other related information governance issues. Furthermore, information governance training will be part of the statutory mandatory training that all staff will be expected to comply with.			

In July 2010 the Board considered the evidence against the Care Quality Commission (CQC) standards and were assured that all aspects identified in the action plans had been met, with the exception of medical devices, for which a revised action plan was developed and agreed with the CQC, to be achieved by the end of March 2011.This was monitored via the Board with assurance from the Integrated Governance Committee and was successfully achieved by March 2011.

In March 2011, the Board agreed to declare that Hounslow and Richmond Community Healthcare is compliant against all standards. This resulted in a successful registration without any conditions being imposed.

Taking into account the above, I am satisfied that there are no further significant internal control issues, other than those identified above and I would conclude that the culture of risk management has continued to be embedded across the organisation throughout the year and is firmly in place at 31 March 2011.

Richard Tyler,
Chief Executive

Glossary of Financial Terms

Accruals An accounting concept. In addition to payments and receipts of cash (and similar), adjustment is made for outstanding payments, debts to be collected, and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.

Assets An item that has a value in the future. For example, a debtor (someone who owes money) is an asset, as they will in future pay. A building is an asset, because it houses activity that will provide a future income stream.

Break-even (duty) A financial target. Although the exact definition of the target is relatively complex, in its simplest form the break-even duty requires the NHS organisation to match income and expenditure, ie make neither a profit nor a loss.

Capital In most businesses, capital refers either to shareholder investment funds, or buildings, land and equipment owned by a business that has the potential to earn income in the future. The NHS uses this second definition, but adds a further condition – that the cost of the building/equipment must exceed £5,000. Capital is thus an asset (or group of functionally interdependent assets), with a useful life expectancy of greater than one year, whose cost exceeds £5,000.

Capital charges Capital charges are a device for ensuring that the cost associated with owning capital is recognised in the accounts. A charge is made to the income and expenditure account on all capital assets except donated assets and those with a zero net book value. The capital charge comprises depreciation, and a return similar to debt interest. This rate of return is set by the Treasury and is currently 3.5%.

Capital resource limit (CRL) An expenditure limit determined by the Department of Health for each NHS organisation limiting the amount that may be expended on capital purchases, as assessed on an accruals basis (i.e. after adjusting for debtors and creditors).

Cost improvement programme The identification of schemes to reduce expenditure/increase efficiency.

Current assets Debtors, stocks, cash or similar – i.e. assets that are, or can be converted into, cash within the next twelve months.

Depreciation The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income and expenditure records. Depreciation is an accounting charge (i.e. it does not involve any cash outlay). Accumulated depreciation is the extent to which depreciation has been charged in successive years' income and expenditure accounts since the acquisition of the asset.

Financial reporting standard (FRS) Issued by the Accounting Standards Board, financial reporting standards govern the accounting treatment and accounting policies adopted by organisations. Generally these standards apply to NHS organisations.

Fixed assets Land, buildings or equipment that are expected to generate income for a period exceeding one year.

General medical services Medical services provided by general practitioners (as opposed to dental, ophthalmic and pharmaceutical services provided by other clinical professions).

Governance Governance (or corporate governance) is the system by which organisations are directed and controlled. It is concerned with how an organisation is run – how it structures itself and how it is led. Governance should underpin all that an organisation does. In the NHS this means it must encompass clinical, financial and organisational aspects.

Healthcare resource group (HRG) HRGs are the 'currency' used to collate the costs of procedures/diagnoses into common groupings to which tariffs can be applied. HRGs place these procedures and/or diagnoses into bands, which are 'resource homogenous', that is, clinically similar and consuming similar levels of resources.

Indexation A process of adjusting the value, normally of fixed assets, to account for inflation.

Net book value The value of items (assets) as recorded in the balance sheet of an organisation. The net book value takes into consideration the replacement cost of an asset and the accumulated depreciation (i.e. the extent to which that asset has been 'consumed' by its use in productive processes).

Overheads Overhead costs are those costs that contribute to the general running of the organisation but cannot be directly related to an activity or service. For example, the total heating costs of a hospital may be apportioned to individual departments using floor area or cubic capacity.

Payment by results A financial framework in which providers are paid according to the level of activity undertaken. Payment is based on a national tariff system.

Reference costs NHS organisations are required to submit a schedule of costs of healthcare resource groups to allow direct comparison of the relative costs of different providers. The results are published each year in the National Schedule of Reference Costs.

Revenue On-going or recurring costs or funding for the provision of services.

Tangible asset A sub-classification of fixed assets, to exclude invisible items such as goodwill and brand values. Tangible fixed assets include land, buildings, equipment, and fixtures and fittings.

Variance The difference between budgeted and actual income and/or expenditure. Variances are an accounting tool used to analyse the cause of over/under spends with a view to proposing rectifying action.

Working capital Working capital is the money and assets that an organisation can call upon to finance its day-to-day operations (it is the difference between current assets and liabilities and is reported in the balance sheet as net current assets (liabilities). If working capital dips too low, organisations risk running out of cash and may need a working capital loan to smooth out the troughs.

Balance Sheet as at 31 March 2011

	2010/11 £000	2009/10 £000
Non Current Assets		
Plant, Property and Equipment	0	764
Intangible Assets	0	54
Total - Non- Current Assets	**0**	**818**
Current Assets		
Inventories	0	0
NHS Trade Receivables	1,293	2,700
Other Receivables	210	2,494
Bad Debt Provision	(217)	(218)
Cash and Cash Equivalents	4	19
Total Current Assets	**1,290**	**4,995**
Current Liabilities (amounts due in less than one year)		
Trade Payables	799	(3,444)
Other Liabilities	(772)	(999)
Untaken Annual Leave Provision	(119)	(120)
Total Current Liabilities	**(92)**	**(4,563)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**1,198**	**1,250**
TOTAL ASSETS EMPLOYED	**1,198**	**1,250**
Financed by: Taxpayers Equity		
General Fund	431	411
Retained Earnings	767	37
Revaluation Reserve	0	642
Donated Asset Reserve	0	160
TOTAL TAXPAYERS EQUITY	**1,198**	**1,250**

Income and Expenditure statement for the year ended 31 March 2011

		2010/11 £000	2009/10 £000
Operating Revenue			
Clinical Revenue	Host PCTs	50,562	48,947
	Other PCTs	1,431	2,094
	Other NHS & Local Authority	3,235	3,011
	Other Revenue	64	354
		55,292	54,406
Non Clinical Revenue	Private Patient Revenue	90	75
	Education and Training	612	407
	Other Revenue	224	426
	LIFT Schemes	0	123
		926	1,031
TOTAL OPERATING REVENUE		**56,218**	**55,437**
Operating Expenses	Pay Costs	(38,894)	(37,275)
	Drug Costs	(267)	(251)
	Clinical Supplies & Services	(5,677)	(4,653)
	Other Costs (excl depreciation)	(6,387)	(3,463)
	Apportioned Overheads	(3,759)	(8,879)
	Contingency Reserve	(467)	(267)
	LIFT Schemes	0	(145)
TOTAL OPERATING EXPENSES		**(55,451)**	**(54,933)**
EARNINGS BEFORE INTEREST, TAX, DEPRECIATION AND AMORTISATION		**767**	**504**
	Depreciation	0	(447)
	Cost of Capital	0	(20)
NET SURPLUS/(DEFICIT)		**767**	**37**

Cashflow statement for the year ended 31 March 2011

	2010/11 £000	2009/10 £000
Opening Balance	3	0
Receipts	60,460	61,887
Payments	60,459	61,868
Net Movement	4	19
Closing Balance	**4**	**19**

Management Costs

		2010/11	2009/10
Management costs	**£000**	4,655	5,416
Weighted Population	number	374,353	372,380
Management cost per head of population		**£12.44**	**£14.54**

Better Payment Practice Code – measure of compliance

	2010/11 Number	£000	2009/10 Number	£000
Non NHS Creditors				
Total bills paid in the year	12,008	17,454	12,020	15,083
Total bills paid within target	9,312	15,738	9,415	13,083
Percentage of bills paid within target	**77.5%**	**90.2%**	**78.3%**	**86.7%**
NHS Creditors				
Total bills paid in the year	617	32,488	457	23,353
Total bills paid within target	467	30,832	312	21,140
Percentage of bills paid within target	**75.7%**	**94.9%**	**68.3%**	**90.5%**
Overall				
Total bills paid in the year	12,625	49,942	12,477	38,436
Total bills paid within target	9,779	46,570	9,727	34,223
Percentage of bills paid within target	**77.5%**	**93.2%**	**78.0%**	**89.0%**

The information in this report is available in large print by calling 020 8973 3143.

If you would like a summary of this document in your own language, please call 020 8973 3143 and state clearly in English the language you need and we will arrange an interpreter to speak to you.

Farsi

اگر شما میخواهید که خلاصه اسناد فوق را در لسان خود شما باشد ، لطفا به شماره ۰۲۰۸۹۷۳۳۱۴۳ تماس گرفته و در لسان انگلیسی شرح نمایید که در کدام لسان شما میخواهید که ما برای شما یک ترجمان را تهیه بداریم.

Arabic

إذا كنت ترغب ملخصاً عن هذه الوثيقة بلغتك، يرجى الإتصال على الرقم 02089733143 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 020 8973 3143 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 020 8973 3143 (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 020 8973 3143 ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਜਿਸ ਬੋਲੀ ਵਿੱਚ ਇਹ ਚਾਹੀਦਾ ਹੈ ਉਸ ਦਾ ਨਾਮ ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਸਾਡ ਸਾਡ ਦੱਸੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ (ਦੁਭਾਸ਼ੀਏ) ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

How to contact us

Please let us know what you think of this annual report by emailing communications@hrch.nhs.uk

If you have comments or feedback about our services please email pals@hrch.nhs.uk or call 0800 953 0363

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Find out more about us at www.hrch.nhs.uk

Published September 2011

Hounslow and Richmond Community Healthcare NHS Trust