

HRCH Quality Account 2010/11

Part 1

Statement from Chief Executive – commitment to quality and safety

Hounslow and Richmond Community Healthcare (HRCH) NHS Trust is a new organisation formed on 1 April 2011. I am very pleased to introduce our first Quality Account, a yearly report, which will tell you what standard of care you can expect from us as an organisation, how we measure quality of care and how we aim to keep improving our services over the next year.

We are committed to delivering the right care for our local community, providing services which enable people to be cared for at home or in community settings, preventing admissions to hospital and meeting local needs. We provide community services in the Boroughs of Hounslow and Richmond including children's services, adult community services, rapid response teams and rehabilitation services. Some of our services are run jointly with our Social services partners, particularly in the areas of older people and people with physical and sensory disabilities. In these services care is delivered by multi-disciplinary teams under the management of a jointly appointed health and social services manager. This integrated approach to care pathways has proved highly successful and is an area we would like to expand further in the future. In addition in Hounslow we also provide a learning disability service and in Richmond, a walk in centre and a 52 bed rehabilitation hospital.

There have been significant achievements in the quality of care we provided this year – not least our success at achieving trust status, making us one of only two community trusts in London and one of sixteen within England. To achieve this we had to provide evidence to the Department of Health that we are not only financially sound, but that we provide high quality clinical services. We are grateful for the close working relationships we have developed with our LINKs partners in Hounslow and Richmond, the boroughs of Richmond and Hounslow and NHS Richmond and NHS Hounslow. We appreciate all the support they have given us. We very much look forward to working with them and all our partners next year to further improve services.

During 2010/11 our achievements included being nominated for the Health Service Journal/National Patient Safety Awards for Board Leadership, which highlights the significant strength the Trust has in its executive and non executive directors. We have embraced an open and transparent approach to working with our staff, undertaking Board to floor sessions, developing key strategies with staff and patients and building a strong and dynamic clinical leaders' forum.

Working with our acute colleagues we are actively participating in the Patient Safety First campaign, a national initiative to reduce harm to patients by changing clinical practice based on existing evidence. As part of this campaign we are looking at our incidence of pressure ulcers, reporting all elements of care and bench-marking our position against other organisations in London. We regularly participate in Energising for Excellence (E4E), a quality framework for nurses, midwives and health visitors that aims to support the delivery of safe and effective care by measuring outcomes of nursing care, in particular around pressure ulcers, continence care and falls. This is evolving work and we expect to be able to benchmark our position against our NHS partners within the next few months. This will help us understand the wider picture of incidents as well as support improvement.

We are committed to ensuring safe and effective care for the local population. In regards to Safeguarding Adults and Safeguarding Children we have robust processes in place. As members of both Hounslow and Richmond Safeguarding Children's and Adults Partnership Boards we work closely with all partners to ensure a Pan London Approach to safeguarding those most vulnerable members of Society. HRCH meets all the standards required by the Department of Health. We look forward to continuing to work with our partners in this area and in particular with a focus on increasing awareness of the Deprivation liberties Act and ensuring our staff are aware of the legislation changes occurring in 2011 in regards to safeguarding adults.

A prominent area of improvement during 2010/11 was the increase in the number of our staff participating in clinical audits. We have exceeded the target set by the Board and have seen significant improvements in clinical care/patient care as a result of the learning from these audits. However we are not complacent and are committed to doing even better during 2011/12. We have set a high standard for clinical audit this year – with each service undertaking a minimum of three audits a year – one of which must focus on improving or learning from a patient complaint or query and one based around local incidents to ensure prevention.

In this Quality Account we have carefully identified key areas that we recognise as requiring further development or improvement. We have collaborated with our staff, partners, commissioners, Hounslow and Richmond LINKs and social services colleagues. More importantly we are determined to work closely with our newly established Patient Involvement Committee to monitor outcomes against the actions identified in the Quality Account.

If you have any feedback or suggestions on how we could improve our Quality Account, please do not hesitate to contact our Patient Advice and Liaison Service (PALS) on 0800 953 0363.

To the best of my knowledge the information in this report is accurate.

Richard Tyler
Chief Executive

Part 2

Areas for improvement

Introduction

High Quality Healthcare of All was a report written by Lord Darzi in 2008. It outlined the need for ensuring that quality and quality improvement are at the very heart of the NHS. We are pleased to share our quality account with the local population and hope that the areas we have identified to improve further are areas that will be of benefit. We also look forward to working with our partners and local population to identify areas for improvement for next year to ensure we are continually striving to improve our patients' experience and care. HRCH NHS Trust believes that quality is central to everything we do. Quality is defined as having three components:

- Patient safety (for example are patients being protected from unavoidable incidents and infections? This includes safeguarding children and adults and ensuring infection control and prevention is evident).
- Clinical Effectiveness (what was the quality of life after care was delivered?).
- Patient Experience (do we treat people with respect and dignity and communicate with them in a way that they feel fully informed and understand our procedures?).

The principles of quality have shaped HRCH NHS Trust's corporate and local objectives ensuring patient safety and experience is central to our care delivery.

Our vision over the next five years is to consolidate our position as the principal provider of community health services for the populations of Hounslow and Richmond.

We very much look forward to working with our public and with our Public and Patient Involvement Committee which will be monitoring and supporting us in reviewing progress made on the three identified areas for improvement.

On July 12 2010, the White Paper "Equity and Excellence: Liberating the NHS" set out the Government's vision for the future. This paper outlines the Government's commitment to ensuring quality innovation, productivity and prevention (QIPP) supports the NHS to make efficiency savings which can be reinvested back into the service to continually improve quality of care.

QIPP Initiative

Quality – ensuring the patients' experience, safety and clinical effectiveness remains central to the organisation.

Innovation – to encourage and develop new and dynamic ways of working, ensuring quality whilst making the necessary efficiency savings. This must be led by frontline staff.

Productivity – to release efficiency savings – in HRCH NHS Trust this is managed by our productivity ‘Working Smarter’ steering group.

Prevention – as a community provider HRCH is excited to be looking at developing our opportunities and services to ensure the local population can remain within their own homes and prevent avoidable admissions to hospital.

Hounslow and Richmond Community Healthcare NHS Trust provides the majority of community healthcare services in the London boroughs of Hounslow and Richmond upon Thames. Previously, the community healthcare services were run by the two primary care trusts, NHS Richmond and NHS Hounslow. The services merged on 1 April last year and following approval from the Secretary of State for Health, the organisation became a NHS Trust on 1 April 2011. Clearly there are many challenges involved in merging two quite distinct and different organisations, but with that challenge comes many opportunities. We have identified areas of clinical excellence as well as some differences in ways of working and processes. Due to the financial pressures within NHS Hounslow there has been a need within clinical services to develop innovative use of skill-mix in some clinical services. We are working hard to align any variances and standardise practices where appropriate. We are excited by some of the dynamic and innovative practitioners we have in HRCH NHS Trust and are encouraging them to cascade their expertise across the organisation.

HRCH NHS Trust employs just over a thousand people, of which approximately 800 are in roles that deliver services to patients. We employ more than 320 nurses and over 250 therapists. The Trust serves a population of approximately 400,000. Hounslow borough has a rising birth rate and high numbers of children aged under five which is reflective of the challenges faced by our children’s services. Richmond has a large older population which again reflects some of the statistics highlighted in this account.

We aim to ensure that quality remains at the very heart of our care and one of the ways we do this is by involving our partners and local community in decision-making.

We are committed to learning from areas we need to improve. Patient feedback is crucial to ensure that we achieve high patient and public confidence and a reputation to be proud of. We are pleased with the feedback from patients and the general public through patient satisfaction questionnaires and compliments, which tells us that the people we provide a service too, are ‘very satisfied’ with our delivery of care. Despite this, we acknowledge there are areas where the organisation could still improve and we discuss these in this Quality Account.

Whenever the opportunity arises, we benchmark our performance against other organisations and take on board the learning from incidents occurring elsewhere in the country and from national inquiries.

HRCH NHS Trust Board is committed to quality, and as a new trust they have ensured that quality determines the Trust’s objectives and visions.

The Board receives quality reports at every meeting in the form of a scorecard, which provides comparisons on key indicators. Our governance structure enables us to identify where we are doing very well, as well as areas that require improvement.

We aim to maintain high levels of quality and ensure we keep the trust and confidence of our community.

Use of the Commissioning for Quality and Innovation payment framework

Commissioning for Quality and Innovation (CQUIN) is the framework that commissioners use to ensure all NHS trusts prioritise and innovate in their services. It forms a part of our annual contract with the commissioners. In 2010/11 the CQUIN projects commissioned were:

1. Establishment of a Single Point of Access for referrals in order to streamline the process and improve the patient experience by speeding up the processing of referrals to our services.
2. Establishment of a Rapid Response Team to prevent A&E attendances and acute admissions and to increase the number of patients that can be managed in a community setting.
3. Establishment of a 24 hour District Nursing service.
4. Setting up of an IV cannulation service within the District Nursing team.
5. Establishment of a Commissioning Quality Framework and the processes to support this.
6. A pilot of a Children's Respiratory Care Service.
7. Implementation of the Liverpool Care Pathway, which sets standards for managing end of life care, at Teddington Memorial Hospital, the establishment of an end of life care register and the training of relevant staff in its use.
8. Reduction of did not attend (DNA) rates to an average of 6 per cent across all NHS Hounslow commissioned services.
9. Setting up a data collection system for the collation of patient surveys to monitor the experiences of patients accessing the Trust's services.
10. Increase the number of patients self managing their long term conditions with support from HRCH clinicians.
11. Establishment of an early discharge (from hospital) team.
12. Improve the quality of data collected by the Trust relating to the delivery of clinical services. This data not only informs our commissioners around our clinical activity and target measures but also enables us to identify areas of good practice as well as potential gaps. This data includes measures on access, pressure ulcers, clinical audit and waiting times.

The Trust successfully delivered on all CQUIN projects except number 12. The commissioners recognised that major improvements had been made in the area of data quality but felt that further progress needed to be made in order for all targets to be considered as having been met. The Trust continues to treat this as a priority area and we are confident that further progress will be made during 2011/12, enabling us to achieve the higher standards of data quality.

For 2011/12 our commissioners have commissioned the following CQUIN projects:

1. Development of patient tracking mechanisms to identify adults with heart failure, COPD and risk of falls who have had a recent A&E attendance.
2. Development of patient tracking mechanisms to identify children with respiratory disorders (asthma and wheezy children) who have had a recent A&E attendance.
3. Increase the number of members of the District Nursing team with extended prescribing skills.
4. Clear the backlog of NHS Continuing Care and NHS Funded Nursing Care assessments.
5. Increase the number of prevented admissions into an acute setting.
6. Expand the Early Discharge team to increase the number of patients supported with a timely discharge from an acute setting.
7. Increase the use of the 'Coordinate My Care' electronic patient record in end of life care.

A CQUIN Steering Group has been established to monitor the progress of delivery against targets for these projects during 2011/12.

Our Priorities for Improvement 2011/12

We asked patients, carers, visitors and staff what they thought we should focus on when improving quality in 2011/12. We did this by working closely with LINks, asking staff via our intranet and during staff forums. We also drew on previous patient surveys, the learning from complaints and incidents as well as direct feedback from staff. As a consequence, we have identified and agreed the following key priorities for improvement in 2011/12. They are to:

- Reduce the incidence of pressure ulcers acquired in the community
- Participate in national clinical audits
- Improve our evidence of obtaining consent from patients.

1. Patient safety

To reduce the incidence of pressure ulcers acquired in the community.

Pressure ulceration (previously known as bed sores), cause significant pain and distress for patients when they occur. Pressure ulcers are graded at grades 2, 3 and 4, which relates to the severity and level of damage to the skin, with a grade 4 pressure ulcer being the most severe grade.

We are particularly passionate about ensuring improvement in this area, which is also an area identified for improvement by our neighbouring acute hospitals, in particular West Middlesex University Hospital (WMUH), with whom we work very closely to reduce the incidence of pressure ulcers. In partnership with WMUH we have agreed a process by which we are able to clearly identify which organisation takes a lead role in investigating incidences, utilising our tissue viability team to ensure correct grading and expert knowledge. Investigations for those which occur within patient's own homes or are discovered by our community staff are led by community services, those acquired in

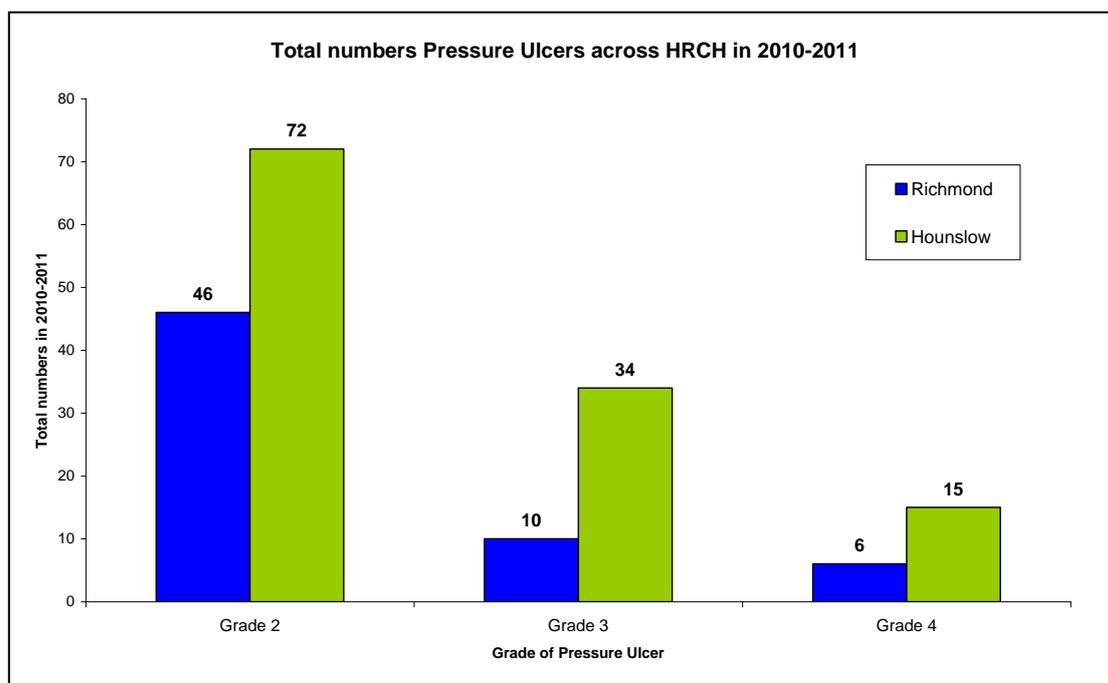
bedded services are led and managed by the bedded service – ie – Teddington Memorial Hospital, care homes or acute trusts. This ensures that every pressure ulcer is investigated fully.

On the occasions where, despite our best efforts, ulcers do occur we openly report the circumstances so that each incident is thoroughly investigated to establish the root cause. The lessons from each incident are shared across the organisation, NHS London, our partners and other trusts. During 2010/11 we also enhanced joint working with our acute hospital partners to further refine and develop shared system for identifying and reporting pressure ulcers.

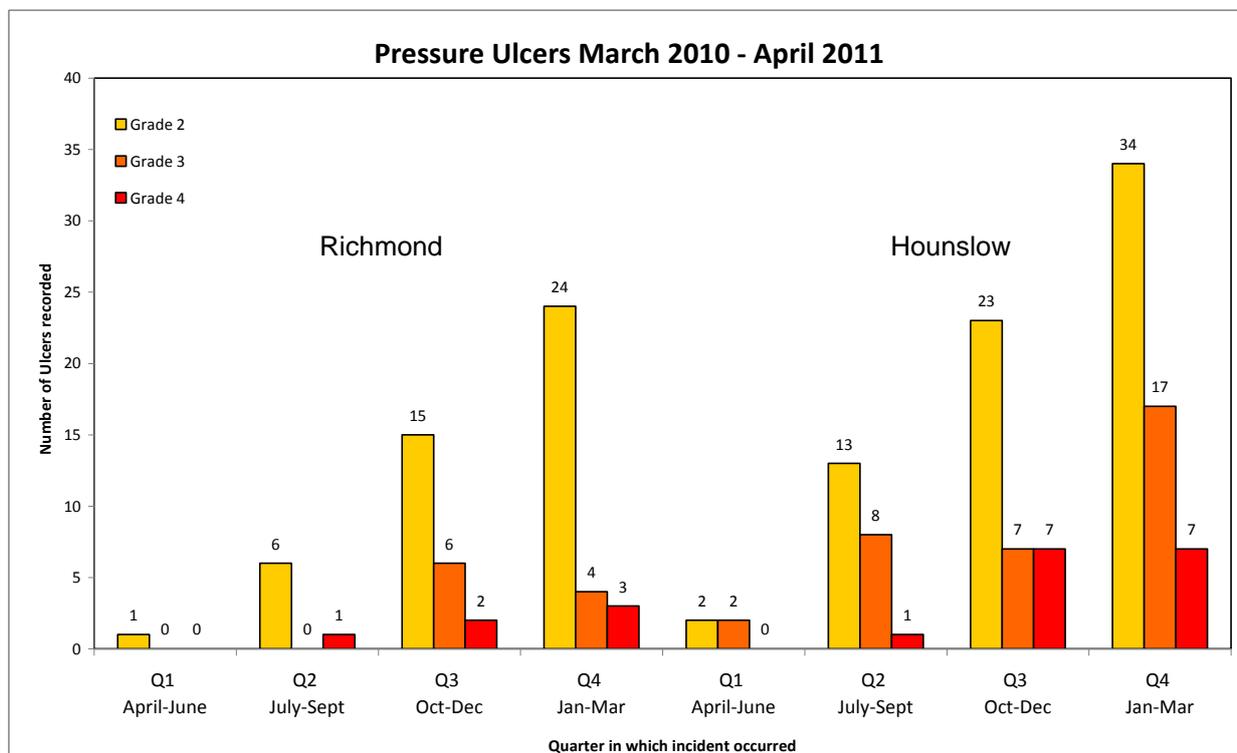
In addition, we were successful in putting forward a joint bid with WMUH to participate in the Patient Safety Express Campaign (National Patient Safety Thermometer) and Energising for Excellence. This involves sharing our data regarding pressure ulcers across London so that we can compare our position against other organisations and share best practice.

We provide NHS London and the Department of Health with monthly data on our incidence of pressure ulcers at grade 2 - 4.

The following graph demonstrates the “total number of pressure ulcers” reported by Hounslow and Richmond Community Healthcare NHS Trust in the 2010/11



The following graph demonstrates the number of pressure ulcers over each quarter (three-month period) reported by Hounslow and Richmond Community Healthcare NHS Trust in the 2010/11.



The figures in the graphs above shows a large increase in reported pressure ulcers over the last year. This rise has also been reflected in the data submitted by other NHS Trusts. The National Patient Safety Agency (NPSA) has reported a massive increase in reporting nationally due to the awareness campaigns. We have been committed to the national campaigns and implemented a local HRCH NHS Trust campaign encouraging staff to appropriately recognise, categorise, prevent and report pressure ulcers. This has led to improved levels of reporting of pressure ulcers. As a trust we are committed to continue being transparent with regards to all reporting. We actively encourage staff to report pressure ulcers and have noted that Hounslow appear to submit more data than Richmond. The data in Hounslow is comparative to similar size community Trusts. We are currently working with Locality Managers to determine why the differences in numbers occur across Hounslow and Richmond and to identify if this is due to a History of reporting, smaller cases or indeed different staff practices.

How we will monitor our improvement in 2011/12 in relation to the reduction of the incidence of pressure ulcers

Data from Energising for Excellence and from the Patient Safety Thermometer will help us to benchmark our position against other trusts.

We aim to see a significant reduction in the number of pressure ulcers acquired in the community. To achieve this we will be taking a very pro-active stance by continuing our comprehensive staff training package, encouraging reporting and through our active participation in local and national benchmarking programmes.

HRCH NHS Trust will continue to develop and improve our partnership with acute hospital colleagues to draw from shared learning and knowledge and build integrated approaches to maintaining patient safety. We have also improved our data collection system which will help staff to report incidents more quickly and efficiently. We will also:

- Continue to participate in Energising for Excellence
- Lead and develop the safety express work.
- Collect and share data – ensuring that preventative actions are implemented where appropriate. This will be done quarterly and shared broadly with services and the Board.
- Action plans relating to pressure ulcers will be monitored and reviewed via the governance structures.
- Develop an ongoing training programme for all clinical staff
- We have a dedicated Tissue Viability team (this is a team that specialises in pressure ulcers and skin damage) who work with and train frontline staff around pressure ulcer management.
- Continue to work in close partnership with West Middlesex University Hospital
- Aim to prevent pressure ulcers graded as a 2 to develop further – therefore seeing a reduction in grade 4 pressure ulcers.
- Continue to review differences in statistics/numbers reported in Hounslow and Richmond to determine cause and effect.

Board Sponsor

Director of Services – Jo Manley

Implementation Lead

Integrated Governance Committee

2. Clinical effectiveness

Participation in National Clinical Audit

HRCH NHS Trust seeks to improve participation in National Clinical Audit (NCA) activity. We aim to incorporate recommendations arising from direct NCA participation and systematic review of published NCA reports into our service delivery

Clinical audit involves systematically improving the quality, effectiveness, and outcome of patient care by looking at and measuring the gaps between best and current practice and making improvements where necessary. We take part in local, regional and national clinical audits.

National Clinical Audit is a Department of Health requirement for NHS organisations to participate in.

The Department of Health publishes a comprehensive list of NCA's which are included in Quality Accounts. There is also an additional recommended list of NCAs provided by the

Department of Health's clinical audit organisation Healthcare Quality Improvement Partnership (HQIP).

"National Clinical Audit... is designed to improve patient outcomes across a wide range of medical, surgical and mental health conditions. [It is a] ... systematic evaluation of their [healthcare professionals] clinical practice against standards and to support and encourage improvement in the quality of treatment and care." (HQIP). It is important to note that many of these audits are focused towards acute care and it can therefore be difficult for community organisations to participate or lead NCAs. However where possible, a joint approach to working with acute colleagues /Hospitals is encouraged.

Participation in NCA projects will ensure:

- HRCH NHS Trust identifies and makes local improvements for its patients
- Individual HRCH NHS Trust clinicians and teams benchmark practice and performance.
- Our patients question the quality of their care and exercise choice.
- The Care Quality Commission (CQC) corroborate local bodies' self assessments against national standards.
- The Department of Health assesses progress against national initiatives.

National Clinical Audit during period 2010/11

During 2010/11, HRCH NHS Trust did not participate in any NCA included in the Quality Account list or any NCA included in the HQIP list.

Healthcare related professional bodies, such as the Royal College of Physicians commission and lead on other NCAs. HRCH NHS Trust participated in three such NCAs of this nature.

HRCH NHS Trust also actively participated in a number of regional clinical audits with other local NHS providers. The Trust led on a multi-organisational 4,000 patient experience audit for the Newborn Hearing Screening Programme.

Audits HRCH participated in during 2010/11

National Clinical Audit (NCA)	Regional/ Sector Audit
Implementing NICE public health guidance for the workplace Provider: Royal College of Physicians	Collaborative baseline audit of insulin use in primary care 1) Community Nursing Provider: <u>East and South East England Specialist Pharmacy Services</u>
National Audit of back pain management by NHS occupational health services in England Provider: Royal College of Physicians	Newborn Hearing Screening Programme Patient Experience Survey (Audit across Kingston, St Helier and St George's Hospitals) Provider: Hounslow and Richmond Community Healthcare NHS Trust (HRCH)
National Audit of Cardiac Rehabilitation Provider: University of York	

Published NCA reports

The Department of Health requires NHS organisations to review the published NCA reports included in the previously mentioned Quality Account and HQIP lists. NHS organisations are required to locally systematically review the findings of these reports and benchmark against local practice. Each organisation should then produce a local action plan and carry out recommendations to improve patient care, performance and quality.

HRCH NHS Trust did not systematically review any published NCA report during 2010/11 due to the fact we had not participated in any, or have a previous quality account.

Looking forward

Action plan to increase participation in NCA for 2011/12

Training and awareness

- Increase knowledge of NCA throughout HRCH NHS Trust at all levels of staff and embed into current practice.
- Include Quality Account and NCA information in monthly training induction and workshops.

Published NCA reports from previous year (2010/11)

- Download all NCA Quality Account and HQIP published reports and upload to trust intranet to ensure signposting and access for all staff.
- Carry out relevance exercises against all 54 Quality Account NCAs and assign a lead/service to all of those deemed relevant or whose reports contain relevant actions for community NHS services.
- Trust action and implementation plan established for each relevant NCA.
- Trust database established and maintained.

- Clinical service to be supported by Clinical Audit Team.
- Monitoring by HRCH NHS Trust committee.

Direct participation in NCA (included in Quality Accounts)

- Assign a lead/service to all deemed relevant or whose reports contain relevant actions for community (HRCH) services.
- Introduce use of a NCA review form for assurance.
- Create contemporaneous database of relevant NCAs – can you explain contemporaneous
- Governance led registration and participation in each relevant NCA.

As we are a community-based trust, the vast majority of NCAs included in Quality Accounts and HQIP lists are not suitable for the services we currently provide to our patients.

Healthcare professional bodies such as the Royal Colleges, Institutes and British Association and universities carry out NCA relevant to HRCH NHS Trust services. We will seek to improve participation in these.

Participation in NCA (non quality accounts)

- Establish a list of relevant professional bodies associated with HRCH NHS Trust clinicians/ healthcare staff.
- Contact relevant bodies and establish a second NCA list (HRCH NHS Trust specific).
- Carry out relevance exercises against NCAs on HRCH NHS Trust specific list.
- Assign a lead/service to all deemed relevant or whose reports contain relevant actions for community (HRCH NHS Trust) services.
- Employ the use of NCA review form for assurance.
- Create a database of relevant NCA.
- Governance led registration and participation in each relevant NCA.

Regular monitoring and assurance

- Clinical Audit Team to report/ update HRCH NHS Trust Service Leads on a monthly basis.
- NCA to become a standing item on HRCH NHS Trust committee agenda.
- Quarterly reporting of NCA activity to Integrated Governance Committee (IGC).

Board Sponsor

Siobhan Gregory
Director of Quality and Clinical Excellence

Implementation Lead

Integrated Governance Committee
Clinical Effectiveness and Audit Group

3. Patient experience

Consent to treatment

To improve our evidence of obtaining consent from patients, HRCH NHS Trust is committed to working in partnership with patients and the public. As a newly formed trust we feel honoured to have been able to work so closely with LINKs during our preparation year and are grateful for the support they have shown us. LINKs members sit on our governance committees in which we monitor and review all aspects of patient safety and patient experience. During 2010/11 we worked to consolidate and determine our Patient Experience team and work. A clear and robust system for the reporting and management of complaints was established, alongside a clear system for Patient Advice and Liaison Service (PALS) queries.

During 2011/12 we intend to strengthen and develop further the complaints and PALS service and greatly enhance our engagement and partnership with the population we serve.

During 2010/11 the Trust participated in a trust wide patient survey of 4,000 patients. The full results of which are expected in June 2011. To date only 16 per cent of those sent the survey have responded, however early indications highlight that a failure to ask for consent from patients is an area we need to address. Of those patients who responded to the survey preliminary results have shown that approximately 56 per cent of patients cannot recall being asked for consent prior to treatment.

In December 2010, the Trust undertook a mock Care Quality Commission (CQC) inspection. Under the leadership of the director of quality and clinical excellence, a small team of internal and external senior governance staff made an unannounced visit to the organisation in the manner that CQC inspectors would conduct. One of the areas assessed was that of quality of care of which consent plays a major part. The visit highlighted gaps in the knowledge of our staff around policy and procedures relating to consent as well as the broader requirements of consent – for example – differences between children and adults. As part of the assessment eight patients were also interviewed and asked about consent. Seven out of the eight patients asked could not recollect having been asked permission by their healthcare professional prior to treatment. The majority of patients were very pleased with the standard of care and were long term users of the service, therefore had either given or the healthcare professional had assumed complied consent. The evidence to show this was however, not available.

As a result of the survey and the mock CQC inspection the Trust has identified consent as an area for improvement.

How we will monitor our improvement in 2011/12 in relation to consent

During the first quarter of 2011 HRCH NHS Trust will be developing its patient involvement and experience strategy which will identify a clear action plan for how the Trust will work with its partners. This work will be closely monitored and reviewed by the newly established and strengthened Patient and Public Involvement (PPI) Committee which is chaired by the Trust's Chief Executive Richard Tyler and reports directly to the Board via the Integrated

Governance Committee. These meetings will be open to all staff and any interested partners in addition to the specified core membership.

The issue of consent will be incorporated into this action plan:

- Implement the action plan identified following the mock CQC visit – this is being monitored by the Compliance Committee and has been afforded senior leadership by our nurse consultant in learning disabilities service.
- Clearly share the outputs and results from this action plan with the PPI Committee and via the intranet.
- Undertake a patient survey, tailored to address areas highlighted for improvement in 2010/11.
- Ensure services undertake audits relating to consent.
- Undertake a further mock CQC inspection,
- Work closely with LINKs and partners to identify patients and partners views around consent.

Board Sponsor

Siobhan Gregory
Director of Quality and Clinical Excellence

Implementation Lead

Integrated Governance Committee
Patient and Public Involvement Committee

Part 3

How we performed on quality in 2010/2011

The quality indicators detailed in this section of the report were selected through a process of consultation with the Board, staff and the public (through LINKs). The indicators and targets ensure alignment with local, regional and national targets.

The indicators are categorised under three headings:

- patient safety
- clinical effectiveness
- patient experience

Patient safety

HRCH NHS Trust is committed to providing safe care and to recognise and reduce risks for our patients, staff and visitors.

Incidence of MRSA bacteraemia

Infection prevention and control is an essential element of patient safety and it is an absolute priority for the organisation. Our staff are committed to providing clean, safe care and ensuring that all avoidable healthcare associated infections can be prevented.

To register with the Care Quality Commission (CQC) to provide care, NHS Trusts must take part in an assessment of whether they meet government regulations for managing infection, aimed at ensuring that patients, staff and visitors are protected against the identifiable risks of acquiring a healthcare associated infection, so far as is reasonably practicable. HRCH NHS Trust is registered unconditionally with regard to infection prevention and control.

Our goal for 2011/ 12

There were no incidences of healthcare associated infections reportable for HRCH last year, including our community care MRSA bacteraemia (bloodstream infection) rate which was zero (0). Our target for 2011/12 is to continue with the prevention of all avoidable healthcare associated infections within the Trust and across the local health economy by putting into place additional measures and maintain those that are working well.

Steps we have taken to protect against the risk of infection

- All patients are assessed for their risk of getting an infection so that the right measures to reduce this risk can be put in place throughout the time that they are receiving care from HRCH NHS Trust.

- All of our infection prevention and control policies have been updated to incorporate the latest healthcare guidance and HRCH NHS Trust staff have been/ will be trained to make sure that these are adhered to.
- All of our clinical services undertake hand hygiene compliance audits (i.e. checks) on a regular basis throughout the year to ensure that our staff are cleaning their hands at the World Health Organisation's "Five moments for hand hygiene". This promotes hand hygiene at the right time and in the right way as it is the most important method to prevent cross infection.
- All of our staff carrying out invasive procedures such as inserting urinary catheters, tube feeds and intravenous drips audit their practice against recommended procedural guidance.
- Teddington Memorial Hospital and all of the clinics and health centres from which we provide care are checked throughout the year to make sure that our environment and facilities are clean and safe.
- The annual Patient Environment Action Team (PEAT) assessment of Teddington Memorial Hospital in 2011 awarded the hospital a score of 'excellent' for all facilities assessed, which included cleanliness of the environment.
- All patients admitted from home to Teddington Memorial Hospital's inpatient unit are screened for MRSA and treated in accordance with national recommendations.
- Patient and public information is made available on specific infections and for people admitted to stay in Teddington Memorial Hospital, to provide advice to reduce the risk of infection.

The people responsible are:

Board sponsor

The HRCH NHS Trust Board has collective responsibility for infection prevention and control, with Siobhan Gregory (Director of Quality and Clinical Excellence) the designated Director of Infection Prevention and Control.

Implementation Lead

Integrated Governance Committee
Infection Prevention and Control Committee

Patient Safety Incident Reporting

We are proud of our patient safety culture and identifying and managing risks is a part of our everyday practice. All incidents are reported, including 'near misses' and are discussed openly, the learning passed to all staff. An incident can be any aspect of care or experience that does not meet the high standards expected or affects our ability to provide a high quality service – for example if there is a power cut which results in an inability to communicate with patients or obtain information. Incidents are categorised in accordance with NHS London and Department of Health requirements. These include clinical and non-clinical incidents and vary in type and severity according to place and type of work. Incidents are categorised by the National Patient Safety Agency (NPSA) on the levels of

severity of harm. The level of analysis of an incident depends on the severity and complexity of the incident.

The table below details the definitions of the levels of severity of harm used to categorise incidents by the NPSA (2007).

Grade	Levels of severity
No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. Impact not prevented – any patient safety incident that ran to Completion but no harm occurred to people receiving NHS-funded care.
Low	Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care
Moderate	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.
Severe	Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.
Death	Any patient safety incident that directly resulted in the death of one or persons receiving NHS funded care

The majority of incidents are managed locally and are minor in severity such as a trip which resulted in no harm. However those that are graded as moderate or severe are reported directly to the Director of Quality and Clinical Excellence and a thorough investigation – a root cause analysis - is carried out. This would include serious incidents such as loss of patient data or grade 3 - 4 pressure ulcers.

The National Patient Safety Agency (NPSA) and the Care Quality Commission (CQC), require organisations to report all incidents to them as soon as possible after the incident has occurred. We do this by using a risk management system called Datix. We expect all incidents to be reported to the Risk Team within 24 hours. Whilst this section concentrates on the process for reporting it is important to note that all incidents are reviewed thoroughly. We encourage reporting of all incidents, no matter how minor, to ensure that we can identify where triggers are occurring. Incidents are reviewed locally and monitored by our governance structure. We actively encourage frontline staff engagement in the governance structure to ensure learning is shared and improvements are evidenced as well as having LINKs members on our governance committee. The Trust Board receives quarterly reports on incidents, actions taken and outcomes.

We are committed to 'Being Open' with patients and saying sorry on the few occasions we get it wrong. 'Being Open' is a national patient safety initiative to ensure all trusts are open and honest with patients. We have a significant number of staff trained as 'Being Open' senior clinical counsellors who can support staff to be open and honest when things go wrong.

The NPSA produce monthly reports on all NHS trusts regarding the number and severity of incidents. Organisations are clustered with other trusts of a similar nature and then comparisons are made. We are a community trust and would expect to be clustered with similar organisations. However, because we have a small number of inpatient beds at Teddington Memorial Hospital, we were clustered with some acute trusts. Acute trusts tend to report more incidents due to the number and nature of the patients seen. As a consequence, we appeared to be one of the trusts, which had a very low reporting of incidents rate, which was misleading. The NPSA are clear that those trusts that report higher rates of incidents and near misses are the trusts with the best safety culture, because they are open and honest.

We have worked very closely with the NPSA and have now been re clustered with similar community organisations. The next report is due for publication at end of May 2011 and we anticipate this will more accurately reflect our level of incident reporting. These reports will be available on the NPSA website.

The CQC also assess us on the number and severity of incidents we report. They collect the data from the NPSA and use it as part of their assessment of us as an NHS trust. We ensure that all our incidents are reported to the NPSA at least weekly, so that the CQC have up to date information the Trust.

Hounslow and Richmond Community Healthcare NHS Trust is very proud of its risk management processes and improvements over the last year. We will be embedding these new processes during 2011/12. Despite these improvements, we recognise that there are sometimes delays in the reporting of incidents to managers and subsequently, the Risk Team being informed. Having identified the blockages, we have made some significant changes to the reliability of our processes.

Our goal for 2010/11

Our goal was to significantly increase the number of incidents reported by staff across HRCH NHS Trust and to ensure we submitted data to the NPSA on a weekly basis. We have achieved this goal

Our goal for 2011/12

Our aim for 2011/12 is to ensure we further improve our reporting of incidents by creating a culture where staff share information freely as this is known to improve levels of safety. Organisations who report high numbers of incidents are considered to have an open and honest safety culture; those with low level reporting of incidents, are often those with underlying issues. We will therefore ensure best practice across HRCH NHS Trust by embedding the NPSA *Seven Steps to Patient Safety*. This is a best practice guide that

describes the seven key areas of activity that organisations and teams can work through to safeguard the patients they care for. The seven steps are as follows:

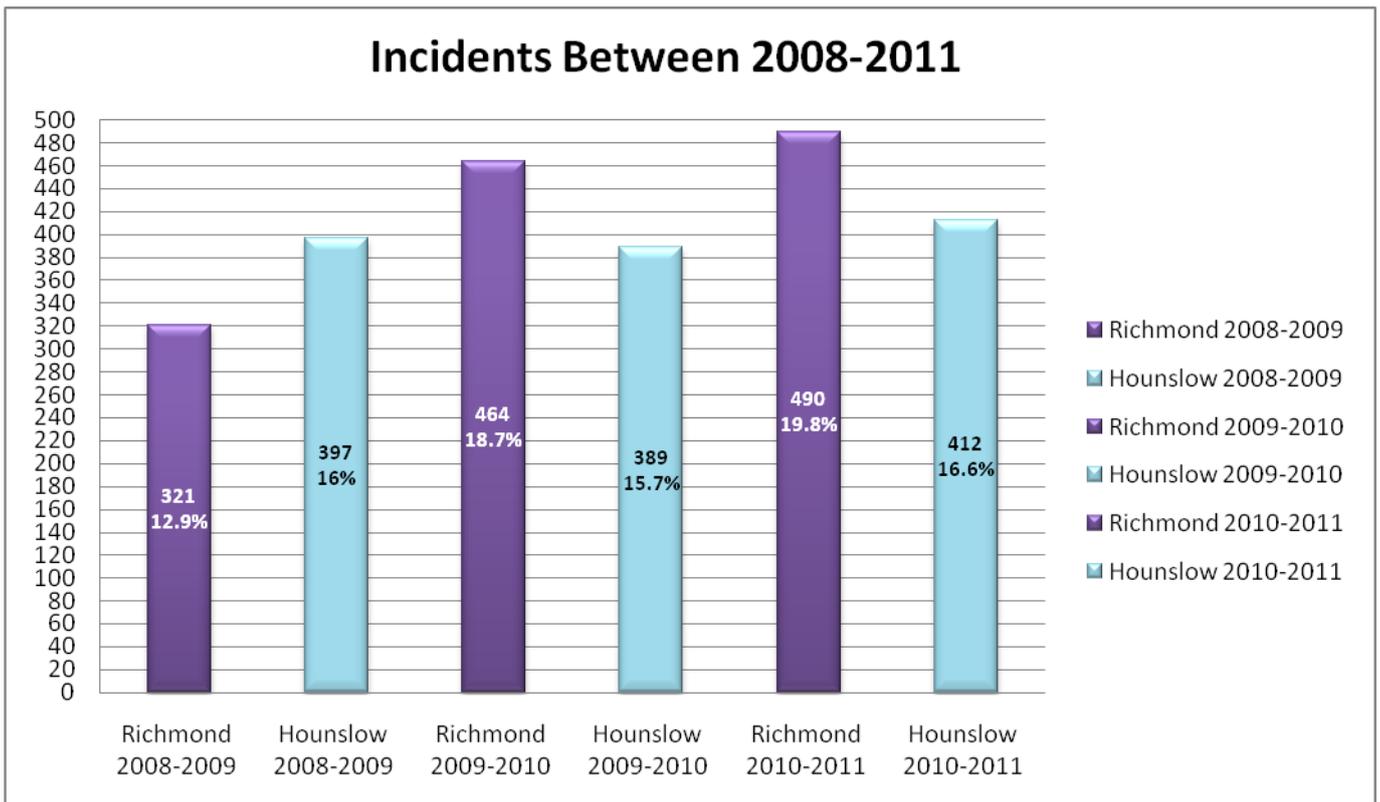
1. *build a safety culture*, by creating a culture that is open and fair
2. *lead and support staff*, by establishing a clear and strong focus on patient safety throughout the organisation
3. *integrate our risk management activity*, by developing systems and processes to manage our risks and identify and assess things that could go wrong
4. *promote reporting*, by ensuring all staff can easily report incidents locally and nationally
5. *involve and communicate with patients and the public*, by developing ways to communicate with and listen to our patients
6. *learn and share safety lessons*, by encouraging and supporting staff to use root cause analysis methods to learn how and why incidents happen
7. *implement solutions to prevent harm*, by embedding lessons learned through changes to practice, processes or systems.

Steps taken to improve reporting

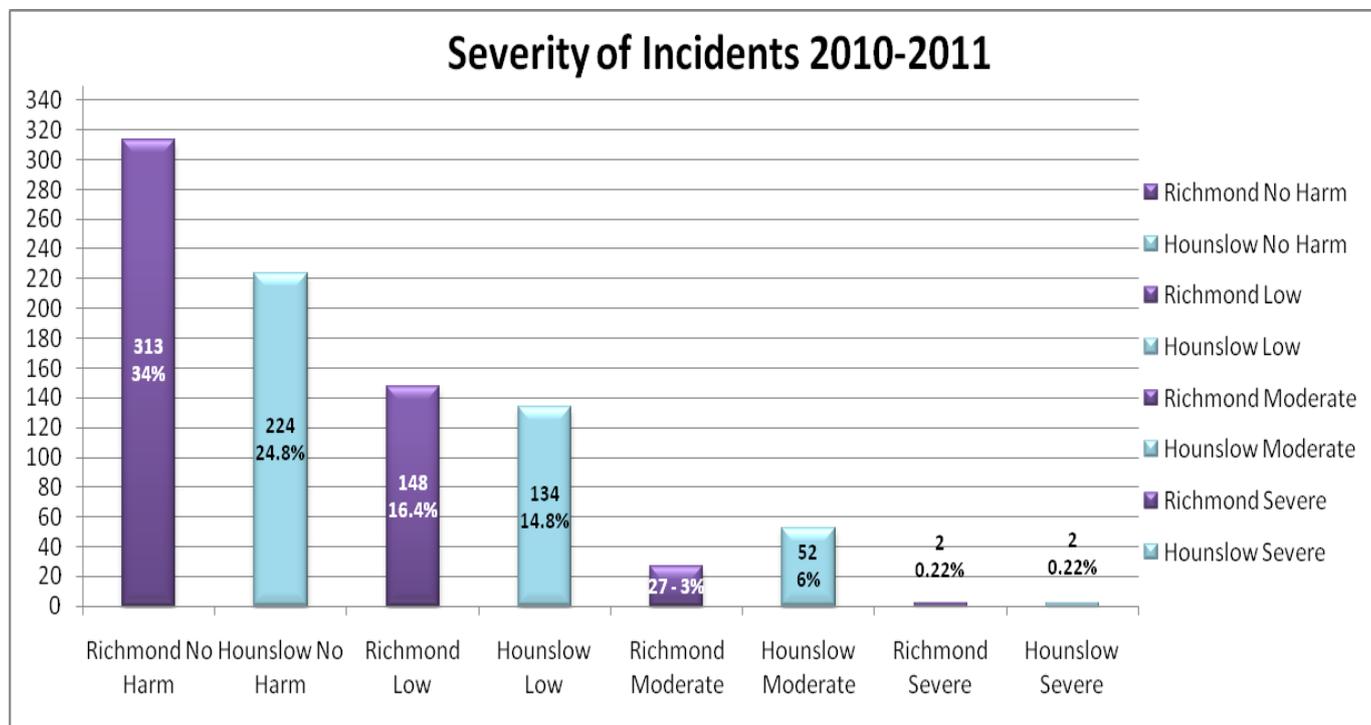
- In February 2011 we streamlined the incident reporting form staff use to report incidents. We also undertook to improve reporting by undertaking training and feedback sessions for staff. We have already seen a significant improvement in the timescale between incidents occurring and subsequent reporting to the NPSA.
- We have worked very closely with the NPSA to ensure the data they collect from us is accurate.
- We ensure all staff learn from incidents, by holding regular debrief sessions and workshops, educating staff about the importance of reporting.
- We are in the process of implementing a new web based reporting system called Datix Web, which will make the reporting of an incident easier for staff and remove delays in the Risk Team being notified of an event.
- We anticipate the reporting of incidents to increase once Datix Web is implemented across the Trust.
- We have worked closely with NHS London to ensure staff understand the importance of reporting all incidents/near misses and that they are encouraged to do so.
- We have worked hard to ensure we have an open culture and are '*being open*' when things go wrong.
- Patient safety is a top priority for senior leaders, who are dedicated to promoting a safety culture.

- Board members carry out visits across the whole organisation, some of which are unannounced, to increase the awareness of safety amongst all staff and there are plans in place to extend the range of these unannounced visits by non executive directors and executive directors.
- We have improved communication with all staff across the organisation.
- We regularly review our incident reporting data to identify any trends.
- We are committed to participating in national patient safety initiatives, such as Patient Safety Express and Energizing for Excellence.

The graph below demonstrates the increased level of incidents reported across Hounslow and Richmond from 2008- 2011. This is due to an increased awareness and training programme across HRCH NHS Trust



The graph below shows the number and severity of incidents that occurred across HRCH during the period of April 2010 – March 2011



The People responsible are:

Board sponsor

Siobhan Gregory
 Director of Quality and Clinical Excellence

Implementation Lead

Integrated Governance Committee
 Quality and Safety Committee
 Risk Working Group
 Directorate of Quality and Clinical Excellence

Staff sickness absence rate

As an organisation we recognise that the well being of our staff is crucial to the welfare and safety of our patients. We acknowledge that sickness absence rates amongst our workforce can be an indicator of morale issues and a measurement of the 'true health' of our organisation. High levels of sickness amongst our clinical staff would compromise patient safety.

Our current sickness rate is 3.72 per cent which is above the target set by the Board. Sickness rates were below our target rate at the beginning of the year but then peaked in the middle of the year and have gradually reduced since. It is generally considered that sickness rates have been affected by the organisational restructuring and by seasonal viruses.

Our goal for 2010/11 was to achieve a target rate of 3% sickness for all services across the organisation.

Steps taken to reduce sickness rates in 2010/11

- We improved the reporting of monthly sickness rates to all management committees of the organisation. This enabled performance management of sickness performance indicators as well as a greater understanding of the factors impacting on sickness rates throughout the year such as seasonal trends.
- At an operational level we provided Bradford sickness scores for all staff to enable managers to identify staff with excessive sickness. The Bradford score provides a sickness rating for each individual member of staff to identify higher than average levels of long and short term sickness. Managers were then asked to develop action plans for dealing proactively with staff with high scores.
- We reviewed our sickness policy to ensure that it provided clear and proactive procedures to enable managers to deal with sickness as effectively as possible. This policy was approved by the Board and has now been implemented across the organisation.
- We improved our joint working with Occupational Health to ensure that our arrangements for supporting staff with recurrent and long terms sickness are effective. Over the coming months we will be developing a healthy workplace strategy which will involve close liaison with our Occupational Health department to develop a supportive and innovative approach to maintaining the good health of our staff.

The people responsible are:

Board Sponsor

Rachael Moench, Director of Human Resources and Organisational Development

Implementation lead:

Human Resources Committee



HRCH Staff absence figures for 2010/11

Clinical effectiveness

New birth visits are carried out within 10-14 days

The national target is that 95 per cent of all new birth visits are carried out within 10-14 days of birth and we are committed to achieving this. We are currently achieving 63 per cent of approximately 7,200 births in 2011-12 within 10 - 14 days and 95 per cent within 21 days

Our goal for 2011/12

We aim to achieve the 95 per cent target and have already taken steps to ensure we meet our goals.

Steps we are taking to achieve the 95 per cent target

Barriers to achieving 95 per cent replicate the national and pan- London difficulties in recruiting health visitors, combined with the high levels of health needs, particularly in Hounslow. Despite this, over the last 18 months there has been a 52 per cent increase towards the target for new birth visits in Hounslow by implementing the following initiatives:-

- Adopting the principles of Lean working across health visiting teams to improve efficiency with regards to the operational systems used. Lean is an improvement approach developed by Toyota that is being used in the NHS to help eliminate waste and improve flow.

- Modernising the health visiting workforce and using skill mix, including community staff nurses, to support health visitors to achieve early contact with families.
- Introducing a development programme for community staff nurses in order to “grow our own” workforce, which has supported the recruitment around retention of health visitors.

We are hopeful that going forward the Department of Health, health visitor implementation plan ‘A Call to Action’ will further support and increase health visitor numbers within our workforce.

The people responsible are:-

Board sponsor

Jo Manley, Director of Operations

Implementation Lead

The Operations Board

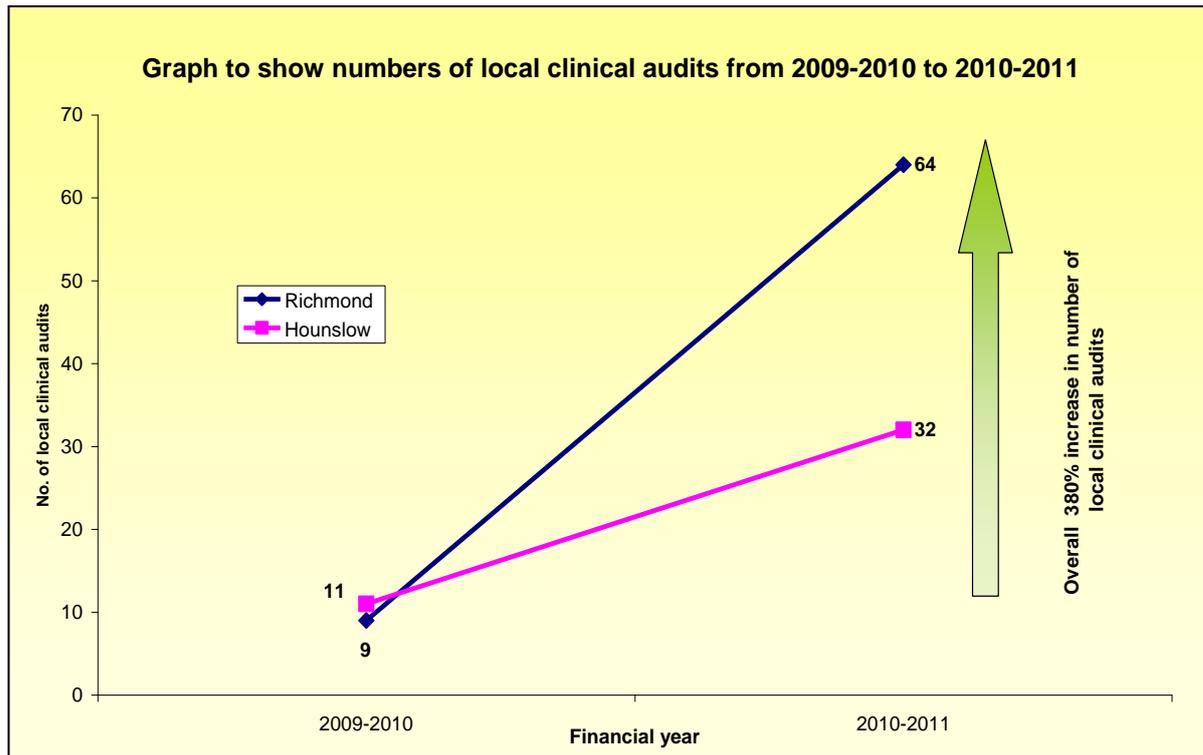
Clinical Audit Participation

Our goal for 2010/11

Participating in clinical audit enables clinicians to not only benchmark the current service but also identify any gaps or areas of good practice. This then allows them to either change the service to further improve it or share good practice with others. Clinical audit is clinically led and audits are identified by the services with the aim of improving services.

Our participation in clinical audit has significantly improved since the organisation merged two years ago. In 2009/10, 20 local clinical audit reports were submitted. The Board identified a need for significant improvement in this area and as a result the goal for the following year (2010/11) was to increase participation (the number of completed local clinical audits and written reports) by 100 per cent. This equated to 40 written clinical audit reports.

We are pleased to report that during 2010/11 96 local clinical audit written reports, 64 in Richmond and 32 in Hounslow were carried out by clinicians equating to a **380 per cent** increase on 2009/10. Numbers continue to increase and regular open workshops and sessions are held by the clinical audit facilitator to support all teams to improve uptake. Reports on which services are actively participating are shared with managers and those with low uptake are being targeted. Where clinical audits have proved successful, staff are encouraged to share their findings with the Board. The following graph demonstrates this improvement.



Steps taken to support participation

The increase in clinical audit is due to a comprehensive review of clinical audit and service improvement strategies in the Trust. This began with local clinical audit improvements in 2010/11 and will continue with a focus on improving our National Clinical Audit participation in 2011/12. In particular we will be working with staff to ensure an increase across the organisation and ask those services already committed and experienced in undertaking audits to share their experience with those targeted with improving performance.

- Review of local clinical audit training
 - Clinical audit is now part of statutory and mandatory training requirements.
 - Monthly workshop training – content in line with accredited training.
- Increased support and assistance
 - One to one/ team/ service specific bespoke support
 - Support delivered in community/ at service sites
 - Updated clinical audit page on local intranet
 - Weekly “drop-in” three hour sessions operating in each locality
- Closer links with clinical audit professionals
 - Close links with HQIP co-ordinators (Healthcare Quality and Improvement Partnership).
 - Forms/ documents and processes based directly on HQIP templates and guidance.
 - Review of organisation clinical audit process and benchmark exercise against.

“HQIP Criteria and indicators of best practice in clinical audit” (2009)
<http://www.hqip.org.uk>.

-Support and guidance used from Clinical Audit Support Centre (CASC).

-HRCH member of HQIP led South and East London Clinical Audit Network (SELCAN).

- HRCH NHS Trust Board support
 - clinical audit championed, monitored and supported by HRCH NHS Trust Board.
 - monitoring at director led committee.
 - service specific monitoring.

The people responsible are:

Board sponsor

Siobhan Gregory – Director of Quality and Clinical Excellence

Implementation lead

Integrated Governance Committee

Quality and Safety Committee

Clinical Audit and Effectiveness group

Programme managers

Quality and Clinical Excellence Director

Quality and Patient Safety Team

HPV immunisation rates

Human Papillomavirus (HPV) is the cause of most cervical cancers in women under 35 years of age. The immunisation given at 12-13 years of age should result in a significant decrease in the incidence of the disease in young women. Across HRCH NHS Trust we expected to immunise 2250 young women aged 12-13 years. This figure is based on the number of young women eligible for the vaccination in the boroughs of Richmond and Hounslow. The boroughs provide us with this information. The vaccination programme involves the administration of three vaccines. The national target is 80 per cent.

Our goals for 2010/11

Year 8 programme Hounslow 2010/11

Based on the number of those eligible for the vaccination we expected to vaccinate 1,304 young girls.

The table below demonstrates the number we have vaccinated across Hounslow

1 st HPV vaccination= 1,084 83 per cent	2nd HPV vaccination= 1,074 82 per cent	3 rd HPV vaccination in progress
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Year 8 programme Richmond 2010/2011

Based on the number of those eligible for the vaccination programme we expected to vaccinate 946 young girls

The table below demonstrates the number we have vaccinated across Richmond

1 st HPV vaccination= 821 86.8 per cent	2nd HPV vaccination= 816 86.3 per cent	3 rd HPV vaccination in progress
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Our goal for 2011/12

It is anticipated that the Year 8 girls in 2011/12 will be well prepared and have the knowledge to be part of the decision making when their parents provide consent for next year's programme. We are therefore aiming to improve on our vaccination rate.

Steps taken to ensure we meet target

- Hounslow School Nursing Service delivers the HPV immunisation programme using a dedicated immunisation team whereas the Richmond School Nursing Team delivers the programme as part of the core service.

- Both models effectively communicate with the schools which includes the senior teacher, class teachers and school administrators, parents and children through the school newsletter, letter and information leaflet to parents, and when requested information sharing to the girls through Personal, Social and Health Education (PSHE) or assemblies in school.
- The school nursing staff in both Hounslow and Richmond received update training on CPR, Anaphylaxis, and immunisation guidance annually.
- All immunisations are given after consent forms have been screened and any queries from parents appropriately dealt with.
- The HPV immunisation in schools are planned and coordinated to ensure the vaccinations are delivered in a safe and secure environment, minimising risk for both the girl attending and staff undertaking the immunisation.
- The school nurses are supported by team assistants who provide effective administrative roles in ensuring all documentation is completed and girls receive notification slips.

The ongoing management of the effective HPV is maintained by the governance of medicine management. There are quarterly immunisation meetings led by Public Health; meetings led by the Community Pharmacist, and medicine management meetings led by the Director of Quality and Governance. These three meetings underpin the foundation of successful immunisation programmes.

Avoidance of accident and emergency hospital admissions

Reducing the number of emergency hospital admissions is a major priority for the NHS. Emergency admissions represent around 65 per cent of hospital bed days in England.

Hounslow and Richmond Community Healthcare NHS Trust is committed to developing community based responses for patient care that reduce the demands for accident and emergency admissions for our patients. In both Hounslow and Richmond we have developed rapid response services that aim to provide a clinical response to referrals within two hours.

The NHS Richmond Commissioning Strategy plan is to improve patient care and reduce avoidable admission. During 2010/11 we worked specifically with the Richmond community matrons to target avoidance of hospital admission. Whilst all our community nursing services share this as a key objective we are reporting specifically on the work undertaken by the Richmond community matrons over the past year. 2011/12 will see targets extended across Hounslow and Richmond and extended to other service areas. To achieve this plan the overall aim is to work in partnership with other health and social care providers to plan patient care and play a central role in the assessment and stabilisation of patients. One of the key roles within this partnership to prevent hospital admissions are the community matrons

who care for patients with complex needs – often with two or more chronic conditions such as diabetes, and heart failure. Community matrons possess enhanced assessment and clinical skills to enable complex patients to remain at home.

The NHS London Provider Quality Metrics submission data shows that over the last 12 months and comparing the acute data on A&E and hospital attendance that the Richmond community matrons are performing above the 80 per cent target at 91.23 per cent which is above the London average.

Steps taken to reduce unnecessary hospital admissions

- An extension to the rapid response service via a single point of access has been developed in 10/11 with a two hour time limited response to avoid a hospital admission
- Providing a 24hour/365 days a year access to nursing and therapy assessment and intervention.
- One contact number has been identified and promoted to all potential referrals
- Implementation of an intravenous service across both Hounslow and Richmond has been developed. An Intravenous Therapy Policy is in the process of ratification.
- Staff training has been ongoing for all key community nurses and staff in the inpatient unit on IV Therapy and cannulation.
- To capture accurate information, preventing admission has been defined as an episode involving patients who have successfully avoided emergency admission for more than five days post rapid response intervention. This is based on the average London length of stay following an emergency which is 5.6 days.
- The following is the rationale for admission avoidance used by the community matrons to capture the data.
 - Prescribing.
 - End of life care.
 - Increase in care package.
 - Action plan in place.
 - Notification of A&E attendance.
 - Referral by other professional.

Our goal for 2011/12

- To continue to work with the London Ambulance service to implement the integrated pathway to contact the rapid response service especially for conditions such as:
 - Falls.
 - Acute infections (where hospital not required).
 - Blocked catheters.
 - Wound care.
 - Patient who has lost confidence in carrying out daily living activities.
- To embed a robust IV Therapy service across Hounslow and Richmond and provide an audit on effectiveness in avoiding admissions.

- To maintain the high score in the quality metrics by the Richmond community matrons in preventing hospital admissions and to take the learning across Hounslow to ensure equity across both Hounslow and Richmond.

Patient experience

Walk- in Centre waiting times

The Walk-in Centre (WIC) is based at Teddington Memorial Hospital and is open seven days a week offering advice and treatment to clients with minor injuries and illnesses. The WIC is integrated with the GP practice based at the hospital. The GPs and nurses work closely together to make sure that patients are seen by the most appropriate health professional. Approximately 48,000 patients a year attend the WIC.

The WIC works towards their locally set quality standard of a two hour waiting times for 85 per cent of all patients. The national target is a maximum of four hours waiting time.

<u>Waiting times:</u>	Average triage wait times.	41 minutes
	Average consultation wait times	12 minutes
	Average total wait times	53 minutes

Treatment Duration: 2010/11

87 per cent of all patients were seen within two hours and no patient wait time was over the four hours.

Our goal for 2011/12

- To review our IT information system (Vision) and consider an alternative to ensure we meet the new A&E clinical quality indicators.
- To maintain our current standard of response times.

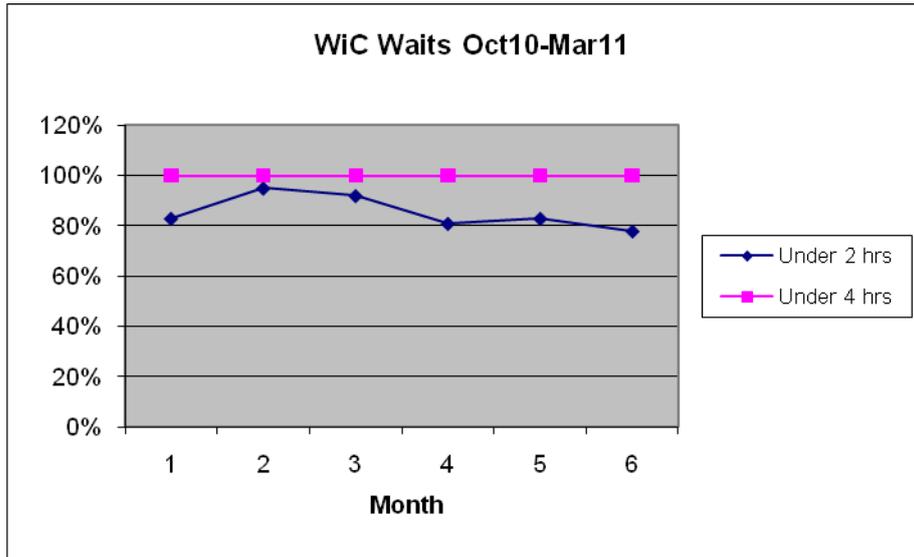
Steps taken to meet waiting time targets

- Regular monitoring of waiting times.
- Analyse productivity of staff to maximise efficiency.

The following table and graph demonstrates the number of patients seen within two hours from arrival at the WIC and that no patients waited more than four hours to be seen and treated.

Walk-in Centre waits 2010/11

	% seen within 2 hrs	% seen within 4 hrs
Oct-10	83%	100%
Nov-10	95%	100%
Dec-10	92%	100%
Jan-11	81%	100%
Feb-11	83%	100%
Mar-11	78%	100%



The people responsible are:

Board sponsor

Director of Operations, Jo Manley

Implementation Lead

Operations Board

Improving patient experience through respect for privacy and dignity (PEAT)

HRCH NHS Trust believes that every member of staff should prioritise dignity in care, placing it at the heart of everything we do.

The Royal College of Nurses (RCN) states... “When dignity is absent from care, people feel devalued and uncomfortable. They may also lack confidence, be unable to make decisions for themselves, and feel humiliated, embarrassed and ashamed.”

Teddington Memorial Hospital Inpatient Unit comprises fifty beds across two wards. The Patient Environment Action Team (PEAT) Assessment was carried out in January 2011 and the hospital scored ‘excellent’ in all three areas of privacy and dignity, environment and food. It is important to note that the cleanliness of the hospital is also reviewed, monitored and audited and achieves consistently excellent scores.

Steps taken to respect privacy and dignity

- The toilets are separated to provide for same gender only (see single sex accommodation below).
- A relatives’ room is available for confidential conversations.
- Meetings 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.
- Single rooms are available for end of life care, so the patient and relatives can have privacy.
- A leaflet given to the patient on admission has been reviewed, to ensure that it is understood by patients and that their wishes will be respected, regarding staff gender providing intimate care.
- A further procedure has been implemented to regularly review the wishes of patients whose needs have increased and require more intimate care than they had previously.
- Routine mini audits are carried out, ascertaining if patients consent has always been sought, before any activity/task involving them is carried out.

Our goal for 2011/12

- We have achieved a rating of excellent in our PEAT scores in 2010/11. We aim to maintain these scores and retain our reputation for the high level of dignity and respect we give to our patients, families and carers
- An audit to be completed that ascertains the patient’s views on the leaflets, whether they are useful and informative.

The people responsible are:

Board sponsor

Jo Manley, Director of Operations

Implementation Lead/s

Operations Board

Single sex accommodation

In 2009, the Department of Health gave a commitment to ensure all NHS organisations complied with the provision of same sex accommodation. Every patient has the right to receive high quality care, which is safe, effective and respects their privacy and dignity.

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 in our organisation. Patients who are admitted to our hospital will only share the ward area where they sleep with members of the same sex. Same sex toilets and bathrooms will be close to their bed area.

Steps taken to ensure patients experience single sex accommodation

- The patients will only have other patients of the same sex in the room where their bed is.
- The toilet and bathroom is clearly marked for the same sex and will be close to the bed area.
- The patient may have to cross a ward corridor to reach their bathroom, but they do not have to walk through opposite sex areas.
- The patients will share some communal space, such as day rooms or dining rooms, and it is very likely that they will see both men and women patients as they move around the hospital.
- Patients are made aware that it is possible that visitors of the opposite sex will come into the room where their bed is and this may include patients visiting each other.
- If patients are uncomfortable with this, every endeavour will be made to provide a single room.
- If patients requires help to take a bath (e.g. they need a hoist or special bath), then they may be taken to a 'unisex' bathroom used by both men and women. However, a member of staff will be with them at all times and other patients will not be in the same bathroom at the same time.

Our goal for 2011/12

- We plan to extend our regular privacy and dignity audit to ascertain if a patient feels they have been in mixed sex accommodation, so that we can ensure that our arrangements are working.
- To maintain a monthly mixed-sex accommodation nil return, confirming no breaches.

The people responsible are:

Board sponsor

Jo Manley – Director of Operations

Implementation Lead

Operations Board

Statements of assurance from Board, commissioning PCTs and LINKs

HRCH NHS Trust is grateful for the number of responses we received from our partners who took the time to scrutinise, review and comment on our draft quality account. This included our own staff as well as social services colleagues, commissioners and both NHS Hounslow and NHS Richmond. We are particularly grateful to LINKs who made some extremely helpful suggestions. We have tried to reflect these comments and suggestions within our quality account, by expanding further on key initiatives and national programmes, improving the quality of data available and ensuring clarity of our local objective.

Richmond upon Thames LINK commentary on HRCH quality account

Richmond residents obviously account for a large proportion of the patients treated and cared for by Hounslow and Richmond Community Healthcare (HRCH) and Richmond LINK therefore welcomes the opportunity to comment on the Trust's Quality Account for 2010/11.

We consider this to be a satisfactory first Quality Account to be published by HRCH in terms of its presentation and readability. Richmond LINK was given the opportunity to comment on earlier drafts and is pleased to report that many of our comments on content and language were addressed. Additionally, one area for improvement that we asked for, ie reducing the incidence of pressure sores has

been included. This represents a strong marker for quality of care and we will be regularly monitoring the performance in this area.

Given that HRCH is a new organisation bringing together two localities of Hounslow and Richmond, we would have liked to have seen more information about the range of services that are being provided across the patch and think that this is a lost opportunity to inform the public about extent of the Trust's work.

We note that in the many of areas of performance reported that there seems to be a variance in the outcomes between Richmond and Hounslow patients. Whilst we understand that this could be due to different methods or levels of reporting, as well as skill mix and differences in practice that were inherited at the time of the merger of the two providers, we hope to see less disparity over the next year and indeed the ability in the future to report unified performances.

The poor performance in the CQUIN project to improve the quality of data collection is a cause for concern and we welcome the priority given to ensuring progress in 2011/12.

We welcomed the invitation to work with HRCH in the development of this Quality Account and look forward to repeating this in the development of the next year's Account.

Bonnie Green
Chair: Richmond LINK

Paul Pegden Smith
Lead: Community Health Group

Hounslow LINKs commentary on HRCH quality account

Hounslow LINK would like to take this opportunity to congratulate Hounslow and Richmond Community Healthcare in becoming a community NHS Trust. This has been the result of an enormous amount of work. We have appreciated the Trust's openness and willingness to seek and listen to LINKs input into its work.

The LINK notes that the Trust is making steps to achieve a higher per cent target of new birth visits. We urge the Trust to continue to take steps to increase the numbers of health visitors.

The LINK also notes that there were no incidences of healthcare associated infections reportable last year. However, the low number of staff undertaking infection prevention control training in hand hygiene is a concern.

Hounslow LINK urges the Trust to continue to take steps to reduce the number of slips, trips and falls. Falls especially can have a profound effect on patients feeling safe when they go home.

It would be very helpful to provide a couple of paragraphs on what services HRCH provides, if only in general terms. Also how many locations you have and the number of patients you serve.

We look forward to working with the Trust more closely over the next year towards their goals for 2011/12 set out in this report.

Hounslow LINK would be interested in finding out if there is any correlation between, race, religion/belief, sex, sexual orientation and (a) pressure ulcers and (b) not being asked for consent.

NHS Richmond commentary on HRCH quality account

The commissioning PCT, NHS Richmond has reviewed the first Quality Account 2010/11 produced by HRCH and believe that this is a fair reflection of the work delivered by the community provider to Richmond residents.

The data and the information within this Quality Account have been discussed at regular Clinical Quality Review Group (CQRG) meetings and at the regular Contract Monitoring committees throughout the year.

The CQRG received at every meeting reporting on the Clinical Quality Indicators, Serious Incidents, Clinical and Non Clinical incidents and Complaints along with more extensive reports in areas such as Patient Experience, Clinical Effectiveness, Patient Safety and Safeguarding. The CQUIN attached to these areas was met. HRCH have developed an excellent Serious Incident reporting process which has a focus on service improvement and is to be commended.

The Contract Monitoring Committee received at every meeting, Service Line Activity, quarterly CQUIN Performance and the Financial Schedule.

NHS Richmond Commissioners are pleased to say that HRCH met 95 per cent of the Performance Schedule for quality based outcomes/Key Performance Indicators.

The performance in the CQUIN to improve the quality of data collection needs to improve and commissioners will work as a priority to give this attention next year. This is written into the Contract for 2011/12.

NHS Richmond commissioners were involved in the preparation of the Quality Account and are pleased to identify that their comments were addressed, however, it considers that the reporting on Safeguarding Children and Adults needs to be strengthened next year.

The Richmond GP Pathfinder is proposing to take on the devolved responsibility for the commissioning of the contract in 2011/12, with the support of the NHS Richmond commissioners. This includes the monitoring of the KPIs and service outcomes

within the contract, as well as the redesign of care pathways leading to better quality outcomes for our patients, in accordance with the Operating Framework.

HRCH has demonstrated in this first Quality Account a clear intention and commitment to continuously improve their services for patients. NHS Richmond commissioners will work with HRCH through the changes in the commissioning arrangements in 2011/12 to continue to achieve quality improvement for those patients who reside in the London Borough of Richmond upon Thames.

NHS Hounslow commentary on HRCH quality account

NHS Hounslow can verify that the information captured within this Quality Account is consistent with information made available to NHS Hounslow, either through performance data, or through the monthly contract monitoring meetings.

We note that the HRCH Board receives quality reports at every Board meeting in the form of a comparative scorecard on key indicators. Commissioners request that these quality reports are disclosed as a matter of course to NHS Hounslow.

Commissioners also request demonstrated evidence of compliance to mandatory training including safeguarding.

Commissioners are pleased to note that all CQUINS with the exception of improving the quality of data collected by HRCH relating to the delivery of clinical services were achieved for 2010/11. Progress with data capture and reporting is noted and Commissioners welcome the commitment made by HRCH to specifically begin to analyse the break down of activity for community matron case profiles and district nursing activity.

NHS Hounslow set a CQUIN of a reduction in DNA rates to an average of 6 per cent across all NHS Hounslow commissioned services, whilst Commissioners acknowledge the achievement of an average reduction across all specialities to 6 per cent, there should be further progress made so that all specialities individually achieve a 6 per cent DNA rate.

NHS Hounslow has set and agreed CQUINS for 2011/12 in line with commissioning intentions with an emphasis on admission avoidance and facilitated early discharge whilst improving the quality of out of hospital care.

Through quarterly reporting and monthly contract monitoring, the numbers of incidents and patient complaints are reported by service and type of complaint and incident which is not reflected in the Quality Accounts, but is integral to contract monitoring.

Quarterly information provided through contract monitoring also details service specific patient experience audits and outcomes which are reviewed against performance through the contract monitoring process.

We look forward to working collaboratively with the Trust, in the coming year, to continue improving services for patients through priorities identified in this year's Quality Account.

Richmond Social Services commentary on HRCH quality account

London Borough of Richmond upon Thames (LBRuT) continues to work with HRCH NHS Trust in key aspects of service delivery where social care is key to the delivery of community healthcare support to older people and to people with a sensory or physical disability (HRCH does not provide community health services for people with a learning disability in the Borough). At a strategic level, LBRuT has representation at the Trust Board, and has close working relations with directors, managers and staff at all levels in Community Services and the wider organisation. LBRuT contributes to key areas of work in the areas governance and quality assurance, ensuring clinical processes (e.g. clinical governance) are complemented by social care process such as care governance, safeguarding vulnerable people at risk and Deprivation of Liberty Safeguards (DoLS). Furthermore, there is political and public scrutiny of the Trust's work by way of the Council's Health Housing and Scrutiny Committee.

Joint management scrutiny of community work is managed through a senior officer arrangement. In addition HRCH are members of the Borough's Safeguarding Board.

In relation to commissioning of health services within the Borough, LBRuT is now part of a virtual joint commissioning arrangement with health commissioners from the PCT.

In the year ahead further work is planned to look at fuller alignment of joint services, an improved patient/ user pathway, and improved support to people in preventing hospital admission and timely and supportive hospital discharge through Reablement and intermediate care arrangements.

Closing Statement

HRCH NHS Trust would like to thank all of those involved in developing our quality account. We are grateful to the support and dedication shown by our staff when developing this document and their enthusiastic approach to improving patient safety, effectiveness and the experience of our patients. We would also like to thank our partners at LINKs, our social services colleagues as well as our acute hospital colleagues.

We intend to maintain a close working relationship with our partners throughout the year, sharing our progress against the quality account with them and working with them to identify our areas for improvement and quality indicators for 2012/13

If you would like to discuss this quality account, please contact our PALS service on our freephone number 0800 953 0363.