

HERTFORDSHIRE COMMUNITY NHS TRUST QUALITY ACCOUNT 2014/15 SUMMARY

TEN KEY ACHIEVEMENTS

Safe

1. We reported five cases of **C difficile infection** experienced by patients in our community hospitals; 68% reduction compared to 2013/14, and below the contracted ceiling of 13 cases. (A sixth case was excluded from our contracted reporting due to no lapse in care). And we had zero cases of **MRSA bacteraemia** (blood-borne infection) linked to our services for the third consecutive year.
2. 52.4% reduction in **medication incidents** resulting in harm to patients compared to 2013/14; 78 in total compared to 164 in 2012/13.
3. 100% of **Deprivation of Liberty Safeguards** applications for patients in our community hospitals were timely during last three months of year; showing quarter on quarter improvement during 2014/15.

Effective

4. We participated in 100% of **National Clinical Audits and National Clinical Outcome Reviews** for which the Trust was eligible during 2014/15. We submitted a total of 2,474 cases.
5. We are the fifth highest performing Trust in **research** out of eleven Community Trusts, compared to tenth in 2013/14. And we recruited 235 patients to participate in research approved by an ethics committee in 2014/15, compared to four in 2013/14.

Caring

6. In the Patient Led Assessments of the Care Environment in 2014 of our eight community hospitals and their out-patient areas, although only one exceeded the national average score in 2014, there was an overall 11% improvement in the condition, appearance and maintenance of the **patient environments** from 2013, compared to a national average improvement of 1.5%.
7. Patients told us through our surveys that the **care** they received reflected our values
 - 99% told us the quality of the care they received was good to excellent
 - 92% told us that our staff always respected their privacy when discussing or providing their care
 - 99% told us they were treated with dignity and respect
 - 93% told us that they had complete confidence in the staff caring for them.

Responsive

8. We responded to 99.6% of the 239 **complaints** received within the timescale agreed with the complainant; an improvement from 97% in 2013/14. And we resolved 95% of the 638 enquiries received by the Patient Advice and Liaison Service within 24 hours; an improvement from 93% in 2013/14.
9. We achieved or exceeded all **national targets** for screening and emergency care
 - Genitourinary medicine patients offered an appointment within 48 hours (100%) and seen within 48 hours (91.8%)
 - New-born babies screened for hearing within 4 weeks of birth (99.3%)
 - Diabetic patients offered an annual screen (100%) and screened (87.5%)
 - Patients attending Minor Injuries Unit seen, treated and discharged within 4 hours (100%).

Well-led

10. Staff told us in the 2014 national staff survey that our **engagement** with them had improved.
 - Our overall staff engagement score improved for the second successive year; to 3.75 from 3.67 in 2013.
 - 34% of staff reported good communication between senior management and staff; an increase from 29% in 2013, and similar to the national average of 33%.
 - 78% of staff said that they felt secure raising concerns about unsafe clinical practice, significantly higher than the 72% average for community trusts.

IMPACT OF OUR QUALITY PRIORITIES FOR PATIENTS

- 1. To demonstrate our commitment to embedding care and compassionate practice in everything we do, through the work undertaken to deliver our 6Cs strategy**
 - People contacting Trust services are more likely to have confirmed that they have reached the right Trust, right service and be given the name of the person they are speaking to within the greeting; 82% compared to 66% in 2013/14.
 - Fewer patients experienced an avoidable category 2 pressure ulcer whilst in our care; 41 compared to 129 in 2013/14, representing a 68% reduction. However, more patients experienced avoidable category 3 and 4 pressure ulcers whilst in our care.
 - More people had reason to complain about standards of care (52 compared to 49 in 2013/14) and the attitude and behaviour of staff (33 compared to 20 in 2013/14), and 31% fewer compliments were received from patients (3,243 compared to 4,699 in 2013/14).
- 2. To ensure that patients who are identified as being at risk of dementia are referred to a cognitive memory service or clinic to support their individual best outcome and timely carer support**
 - Patients seen by the integrated community teams are now screened for their risk of undiagnosed dementia and referred with their consent for diagnosis and support via their GP. Of the patients that were identified to be at risk of undiagnosed dementia 66.7% were referred with their consent during 2014/15.
- 3. To demonstrate that our patients' experience of care is supported through the use of timely Mental Capacity Act assessments, and where appropriate, application for Deprivation of Liberty Safeguards**
 - Patients in our community hospitals who lack the mental capacity to make decisions about their care can be more confident that they will have an assessment and that decisions will be made in their best interest; when audited in February 2015 96% of patients who needed an assessment had received one.
 - Patients who need the Deprivation of Liberty Safeguards can be more assured that they will be applied for in a timely way; 100% were in the last three months of the year, reflecting a steady improvement through the year.
- 4. To improve the experience for mothers and families using our services through commencement of a 3-year accreditation programme for the UNICEF Baby Friendly award**
 - 67% of families felt supported in an environment that is baby friendly and 69.8% felt supported to continue with their chosen method of feeding; above our in-year targets of 50%.
- 5. To reduce the number of patients using indwelling catheters and consequently reduce the number of catheter associated urinary tract infections**
 - Fewer patients (0.98%) experienced a catheter associated urinary tract infection (CAUTI); below our target of 1%. And 0.34% experienced a newly acquired infection; below the national average of 0.35%. However a similar proportion of patients had indwelling catheters (11.23% compared to 11.22% in 2013/14) and patients requested 17% more visits from our Overnight Nursing Service for catheter-related problems compared to 2013/14.
- 6. To ensure patient safety is maintained when directly administering medication or when supporting patients in their own self-medication and care**
 - Patients can be confident that they are less likely to experience harm (that is, the need for additional monitoring and/or medical intervention) as a result of a medication incident. There were 52.4% fewer medication incidents that resulted in harm in 2014/15 compared to 2013/14.

EXAMPLES OF CHANGES IN SERVICE DELIVERY

INTEGRATED WORKING

- **Home First in North Hertfordshire**

This integrated health and social care team was established in July 2014 further to the success of the teams in Hertsmere and Lower Lea Valley. In the first six months 358 patients benefited from the rapid response service with 97.5% being assessed by health and social care within 60 minutes of the referral being accepted, and 203 patients were supported in their discharge from hospital to continue their rehabilitation at home, with only 8.9% being readmitted.

- **Rapid Response Team in Watford**

This integrated team of health and social care staff, established in Watford for 11 GP practices in January 2014 following its success in Home First, was extended to cover all 28 practices in Watford and Three Rivers in December 2014. On average they see 120 new patients per month and successfully manage 85% at home, preventing hospital admission.

- **Discharge Hubs**

This integrated health and social care team work together to reduce delays to a patient's planned discharge, thus reducing the average length of stay and improving the flow of patients through community beds. In the four months since the project started (December 2014 – March 2015) the average length of stay in the intermediate care beds in our community hospitals in East & North Hertfordshire has reduced by 36%.

PATHWAY REDESIGN

- **Early Supported Discharge (ESD)**

ESD started in October 2014 and aims for patients who are well enough to be discharged home within seven days of their stroke and to have a period of intensive rehabilitation at home, and for all patients to be offered a review six months after their stroke. To support this we put in place integrated pathways between the acute hospitals and our services and we centralised the specialist stroke rehabilitation that we provide to patients in our community hospitals, improving their experience and the speed at which they can transfer from the acute hospital.

- **Children's Speech and Language Therapy three tier model**

This new model encompasses universal, targeted and specialist levels working in partnership with the wider team around the child, and is designed to ensure that children and their parents receive the communication and language support that they need in the most appropriate context for them, from a children's workforce which is more enabled to support them.

- **Looked After Children**

A redesigned health assessment pathway for looked after children improved the number of children and young people receiving their initial medical and review health assessments within the required timescales.

PRODUCTIVITY

- **7-day working**

The community bed bureau opened at weekends to avoid patients waiting for a community bed and remaining in an acute hospital bed longer than necessary. And physiotherapists and occupational therapists introduced weekend rehabilitation for patients in Danesbury, Queen Victoria Memorial Hospital, and Herts & Essex Hospital from November 2014; 79% of patients seen at the weekends felt more confident in their ability to live independently, 65% felt less anxiety or stress and 50% felt they had been able to reach their goals more quickly.

- **Mobile Working**

Approximately 1,200 staff are now mobile working with access to the patient's electronic clinical record and to standardised assessment templates and evidence-based care plans. This change in the way clinical care is being supported has seen a 27.4% increase in clinical-facing time and 17% increase in clinical contacts and 17.4% reduction in mileage travelled by our staff.

COMMISSIONING FOR QUALITY AND INNOVATION SCHEMES (CQUIN) PERFORMANCE

Herts Valleys CCG		Year-end position
1.1	Implementation of staff Friends and Family Test	
1.2	Response to detractors	
2.1	NHS Safety Thermometer: Reduction in the prevalence of pressure ulcers.	
2.2	Local Safety Thermometer: Pressure ulcer reduction from care homes	
3.1	Diabetes: Quality improvements made to existing service responding to service reviews	
4	Stroke: Implementing an integrated stroke pathway between acute and community providers	
4.1	Joint recruitment	
4.2	Multi-agency stroke register	
4.3	Stroke psychological pathways	
5.1	Unscheduled care: Expected (estimated) date of discharge	
6.1	Workforce: Ensuring the workforce has the capacity and capability to deliver compassionate and safer care	
OVERALL ACHIEVEMENT		87.5%

East and North Hertfordshire CCG		Year-end position
1.1	Implementation of staff Friends and Family Test	
1.2	Response to detractors	
2.1	NHS Safety Thermometer: Reduction in the prevalence of pressure ulcers.	
2.2	Local Safety Thermometer: Pressure ulcer reduction from care homes	
3.1	Diabetes: Quality improvements made to existing service responding to service reviews	
4	Stroke: Implementing an integrated stroke pathway between acute and community providers	
4.1	Stroke key performance indicator	
4.2	Effective 7-day working for Stroke services	
4.3	Joint planning on discharge	
5.1	Community Matrons: Diabetes	
5.2	Community Matrons: Heart failure	
6.1	Workforce: Ensuring the workforce has the capacity and capability to deliver compassionate and safer care	
OVERALL ACHIEVEMENT		84.08%

West Essex CCG		Year-end position
1	Integrated health planning for children with complex needs: Partnership working with local authority supporting Education and Health Care Plan development, and engagement in Special Educational Needs and Disabilities	
OVERALL ACHIEVEMENT		100%

NHS England		Year-end position
1	Friends and Family Test	
2	Learning from safeguarding concerns: Embedding safeguarding into practice, implementing lessons learnt following a safeguarding event, reflecting on practice and ensuring that the voice of the child/adult is heard	
3	Information sharing between GPs & health visiting teams: Improving the communication pathway between GPs and health visitors	
OVERALL ACHIEVEMENT		100%

Key:

Fully achieved	Partially achieved	Not achieved
----------------	--------------------	--------------