Hertfordshire Community NHS Trust
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Delivering high quality health services closer to people’s homes in towns and villages throughout Hertfordshire
Caring for you... closer to home

Proud to care for you

Quality Account
2014-2015

We will maintain and improve the health and wellbeing of the people of Hertfordshire and other areas served by the Trust
Chief Executive’s statement

Hertfordshire Community NHS Trust places a very high emphasis on the quality of our services.

We depend on the commitment of our staff to ensure that this emphasis translates into the reality that our service users experience.

Our staff need to be supported in delivering consistently high standards of quality by effective systems and processes, with a focus on governance and efficiency, both of which are challenging to deliver, particularly with services so widely dispersed. So the high level of commitment demonstrated by our staff is critically important.

We start the year by setting out, with our commissioners, the standards we want to achieve. Some are national, some local, and some generated within the Trust. Our staff translate these standards into practice, supported by the corporate teams such as Quality & Governance, Performance & Information and Learning & Development. Our reporting systems enable us to review how we are doing and, where necessary, take action to improve. Whilst we are a high performing organisation, like all healthcare providers we have variations in what we achieve. We monitor and act on these variations. We also review carefully where we are not achieving the required standards and we learn from events which we work to avoid.

In all of this work we are scrutinised by our commissioners on a regular basis and we respond to any issues they raise. We are also scrutinised by the NHS Trust Development Authority.

A good example of how this works in practice is our performance in undertaking health assessments for looked after children within the required timescales. We had struggled; in part because of a very complex set of arrangements between partners and in part because of our internal systems. Our staff were very determined to deal with the issues. After some time and a lot of effort, we have managed to improve the timeliness of this service for a group of children and young people who can be amongst the most vulnerable in our community. We worked with our partners and commissioners to deliver this improvement and support its sustainability; this presents a good opportunity to thank them for their support.

Finally, I confirm that to the best of my knowledge the information provided in this Quality Account is accurate.

David Law
Chief Executive Officer

Quality Account 2014-2015
Statement of Directors’ responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements). In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust’s performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Signed: Decland O’Farrell
Chairman

Signed: David Law
Chief Executive Officer

Our quality priorities for 2015-2016

How we decided our quality priorities for the next 12 months

In determining the areas that Hertfordshire Community NHS Trust should focus on for our quality improvements in 2015/16, we listened to our patients, carers, staff and stakeholders throughout 2014/15 in a number of ways.

- Analysing the complaints we received, the concerns raised via our Patient Advice & Liaison Service (PALS) and the incidents we reported, and identifying themes and trends.
- Seeking feedback via our surveys, our comments cards and at our patient user groups.
- Receiving feedback and observing care during our Keeping in Touch programme of visits to services and sites by our Board members, and hearing patient stories first-hand at Board meetings.
- Analysing our regular on-line Pulse staff surveys, and feedback received at our established Leaders Forum and Joint Negotiating Committee, and our newly formed Allied Health Professionals Forum and development group for administrative staff.
- In our regular discussions of performance and quality issues with our commissioners and the Trust Development Authority.
- Seeking views at events in different locations across Hertfordshire and West Essex, such as workshops to develop our vision for Children’s Services, our Clinical Strategy and our 6Cs Strategy, and the launch of Home First in North Herts.
- Seeking feedback from Healthwatch Hertfordshire, including their established members on our Patient Safety and Experience Group and Trust Board.

After careful consideration of the main themes emerging from this feedback and the themes arising from national reviews, our Trust Board also reviewed our performance against indicators which measure the safety and quality of our services and agreed six priorities for 2015/16. All six priorities are about delivering better experiences and outcomes for patients.

Four of the priorities build on the progress made last year and two are new priorities.

We...

- put patients at the heart of everything we do
- treat people with dignity and respect
- strive for excellence and effectiveness at all times
- do what we say we will do
- will improve through continuous learning and innovation
**Outstanding patient experience**

**PRIORITY 1**

To demonstrate the six core values of Compassion in Practice in everything we do.

- We know that people expect care to be right for them at every stage of their treatment and for it to be delivered in a consistent way from all the different people they have contact with. Whether as a clinician or non-clinician, compassion is central and fundamental to the care we deliver. We know that being compassionate is not just about the care we give, but the way we give it. It is about how we listen, what we say, what we do and more importantly how we do this.

- During 2014/15 we started our journey in delivering our 6Cs Strategy, which supports this cultural shift and embeds our ambition for all staff to deliver high value care and compassion in practice in everything we do. We recognise that our staff need time to learn, to reflect and to re-energise, and that they need to be supported by an organisation that promotes a compassionate and caring culture.

- In 2015/16 we want to build on the progress we have made in our commitment to embedding care and compassionate practice in everything we do and we want more of our patients and carers to experience it. We will do this by working towards the milestones in our 6Cs Delivery Plan. We will help all our staff to:
  - provide care that is person-centred and consistently right for our patients
  - build relationships with our patients and their families that are based on empathy, respect and dignity
  - have the knowledge and skills to deliver effective evidence-based care
  - communicate with patients, their families and other staff in a way that fosters caring relationships and successful team working
  - feel enabled to do the right thing, speak up and challenge when they have concerns and demonstrate a willingness to be open and transparent, and
  - commit to improve the care and experiences of our patients and their families and to embrace new ways of working.

For example, we will share the learning about effective prevention and management of pressure damage more widely and in our newly formed Serious Incident Panel. We will work closely with care homes to help them improve their prevention of pressure damage and encourage them to contact our services sooner. We will encourage our staff to take time to listen to their patients and families. We will help all our staff to gain the humility and confidence in the care that they receive whether it is from our staff or from staff in other care agencies, and we will train more staff in care homes to improve their management of their catheterised residents, with the support of the Better Care Fund. We will promote the ‘Hello my name is’ campaign with all of our staff. We will improve how we feedback the learning from incidents that our staff report so that our staff are better informed about the reporting benefits patients’ safety. And we will support our staff in delivering Compassion in Practice and give them time to learn and reflect through clinical supervision and well-structured appraisals.

We will work with the other Hertfordshire providers and our commissioners in the drive to embed the 6Cs.

**Outstanding patient experience**

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**Our aims**
- Care - zero avoidable category 2, 3 or 4 pressure ulcers developed by people in our care
- Compassion - 10% reduction in complaints about poor attitude or behaviour of our staff
- Competence - 60% of nurses are trained in catheter management, and reduction in the number of patients who require a visit by the Overnight Nursing Service because of catheter-related problems
- Communication - 95% of people contacting the Trust are told who they are speaking to
- Courage - 20% increase in the number of incidents and prevented incidents reported by our staff
- Commitment - 90% of staff complete an annual appraisal which demonstrates the 6Cs

**Measures we will report to our Board**

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position? (2014/15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family Test Score</td>
<td>96.7% (March 2015)</td>
</tr>
<tr>
<td>Number of avoidable pressure ulcers developed in our care - category 3 and 4*</td>
<td>30 41</td>
</tr>
<tr>
<td>Number of avoidable pressure ulcers developed in our care as a proportion of the total of that category reported - category 3 and 4*</td>
<td>3.5% 3.5%</td>
</tr>
<tr>
<td>Number of complaints about poor attitude or behaviour</td>
<td>33 14%</td>
</tr>
<tr>
<td>Percentage of overall complaints received</td>
<td>23.5% 1755</td>
</tr>
<tr>
<td>Percentage of nurses** trained in catheter management</td>
<td>82%</td>
</tr>
<tr>
<td>Number of visits to patients by Overnight Nursing Service for catheter related problems</td>
<td>4760</td>
</tr>
<tr>
<td>Percentage of staff using the minimum three standard elements when answering the telephone</td>
<td>82%</td>
</tr>
<tr>
<td>Number of incidents reported (and percentage increase on same period in previous year)</td>
<td>82.6% (February 2015)</td>
</tr>
<tr>
<td>Percentage of staff*** completing annual appraisal</td>
<td>82.6% (February 2015)</td>
</tr>
</tbody>
</table>

**Other measures we will use to track progress**

Progress against milestones in 6Cs Delivery Plan

**Quality Account 2014-2015**

**Quality Account 2014-2015**
Our quality priorities for 2015-2016

Outstanding patient experience

PRIORIT Y 2
To improve the experiences of families in their chosen method of infant feeding.

We know that the start of life is a crucial time for both children and parents. For some parents adapting to a new baby comes easily, while for others additional support is needed to give their child the best possible start. We know from the evidence that a child’s road to success and subsequent life chances begin in pregnancy, and strong emotional bonds between a parent and their baby are built on good foundations in the early postnatal period and through breastfeeding. We also know that women make decisions about their infant feeding choices for a variety of reasons, including their own cultural expectations and personal circumstances and some choose not to breastfeed. We know it is important that they get the best possible evidence-based information to help them with formula feeding.

During 2014/15 we started our journey towards achieving accreditation against the Baby Friendly Initiatives new standards (published by UNICEF) which support infant feeding and relationship-building for all mothers and babies, whether breastfeeding or bottle feeding, recognising the importance of the mother-baby relationship as the basis on which all other relationships are built. We made good progress towards building a firm foundation (page 42).

We want to achieve Stage One of the three-stage accreditation following an assessment against the criteria in July 2015, and we will work with the support of our UNICEF partner towards Stage Two during 2015/16. We will train more of our health visitors in infant feeding and relationship-building and review their practical skills within three months of their training, and we will extend this training to all staff in our Family Nurse Partnership Services. We will develop a training programme and offer it to non-clinical staff in our services and in the local children’s centres. We will raise the standard of parents’ experiences by ensuring that health visitors who join our teams are familiar with our revised infant feeding policy and we will learn from the feedback we get from our parents. We will take steps to ensure that our staff and sites do not promote breast milk substitutes.

Our quality priorities for 2015-2016

Our aim - 80% of families feel supported by health visitors in an environment that is baby friendly, and to continue with their chosen feeding method

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of families who feel supported in an environment that is baby friendly</td>
<td>67% Pilot (March 2015)</td>
</tr>
<tr>
<td>Percentage of families who feel supported to continue with their chosen feeding method</td>
<td>69.8%</td>
</tr>
<tr>
<td>Percentage of staff who know about how they would support mothers to:</td>
<td></td>
</tr>
<tr>
<td>- breastfeed</td>
<td>61%</td>
</tr>
<tr>
<td>- formula feed</td>
<td>61%</td>
</tr>
<tr>
<td>- build close and loving relationships with their baby</td>
<td>42%</td>
</tr>
<tr>
<td>Percentage of health visitors who have completed the 2 day ‘UNICEF breastfeeding and relationship-building: a new approach’ training</td>
<td>41%</td>
</tr>
</tbody>
</table>

Other measures we will use to track progress

- Number of Trust sites promoting** breast milk substitutes
- Percentage of health visitors who complete the practical skills review within 3 months of training
- Progress against milestones in Baby Friendly Delivery Plan
- Complaints and comments about advice and support with feeding

** Staff encouraging or on display in the site
We know that malnourished patients in hospital stay longer and are more likely to develop complications or infections. At home, they visit their GPs more often. Most malnutrition arises in the community, but once a patient is admitted, there is a great deal that hospitals can do to hasten recovery with close attention to nutrition and hydration needs.

We know from the work undertaken by the Hospital Food Standards Panel that there is variation in the standards of the quality and nutritional value of the food and drink that patients receive in hospital. We know from our patient feedback and our Patient-Led Assessments of the Care Environment (PLACE) in 2014 that this is also the case in our community hospitals.

We know that some patients with severe malnutrition will need nutritional supplements and there is good evidence that they can reduce complications and speed recovery. But nutritional supplements can often be avoided if the hospital can provide the right food to meet patients’ needs for recovery, wound healing and rehabilitation. This can have significant cost savings, as well as delivering a far better experience.

In 2015/16, we want our patients in our community hospitals to have a positive experience and for that to include their nutrition, and we want fewer of our patients to receive nutritional supplements unnecessarily. We will do this by working towards achieving the ten key characteristics of good nutritional care from the Nutrition Alliance in partnership with our catering providers, and we will work towards a food first approach, initially in our community hospitals and then with patients known to us in the community.

We will assess patients for their risk of malnutrition as soon as they come into our care, and we will deliver a food first nutritional care plan for those assessed to be at risk. Where patients do need nutritional supplements we will aim for this to be for the shortest time necessary, by agreeing an end date, if this is possible, or arranging a review with a dietitian or their GP. We will provide patients with an environment that is conducive to enjoying their meals, and give those that need it assistance to safely consume their food and drink from people who are competent to provide that help. We will improve the information available about allergens in the food and drinks that we provide our patients. We will train more of our staff in nutritional care.

Our aim - fewer patients receive oral supplements unnecessarily

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position? (2014/15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients receiving oral supplements</td>
<td>Baseline to be calculated in Q1</td>
</tr>
<tr>
<td>Percentage of patients receiving oral supplements where it was assessed as being unnecessary</td>
<td>Baseline to be calculated in Q1</td>
</tr>
<tr>
<td>Percentage of patients with their risk of malnutrition assessed - on admission to our adult services**</td>
<td>92%</td>
</tr>
<tr>
<td>- at least weekly during their stay</td>
<td>90%</td>
</tr>
<tr>
<td>Percentage of patients at risk of malnutrition with a nutritional care plan in place</td>
<td>93%</td>
</tr>
<tr>
<td>Percentage of patients in our community hospitals who rate the food as good or better</td>
<td>84%</td>
</tr>
<tr>
<td>Percentage of patients seen by a dietician whose discharge letter includes a date to review or a date to stop their oral supplements</td>
<td>Baseline to be calculated in Q1</td>
</tr>
</tbody>
</table>

Other measures we will use to track progress

- Compliance of our community hospitals with protected mealtimes, red tray and providing assistance to those who need it
- Patient feedback about care in relation to their nutrition and hydration

** Community hospitals
Our quality priorities for 2015-2016

Consistent and improving patient safety

**PRIORITY 4**

To improve the identification of safeguarding concerns of vulnerable patients in our care and visited in care homes.

Patients and the public have a right to expect that whenever they are under the care of the NHS they are safe and protected and to expect a culture that is safe, open and responds to their concerns. This is even more important for people who are vulnerable and often less able to speak out for themselves. We know in their State of Care report the CQC identified that there are examples of excellent care across the country but that there is also unacceptable variation.

We know that our staff are more aware of their duty to raise concerns about safeguarding adults from abuse; they raised 202 concerns to our safeguarding team in 2014/15, a 41% increase from the previous year. We know that 48 of these were patients in our care who we visit in residential and nursing homes.

In 2015/16 we want to assist our commissioners in their quality intelligence about care homes by helping to identify safeguarding concerns in care homes as early as possible. We will do this by building on the good practice that Hertfordshire Clinical Commissioning Groups (CCG) identified in their quality assurance review of our Safeguarding Adult Self-assessment Audit and building on our work to improve assessment of mental capacity during 2014/15 (page 40). We will reinforce the safeguarding message with our frontline staff through our annual training, in our induction programme for new staff, through our safeguarding champions and in our regular communications.

We will support our staff to feel able to raise their concerns or suspicions without delay, and provide them with access to specialist support and advice if they need it including outside normal working hours. We will develop an improved system to gather and analyse the quality intelligence that we have about care homes and how we share this with our partner agencies in the most effective way.

Our quality priorities for 2015-2016

**Our aim - 20% increase in the proportion of safeguarding alerts that concern people in care homes**

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of safeguarding alerts made by staff</td>
<td>202</td>
</tr>
<tr>
<td>Percentage of safeguarding alerts that concern vulnerable people in care homes*</td>
<td>23.7%</td>
</tr>
<tr>
<td>Number of safeguarding alerts that resulted in a multi-agency investigation</td>
<td>73</td>
</tr>
<tr>
<td>Percentage of staff** who have completed safeguarding adults from abuse training in previous 12 months</td>
<td>81.7% (East &amp; North) 77.2% (West)</td>
</tr>
<tr>
<td>Percentage of staff** who have completed mental capacity training in previous 12 months</td>
<td>76.1% (East &amp; North) 67.9% (West)</td>
</tr>
</tbody>
</table>

**Other measures we will use to track progress**

<table>
<thead>
<tr>
<th>Number of safeguarding alerts that were investigated as a serious incident</th>
</tr>
</thead>
</table>

**Staff, Safeguarding Adults from Abuse Training**

* Residential and nursing homes
** Staff in our adult services

[THE TRAINING WAS] REALLY USEFUL AND RELEVANT TO PRACTICE... THE MOST BENEFICIAL SECTION WAS UNDERSTANDING THE PRACTICAL APPLICATION OF THE SAFEGUARDING PROCESS.
**Our quality priorities for 2015-2016**

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**Consistent and improving patient safety**

**PRIORITY 5**

To reduce the number of patients who experience harm from an incident related to the administration of their medication.

We know medication incidents have the potential to cause patients serious harm. Learning from incidents and prevented incidents is critical in reducing this risk for patients. Ensuring that staff are trained and competent in administering medication and supporting patients in self-medication are important enablers in reducing this risk.

During 2014/15 we started our improvement journey (page 48); we increased the number of medication incidents (actual and prevented) that we reported giving us a better chance to learn, and we significantly reduced the number of actual incidents that resulted in harm requiring our patients to need additional monitoring or medical intervention. We know that we have more to do so that we sustain this improvement, and to help our patients to be partners in their care.

**5 - Rights**

- Right patient
- Right medication expiry
- Right dose
- Right route
- Right time

In 2015/16 we want to deliver our Sign Up to Safety commitment to reduce further the number of incidents that result in harm, and we want to support those patients who are able to administer their own medication to do so safely. We will do this by delivering our new Medicines Optimisation and Pharmaceutical work plan. We will train more of our staff in our community hospitals, adults’ services and children’s services in the safe administration of insulin and intravenous (IV) therapy and check that they are competent to do so. We will promote safe practice through the 5-Rights. We will provide more direct pharmaceutical support to our staff in our community hospitals, and we will review the contracts we have with other providers and set clear performance indicators for the quantity and quality of service that they provide. We will introduce more ways of learning from when things go wrong and nearly wrong and when they work well; in our recently established Medicines Incidents Working Group, in new medicines incidents workshops and through more frequent auditing of our clinical practice. We will support patients in our community hospitals to be more confident and competent in administering their own medication by introducing one-to-one counselling and exploring the production of written information.

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**Our aim - a further 10% reduction in incidents resulting in harm**

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of medication incidents that cause harm*</td>
<td>27% (2014/15)</td>
</tr>
<tr>
<td>Number of patient incidents relating to medicine management</td>
<td>288</td>
</tr>
<tr>
<td>Number of serious incidents relating to medicine management</td>
<td>2</td>
</tr>
</tbody>
</table>

**Other measures we will use to track progress**

- Percentage of staff** trained and assessed as competent to deliver insulin medication in year
- Percentage of staff** trained and assessed as competent to deliver IV therapy in year
- Percentage of patients*** who were told about medication side effects to watch out for when they went home

Patient and carer feedback

* Harm denotes the need for additional monitoring and/or medical intervention

** In our community hospitals, our integrated community teams and our children’s services
*** In our community hospitals

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" AT OTHER TIMES [THE NURSES] HAVE TO WAIT AGES FOR BANDAGES AND OTHER MEDICATION. Patient, Integrated Community Team"
We know that nationally dementia is a major health challenge, costing more than cancer and heart disease combined. We know that the number of people affected by dementia in Hertfordshire is expected to increase 24% by 2040. We know that dementia makes the lives of people who have it, and the lives of their families and carers very difficult. And we know that early identification and diagnosis can benefit patients and their families to start treatment and access support as early as possible and to cope and plan for the future. In February 2015 the Government pledged a refreshed and updated National Dementia Strategy for England.

During 2014/15 we started our improvement journey (page 38); we developed a diagnostic screening tool and trained 254 of our nurses, therapists and support workers in our integrated community teams to use it, and we started to identify patients at risk and refer them on with their consent to a cognitive memory service or clinic via their GP.

In 2015/16 we want more patients and their families to benefit from early identification of their risk of undiagnosed dementia. We will do this by training more nurses and therapists in our integrated community teams to use the diagnostic screening tool, and we will develop an information page on our website with details of support services for people with dementia and their families. We will work with our GPs to check that we are identifying and recommending the right patients for onward referral. We will deliver the goals agreed with our commissioners in our national Commissioning for Quality and Innovation (CQUIN) scheme for dementia. We will continue to support staff to be competent and feel confident in undertaking mental capacity assessments and making best interest decisions through our annual training and our network of dementia champions. And we will work with our partners in other organisations to deliver the Dementia Strategy for Hertfordshire.

**Our quality priorities for 2015-2016**

**Excellent clinical outcomes**

**PRIO RITY 6**

To improve the quality of life for people with dementia and their carers through early identification of those at risk.

We know that nationally dementia is a major health challenge, costing more than cancer and heart disease combined. We know that the number of people affected by dementia in Hertfordshire is expected to increase 24% by 2040. We know that dementia makes the lives of people who have it, and the lives of their families and carers very difficult. And we know that early identification and diagnosis can benefit patients and their families to start treatment and access support as early as possible and to cope and plan for the future. In February 2015 the Government pledged a refreshed and updated National Dementia Strategy for England.

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**Our aim - 75% of patients identified to be at risk of dementia will be referred with their consent to a cognitive memory service or clinic via their GP**

<table>
<thead>
<tr>
<th>Measures we will report to our Board</th>
<th>What is our current position?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients* identified to be at risk of dementia who are referred with their consent to a cognitive memory service or clinic via their GP</td>
<td>66.7%</td>
</tr>
<tr>
<td>Percentage of staff** who are trained in use of the dementia screening tool</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Other measures we will use to track progress**

| Number of patients identified to be at risk of undiagnosed dementia | |

* Seen by our integrated community teams  
** In our integrated community teams
**Our quality priorities for 2015-2016**

**Monitoring progress throughout the coming year**

We have a dedicated committee focused on reviewing the safety, quality and effectiveness of our clinical services. This committee, known as the Healthcare Governance Committee, will monitor our progress throughout the year.

<table>
<thead>
<tr>
<th>Quality Priority</th>
<th>Reporting sub-committee or group</th>
</tr>
</thead>
<tbody>
<tr>
<td>To demonstrate the six core values of Compassion in Practice in everything we do</td>
<td>Patient Safety and Experience</td>
</tr>
<tr>
<td>To improve the experiences of families in their chosen method of infant feeding</td>
<td>Patient Safety and Experience</td>
</tr>
<tr>
<td>To improve the nutritional experience of patients in our community hospitals</td>
<td>Patient Safety and Experience</td>
</tr>
<tr>
<td>To improve the identification of safeguarding concerns of vulnerable patients in our care and visited in care homes</td>
<td>Safeguarding</td>
</tr>
<tr>
<td>To reduce the number of patients who experience harm from an incident related to the administration of their medication</td>
<td>Medicines Management</td>
</tr>
<tr>
<td>To improve the quality of life for people with dementia and their carers through early identification of those at risk</td>
<td>Clinical Effectiveness</td>
</tr>
</tbody>
</table>

**Other areas of quality improvement**

Our six quality priorities are not the only areas of quality improvement in 2015/16. We will also deliver the quality improvements outlined in our quality improvement plan, in our quality strategy and in our contracts and CQUIN Schemes (page 28).

We will focus on improving patient outcomes through integrated working with our partners in health, social care and the voluntary sector, and by empowering our staff to lead their services and make decisions as close to the people they care for as possible. In particular:

- we will continue to work with our partners to tackle the issues that get in the way of effective integrated working and develop models of care for the future which deliver better outcomes for patients and are financially sustainable
- we will work with our commissioners to develop and deliver the new Positive Behaviour, Autism, Learning Disability and Mental Health Service (PALMS) for children
- we will deliver a fully integrated health and well-being service with HMP The Mount
- we will continue to improve the flow of patients through our community hospitals to reduce the impact on other services and patients’ experience, by ensuring that sending hospitals are clear about the criteria for our beds, implementing structured discharge planning, and working in partnership with other organisations to provide care at home where possible. And we will work with our stakeholders to ensure the provision of beds within Hertfordshire meets the needs of our population in the forthcoming years
- we will work with East & North Hertfordshire CCG to implement and deliver improved support to care homes
- we will strengthen our involvement and support to carers through the delivery of our new Carers’ Strategy
- we will support our staff to better manage pressures at work and the demand on their services by streamlining administrative and recruitment processes, introducing apprentices, building on the benefits of mobile working, and improving access to pertinent information to support their decision-making
- we will work with our partners to deliver the recommendations identified from the Your Care, Your Future review of services in West Hertfordshire.

We will continue to build on our culture that puts patients at the heart of everything we do, with the help of staff who are committed, caring and compassionate. We will continue to engage with people who use our services and their representatives, and work with them as partners in shared-decision making about our services.

We will continue to deliver the objectives in our Equality Action Plan in order that we move closer to our vision of achieving equality, celebrating diversity and advancing inclusion for all our patients, carers and staff. And we will implement the new mandatory national NHS Equality Delivery System2, which will enable staff and service users to effectively assess and grade our performance on equality issues.

We will continue on our journey to achieve Foundation Trust status demonstrating improving standards of quality governance.

Progress in all these six priority areas will be monitored by our Board through the Healthcare Governance Committee. We have agreed a Board level sponsor for each priority and the same at service level. Where possible we have selected indicators that can be compared across the Trust and with other similar Trusts. These quality indicators will be reported through our Integrated Board Performance Report which is published for our Board and on our website for the public and our staff, and in our quarterly Quality Reports. Our commissioners will also receive reports as part of our contract with them.
Statements of Assurance from the Board

This section contains eight statutory statements concerning the quality of services provided by Hertfordshire Community NHS Trust.

These are common to all trust quality accounts and therefore provide a basis for comparison between organisations. Where appropriate, we have provided additional information that provides local context to the information provided in the statutory statement. Elsewhere other indicators common to all quality accounts have gold headings.

Statement of Assurance from the Board

Statement one

Review of services

During 2014/15 Hertfordshire Community NHS Trust provided and/or sub-contracted 51 NHS services.

Hertfordshire Community NHS Trust has reviewed all the data available to them on the quality of care in 51 of these services.

The income generated by the NHS services reviewed in 2014/15 represents 97% of the total income generated from the provision of NHS services by Hertfordshire Community NHS Trust for 2014/15.

Additional information

In this context we define a service as one registered with the Care Quality Commission. Each of these can incorporate one or more clinical services. These include services provided in Hertfordshire and West Essex. Services are managed within business units.

The Trust routinely monitors the quality of care in its services through its performance management framework which not only supports performance against targets which are linked to the Trust’s strategic objectives and commitment to providing high value healthcare, but also focuses resources on the areas which need attention, predicts future performance and provides the Board with an improving level of assurance from service to business unit to Trust level.

The monthly Integrated Board Performance Report reflects the Trust’s performance management framework and presents information against 126 national or local indicators. A Trust scorecard provides an ‘at a glance’ summary of performance against key indicators. Detailed scorecards across the four domains of high value healthcare provide in-month and year-to-date performance against targets, as well as their trend over the year and a forecast position. Actions to address areas of underperformance are included in the report with timescales and named responsible directors. During 2014/15 an additional scorecard for our community hospitals and the safe staffing reporting required by the National Quality Board were added.

This model of performance management is replicated within all of our services at the monthly business unit performance reviews, using a series of scorecards with core sets of indicators, and a heat map to enable early identification of issues of concern and provide an early warning system at service level. During 2014/15, these have been improved to provide additional assurance that risks are being identified and managed.

In addition to this performance information, the Board maintained its focus on quality through the work programmes of its committees and their sub-committees, formal reports including the new quarterly detailed Quality Report, in its briefings from ‘deep dives’ into services, from external reviews and investigations, and hearing staff and patient stories first-hand during visits to services and sites and at the start of each Board meeting (page 79).

In 2015/16 a more automated Integrated Board Performance Report will be introduced that incorporates the Trust’s business intelligence platform. This will achieve a more streamlined reporting process and will make the report more efficient, dynamic and user-friendly to produce.

During 2014/15 Hertfordshire Community NHS Trust provided and/or sub-contracted 51 NHS services.

Hertfordshire Community NHS Trust has reviewed all the data available to them on the quality of care in 51 of these services.
**Statements of Assurance from the Board**

### East and North Herts Adult Services Business Unit
- Integrated Community Teams (including in Cheshunt)
- Community Hospitals (Intermediate care) - Queen Victoria Memorial and Herts & Essex Hospitals
- Community Hospitals (Neurological) - Danecake and Holywell Ward
- Neurological Services
- Leg Ulcer Services
- Minor Injuries Unit
- Skin Health Services
- Bladder and Bowel Care Service
- Podiatry Service
- Lymphoedema Services
- Wheelchair Services (including specialist seating, and electric indoor and outdoor wheelchair services)

### Herts Valleys Adult Services Business Unit
- Integrated Community Teams (including Rapid Assessment Unit)
- Community Hospitals (Intermediate care) - Gosomms End, Langley House, St Peter’s, Topwell and Langton Wards, Potters Bar
- Nutrition and Dietetics Service
- Diabetes Community Service
- Diabetic Retinopathy Service
- End of Life Services
- Speech and Language Therapy Service
- Cardiology Services (including Cardiac Rehabilitation and Heart Failure Nursing Service)
- Prison Healthcare Services
- Community Respiratory Service
- Acute Therapies Service
- Musculoskeletal Services (including Physiotherapy and Occupational Therapy)
- Chronic Fatigue and Pain Management Service

### Children’s Services Business Unit
- Health Visiting and School Nursing Services (including Child Health Service and Family Nurse Partnership)
- Sure Start Children’s Centres
- Newborn Hearing Screening Service
- Audiology Service
- Step2 Service
- Speech and Language Therapy Service (including West Essex)
- Physiotherapy Service (including West Essex)
- Occupational Therapy Service (including West Essex)
- Community Medical Service (including West Essex)
- Challenging Behaviour Psychology Service
- Children’s Eye Services
- Continuing Care Service
- Nascot Lawn Respite Care
- Special School Nursing Service
- Specialist Diabetes Nursing Service
- Young People’s Health Transitional Service (Including Sickle Cell)
- Community Nursing Services (including West Essex)
- Sexual Health and Family Planning Services
- Specialist Dental Services (including surgery)

### Quality & Governance Directorate
- Looked After Children Service
- Safeguarding Children Service (including Rapid Response to Unexpected Child Death)

**Quality Account 2014-2015**

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### Statements of Assurance from the Board

#### Statement two

**Participation in clinical audits**

In 2014/15 the Department of Health released 52 national clinical audits for inclusion in trusts’ quality accounts. The information which follows on this page refers to those 52 national clinical audits. Seven of these national clinical audits covered NHS services that Hertfordshire Community NHS Trust provides, but one was withdrawn by the Department of Health (DH) during 2014/15.

Therefore during 2014/15, six national clinical audits and one clinical outcome review (formerly known as national confidential enquiry) covered NHS services that Hertfordshire Community NHS Trust provides. During that period Hertfordshire Community NHS Trust participated in 100% national clinical audits and 100% clinical outcome reviews of the national clinical audits and clinical outcome reviews which it was eligible to participate in.

The national clinical audits and clinical outcome reviews that Hertfordshire Community NHS Trust was eligible to participate in during 2014/15 are listed in the table below.

The national clinical audits and clinical outcome reviews that Hertfordshire Community NHS Trust participated in during 2014/15 are also listed in the table below.

The national clinical audits and clinical outcome reviews that Hertfordshire Community NHS Trust participated in, and for which data collection was completed during 2014/15, are listed on the table below alongside the number of cases submitted to each audit or review as a percentage of the number of registered cases required by the terms of that audit or review.

<table>
<thead>
<tr>
<th>National Clinical Audits</th>
<th>Participation</th>
<th>Number or percentage of cases submitted or reason for non participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit</td>
<td>Yes</td>
<td>10 cases submitted to pilot audit 100%</td>
</tr>
<tr>
<td>National Adult Diabetes Audit</td>
<td>Yes</td>
<td>288 cases submitted**</td>
</tr>
<tr>
<td>National Paediatric Diabetes Audit</td>
<td>Yes</td>
<td>Data collection underway (collaboratively with West Hertfordshire Hospitals NHS Trust) Data submission due in 2015/16</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>Yes</td>
<td>629 cases submitted**</td>
</tr>
<tr>
<td>National Epilepsy12 Audit (Childhood Epilepsy)</td>
<td>Yes</td>
<td>41 cases submitted** (collaboratively with West Hertfordshire Hospitals NHS Trust) 18 Patient Reported Experience Measures</td>
</tr>
<tr>
<td>National Audit of Intermediate Care</td>
<td>Yes</td>
<td>1500 cases submitted (1100 integrated community teams and 400 community hospitals) 100%</td>
</tr>
<tr>
<td>UK Parkinson’s Audit (previously known as National Parkinson’s Audit)</td>
<td>N/A</td>
<td>Withdrawn for inclusion by DH</td>
</tr>
</tbody>
</table>

**Clinical Outcome Review Programme (previously National Confidential Enquiries)**

<table>
<thead>
<tr>
<th>National Confidential Enquiry into Patient Outcome and Death Sepsis Study</th>
<th>Participation</th>
<th>Number or percentage of cases submitted or reason for non participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6 organisational surveys submitted 100%</td>
<td></td>
</tr>
</tbody>
</table>

**No minimum data requirement**
The reports of four national clinical audits were reviewed by Hertfordshire Community NHS Trust in 2014/15 and Hertfordshire Community NHS Trust intends to take the following actions to improve the quality of healthcare provided.

- To improve the average HbA1c levels (the best indicator of long-term diabetes control) for children with diabetes known to our Children’s Diabetes Nursing Service.
- To work with our GPs to develop high impact pathways for children accessing our Children’s Community Nursing Services.
- To reduce the average length of stay for patients in our community hospitals and the average length of time that patients need home-based care from our integrated community teams.
- To use feedback from patients more effectively to improve their experience of home-based care.

How do we compare?

<table>
<thead>
<tr>
<th></th>
<th>HCT 2013</th>
<th>HCT 2014</th>
<th>National 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay in community hospitals (days)</td>
<td>32.8</td>
<td>32.5</td>
<td>28.0</td>
</tr>
<tr>
<td>Average duration of home-based care (days)</td>
<td>58.2</td>
<td>Not submitted</td>
<td>30.4</td>
</tr>
<tr>
<td>Whole time equivalent staff per bed</td>
<td>1.95</td>
<td>1.82</td>
<td>1.3</td>
</tr>
<tr>
<td>Patients discharged directly home from community hospital</td>
<td>49%</td>
<td>83%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Source: NAC Reports 2013 and 2014

**Additional information**

Clinical audit involves looking at current practice and modifying it where necessary to improve the quality of patient care. Clinical outcome reviews are designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness.

The national clinical audits reviewed by Hertfordshire Community NHS Trust in 2014/15 were:

- National Paediatric Diabetes Audit Report 2011/12, Part One: Care Processes and Outcomes (published December 2013)
- National Paediatric Diabetes Audit Report 2011/12, Part Two: Hospital Admissions and Complications (published February 2014)

**How do we compare?**

**Additional information**

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Statements of Assurance from the Board

The reports of 34 local clinical audits were reviewed by Hertfordshire Community NHS Trust in 2014/15 and Hertfordshire Community NHS Trust intends to take the following actions to improve the quality of healthcare provided.

- To introduce new training for our health visitors to improve the consistency of mothers being asked about domestic violence at their baby’s 3-4 month well-being check.
- To improve the training and systems that support health visitors in ensuring the right children receive their Hepatitis B immunisation at the right time.
- To improve training for all health visitors who are prescribers to promote greater confidence when emollients are being prescribed to babies under 12 months with eczema.
- To introduce clinic-based physiotherapy for the estimated 15% of patients who are able to attend a clinic following their discharge from our community hospitals in West Hertfordshire, in order to reduce their wait for physiotherapy.
- To minimise the likelihood of a delay in patients in our community hospitals being assessed for their risk of developing venous thromboembolism (blood clots) by increasing the confidence and competency of nurses in undertaking their assessments.
- To ensure that in our community hospitals discussions with the patient and their relatives about the decision not to resuscitate is recorded in the patient’s clinical records.
- To increase the clinical pharmacy support available to staff and patients in our community hospitals.
- To amend the policy and procedures for the use of bed rails in our community hospitals following a change in legislation, to ensure that bed rails are used in accordance with the Mental Capacity Act for those patients who lack the capacity to consent to their use.
- To update our information governance training to reflect the key findings from our record keeping audit.

Additional information

This is a significant increase in participation, compared to four in 2013/14. The Trust is now the fifth highest performer in research out of 11 community trusts, compared to tenth in 2013/14.

Hertfordshire Community NHS Trust has been involved in 11 clinical research studies on the National Institute for Health Research (NIHR) Clinical Research Network Study Portfolio, and involved in three Collaboration for Leadership in Applied Health Research and Care studies during 2014/15. Details of these studies can be found on the Trust website at www.hertschs.nhs.uk/about-us/Research.aspx

THE NURSE WAS REALLY FRIENDLY AND MADE ME FEEL COMFORTABLE - THAT IS WHY IT WAS SO EASY FOR ME TO VOLUNTEER FOR HER RESEARCH.

The number of patients receiving NHS services provided or sub-contracted by Hertfordshire Community NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 235.

Research in Practice

The findings from a collaborative study with UCL-P and the West Hertfordshire health economy into why frail older patients attending emergency services in Hertfordshire led to a collaborative project which is redesigning the pathway for frail elderly patients and developing outcome measures amenable to capture across the system rather than an individual organisation.

Q uality A ccount 2014 -2015

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Q uality A ccount 2014 -2015
A proportion of Hertfordshire Community NHS Trust’s income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Hertfordshire Community NHS Trust and East & North Hertfordshire, Herts Valleys and West Essex Clinical Commissioning Groups and NHS England, through the Commissioning for Quality and Innovation payment framework. These are outlined here, with further details of the agreed goals for 2014/15 and for the following 12-month period both available electronically at www.hertschs.nhs.uk

### 2014/15 CQUIN Scheme - Herts Valley CCG

<table>
<thead>
<tr>
<th>Goals</th>
<th>Weighted Value</th>
<th>Year-end position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Friends and Family Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Implementation of staff Friends and Family Test</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>1.2 Response to detractors</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>2. Safety Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 NHS Safety Thermometer: Reduction in the prevalence of pressure ulcers</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>2.2 Local Safety Thermometer: Pressure ulcer reduction from care homes</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>3. Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Quality improvements made to existing service responding to service reviews</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>4. Stroke: Implementing an integrated stroke pathway between acute and community providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Stroke key performance indicator</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>4.2 Effective 7-day working for Stroke services</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>4.3 Joint planning on discharge</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>5. Community Matrons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Diabetes</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>5.2 Heart failure</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>6. Workforce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Ensuring the workforce has the capacity and capability to deliver compassionate and safer care</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL ACHIEVEMENT:** 87.5%

### Additional information

The goals were agreed as part of the Trust’s contribution to achieving local, regional and national health priorities and were supplemented by quality improvements within the Trust’s contract, included in page 50 of this account.

The proportion of our income that was conditional on achieving these goals was 2.5%.
Statements of Assurance from the Board

2014/15 CQUIN Scheme - West Essex CCG

<table>
<thead>
<tr>
<th>Goals</th>
<th>Weighted Value</th>
<th>Year-end position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Integrated health planning for children with complex needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Partnership working with local authority supporting Education</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>and Health Care Plan development, and engagement in Special</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Needs and Disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL ACHIEVEMENT</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

2014/15 CQUIN Scheme - NHS England

<table>
<thead>
<tr>
<th>Goals</th>
<th>Weighted Value</th>
<th>Year-end position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Friends and Family Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Friends and Family Test</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>2 Learning from safeguarding concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Ensuring providers continue to embed safeguarding into practice</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>3 Information sharing between health visitors and GPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Improving the communication pathway between health visitors and</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>GPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL ACHIEVEMENT</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Statement five

Hertfordshire Community NHS Trust is required to register with the Care Quality Commission and its current registration status is ‘registered without conditions’.

The Care Quality Commission has not taken enforcement action against Hertfordshire Community NHS Trust during 2014/15.

Hertfordshire Community NHS Trust has not participated in any special review or investigations by the Care Quality Commission during 2014/15.

Additional information

In February 2015 the CQC undertook a full inspection of the Trust using its new model of inspection; looking at whether the care the Trust provides is safe, effective, caring, responsive to peoples’ needs and well-led. Actions addressing issues arising during the inspection are underway with progress monitored by the Board. The findings from the full inspection were presented at our Quality Summit in June 2015. We will display our ratings in each of the premises from which we provide our services and on our website in accordance with the new requirements set out by the CQC which take effect from April 2015.

In addition the CQC undertook three other reviews of compliance in our services during 2014/15.

**Langley House**

In July 2014 the CQC undertook an unannounced visit to Langley House to confirm whether Langley House is meeting the essential standards for supporting workers further to our submission of evidence to the CQC of the improvement work undertaken by Langley House following the unannounced visit in February 2014. The CQC judged Langley House to be meeting the essential standards for supporting workers.

Examples of improvements made are:

- all staff that the CQC inspectors spoke to were confidently able to describe different types of abuse and what they would do if they witnessed or suspected abuse was taking place, and
- the frequency of staff undertaking safeguarding adults from abuse training has been increased to annually from three-yearly across the Trust.

The reports produced by the CQC can be found at www.cqc.org.uk
Statements of Assurance from the Board

Statement six
Data quality

Hertfordshire Community NHS Trust will be taking the following actions to improve data quality:

- continue to apply the principles outlined in our data quality policy to deliver the data quality priorities agreed by the Trust
- continue to develop a culture of high data quality within the Trust and involve clinical staff in reviewing data as we move to electronic patient records in all our community services
- introduce an electronic patient record in our community hospitals to create a seamless clinical record across all our services
- undertake a service-by-service review of the benefits on connectivity of a connect/disconnect mobile working module for SystmOne
- continue to run reports to assure ourselves and our commissioners of the accuracy, timeliness and quality of our data and ensure that data is matched to national coding to enable its sharing and comparison
- deploy automated reporting through our business intelligence portal to identify and analyse quality issues on a range of data sets
- expand the Trust data warehouse to incorporate data feeds from all clinical systems in use to enable more efficient analysis and data quality monitoring
- work with our commissioners to ensure reported activity levels reflect the real workload of our clinical staff, including audit of daily worksheets and records on SystmOne
- prepare for the potential re-introduction of the Community Information Data Set.

Hertfordshire Community NHS Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:

- 99.9% for admitted patient care
- 99.2% for accident and emergency care

and which included the patient’s valid General Medical Practice was:

- 100% for admitted patient care
- 100% for accident and emergency care.

Additional information

In June 2014 East & North Hertfordshire CCG issued the Trust with an Information Breach Notice regarding the development of new performance reports and data quality concerns due to inconsistencies in reporting activity and performance information at monthly intervals. The Trust has made substantial improvements and has also improved its processes for the production and validation of data which is reported outside the Trust.

In 2014/15 the Trust continued its involvement in developing benchmarking data and meaningful quality indicators for NHS community services by working with a network of aspirant community foundation trusts and through its membership with the NHS Benchmarking Network.

In 2015/16 we will work with our partners to build on the work underway in sharing data across organisations to make it a reality.

“COMMUNITY SERVICES PROVIDERS ARE SEVERELY HAMPERED BY A LACK OF ROBUST, COMPARABLE NATIONAL INDICATORS THAT WOULD ENABLE THEM TO BENCHMARK THEIR PERFORMANCE.

Managing quality in community healthcare services. King’s Fund, December 2014
Statements of Assurance from the Board

Statement seven

Information Governance Toolkit

Attainment levels

Hertfordshire Community NHS Trust’s Information Governance Assessment Report overall score for 2014/15 was 85% and was graded as green (satisfactory).

Additional information

This is an increase in our score from 66% in 2013/14 despite the initial reduction in scores experienced in-year as a result of the newly published Information Governance Toolkit in 2014/15.

This progress was achieved through a variety of actions.

- We regularly reviewed and updated our progress against our Information Governance action plan which was overseen by our Information Governance Group.
- We reviewed and updated our information governance and information technology policies and procedures.
- 96% of our staff completed our training in information governance. And in the 2014 national staff survey more staff said they knew how to handle confidential information about patients or service users; 88% compared to 87% in 2013 and similar to the national average for community trusts of 87%.
- We responded to 98% of the 145 requests received for information under the Freedom of Information Act within the statutory requirement of 20 days.
- We responded to 91% of all requests for information under the Access to Health Records Act and Data Protection Act within the statutory requirement of 40 days and to 83% of them within the Department of Health’s target of 21 days.
- We had three serious incidents relating to information governance or breach of confidentiality during 2014/15; a significant improvement since 2013/14 when ten were reported and investigated, and a reflection of the revised threshold for information governance serious incidents by our commissioners.

During 2014/15 the Information Commissioner investigated one complaint made by a member of the public about the Trust’s failure to respond in accordance with the Data Protection Act to a request for information. At the end of the year, the decision from the Information Commissioner in response to their investigation was still awaited. In 2015/16 we will use an on-line reporting system linked to our incident and risk management systems (Datix) to effectively report compliance with the Data Protection Act 1998, Access to Health Records Act 1990 and Freedom of Information Act 2000.

Progress during 2015/16 will continue to be monitored by the Information Governance Group which reports to the Executive Team.

Information governance is a framework that brings together all the legal rules, guidance and best practice that apply to the handling of information. The Information Governance Toolkit provides an overall measure of the quality of data systems, standards and processes within an organisation.

Statement eight

Clinical coding error rate

Hertfordshire Community NHS Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during 2014/15.
Our quality improvements in 2014-2015

How we performed in delivering the quality priorities we set ourselves over the past year

Excellent clinical outcomes

PRIORITY 1

To demonstrate our commitment to embedding care and compassionate practice in everything we do, through the work undertaken to deliver our 6Cs Strategy.

We wanted our patients and their carers to see and feel compassion in practice when they use our services. We knew from our complaints and incidents that this was not always their experience, so we set ourselves some targets for improvement. To support this we wanted to support our staff to understand and demonstrate the 6Cs (care, compassion, competence, communication, courage and commitment) in their day-to-day work.

The outcomes we achieved

• We increased the number of staff who gave the name of the Trust, the service and their name when they answered the telephone to 82% during 2014/15 from 66% in 2013/14, exceeding our target for a 10% improvement.

• We reduced the number of avoidable category 2 pressure ulcers that were developed in our care to 41, compared to 129 in 2013/14; a 68% reduction. However, the number of avoidable category 3 and 4 pressure ulcers developed in our care increased to 30, compared to 19 in 2013/14. (19 other category 3 and 4 pressure ulcers still await confirmation as to whether avoidable or not at the time of writing.)

• We provided our Board with monthly safe staffing reports for our ten community hospitals and for Nascot Lawn, our children’s respite care unit, against our target of six-monthly.

There were some targets we did not achieve.

• We received 52 complaints about standards of patient care, compared to 49 in 2013/14; a 6% increase. We had wanted them to reduce by 10%.

• We received 33 complaints about staff attitude, compared to 20 in 2013/14, a 65% increase. We had wanted them to reduce by 10%.

• We received 3,243 compliments about standards of patient care compared to 4,699 in 2013/14; a 31% reduction. We had wanted them to increase by 5%.

• We did not increase our overall Family and Friends Test net promoter score by our target of 10% (page 53) before the change in scoring came into place in January 2015.

• Fewer staff completed an annual appraisal demonstrating the 6Cs; 82.6% compared to 86% in 2013/14. We had wanted it to increase by 2%.

How we supported these improvements

We promoted the 6Cs across our Trust.

• We launched our 6Cs Strategy at our Leading Lights Awards ceremony.

• We developed a 6Cs information page on our website, which includes a short film made by our staff about what compassion in practice ‘looks like’ and what it means for them.

• We distributed credit-card sized 6Cs prompt cards to all our staff.

• We developed a 6Cs screen-saver for our computer network.

• We shared examples of compassion in practice in our Clinical Matters newsletters.

• We added 6Cs as a core agenda item in ward and team management meetings.

Our quality improvements in 2014-2015

We developed our three-year plan for delivering our 6Cs Strategy with staff from across the Trust, and set up a forum to oversee its implementation.

We incorporated the 6Cs into our staff recruitment, job descriptions, induction, training and appraisal.

We took actions to improve our communication with our patients and their families. For example:

• We displayed our progress on 6Cs score cards in each of our community hospitals, including examples of actions taken in response to their feedback on our “You Said We Did” posters.

• We introduced a standard for the minimum level of information that staff should give when answering telephones and undertook mystery shopper exercises to see if they did so when answ ering telephones and undertook mystery shopper exercises to see if they did so.

• We signed up to and launched the "#hello, my name is" campaign in February 2015.

• We ensured that all patients in our community hospitals had a named nurse or therapist, and displayed their name above the patients’ beds, and

• We published our staffing levels.

We strengthened our engagement and communication with our staff, continued to support their health and well-being, enabled them to have the right skills and competencies as clinicians, managers and leaders and supported them to have the courage to raise concerns at an early stage (page 82).

We analysed the complaints received about standards of care and staff attitude but found no themes or trends on which to take specific action. We provided training to staff about communication styles.

We took actions to improve our prevention and treatment of pressure ulcers.

• We continued to provide training to our staff in assessing patients for their risk of pressure damage, and extended this to other staff groups, such as our dieticians.

• We continued to use the national SSKIN bundle as a framework for our assessment and treatment, provide pressure-relieving equipment, educate carers and to give evidence-based wound care.

• We worked with Hertfordshire Equipment Service to try to alleviate delays in their provision of pressure-relieving equipment.

• We developed a flow chart to guide staff in the correct actions to take as soon as they identify an area of pressure damage, and we updated evidence-based care plans on the electronic patient record.

• We worked closely with nursing and care homes to provide their staff with education and support to Stop the Pressure, and we worked with our commissioners to focus our help to ten care homes.

• We reviewed our serious incidents and shared the learning from them across the Trust.

Despite our efforts, the number of avoidable category 3 and 4 pressure ulcers developed in our care increased during 2014/15. We undertook an in-depth review of these pressure ulcers and used our findings to focus the actions we will take in 2015/16.

Embedding Compassion in Practice is a cultural shift that has only just started - we will therefore retain this as one of our quality priorities in 2015/16.

Board sponsor
Clare Hawkins
Director of Quality & Governance and Chief Nurse

Accountable Committee
Healthcare Governance Committee via Patient Safety and Experience Group

I FELT I COULD ASK QUESTIONS THAT MIGHT UPSET MY MUM AND DAD. IT WAS ALSO GOOD THAT THEY UNDERSTOD WHEN I SPOKE ABOUT THE VOLCANO IN MY TUMMY.

Child, Challenging Behaviour Psychology Service
Our quality improvements in 2014-2015

Excellent clinical outcomes

PRIORITY 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.

We wanted patients to benefit from early identification of their risk of dementia by accessing the services that would provide them a diagnosis and support. We set ourselves a target that by the end of the year 50% of the patients seen by our integrated community teams who are identified to be at risk of undiagnosed dementia would be referred, with their consent, to a cognitive memory service or clinic. To support this we wanted to develop a screening tool and train 50% of the clinical staff in our integrated community teams how to use it.

The outcomes we achieved

By the end of the year:

• 66.7% of the patients seen by our integrated community teams that were identified to be at risk of undiagnosed dementia and gave their consent, were referred via their GP to a cognitive memory service or clinic; exceeding our target of 50%

• 18% of patients identified to be at risk of undiagnosed dementia did not consent to information being shared with their GP

• 50% of the 505 clinical staff in our integrated community teams (40.5% in East & North Hertfordshire and 59.5% in West Hertfordshire) were trained in the use of the dementia screening tool; meeting our target of 50%

• 67% of staff in our integrated community teams (73.1% in East & North Hertfordshire and 60.9% in West Hertfordshire) had received their annual training on mental capacity, against our target of 90%.

How we supported these improvements

We worked with colleagues in the Early Memory Diagnosis and Support Service (EMDASS) in Hertfordshire Partnership University NHS Foundation Trust (HPFT).

• We developed a bespoke screening tool that our staff could use. (We wanted to avoid the overuse of standardised tools so as not to make them less effective when they are used as part of a specialist assessment).

• We agreed the pathway for referral to EMDASS to be via the patient’s GP.

We worked with our information technology team and added the screening tool as a standard option in the electronic patient record, and made it available as a live tool in October 2014.

We trained the nurses, therapists and support workers in our integrated community teams.

• We designed a programme of training in the use of the screening tool and the options for onward referral for fuller assessment, and commenced its delivery in September 2014.

• We continued to deliver training to support staff in their understanding of the Mental Capacity Act and in consistent use of mental capacity assessments and best interest decisions where appropriate.

The work to identify patients at risk of dementia early needs to be embedded across all our integrated community teams - we have therefore retained this as one of our quality priorities in 2015/16.

Board sponsors

David Law
Chief Executive Officer
Declan O’Farrell
Chair

Accountable Committee
Healthcare Governance Committee via Clinical Effectiveness Group

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Board sponsors

David Law
Chief Executive Officer
Declan O’Farrell
Chair

Accountable Committee
Healthcare Governance Committee via Clinical Effectiveness Group
Our quality improvements in 2014-2015

Outstanding patient experience

**PRIORITY 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.

We wanted to ensure patients in our community hospitals were always empowered to make their own decisions wherever possible, but if, due to their illness or disability, they lacked the ability to do so, the decisions made on their behalf were done so in their best interests. And we wanted to ensure that where a Deprivation of Liberty Safeguards (DOLS) was needed that it was identified and applied for promptly. We expected the number of patients who would need the safeguards would increase in 2014/15 following a lowering in the threshold resulting from a ruling by the Supreme Court in March 2014. We set ourselves challenging targets to ensure that 100% of patients in our community hospitals who needed a mental capacity assessment received one and that 100% of DOLS applications were timely.

**The outcomes we achieved**

- From our audits of representative samples, 96% of patients in our community hospitals who needed a mental capacity assessment had received one, an improvement from 73% in September 2014.
- 100% of DOLS applications were considered timely in the last three months of the year, a steady improvement throughout the year. 86% of the 44 DOLS applications over the whole year were timely.
- 79% of the 19 DOLS applied for and able to be assessed by the Supervisory Body were authorised.
- 78.6% of the clinical staff in our community hospitals had completed training on mental capacity and 68.5% on DOLS, against our targets of 90%.

**How we supported these improvements**

We provided the clinical staff in our community hospitals with the knowledge and skills to support them.

- We delivered training to support all staff in their understanding of the Mental Capacity Act and in consistent use of capacity assessments and best interest decisions where appropriate.
- We delivered training to relevant clinical staff to support them to know when and how to apply for a DOLS.
- We increased the frequency at which staff need to complete this training from three-yearly to annually.
- We provided day-to-day support to staff to improve their confidence.
- We designed and produced our 4Ds poster (Doubt, Decision, Describe, Do something) which outlines the steps to take when considering if a patient needs a mental capacity assessment.

Involvement of our patients and their families in decision-making about their care and the safety of our patients remain of the utmost importance to us - this will be embedded into our quality improvement agenda in 2015/16 and we will focus on improving patient safety with another new quality priority in 2015/16.

**Board sponsor**

Julie Hoare
Director of Operations

**Accountable Committee**

Healthcare Governance Committee via Patient Safety and Experience Group

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DOLS: the national picture

In March 2014 the Supreme Court clarified what had become very complicated case law about deprivation of liberty. It ruled that people lacking mental capacity to consent to the arrangements needed to give them necessary care or treatment are deprived of their liberty if they are both:

- not free to leave, and
- subject to continuous supervision and control.

And, it recommended ‘erring on the side of caution’ in the use of these Safeguards, because of the vulnerability of many people who might be deprived of their liberty in health and social care settings, and because of the protection given by the assessment and review process.

Since this ruling there has been an eight-fold increase in the number of applications nationally. This rapid and unprecedented rise in applications since March 2014 put extra pressure on supervisory bodies and created backlogs. At the end of September 2014, there were 19,429 applications where a decision was still to be made, compared to 356 at the end of 2013/14.

**Monitoring the Deprivation of Liberty Safeguards 2013/14, CQC**

**Patients in our community hospitals receiving mental capacity assessments if needed**

<table>
<thead>
<tr>
<th>Month</th>
<th>73%</th>
<th>96%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb 2015</td>
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**Number of DOLS applications**

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<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>6</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

**DOLS applications that were timely**

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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Timely</td>
<td>67%</td>
<td>75%</td>
<td>82%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Outstanding patient experience

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.

We wanted to support mothers to give their babies the best possible outcome for their health and well-being by supporting mothers to continue with their chosen feeding method for their baby and to develop a close relationship with their baby. To enable this, we wanted to start our journey towards achieving accreditation against the Baby Friendly Initiatives new standards (published by UNICEF). We set ourselves a target that 50% of families using our health visiting service would feel supported in an environment that is baby friendly and helps them to continue with their chosen feeding method.

The outcomes we achieved

• 67% of families felt supported in an environment that is baby friendly.
• 69.8% of families felt supported to continue with their chosen feeding method.
• 41% of our health visitors had undertaken the UNICEF breastfeeding and relationship-building training; above our target of 20%.
• 100% of the staff we identified to be our trainers had completed their training.

How we supported these improvements

We worked with our UNICEF partner to plan our three-year journey towards achieving accreditation.

We sought the views of 131 of our mothers and we assessed the knowledge of 69 of our staff using the UNICEF audit tool before we started our journey. We used the information we gathered to inform our work plan and as a baseline from which to measure our progress.

We revised our breastfeeding policy to reflect the new infant feeding guidance.

We developed a structured education plan to enable us to train 20% of our health visitors before the end of the year, and revised it when we exceeded our target.

• We delivered the UNICEF breastfeeding and relationship-building training to our health visitors and some of our staff in our Family Nurse Partnership Service.
• We trained 12 staff to be able to deliver this training from April 2015.
• We recruited two staff into new roles as Infant Feeding Leads.

Achieving Stage One of the three accreditation milestones is anticipated next year - we will therefore retain this as one of our quality priorities in 2015/16.

Board sponsors
Linda Sheridan
Non-Executive Director

Jeff Phillips
Non-Executive Director

Accountable Committee
Healthcare Governance Committee
via Patient Safety and Experience Group

Delivering the Healthy Child Programme

Our health visitors continued to deliver the core offer of the Healthy Child Programme (HCP) to families in Hertfordshire. During 2014/15, they:

• steadily increased the number of mothers that received a face-to-face antenatal contact
• significantly increased the percentage of mothers receiving an assessment for their risk of post-natal depression, from virtually none to 71.23% in February 2015
• achieved their target of increasing the number of health visitors in post to 229, through a combination of active recruitment, educational support and a robust preceptorship programme, and
• were recognised by Health Education East for their contribution to health visitor training with the Health Visitor Programme Lead Special Recognition Award and Practice Teacher Team Awards.
Our quality improvements in 2014-2015

Consistent and improving patient safety

PRIORIT 5

To reduce the number of patients using indwelling urinary catheters and consequently reduce the number of catheter associated urinary tract infections.

We wanted fewer people in our care to face the risk of a catheter associated urinary tract infection (CAUTI), and set ourselves a target that fewer than 1% of patients that we see in their own homes, residential homes and community hospitals with an indwelling urinary catheter would experience a urinary tract infection. To support this, we wanted our staff to maintain their high standards for hand hygiene and urinary catheter care.

The outcomes we achieved

Our nurses used the NHS Safety Thermometer to do a monthly snap-shot audit of 17,198 patients seen in their own homes, residential homes and our community hospitals, and used this information to give us the incidence of patients with catheters and those experiencing CAUTI.

On average:

- 11.23% of the patients seen had urinary catheters; a similar proportion compared to previous years
- Fewer of the patients seen had experienced a CAUTI; 0.98% and below our target of 1%
- 0.34% of the patients seen had newly acquired infections; fewer than the national average of 0.35%
- 1,755 visits were made by our Overnight Nursing Service (OVNS) to patients because of catheter-related problems; a 17% increase compared to 2013/14, and failing to achieve our target 10% reduction.

- On average, our staff demonstrated 98.9% compliance with the national standards for catheter management in our community hospitals and 99.9% in the community setting.
- 23.5% of nurses in our integrated community teams and community hospitals were trained in continence management and catheter care this year; significantly below our target of 80%.

The proportion of patients with catheters who have had them in place for:

- ≤ 28 days: 7%
- > 28 days: 47%
- Don’t know: 46%
Our quality improvements in 2014-2015

How we supported these improvements

Our Bladder & Bowel team helped patients with bladder dysfunction so that they only used a urinary catheter where it was essential to do so and for the least time necessary.

We supported more patients to have a trial without their catheter, where it was safe for them to do so, to see if they could manage without it.

We helped patients and carers to be partners in their safe catheter care by providing them with:
- information about hand hygiene and catheter care, and
- their Catheter Passport if they did not already have one.

We provided the nursing staff in our community hospitals and integrated community teams with the knowledge and skills to support them.
- We delivered training in continence management and catheter care.
- We introduced improved catheter care plans into our electronic patient record.
- We introduced a urinary tract infection care bundle into our community hospitals.
- We assessed their confidence and competence in providing care to patients with urinary catheters by observing their clinical practice, and supported them to take immediate action where standards were below our expected minimum level of 95%.
- We provided them with open access to advice from our specialist nurses in our Bladder & Bowel Service and our Infection Prevention & Control Team.

We worked with our OVNS to explore ways to reduce the number of patients who requested they visit them at night.

We worked in partnership with the local acute hospitals to improve the discharge planning for people with urinary catheters, including providing patients with their Catheter Passport. And we worked with staff in local care homes to help improve their care of catheterised residents.

Reducing the likelihood of potential harm from catheter associated urinary tract infections remains important to us - we will continue our drive to improve the consistency of the skills of staff caring for catheterised patients and in turn increase patients’ confidence in the care that they receive through our 6Cs quality priority in 2015/16.

Board sponsor
Anne McPherson
Non-Executive Director
Accountable Committee
Healthcare Governance Committee via Infection Prevention & Control Forum

Shaping health policy

In January 2015 our Clinical Lead for the Adult Bladder & Bowel Care Service was invited to become a member of the Royal College of Nursing (RCN) Continence Care Forum Steering Committee.

RCN Forums are at the heart of the professional work of the College, shaping and influencing health policy and nursing practice.
Our quality improvements in 2014-2015

Consistent and improving patient safety

PRIORITY 6

To ensure patient safety is maintained when directly administering medication or when supporting patients in their own self-medication and care.

We wanted fewer of our patients to experience harm from an incident related to the administration of their medication, whether administered by our staff or by themselves. To support this we wanted more of our nurses to be trained and competent in administering insulin and intravenous (IV) therapy and in providing advice to patients on self-medication.

We set ourselves a target to reduce the number of medication incidents that resulted in harm by 10% by the end of the year, where harm was defined as being the need for additional monitoring and/or medical intervention.

The outcomes we achieved

- 52.4% reduction in medication incidents that resulted in harm, significantly exceeding our target of 10%.
- A higher proportion of medication incidents reported that resulted in no harm, increasing our opportunity for learning from prevented incidents, 73% in 2014/15 compared to 43% in 2013/14.
- 2 medication incidents were investigated as serious incidents.
- No complaints about insulin or IV administration.

23% of nurses in our integrated community teams and community hospitals received training and were assessed as competent to administer insulin during 2014/15; fewer than our target of 50%.

48% of nurses in our integrated community teams, community hospitals and children’s services trained to administer IV therapy received their training and were assessed as competent during 2014/15; fewer than our target of 60%.

Number of medication incidents reported and their impact on patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Incidents</th>
<th>Harm</th>
<th>No harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>164</td>
<td>78</td>
<td>86</td>
</tr>
<tr>
<td>2014/15</td>
<td>124</td>
<td>210</td>
<td>34</td>
</tr>
</tbody>
</table>

How we supported these improvements

We provided the nursing staff in our community hospitals, integrated community teams and children’s services with the knowledge and skills to support their decisions and care.

- We worked with our specialist diabetes nurses and delivered training in insulin administration.
- We delivered training in IV therapy administration.
- We assessed their competence in these skills.
- We provided staff with open access to advice from our clinical pharmacy team.

We undertook a comprehensive review of our clinical pharmacy services.

- We developed a Medicines Optimisation and Pharmacy work plan.
- We employed an additional clinical pharmacist to provide more support in our community hospitals.

We worked with the pharmacy lead in West Hertfordshire NHS Trust to standardise the service they provide to our community hospitals.

We supported more of our patients in our community hospitals to safely administer their own medications by ensuring that they have the skills and dexterity to do so, and identifying those who need additional support, such as an aid or community nursing support before they were discharged home.

We undertook an audit across 60 sites and services to assess how safely and securely medicines are being handled and stored.

The results are being used to make improvements to ensure that we are delivering a safe service to our patients and a safe environment for our staff.

In order to reduce the potential harm to their patient our staff responded to 116 medication incidents that they identified, but which did not occur whilst the patient was receiving care from our services. And, we informed the organisation where the incident originated so that we can work together to share learning and minimise the risk of harm for our patients.

We introduced a Medicines Incident Working Group as an additional forum to identify trends and learning from our medication incidents.

A continued reduction in medication incidents resulting in harm, and increasing our opportunities to learn from them and those that were prevented remains an area of focus - we have therefore retained this as one of our quality priorities in 2015/16.

Board sponsor
Dr Caroline Allum
Medical Director

Accountable Committee
Healthcare Governance Committee via Patient Safety and Experience Group
Our quality improvements in 2014-2015
How we performed against national targets

Hertfordshire - all services

<table>
<thead>
<tr>
<th>National Indicators</th>
<th>Full year target</th>
<th>Performance for 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Weeks - non-admitted patients - percentage of patients being treated within 18 weeks for HCT consultant led services</td>
<td>95%</td>
<td>97.8%</td>
</tr>
<tr>
<td>18 Weeks - non-admitted patients - percentage of patients being treated within 18 weeks for HCT non consultant led services</td>
<td>98%</td>
<td>99.3%</td>
</tr>
<tr>
<td>Genitourinary Medicine (GUM) - percentage of patients offered an appointment within 48 hours</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>GUM - percentage of patients seen within 48 hours</td>
<td>85%</td>
<td>91.8%</td>
</tr>
<tr>
<td>West Herts Newborn Hearing Screening - percentage of babies screened within four weeks of birth</td>
<td>98%</td>
<td>99.3%</td>
</tr>
<tr>
<td>Retinal screening - percentage of diabetic cohort that have been offered an annual screen</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Retinal screening - percentage of diabetic cohort that have been screened</td>
<td>80%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Minor Injuries Unit - Herts &amp; Essex Hospital - patients seen and discharged within four hours</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Sleeping accommodation breach in community hospitals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assessment for Venous Thromboembolism – percentage of patients assessed on admission to community hospital</td>
<td>100%</td>
<td>99.6%</td>
</tr>
<tr>
<td>Avoidable MRSA bacteraemia – number of attributable cases</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C difficile infection - number of cases occurring 3 days after admission to community hospitals</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>

West Essex - Children’s Services

<table>
<thead>
<tr>
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<th>Full year target</th>
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</tr>
</tbody>
</table>

The demand and limited clinic space in our walk-in sexual health clinics in Hertford and Stevenage in 2013/14 meant that on average 51 patients each month could not be seen before the clinic was due to close and had to be asked to return another day, and we were only seeing 85.5% of patients within 48 hours. In early 2014 the service made the walk-in clinics more accessible by extending their opening hours from mornings only to all day. Since the changes fewer patients, on average 31 per month, had to be asked to return another day and 91.8% have been seen within 48 hours.

Our quality improvements in 2014-2015
Other areas of quality improvement

Outstanding patient experience

Listening, responding and improving

Gathering the views and experiences of people who use our services and using these to improve the quality of the care we provide is important to us. We encouraged people to give us their feedback individually and collectively in a variety of ways.

Comments, concerns and complaints

We know from the research undertaken by Healthwatch England (Suffering in Silence, October 2014) that, despite the drive for change in complaints handling that followed the Francis Inquiry, people still often lack the information they need to complain, do not have the confidence in the system to resolve their concerns, find the complaints system complex and confusing, and many are not offered or receive the support they need to ensure their voices are heard. We also know that most people’s main motivation for complaining is a desire for care to improve in the future.

In 2014/15 more patients, their families and advocates shared their concerns and complaints with us about the quality of their care and experiences (page 54), although in our surveys 25% still told us that they did not know how to complain should they wish to.

• We handled the enquiries, concerns and complaints that we received promptly.
• Our Patient Advice and Liaison Service (PALS) resolved 95% of enquiries within 24 hours; an improvement from last year.
• We responded to 99.6% of our complaints within the timescale agreed with the complainant, an improvement on 97% last year, and we resolved 2% within 24 hours.

• We offered all complainants support from independent advocates and the opportunity to speak with or meet with Trust staff to discuss their concerns and to agree how best to resolve them.
• We facilitated 28 Being Open meetings for complainants, offering written summaries to ensure they have an accurate record of what was discussed and agreed.
• 12 complaints (5%) were re-opened for further investigation at the request of the complainant.
• We used their feedback to understand where we could make improvements and took action to do so.
• 88% of our services introduced changes in their clinical care, administration or information as a direct result of feedback, with almost one third of our services introducing more than one change during the year.
• We shared our learning and actions taken in our “You Said We Did” posters in our sites and in our quarterly complaints reports in our public Board meetings.

In 2015/16 we will share these more openly on our public website.

Some examples of changes that were made are:

• Following a complaint about a foreign body being missed in a wound when a child presented to our Minor Injuries Unit, the X-ray protocols have been reviewed and staff have received additional training to support their decision-making for such clinical presentations.
• Following a complaint about a mother’s experience when attending a baby clinic, the layout of the room has been altered to provide more privacy and a quieter area for discussion.

"I’m not happy with seeing all different doctors each time. Community Medical Services, West Essex"

"You all went above and beyond, turning a bad situation into a positive experience for us all. Patient, Minor Injuries Unit"

"I’m feeling confident to speak up and making my complaint was simple. I felt listened to and understood. I felt that my complaint made a difference." My expectations for raising concerns and complaints: Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England, November 2014
Our quality improvements in 2014-2015

- Following a concern about the delay in getting a physiotherapy appointment following surgery, our Acute Therapies Service is now providing patients with their first out-patient appointment prior to their admission.
- Following a complaint made by a patient that he was not seen on arriving late for his appointment because he could not find anywhere to park, the Podiatry Service have revised their appointment letters to include information about parking available nearby.

In 2015/16 we will work with Healthwatch Hertfordshire and our health and social care partners in mapping the complaints process across Hertfordshire to identify improvements that can be made to better meet the expectations of people who raise concerns and complaints.

One person posted comments about our services on NHS Choices about their negative experience of our Lymphoedema Service and we invited them to discuss it further with us.

One person posted comments on the Patient Opinion website about the compassion and dignity they experienced during the end of life care given to their father in Potters Bar Community Hospital.

What did our compliments tell us?

Patient stories

We know that good staff experience generates a good patient experience. We strengthened the arrangements for our Board members to hear patient and staff experiences first-hand through a refreshed Keeping in Touch programme of service and site visits, in addition to the information that they receive through the regular quality reports, complaints and serious incidents reports and Pulse surveys, and hearing patient or staff experience stories as a prelude to every Board meeting.

Compliments

We know that our patients appreciate the kindness, care and expertise of our staff because they tell us. We record and report our compliments so that we are equally as open about what we are doing well. We have generated a ‘word cloud’ that shows the prominence of words used in 3,242 compliments received across the Trust in 2014/15.

Friends and Family Test

We continued to use the national Friends and Family Test (FFT) in all our services to understand whether our patients would recommend the care they experienced to a friend or family member. Our Trust-wide net promoter score stayed above our target throughout the year.

We used the FFT to drive change and the improvement in the quality of services we provide; in June 2014 we contacted 160 patients from six services which had a high proportion of people who would not recommend the service, to better understand what had influenced them. The significant majority of the people we spoke to told us they did not experience any issues with the attitude of staff (98%) or communication about their care (92%) and that the care they received matched their expectations (98%).

However, they did have difficulties contacting the right person in the service (14%) and booking or getting an appointment that suited them (8%), and being given details of who they could contact if they needed to after their discharge from community hospitals (9%). We took actions to improve these experiences for our patients, and by the end of the year the proportion of people who would not recommend these six services improved from 5.1% to 1.4%. For example, the Musculoskeletal Service responds to their answering messages more frequently, and the Stevenage Health Visiting team introduced a single point for people trying to contact them.

In July 2014 NHS England issued new guidance which made changes to the way in which the FFT is scored and presented, making it more transparent and meaningful. We made changes to our surveys and comments cards to make this the first question asked and to prompt patients to tell us what had influenced their recommendation rating. We introduced it into 20% of our services in October 2014 and by the end of December 2014 into all of our services so that we could make it available to our patients in its new form from 1st January 2015 in line with the national requirement for community trusts.

We commenced reporting the new percentage ‘would recommend’ score from January 2015 and submitting the data to NHS England ready for publication on the NHS Choices website as another source of information for patients to know about the quality of the services we provide.

During 2014/15 we made it easier for more people to give us their feedback at a time and place to suit them by giving them the on-line link to our surveys. More than 35,700 in all gave us feedback about their experiences in our surveys. We worked with representatives in Healthwatch, patients in our home First services and our staff to develop a core set of questions for inclusion in every survey in 2015/16 so that we can better benchmark our services and demonstrate our learning and improvements in the quality of our services and patients’ experiences over time.

In 2015/16 we will introduce a new easy-read FFT survey making it easier for people with learning difficulties and children to give us their feedback, and we will work with NHS England to develop a patient experience survey to use at HM Prison The Mount.
Responsive Care in Practice

Between January 2014 and March 2015 our integrated children’s occupational therapy service in Hertfordshire reduced the number of families waiting for an assessment for housing adaptations for their disabled child by 78%. In January 2014 families had waited over one year for their assessment. By August 2014 families were seen within 18 weeks and by March 2015 the significant majority of families are seen within 13 weeks.

Outstanding patient experience

Personal, responsive and compassionate

We know that a patient’s experience of care is affected by the sum total of everything that happens to them, but that some experiences matter more than others - it is the quality of their interactions with people that matter most, and it is these which underpin personalised, responsive and compassionate care. We also know when there are failings in the quality of human interactions these can be unforgettable. When asked in our surveys, 99% of our patients told us that they felt treated with dignity and respect, 92% said our staff always respected their privacy when discussing or providing their care, and 93% had complete confidence in the staff caring for them. However, we also know that during the year 33 patients or their advocates had cause to complain about the attitude or behaviour of our staff; this is an area we will focus on in our quality priority to embed Compassion in Practice (page 6).

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I WOULD LIKE TO CONVEY MY GRAT EFUL THANKS TO YOU FOR THE PATIENCE AND COMPASSION SHOWN TOWARDS ME DURING MY STAY.

Patient, Langton Ward

Our quality improvements in 2014-2015

Compassionate Care in Practice

Our nurse-led Rapid Response to Unexpected Child Death Service responds to unexpected child deaths in Hertfordshire, leading a coordinated multi-agency response into how and why the death occurred and providing compassionate support to bereaved families and to significant other people in the child’s life during this traumatic experience. The service is available 24 hours per day, seven days per week and nurses meet the family within two hours of the death.

The team were amongst the 11 finalists shortlisted from 1,305 nominations for the Health Service Journal Awards 2014 in the category for compassionate patient care.

What did our patients tell us?

99.2% told us the quality of the care they received was good to excellent, with 71.4% rating it as excellent.

88.2% of patients in our Wheelchair Service told us they were given information in a way that they could completely understand.

88.1% of patients in our Respiratory Service told us that they felt completely safe and comfortable throughout their procedure.

92.8% of patients in our Specialist Dental Service told us that they felt completely safe and comfortable throughout their procedure.

86.5% of parents in our Children’s Physiotherapy Service told us that they felt more confident to safely manage their child’s needs and to help their child’s development.

We built on our work to be a Trust which is personal, fair and diverse by working towards our six equality objectives which were based on feedback gained through the Equality Delivery System engagement process in 2013.

• We refreshed our equality and diversity training and increased the number of staff who undertook it; 68% staff said they had received it during the previous 12 months in this year’s annual staff survey (the same as the national average for community trusts), compared to 59% in 2013.

• We undertook an equality analysis on all 95 policies which were produced or reviewed during the year to confirm that they did not discriminate and where possible promoted equality.

• We continued to facilitate the provision of an interpreting service for patients who needed it, with over 98% of the interpreting being provided face-to-face. In 2015/16 we will use a new electronic system for booking interpreters that will allow us to analyse languages requested against languages that are spoken by our local population.

• We significantly improved the information collected about our staff and we can now better analyse and report against the nine protected characteristics and use this information to inform our future workforce equality objectives.

We took actions outlined in our Learning Disability Action Plan, working in partnership with the county council’s Health Liaison Team, so that our staff are more able to meet the needs of people with learning disabilities. For example:

• we started our journey towards our services achieving the Purple Star kite mark for delivering high quality care to patients with a learning disability

• we produced our Quality Account 2013/14 and our Risk Strategy in an easy-read format

• we ran a Hertfordshire-wide conference in partnership with West Hertfordshire Hospitals NHS Trust, HPFT, Herts Valleys CCG and Hertfordshire County Council.

• we refreshed our Learning Disability Policy.

We will continue to work in partnership with the Health Liaison Team to make more of a difference in 2015/16. For example;

• we will produce more of our publications in easy-read formats

• we will assess the issues that people with learning difficulties face in accessing our services and take steps to reduce these

• we will support more of our services to work towards achieving the Purple Star kite mark, and

• we will increase the ways in which we share our learning of good practice across the Trust.

Personal Care in Practice

In August 2014 our specialist dental service in St Albans was the first dental service in Hertfordshire to be awarded the Purple Star. We plan to achieve this kite mark in all our specialist dental services by August 2015.

The Purple Star Strategy is a unique innovation developed by the Health Liaison Team, part of the Community Learning Disability Service, in partnership with key stakeholders and aimed to prevent people with learning disabilities being disadvantaged by others’ lack of understanding of their needs.

• SHE SEEMED EXTREMELY KNOWLEDGEABLE ABOUT THE WIDER ISSUES OF HAVING A CHILD WITH DISABILITY.

Parent, Children’s Physiotherapy Service
Our quality improvements in 2014-2015

Patients in our community hospitals continued to receive their care in same sex accommodation and we reported no breaches. The standard of privacy, dignity and well-being in five of our eight community hospitals and their out-patient areas, assessed within our Patient Led Assessments of the Care Environment (PLACE), had improved in 2014 compared to 2013, although all scored below the national average. Although only one community hospital scored above the national average, there was an overall 11% improvement between 2013 and 2014 in the condition, appearance and maintenance of the patient environments, compared to a national average improvement of 1.5%.

We used the learning from our PLACE to make improvements. For example:

- we developed a noticeboard with photographs of staff working in the hospital
- we improved the signage in our wards
- we reviewed our cleaning schedules with our Estates team and arranged some deep cleans
- we provided patients with lockable bedside storage
- we refurbished the kitchen, lounge and dining room at Langley House to improve the social experience for our patients and their visitors.

We will strengthen the representation of our volunteer group in our PLACE assessment team in 2015 by including carers.

PLACE Scores 2014

<table>
<thead>
<tr>
<th>Community Hospital</th>
<th>Cleanliness</th>
<th>Food &amp; Hydration</th>
<th>Privacy, Dignity &amp; Well-being</th>
<th>Condition, Appearance &amp; Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>97.25%</td>
<td>88.80%</td>
<td>87.70%</td>
<td>92.00%</td>
</tr>
<tr>
<td>Potters Bar Community Hospital</td>
<td>97.24%</td>
<td>93.08%</td>
<td>83.82%</td>
<td>93.04%</td>
</tr>
<tr>
<td>Gosson End</td>
<td>95.52%</td>
<td>88.19%</td>
<td>70.45%</td>
<td>88.36%</td>
</tr>
<tr>
<td>Runcie Unit*</td>
<td>91.39%</td>
<td>85.78%</td>
<td>80.08%</td>
<td>79.83%</td>
</tr>
<tr>
<td>St Peter’s Ward</td>
<td>93.97%</td>
<td>88.25%</td>
<td>69.94%</td>
<td>71.32%</td>
</tr>
<tr>
<td>Queen Victoria Memorial Hospital</td>
<td>99.55%</td>
<td>81.27%</td>
<td>68.27%</td>
<td>87.07%</td>
</tr>
<tr>
<td>Langley House</td>
<td>95.19%</td>
<td>87.14%</td>
<td>74.04%</td>
<td>77.59%</td>
</tr>
<tr>
<td>Herts &amp; Essex Hospital</td>
<td>96.70%</td>
<td>67.95%</td>
<td>78.47%</td>
<td>79.69%</td>
</tr>
<tr>
<td>Danesbury</td>
<td>96.25%</td>
<td>86.04%</td>
<td>77.16%</td>
<td>86.07%</td>
</tr>
</tbody>
</table>

Staff in our community hospitals continued to make changes to try to maintain and improve their overall responsiveness to the personal needs of their patients. The demands placed on staff from winter pressures and the need to use temporary staff may have contributed to patients not always being given the information that they needed on discharge. In 2015/16, we will reduce our need for temporary staff (page 85) and we will improve the support we give patients with their medication (page 14).

Patients said they were...

<table>
<thead>
<tr>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>...involved as much as they wanted to be in decisions about their care</td>
<td>85%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>...able to talk to someone about their fears and worries</td>
<td>79%</td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td>...felt they were given privacy when discussing their condition or treatment</td>
<td>94.5%</td>
<td>95.2%</td>
<td>97%</td>
</tr>
<tr>
<td>...were told who to contact if they were worried about their condition after they left hospital</td>
<td>89%</td>
<td>89%</td>
<td>93%</td>
</tr>
<tr>
<td>...were told about the medication side effects to watch out for when they were discharged home</td>
<td>67%</td>
<td>77%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Overall responsiveness (weighted score)  

| 82.9% | 85.3% | 89.9% | 87.5% |
Our quality improvements in 2014-2015

Consistent and improving patient safety

Patient safety

The safety of our patients is of the utmost importance to us. We believe that no patient should be harmed whilst receiving care that is intended to help them. We recognise that the best way of doing this is to have systems that are based on continuous learning and improvement.

We strengthened our commitment to putting safety first and built on our actions already identified from the recommendations made in the Francis, Keogh and Berwick reports.

- We signed up to the national initiative Sign Up to Safety in December 2014; committing to improve patient safety by taking actions against five safety pledges.
- We increased the resources into our medical devices team to put in place a robust schedule of planned and preventative maintenance of medical devices used by our patients, and to provide training to our staff in their safe use.
- We established a systematic review, by our Medical Director, of the clinical records of all patients who die whilst in our care in our community hospitals. And, we set up a Mortality Review Group to analyse trends and identify learning across the Trust. We reported 40 deaths during 2014/15, 2.1% of all discharges, below the average for aspirant community foundation trusts of 3.1%.
- We contributed to the system-wide approach to managing the high demands on urgent care across Hertfordshire over the winter period and beyond. We opened additional beds in our community hospitals and supported the rehabilitation to additional beds for non-weight-bearing patients in the community. We put in place new services and extended existing ones focused on preventing hospital admission, facilitating discharge from acute hospitals and supporting a shorter length of stay in our community hospitals.

Urgent Care in Practice

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.
- 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.

Discharge hubs
In this new project an integrated health and social care team worked 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 (December 2014 - March 2015) since the project started the average length of stay in the intermediate care beds in our community hospitals:
- reduced by 36% in East & North Hertfordshire against a target of 20%
- reduced in West Hertfordshire but not by the three-day target - our community hospitals continued to admit a wider group of patients than those requiring rehabilitation, many of whom had complex needs requiring considerable discharge planning to get them to a care destination that best met their needs.

Rapid Response 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:
- 120 new patients per month are seen
- 85% are successfully managed in their home preventing hospital admission.

Clinical Navigators
We extended the hours that our clinical navigators worked so that they could help more patients, families and clinicians in A&E at the Lister Hospital identify and implement solutions to enable the patient to be cared for outside of hospital.
Our quality improvements in 2014-2015

Percentage of patients (aged 16 or over) readmitted to any hospital within 28 days of their discharge from our community hospitals

<table>
<thead>
<tr>
<th></th>
<th>Hertfordshire Community NHS Trust 2010/11</th>
<th>Community Providers 2011/12</th>
<th>Hertfordshire Community NHS Trust 2011/12</th>
<th>National Highest</th>
<th>National Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients</td>
<td>11.43%</td>
<td>12.6%</td>
<td>12.6%</td>
<td>41.65%</td>
<td>3.35%</td>
</tr>
</tbody>
</table>

Data made available to the Trust by the Health and Social Care Information Centre (March 2015).

Readmission within 28 days

Hertfordshire Community NHS Trust considers that this data is as described for the following reasons:

- the publication of more up-to-date data for this indicator has been delayed whilst Health and Social Care Information Centre (HSCIC) take over production from an external contractor
- the data provided by HSCIC is based on all emergency readmissions regardless of the organisation to which the patient was readmitted
- some patients are transferred or readmitted to the acute hospital from the community hospital if they become medically unstable or need access to specialist equipment or clinicians for further investigations.

Hertfordshire Community NHS Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- reinforcing the criteria for admission to our community hospitals and liaising with commissioners about the increasing acuity of patients being admitted
- involving patients and relatives in their discharge and arranging on-going support and rehabilitation in the community
- actively preventing hospital readmission, for example through the work of our Rapid Response and Home First teams
- monitoring the percentage of patients readmitted to our community hospitals.

Percentage of patients (aged 16 or over) readmitted to one of our community hospitals within 30 days of their discharge from our community hospitals

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hertfordshire Community NHS Trust</td>
<td>0.7%</td>
<td>0.35%</td>
</tr>
</tbody>
</table>

Delivering harm free care

The NHS Safety Thermometer is a point of care survey used by frontline staff which provides a comparative ‘temperature check’ of four key harms that patients experience:

- falls
- venous thromboembolism (VTE)
- pressure ulcers
- catheter associated urinary tract infections (CAUTI).

We have steadily reported a harm free rate above the 92% benchmark for aspirant community foundation trusts in all but one month, when the harm free rate was 91.98%.

VTE

We continued to screen 99.6% of patients for their risk of VTE on their admission to our community hospitals. An audit against the standards in our VTE policy in July 2014 found that only 87% of patients were having their risk of VTE re-assessed 24 hours after admission placing them at risk of harm. A further audit after four weeks showed that 100% of patients were being re-assessed on admission and 24 hours after admission with the exception of Sopwell Ward. Regular audits were continued on this ward to gain additional assurance of sustained improvements.

Pressure ulcers and CAUTI

The actions and improvements made in reducing harm from pressure ulcers and urinary catheters are outlined on pages 36 and 44.

And, our average monthly number of avoidable new category 2, 3 or 4 pressure ulcers developed in our care during the six months September 2014 to February 2015 is 2.7 compared to 13.8 for aspirant community foundation trusts.

What did our Safety Thermometer results tell us?

<table>
<thead>
<tr>
<th></th>
<th>Patients audited in 2014/15</th>
<th>17,198</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm free care (average)</td>
<td>93.1%</td>
<td></td>
</tr>
<tr>
<td>National average</td>
<td>93.8%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>HCT</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new harms</td>
<td>97.48%</td>
<td>97.63%</td>
</tr>
<tr>
<td>Falls with harm</td>
<td>1.66%</td>
<td>0.68%</td>
</tr>
<tr>
<td>New VTEs</td>
<td>0.04%</td>
<td>0.40%</td>
</tr>
<tr>
<td>New pressure ulcers</td>
<td>0.53%</td>
<td>0.98%</td>
</tr>
<tr>
<td>New CAUTIs</td>
<td>0.34%</td>
<td>0.35%</td>
</tr>
</tbody>
</table>

Percentage of patients with a new category 2, 3 or 4 pressure ulcer - 2014/15

[Graph showing data over time]
Our quality improvements in 2014-2015

Falls

We continued our year-on-year reduction in the number of falls that patients in our community hospitals experienced; a 3.9% reduction, but less than our 10% target. Fewer patients fell more than once during their stay. The number of falls each month that caused any degree of injury remained significantly lower than the benchmark of 4.0 and the average of 2.42 (per 1000 occupied bed days) for aspirant community foundation trusts. However, more patients experienced a fracture or injury that needed acute hospital care as a result of their fall.

We know that falls present a significant risk to the health and independence of older people. From our review of falls incidents we know that patients who fell more than once during their stay had a degree of cognitive impairment. Supported by an updated policy and our network of falls champions, our staff introduced new measures during the year to identify patients at risk of falling and to create the right environment and reduce the potential for harm.

For example:

- use of voice alert systems by patients when using the toilet so that they could let the nurse know when they needed help whilst retaining their privacy and dignity
- use of sensor mats as a best interest decision for patients who did not have the capacity to understand they were at risk
- seeking advice from dementia specialist nurses on strategies to use with patients with memory difficulties, and
- a trial using wrist bands as a visual identifier of patients at risk of falling.

In 2015/16 we will continue to take actions to reduce the likelihood of patients in our community hospitals from falling; not only those patients who are more vulnerable as a result of a cognitive impairment, but also those who over-estimate their abilities during their rehabilitation.

St Peter’s Ward

Team winner of the Trust’s Service Innovation and Effectiveness Award 2014 - for their evidence-based Otago Exercise Group improving the balance and confidence of patients at risk of falling.

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total falls</td>
<td>660</td>
<td>598</td>
<td>435</td>
<td>418</td>
</tr>
<tr>
<td>Per 1000 occupied bed days</td>
<td>8.297</td>
<td>7.735</td>
<td>6.018</td>
<td>5.649</td>
</tr>
<tr>
<td>Average falls per 1000 occupied bed days for aspirant community foundation trusts</td>
<td></td>
<td></td>
<td></td>
<td>8.31</td>
</tr>
</tbody>
</table>

Falls resulting in fracture or significant injury

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>13</td>
<td>17</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Per 1000 occupied bed days</td>
<td>0.163</td>
<td>0.220</td>
<td>0.166</td>
<td>0.257</td>
</tr>
</tbody>
</table>

Number of patients falling more than once

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>109</td>
<td>98</td>
<td>82</td>
<td>76</td>
</tr>
</tbody>
</table>

Injurious falls (per 1000 occupied bed days) in community hospitals - 2014/15

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.57</td>
<td>1.57</td>
<td>1.62</td>
<td>1.72</td>
</tr>
</tbody>
</table>

2014/15 Benchmark

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Relative,

[MY PARTNER] WAS SO FRAIL AND VERY VULNERABLE. HE WAS TREATED WITH DIGNITY AND RESPECT, AND AS A FAMILY WE FELT HE WAS SAFE IN YOUR CARE.

Our quality improvements in 2014-2015

Consistent and improving patient safety

Safeguarding people at risk

During a year when safeguarding has remained high on the public agenda, we have continued to embed a culture of zero tolerance of abuse and ensure that safeguarding remains a high priority in the Trust with the support of our safeguarding teams for adults and children, and through our continued work with other agencies and the Hertfordshire Safeguarding Adults Board (HSAB) and the Hertfordshire Safeguarding Children Board (HSCB).

- Following the publication of the Independent Oversight of NHS and DH investigations into matters relating to Jimmy Savile in June 2014, we analysed all the policies and procedures we have in place to safeguard vulnerable people in our care, finding no areas of high risk. Progress against the actions we identified is being monitored through our Safeguarding Group. We will implement the recommendations arising out of the wider learning from these investigations, published in the independent report in February 2015.

- We helped our staff in identifying safeguarding concerns and in effective decision-making through a comprehensive training programme and regular supervision. We took measures to try to recover the proportion of staff who had undertaken basic and more advanced safeguarding training where these fell below our Trust targets, achieving 90.1% by year-end for children’s safeguarding and 85% for adults’ safeguarding.

- We focused on helping our staff improve their understanding of the mental capacity act, embed widespread use of mental capacity assessments and best interest decisions where appropriate and in knowing when to apply for Deprivation of Liberty Safeguards (page 40).

- We continued to provide assurance to our Board and our commissioners through our annual self-assessment of adult safeguarding arrangements and our Section 11 audit, and our performance against dashboards of indicators.

- We delivered Prevent training to 98% of our staff in high risk areas, exceeding our target of 95%, and to 82% of all staff.

Adults

- Our staff raised 202 safeguarding alerts during 2014/15, a continuation of the year-on-year increase. At the time of writing, 73 of these led to a formal multi-agency investigation, and ten met the threshold for and were investigated as serious incidents. Ten allegations made involved our staff, none of which were substantiated following investigation.

- We increased the frequency that we expect our staff to undertake safeguarding adults from abuse training from three-yearly to annually.

- We increased the size of our adult safeguarding team to include a Safeguarding Adult Specialist Nurse and administrative support.

- We contributed to the development of a new safeguarding alert, web page and publicity materials with the HSAB.

- We delivered Prevent training to 98% of our staff in high risk areas, exceeding our target of 95%, and to 82% of all staff.

Children

- We continued to support the families of children in need and looked after children. At the end of the year there were 998 children subject to child protection plans, and our health visitors or school nurses attended 100% of the 516 initial care conferences. And during 2014/15, overall 66% of the new children coming into care received their initial medical review and 77% of those in care and known to our team received their 6-monthly review within the target timescales.

- We participated in serious case reviews and took immediate actions in response to lessons learned from them, and checked that changes introduced were working by undertaking audits. For example, we revised our policy for children under five who move into our area and updated our health visitor guidance to reduce the risk of children being missed and failing to receive their essential health checks, and families of children at risk not receiving the support they need.

- We worked closely with our commissioners and children’s social care to ensure safeguarding children is prioritised in the workloads of staff even when they face pressures from increasing caseloads or organisational change. For example, we updated the model for prioritisation for our school nursing service, which will be evaluated jointly with HSCB.

- We restructured our children’s safeguarding service to support a more joined up and “think family” approach across the Trust, with staff who have responsibilities and expertise in specialist areas. For example, rapid response to unexpected deaths in children, child sexual exploitation, female genital mutilation, and training and audit. And we increased the time available from our Named Doctor.

- We strengthened our commitment to newly qualified health visitors by seconding a member of staff from their team into the children’s safeguarding team, and ensuring that newly qualified staff were supervised and supported in their preceptorship period.

- We extended our Family Nurse Partnership to Watford and Dacorum in October 2014, supporting more very vulnerable families in developing their resilience, confidence and abilities as parents.

- We focused, with the support of a CQUIN, to implement the lessons learned following a safeguarding event and ensure the voice of the child or adult is heard.

<table>
<thead>
<tr>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFA alerts</td>
<td>119</td>
<td>127</td>
<td>159</td>
</tr>
<tr>
<td>Alerts leading to formal multi-agency investigation</td>
<td>38</td>
<td>39</td>
<td>61</td>
</tr>
</tbody>
</table>

Quality Account 2014-2015
Our quality improvements in 2014-2015

Consistent and improving patient safety

Infection prevention and control

Infection prevention and control continues to be a key priority. Our staff know that they have an individual responsibility to ensure that they provide a safe service to our patients, whether care is provided in our clinics, in our community hospitals or in the patient’s home. Our Infection Prevention & Control Team continue to support our staff to be able to do so by providing them with evidence-based policies and procedures, real-time data and analysis, and open access to their clinical advice and expertise.

Our achievements in 2014/15 include:

- seven of our 12 wards did not have any patients with a C difficile infection. All five cases occurred on different wards, with no transmission of infection between patients
- no patients experienced an avoidable MRSA bacteraemia (blood-borne infection) linked to our services, for the third consecutive year
- 99.9% of patients were screened for MRSA on admission to our community hospitals. One patient was missed when they were re-admitted to a community hospital in August 2014; an improvement from 2013/14 when screening was below 100% in four months.

Number of confirmed cases of C difficile infection in our community hospitals

```
<table>
<thead>
<tr>
<th>Year</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>C difficile cases per 1000 occupied bed days</td>
<td>0.138</td>
<td>0.233</td>
<td>0.221</td>
<td>0.068</td>
</tr>
</tbody>
</table>
```

We sourced our infection prevention and control guidance from the following sources:

- National Institute for Health and Care Excellence
- local Health Protection Teams
- Health and Safety Executive
- Public Health England (PHE)

We also work with our clinical colleagues and local partners to ensure we provide a safe, high quality service for our patients.

IT WAS GOOD. I COULD OPEN UP AND TALK ABOUT MY PROBLEMS AND GET FEEDBACK ON WHAT TO DO.

Young person about their Health Assessment
Our quality improvements in 2014-2015

We declared an outbreak related to MRSA transmission in our neurological unit, Danesbury, when two patients were found to have acquired MRSA colonisation following their admission. The outbreak was investigated as a serious incident and managed with specialist advice from Public Health England. We provided staff on the unit with additional training in urinary catheter management and observed their clinical practice more frequently.

- Staff in our community hospitals and integrated community teams maintained their high standards in hand hygiene; consistently above our target of 95% (range 98% - 100%).

- Of the patients who gave us feedback 93% told us that the ward they were staying in was very clean and 99% told us that the staff washed or cleaned their hands between patients.

- There were two outbreaks of diarrhoea and vomiting in two of our community hospitals; both suspected to be Norovirus (winter vomiting illness). All patients and staff affected made a full recovery.

We supported our staff and patients in a number of ways.

- 2,063 staff completed their annual infection prevention and control training in face-to-face sessions and by e-learning, increasing the overall uptake of all staff across the Trust from 86% in April 2014 to 91% in March 2015, against our target of 90%.

- We continued to monitor the standards of cleaning in our community hospitals, working with the contractors to improve standards where necessary; standards and consistency improved considerably in our wards in St Albans during 2014/15. As part of the new cleaning contract from April 2014 all our community hospitals received a planned programme of deep cleans.

- 2,063 staff completed their annual infection prevention and control training in face-to-face sessions and by e-learning, increasing the overall uptake of all staff across the Trust from 86% in April 2014 to 91% in March 2015, against our target of 90%.

- We continued to monitor the standards of cleaning in our community hospitals, working with the contractors to improve standards where necessary; standards and consistency improved considerably in our wards in St Albans during 2014/15. As part of the new cleaning contract from April 2014 all our community hospitals received a planned programme of deep cleans.

- Staff worked with the facilities team to remove items from the clinical environments to promote the benefits of an uncluttered environment on effective cleaning and patient experience.

- We updated our signage and posters for hand hygiene to support our staff and visitors to locate hand hygiene products in our wards.

- We participated in European Antibiotics Awareness Day in November 2014; promoting the message about responsible antibiotic use with our staff and patients.

- We standardised cleaning products across the Trust, and provided training on their safe use.

- We developed a booklet on key infection control principles and issued it to agency staff working in our Trust to ensure they are aware of safe practices required when working with our patients.

In 2015/16 we will continue to apply our lessons learned and aim for a fourth consecutive year with no cases of MRSA bacteraemia and fever than the ceiling set by our commissioners of six cases of C difficile infection.

Our quality improvements in 2014-2015

Consistent and improving patient safety

Reporting and learning from incidents and safety alerts

In 2014/15 we wanted to see our rate of incident reporting continue to rise as we know an organisation with a high level of incident reporting is one more able to learn and improve their patient safety, and we did; an average of 396 patient safety incidents per month during 2014/15 compared to an average of 353 per month in 2013/14. The national benchmarking data released by the National Patient Safety Agency (NPSA) for the six months from April – September 2014 showed that we had shifted out of the highest 25% of reporters in similar organisations, and into the middle 50% of reporters. Our national staff survey results for 2014 tell us that the same percentage of our staff as the national average for community trusts witnessed incidents in the previous month (23%), but that fewer staff (89%) reported incidents that they witnessed in the previous month compared to the national average (91%). We know that we can therefore improve further. We have made this an area of focus in our Sign Up to Safety pledges and in our GtC quality priority (page 6).

The overall pattern of incident reporting in 2014/15 has changed since 2013/14, with the exception of pressure ulcers and patient falls which remain the top two categories and represent 42% and 13% respectively of all patient-related incidents reported.

Of significance, medication incidents have reduced reflecting the improvements in year through our quality priority (page 48), incidents related to patient confidentiality and transportation are no longer one of the top ten categories reflecting the improvements in information governance and in the service from our contracted transport provider. Incidents related to medical devices and equipment have increased; 54% of these were related to equipment provision by Hertfordshire Equipment Service (HES), and we are working with HES to alleviate delays in equipment provision and to escalate these where they may have an impact on patient safety.

We reported 276 serious incidents (SIs) during 2014/15, 27 of which were downgraded by our commissioners.

<table>
<thead>
<tr>
<th>Top 10 categories of reported incidents</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure ulcer related incidents</td>
<td>2015</td>
</tr>
<tr>
<td>Patient fall</td>
<td>606</td>
</tr>
<tr>
<td>Admission, discharge or transfer</td>
<td>425</td>
</tr>
<tr>
<td>Medication patient</td>
<td>288</td>
</tr>
<tr>
<td>Patient information</td>
<td>219</td>
</tr>
<tr>
<td>Nursing care</td>
<td>176</td>
</tr>
<tr>
<td>Communication</td>
<td>128</td>
</tr>
<tr>
<td>Medical devices and equipment</td>
<td>115</td>
</tr>
<tr>
<td>Treatment</td>
<td>112</td>
</tr>
<tr>
<td>Monitoring</td>
<td>84</td>
</tr>
</tbody>
</table>
**Our quality improvements in 2014-2015**

**Summary of patient-related incidents**

<table>
<thead>
<tr>
<th>Incident</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of incidents reported</td>
<td>4285</td>
<td>4562</td>
<td>4238</td>
<td>4760</td>
</tr>
<tr>
<td>Total number of (confirmed) SIs</td>
<td>95</td>
<td>209</td>
<td>226</td>
<td>249</td>
</tr>
<tr>
<td>SIs as proportion of all incidents</td>
<td>0.022</td>
<td>0.046</td>
<td>0.053</td>
<td>0.052</td>
</tr>
<tr>
<td>Never events</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Summary of serious incidents**

<table>
<thead>
<tr>
<th>Incident</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure ulcer - category 3 or 4</td>
<td>54</td>
<td>162</td>
<td>160</td>
<td>189</td>
</tr>
<tr>
<td>Patient injury - fall</td>
<td>13</td>
<td>17</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Information governance*</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Infection control</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Allegations of abuse</td>
<td>1</td>
<td>8</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Child</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Medication</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Patient injury - manual handling</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Patient harm/sub-optimal care</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Late diagnosis</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Notification of child death/serious injury</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>National screening programme</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Estates and facilities</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Death in custody</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Significant near miss</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Unexpected death</td>
<td>**</td>
<td>**</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Scheduling of children’s health appointments</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Rate of patient safety incidents**

<table>
<thead>
<tr>
<th>Incident</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Death</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Severe harm</strong></td>
<td>11</td>
<td>0.5%</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2257</td>
<td>59.2%</td>
<td>2124</td>
<td>56.2%</td>
</tr>
</tbody>
</table>

Hertfordshire Community NHS Trust considers that this data is as described for the following reasons:

- we developed the 4Ds prompt card (Doubt, Decision, Describe, Do something) to help staff to take the steps required in mental capacity assessments and best interest decisions and we increased our mental capacity training from three-yearly to annually
- we took part in the national pressure ulcer awareness day in November 2014
- we shared learning about patient falls, pressure ulcers, safeguarding concerns and incidents involving sharps and medication through our Sharing Lessons in Practice bulletins and Clinical Matters newsletters
- we explored and started to introduce different solutions to enable staff to have the essential clinical patient information available on their mobile device should they be unable to connect to a network; these will be rolled out across the mobile workforce in 2015/16
- we undertook audits to confirm correct use of invasive devices, such as catheters and drips, after an outbreak of MRSA in one of our community hospitals
- we worked with the HSCB to update the protocol used by all agencies for unexplained bruising and marks in pre-mobile children
- we set up a Serious Incident Panel in December 2014; an additional forum for identifying learning across the Trust.

**Hertfordshire Community NHS Trust**

Hertfordshire Community NHS Trust intends to take the following actions to improve this number and rate, and so the quality of services by:

- supporting its staff to report not only the actual incidents they witness, but also those that were prevented, through our quality priority and Sign Up to Safety work plan (pages 6 and 60).
- guidance added to the Trust’s Datix system helped staff to more consistently apply the national coding of degree of actual, rather than potential, harm.
Our quality improvements in 2014-2015

In February 2015, the Trust was served with an improvement notice by the National Health and Safety Executive as a result of a staff member who sustained a broken wrist whilst moving a bariatric (obese) patient; an injury that could have been prevented. In 2015/16 we will improve the support we have in place for our staff when caring for bariatric patients by developing a policy and risk assessments and including these in our moving and handling training, and we will provide our staff with equipment suitable for bariatric patients.

During 2014/15 we received 158 alerts through our Central Alert System Liaison Officer of which 51 were applicable to our services. Of the 24 which required actions to be taken, 23 have been completed in year and the remaining one is underway and within the required timescales.

Types of alerts received

<table>
<thead>
<tr>
<th>Types of alerts</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates and Facilities Alerts</td>
<td>59</td>
</tr>
<tr>
<td>Medical Device Alerts</td>
<td>53</td>
</tr>
<tr>
<td>Drug Alerts</td>
<td>21</td>
</tr>
<tr>
<td>Patient Safety Alerts</td>
<td>17</td>
</tr>
<tr>
<td>Chief Medical Officer Messaging</td>
<td>8</td>
</tr>
</tbody>
</table>

Examples of changes introduced from the alerts are:

- we appointed a medical devices safety officer and put in place a system for acting on field safety notices (the system for equipment recall)
- we introduced the use of the National Early Warning Score to help early identification of patients whose health is deteriorating
- we developed a shorter discharge document with our acute trust partners to facilitate safer transfer from the acute hospital into our community hospitals.

Responsive Care in Practice

A nebuliser was made available to a community hospital within three hours of its request from the medical devices team. Without this equipment, the patient would have needed readmission to an acute hospital.

Excellent clinical outcomes

NICE guidance, streamlining clinical pathways and developing new services

In addition to improvements in clinical effectiveness arising out of our clinical audit programme (page 23), our Clinical Effectiveness Group reviewed 95 of the 110 sets of national clinical guidance and 24 of the 29 quality standards released during 2014/15 by NICE. We undertook self-assessments of compliance with the 34 clinical guidelines and the 22 quality standards applicable to our services, and took action if needed. For example:

- we worked with the Early Memory Diagnosis and Support Service to develop and introduce a screening tool for the risk of undiagnosed dementia so that patients seen by our integrated community teams could benefit from its early identification (page 38)
- we introduced a new validated screening tool more suited to the children seen by the Step2 service
- we audited to check that the traffic light system for identifying the risk of serious illness in children with a fever was in use in all our services
- we included education about metastatic spinal cord compression into our palliative care study days
- we identified the smoking status of 89% of our patients, and offered on average 32 patients per month a referral to an evidence-based smoking cessation service.

We developed 46 notice-board style posters about our services which individually and collectively provide our internal and external stakeholders objective evidence of how the Trust is making a difference for our patients and contributing to innovative changes in the health system. They can be found on the public page of our website www.hertschs.nhs.uk.
During 2014/15 we continued to work with our partners in the NHS, local authority and voluntary sector in Hertfordshire and West Essex in redesigning how clinical services are provided so that patients experience care which is more effective, has less duplication, is more easily accessed and, where possible, allows them to stay at home rather than be admitted to hospital.

• In partnership with health, social care and the Stroke Association we led a system-wide initiative for patients who have experienced a stroke; Early Supported Discharge (ESD) - we put in place integrated pathways for stroke patients between the acute hospitals and our services - we centralised the specialist stroke rehabilitation we provide to patients in our community hospitals; improving their experience and the speed at which they can transfer from the acute hospital. In West Hertfordshire we established a ten-bedded dedicated stroke unit at Langley House in a completely refurbished environment, and in East & North Hertfordshire we increased the number of beds available in Danesbury after a change in commissioning relocated the respite care provided there.

• We built upon the success of our successful Home First services in Lower Lea Valley and Hertsmere, with a new Home First service in North Hertfordshire from July 2014. In Home First patients experience personalised, seamless and responsive care in their own homes from fully integrated health and social care teams, who work with them as partners to manage their own health and prevent the need for hospital admission, and facilitate their discharge home from hospital when admission has been necessary.

### Integrated Care in Practice

- **Integrated Care in Practice**
  
  Early Supported Discharge 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.

  - In East & North Hertfordshire patients receive physiotherapy and occupational therapy at weekends as well as in the week.
  - a new user-friendly joined up care plan on discharge from each part of the stroke pathway.
  - In West Hertfordshire patients receive consistent therapy from therapists who have been trained together and work closely.
  - an assessment of their mood and cognition using a tool which provides a common understanding of their needs wherever they receive their care.

- **Integrated Care in Practice**
  
  In the first six months after the Home First team in North Hertfordshire started providing care

  - 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.
  - 203 patients were supported in their discharge from hospital to continue their rehabilitation at home, with only 8.9% being readmitted.

  "Thank God for Home First, they helped us through the first four weeks with real compassion and understanding. They wanted to find out how they can help and then you name it, they did it".

  Patient, Home First North Herts

### Our quality improvements in 2014-2015

- We integrated our specialist palliative care team into our integrated community teams to help their ambitious three-year work plan, monitored by the Palliative and End of Life Care Network, to deliver improved end of life care to more patients.

- In partnership with the acute service and GPs, our Skin Health Service piloted a new pathway that helps patients receive their care as close to home as possible.

- In partnership with HPFT, we introduced mental health practitioners into our Rapid Response Service in Watford so that the team can better meet the needs of people with dementia and their carers.

- In partnership with over 450 stakeholders representing schools, children’s centres and parents, our children’s Speech & Language Therapy Service launched its three-tier model in Hertfordshire and West Essex. This new model ensures 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.

- Our services offered every GP practice an opportunity to meet to explore how we can work together to improve care and experiences for patients; children’s services visited 100% of GP practices and, delayed due to the demand of winter pressures, adult services visited 50%.

### Innovative Care in Practice

- **Innovative Care in Practice**
  
  Time for Talk is a new six session course developed with Lime Tree Children’s Centre in Letchworth and winner of the annual Alyson Portch Award.

  Time for Talk gives pre-school children the opportunity to develop their communication whilst playing and gives parents and children’s centre staff guidance and confidence on how to encourage communication.

  Time for Talk is now being run by the staff of Lime Tree Children’s Centre and being shared with other children’s centres and primary schools.

  “I am talking with my child a lot more at home.”

  “It has really improved my child’s confidence; he normally struggles with larger groups and becomes shy when trying to communicate with friends and family.”

  Parents, Time for Talk

- **Innovative Care in Practice**
  
  Parents, Time for Talk
Our quality improvements in 2014-2015

During 2014/15 the need to increase productivity by introducing innovative ways of working whilst maintaining and improving quality of care remained as important as it has been in previous years. We wanted to support our staff to contribute to improvements at work and in the 2014 annual staff survey more staff told us that they were able to do so; 70% compared to 66% in 2013, and the same as the national average for community trusts. And we have seen a steady rise in staff who told us in our Pulse surveys that they felt involved in the discussions and decisions of how to improve the work of their team or service, 67% in January 2015 from 62% one year before.

Our clinical staff, with the support of our dedicated transformation team, built on the innovative and transformational developments they introduced in 2014/15, realising some tangible benefits for patients, staff and the Trust.

• We encouraged and supported other innovative developments which helped improve our patients’ health and supported them to live their lives (page 26).  

Transformation in Practice

At the end of phase three of our mobile working project 70% of the mobile workforce had received transformation training, and tangible benefits had been realised.

• Care being delivered to patients using standardised assessment templates and evidence-based care plans.
• 27.4% increase in clinical-facing time
• 17.9% increase in productivity per member of staff
• 17% increase in the number of patient contacts across the Trust; up to an annual average of 474,036 contacts in 2014/15 from 405,228 in 2012/13
• 17.4% reduction in mileage travelled by our staff; down to 341,632 miles in 2014/15 from 413,812 in 2012/13
• 88% drop in late entry of data onto the electronic patient record
• 508 square metres of desk space freed up.

Our quality improvements in 2014-2015

Understanding quality in our organisation

Learning from ourselves and learning from others

During 2014/15 the Board maintained its leadership of quality improvement through the six quality priorities, the quality improvement plan and the work of its committees and groups. The Board maintained its focus on quality through briefings, ‘deep dives’ into services, regular reports and ‘flash reports’ on quality and patient safety and their use of the Integrated Board Performance Report at each meeting, as well as hearing staff and patient stories first-hand during visits to services and sites and at the start of each Board meeting.

During 2014/15 other key actions to support quality assurance have been:

• an additional scorecard and safe staffing reports for our community hospitals included within the Integrated Board Performance Report
• more information included in the business unit performance reviews to provide assurance that risks are being identified and managed
• an improved programme of staff engagement including a refreshed Keeping in Touch programme, executive-led meetings with new staff joining the Trust and a new forum for allied health professionals, and a more extensive programme of engagement with stakeholders
• actions to improve our quality governance arising from our desk-top review and our self-assessments against the Quality and Governance Framework used by Monitor (the independent regulator of Foundation Trusts), and an improvement in our score to 2.5 in November 2014 from 3.0 in January 2013
• our monthly meetings with the Trust Development Authority and through our two-monthly assessments of our compliance against their 14 statements of clinical, quality, finance and governance arrangements and Monitor’s 12 provider licence conditions

During 2014/15 the Board maintained its leadership of quality improvement through the six quality priorities, the quality improvement plan and the work of its committees and groups. The Board maintained its focus on quality through briefings, ‘deep dives’ into services, regular reports and ‘flash reports’ on quality and patient safety and their use of the Integrated Board Performance Report at each meeting, as well as hearing staff and patient stories first-hand during visits to services and sites and at the start of each Board meeting.

During 2014/15 other key actions to support quality assurance have been:

• a refreshed Quality Strategy outlining our ambitions for the quality of services our patients and their carers will experience over the next five years, aligned to our Clinical Strategy
• a refreshed quality impact assessment process for service developments and cost improvement plans, with clinicians involved from the outset
• a programme of peer reviews of the standards of quality and patient safety in a range of our services using the CQC’s new model of assessment
• a programme of reviews of services by our Healthcare Governance Committee, with commissioners and stakeholders in attendance, to support quality improvement and gain assurance about quality; in 2014/15 these were carried out for services provided to patients by our adult integrated community teams and school nursing service
• an increased focus on quality issues in our programme of internal audit, for example, medical devices, wheelchair service and incident and risk management
• our safeguarding audits by the CCGs
• our monthly contract and quality monitoring meetings with our CCGs and other commissioners.

In 2015/16 our internal assurance will be strengthened further; more data will be more readily available via our business intelligence platform, and more services will have indicators of the high value healthcare that they provide to their patients and families.
East & North Hertfordshire CCG undertook four quality assurance visits into our services during 2014/15.

A visit to Queen Victoria Memorial (QVM) Hospital in May 2014 confirmed sustained improvements in processes that support the safety and experience of patients since the CCG’s visit to QVM in February 2014. In particular, improvements in signage for hand gel, regular checks of emergency equipment, management of controlled drugs, and information for patients on noticeboards.

A further visit to QVM in October 2014 identified many areas of good practice including friendly and attentive staff, feedback from patients being acted upon, good record keeping and information about staffing and hand hygiene on display. Actions were taken to implement recommendations arising from this visit. Examples of improvements include providing patients with written copies of their rehabilitation goals, staff wearing more visible name badges and clearer signage for patients and visitors of hand gel dispensers. And, a revised induction programme for all new starters to the Trust which now includes mental capacity and Deprivation of Liberty Safeguards as well as safeguarding.

A visit to Herts & Essex Hospital in January 2015 identified areas of good practice including the majority of patients praising the nursing staff for their care and communication, staggered meal times in a communal dining room with sufficient time for staff to give assistance to patients who needed it, and an activities coordinator who was well received by patients and relatives. Actions were taken to implement recommendations arising from this visit. Examples of improvements include a chart for patients and visitors explaining the different colour uniforms, and emergency equipment checked at the start of every shift. And, the introduction of standard uniforms for nurses across all our community hospitals.

Herts Valley CCG undertook two quality assurance visits into our services during 2014/15.

Visits in October 2014 to our integrated community teams reviewed the aspects of community nursing following concerns raised to the CCG by care home managers about care plans, the capacity of the service to deliver care and the number of pressure ulcers raised as serious incidents. The visiting team found that staff were professional and caring and worked well together, and they made recommendations so that staff would be better supported to deliver consistently excellent care to their patients. Actions were taken to implement recommendations arising from these visits. Examples of improvements include an analysis of training needs to support staff to deliver a safe and effective service, introduction of supervision in line with our revised supervision policy, and strengthening effective communication and joint working with staff in care homes.

A joint visit to Churchill and Simpson Wards was undertaken in August 2014 to provide assurance that the care being delivered was safe and providing a positive patient experience. These wards were opened as an interim measure to alleviate pressures on bed capacity in West Hertfordshire during the winter period but remained open due to a continuing demand for additional beds. The wards were staffed by West Hertfordshire Hospitals NHS Trust (WHHT) and temporary staff through NHS Professionals, with leadership from our senior sister and allied health professional. Actions were taken to implement recommendations arising from this visit; clarifying for staff the route for day-to-day support and accountability in order to eliminate duplication or potential gaps that could impact on patient safety or experience, provision of safeguarding training to staff and joint learning when patients were admitted outside the criteria. The wards were transferred to WHHT in December 2014.

In January 2015 Ofsted undertook an inspection of Duckling Green Children’s Centre in Sawbridgeworth and found that the service ‘requires improvement’ (against a scale of outstanding, good, requires improvement and inadequate) in all three areas assessed. That is, access to services by young children and families, the quality of practice and services and the effectiveness of leadership, governance and management. A plan to deliver improvements was developed in conjunction with the local authority and the Trust ensured a full and effective handover when the Children’s Centre transferred to its new provider effective from April 2015.

National Screening Programme for Diabetic Retinopathy

An external quality assurance visit was undertaken in the West Hertfordshire Diabetic Eye Screening Service in March 2015. The visiting team highlighted many examples of good practice and commended the Trust and its partners on a safe and effective service. A risk raised during the visit relating to the back up of IT systems was addressed as a priority. The formal report had not been received by the end of the financial year.

Emergency Care Intensive Support Team Visit

We participated in the intensive support team (IST) visit in July 2014 as part of its health economy review of emergency care in Hertfordshire. The IST commended the Trust for its work to implement Rapid Response, standardisation in community hospitals and preventative work in community hospitals. And, they reported a strong culture of patient-centred approaches and improved collaboration and relationships across the system. Chief Executives are leading on the implementation of the recommendations arising from this visit.
Our quality improvements in 2014-2015

Our Staff

Improving through continuous learning and innovation

In 2014/15 we wanted to strengthen our engagement with our staff and maintain an empowered and enabled workforce. We wanted to ensure that we had the right level of staff with the right skills and values providing compassionate and safe care to our patients, and we wanted our staff to feel confident to speak up about the quality of care at an early stage.

Listening

- We developed new ways to listen to and engage with our staff, building on our existing Keeping in Touch visits, Chief Executive newsletters, regular meetings with trade union representatives, and our induction days that introduce all our new staff to our vision, values and commitment to high value healthcare. We involved frontline staff in workshops to develop our Clinical Strategy, our 6Cs Strategy and our vision for Children’s Services. We introduced a new system of Team Brief, a new Clinical Matters newsletter, a new Allied Health Professionals Forum and a new development group for our administration staff.

- We continued to seek feedback from our staff in quarterly mini on-line Pulse surveys, which this year included the staff Friends and Family Test; more staff participated than last year with a 44% increase in responses.

- We ran the annual staff survey as a full on-line census for the second year; compared to 2013, there was a statistically significant improvement in seven of the key findings and no statistically significant negative change in any of the key findings. The findings from the survey will inform our workforce priorities from Trust to service level (page 86).

- We launched Twitter and Facebook accounts for the Trust.

- We signed up to the Nursing Times Speak Out Safely campaign and supported our staff to feel they could raise concerns; 78% of staff said in the annual staff survey that they felt secure in raising a concern about unsafe clinical practice, significantly more than the national average for community trusts (72%). One concern was raised through our revised Whistleblowing or Raising Concerns at Work policy.

- We built on our achievement of the Staying Healthy at Work accreditation as an employer that promotes staff well-being, by procuring an improved Employee Assistance Programme; introducing a rolling programme of ten-minute health checks and providing our very well-valuated resilience training. We know from the annual staff survey and our Pulse surveys that significantly more staff feel that the Trust takes positive action on health and well-being compared to 2013; 42% compared to 34% in the annual staff survey and 49% compared to 29% in our January Pulse surveys.

- We ran a flu campaign with Flu Champions and our Occupational Health Service vaccinating frontline staff to protect them and vulnerable patients; 44.7% of eligible staff had been vaccinated by March 2015, an improvement on 41.6% in 2013/14.

- We made clearer our expectations of staff behaviour in our appraisals and staff have been using these behaviour standards to demonstrate the Trust’s values and the 6Cs in their day-to-day work. More staff told us that they had participated in a well-structured appraisal in the previous 12 months; 37% in the annual staff survey compared to 33% in 2013, and 64% compared to 58% in our January Pulse surveys.

- We added information about our Trust vision and values to all our advertisements and new job descriptions, provided guidance to managers on how to include value-based behaviours in person specifications and test candidates against them at interview.

- We transformed our internal structure to ensure our workforce is organised in the right way to better respond to the needs of the people who use our services.

- We increased clinical facing time by continuing to streamline processes, rolling out mobile working and electronic patient records, and using technology more widely.

- We implemented the national safe staffing reporting requirements on planned versus actual nursing and healthcare assistant staffing levels in our ten community hospitals and Nascot Lawn, our children’s respite care unit, and we used this information to ensure that we have the right levels and skill-mix of staff to provide safe care to our patients.

- We worked with our contracted provider, NHS Professionals, to improve the supply of reliable temporary staff when needed to support our services to deliver safe and effective care.

- We built on our training programme with other Trusts and the University of Hertfordshire to develop the skills and competencies of our staff, enabling them to deliver new models of care and to support patients as partners in their own health. 83% of staff, similar to last year and the same as the average for community trusts, told us in our annual staff survey that they had received job relevant training, learning and development in the previous year.

- We completed, and staff are using, our new competence profiles for band 5 and 6 nurses in our integrated community teams and community hospitals. And we made it possible for staff to collect their evidence on-line.

- We involved staff from across our services in our workforce planning.

Our quality improvements in 2014-2015
Our quality improvements in 2014-2015

Leadership

- We continued to develop the leadership capability of our clinical leaders, operational and senior managers, Board members, and those aspiring to leadership roles, through training, induction, action-learning sets, secondments, project work, coaching and access to regional leadership programmes.
- We ran quarterly leadership forums for our senior managers and successfully delivered our second Leadership Conference in June 2014.
- We continued to run workshops to support our staff to work in self-managed teams and delivered new workshops to support our locality managers in adult services to work effectively with our partners.
- Our Trust Board undertook their 360° appraisals, supported by Health Education East of England and the national NHS Leadership Academy, and were the first Board nationally to use the new national 360° appraisal tool.

Taking pride

- We recognised the achievements of our staff in our Chief Executive newsletters, by sponsoring applications for national awards, in the new Award of the Month in our business units, and in the nominations for our Leading Lights Awards which were presented at our Celebrating High Value Healthcare event in June 2014.
- We recognised more innovations in speech and language therapy for children and their families with the annual Alyson Portch Award (page 77).

Our quality improvements in 2014-2015

In 2015/16 we will continue to develop a flexible, skilled, motivated and compassionate workforce capable of delivering high value healthcare and working in new collaborative and integrated models of care. At the same time we want to support our staff to feel more able to deal with the pressures of today so that they can be part of the vision and leadership of tomorrow.

- We will build on the improved engagement with our staff by delivering our Staff Communications and Engagement Plan.
- We will deliver the pledges we made in when we signed up to the Public Health Responsibility Deal, further building on our Staff Health and Well-being Strategy.
- We will continue to deliver our 6Cs Strategy and we will use the new Care Contact Time guidance in our community hospitals to help us determine if patients are receiving the nursing care and contact time they need.
- We will continue to help our staff to work more efficiently in self-managed teams with the development of information systems that will support their decision-making and by building on the benefits of mobile working.
- We will expand the different ways we recruit new staff including those from overseas, and we will use our new electronic recruitment system to make the process more efficient.
- We will reduce the need for temporary staff by reducing sickness absence, effective rostering for planned cover and working with NHS Professionals to make it easier and more attractive for our part-time staff to work additional bank hours should they wish to.
- We will work with other trusts locally to sustain a common approach to the use of agency staff at a time when pay rates are escalating.
- We will work with colleagues in other trusts to standardise mandatory training requirements, so that new staff joining us can bring their training records with them.
- We will use our electronic appraisal system to map the talent in our workforce, support our staff to develop further, and embed the assessment of competencies, including new ones for healthcare assistants in adult services as part of our commitment to implementing the national Care Certificate.
- We will support our nurses to meet the new NMC requirements for nurse revalidation.
- We will give more staff opportunities to share their experiences and learn from them by extending our successful leadership forums for senior staff to our team level leaders.
- We will increase apprenticeship opportunities in our services, particularly in our adult services.

Chair’s Special Award for Outstanding Leadership

Our (recently retired) Prison Healthcare Services Manager... for being an outstanding leader and passionate about providing the award-winning best prison healthcare service in the East of England, a legacy that will be felt for a long time to come as the high quality of care delivered is now embedded into the fabric of the entire prison.

Leadership in Practice

Our educational and clinical lead for the Health Visitor Implementation Programme was invested as a Fellow of the Institute of Health Visiting in March 2015 at a ceremony in Westminster; one of the first two fellows in the country.
Our quality improvements in 2014-2015

Our Staff

Their feedback

46% of the staff that we asked gave us feedback in the 2014 national staff survey; similar to the national average for community trusts but fewer than last year’s 52%.

The five areas where staff experience has improved most since 2013 are:

- percentage of staff able to contribute to improvements at work
- work pressure felt by staff
- staff recommendation of the Trust as a place to work or receive treatment
- percentage of staff reporting good communication between senior management and staff
- staff having well-structured appraisals in the last 12 months.

The five key findings where we compare most favourably with other community trusts in England are highlighted with ● within the main table, and the five where we compare least favourably are highlighted with ●.

### Key findings in 2014 compared to other Community Trusts

<table>
<thead>
<tr>
<th>Better than average</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>15</td>
</tr>
<tr>
<td>Worse than average</td>
<td>10</td>
</tr>
</tbody>
</table>

#### National Staff Survey results

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>National average for Community Trusts in 2014</th>
<th>Understanding the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall level of staff engagement</td>
<td>3.67</td>
<td>3.75</td>
<td>3.75</td>
<td>Higher is better (maximum 5)</td>
</tr>
</tbody>
</table>

#### Friends and Family questions

<table>
<thead>
<tr>
<th>Question</th>
<th>2013</th>
<th>2014</th>
<th>National average for Community Trusts in 2014</th>
<th>Understanding the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff would recommend the organisation as a place to work</td>
<td>47%</td>
<td>53%</td>
<td>53%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>If a friend or relative needed treatment, staff would be happy with the standard of care provided by the organisation</td>
<td>65%</td>
<td>67%</td>
<td>70%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff recommendation of the trust as a place to work or receive treatment</td>
<td>3.54</td>
<td>3.63</td>
<td>3.65</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Care of patients/service users is my organisation’s top priority</td>
<td>61%</td>
<td>71%</td>
<td>69%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>My organisation acts on concerns raised by patients/service users</td>
<td>70%</td>
<td>75%</td>
<td>73%</td>
<td>Higher is better</td>
</tr>
</tbody>
</table>

#### Better than average

<table>
<thead>
<tr>
<th>Question</th>
<th>2013</th>
<th>2014</th>
<th>National average for Community Trusts in 2014</th>
<th>Understanding the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff agreeing that they would feel secure raising concerns about unsafe clinical practice</td>
<td>-</td>
<td>78%</td>
<td>72%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</td>
<td>24%</td>
<td>22%</td>
<td>24%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff experiencing physical violence from staff in the last 12 months</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>Lower is better</td>
</tr>
</tbody>
</table>

#### Statistically average

<table>
<thead>
<tr>
<th>Question</th>
<th>2013</th>
<th>2014</th>
<th>National average for Community Trusts in 2014</th>
<th>Understanding the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff reporting effective team working</td>
<td>3.76</td>
<td>3.80</td>
<td>3.84</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Staff reporting good communication between senior management and staff</td>
<td>29%</td>
<td>34%</td>
<td>33%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff agreeing that their role makes a difference to patients</td>
<td>89%</td>
<td>91%</td>
<td>90%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff receiving job relevant training, learning and development in the last 12 months</td>
<td>82%</td>
<td>83%</td>
<td>83%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff witnessing potentially harmful errors, near misses or incidents in the last month</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff receiving support from their immediate managers</td>
<td>3.72</td>
<td>3.74</td>
<td>3.75</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Fairness and effectiveness of incident reporting procedures</td>
<td>3.57</td>
<td>3.61</td>
<td>3.58</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Staff experiencing physical violence from patients, relatives or the public in the last 12 months</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff able to contribute towards improvement at work</td>
<td>66%</td>
<td>70%</td>
<td>70%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff job satisfaction</td>
<td>3.58</td>
<td>3.63</td>
<td>3.67</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Staff motivation at work</td>
<td>3.86</td>
<td>3.87</td>
<td>3.87</td>
<td>Higher is better (maximum 5)</td>
</tr>
<tr>
<td>Staff having equality and diversity training in the last 12 months</td>
<td>59%</td>
<td>68%</td>
<td>68%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff experiencing discrimination at work in the last 12 months</td>
<td>7%</td>
<td>9%</td>
<td>8%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff having well-structured appraisals in the last 12 months</td>
<td>33%</td>
<td>37%</td>
<td>38%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>29%</td>
<td>20%</td>
<td>19%</td>
<td>Lower is better</td>
</tr>
</tbody>
</table>
Our quality improvements in 2014-2015

<table>
<thead>
<tr>
<th>Worse than average</th>
<th>2013</th>
<th>2014</th>
<th>National average for Community Trusts in 2014</th>
<th>Understanding the score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff feeling pressure in previous 3 months to attend work when unwell</td>
<td>27%</td>
<td>25%</td>
<td>22%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff suffering work related stress in the last 12 months</td>
<td>47%</td>
<td>47%</td>
<td>41%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff reporting errors, near misses or incidents witnessed in the last month</td>
<td>89%</td>
<td>89%</td>
<td>91%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff receiving health and safety training in the last 12 months</td>
<td>66%</td>
<td>72%</td>
<td>76%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff appraised in the last 12 months</td>
<td>82%</td>
<td>79%</td>
<td>90%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff working extra hours</td>
<td>74%</td>
<td>76%</td>
<td>71%</td>
<td>Lower is better</td>
</tr>
<tr>
<td>Staff feeling satisfied with the quality of work and patient care they are able to deliver</td>
<td>70%</td>
<td>72%</td>
<td>75%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Working pressure felt by staff</td>
<td>3.32</td>
<td>3.22</td>
<td>3.11</td>
<td>Lower is better (maximum 5)</td>
</tr>
<tr>
<td>Staff believing the trust provides equal opportunities for career progression or promotion</td>
<td>90%</td>
<td>89%</td>
<td>91%</td>
<td>Higher is better</td>
</tr>
<tr>
<td>Staff agreeing feedback from patients/service users is used to make informed decisions in their directorate/department</td>
<td>49%</td>
<td>52%</td>
<td>Higher is better</td>
<td></td>
</tr>
</tbody>
</table>

In our Pulse surveys, more staff would now recommend the Trust to friends and family if they needed care or treatment; 85% of staff in our children’s services, 81% in our East & North adult services, 80% in our Herts Valleys adult services and 79% in our corporate services (January 2015).
There are many achievements that the Trust should be congratulated on such as the work on infection control, the reduction in medication incidents that resulted in harm, integrated working with health and social care teams such as Home First in North Hertfordshire contribution to the health visitor training, the nurse led rapid response team shortlisted for a Health Service Journal award to name just a few.

Healthwatch Hertfordshire values the relationship it has with Hertfordshire Community Trust and has been pleased to have once again been involved in a number of different projects with them to improve patient experience. HwH looks forward to further involvement in the coming year.

Michael Downing, Chairman Healthwatch Hertfordshire, May 2015

Healthwatch Hertfordshire’s response to Hertfordshire Community NHS Trust (HCT) Quality Account 2015

Healthwatch Hertfordshire welcomes the opportunity to comment on HCT’s Quality Account. The Quality Account is clear and easy to read, setting out the 2015 priorities in a way that clearly shows what the Trust wants to achieve and how it is going to do this, as well as who is ultimately responsible for each priority. The previous year’s priorities are set out in the same format so that outcomes and actions taken can be compared across priorities that are being carried forward.

A large number of other quality focused projects show the variety of provision being delivered across Hertfordshire often in partnership with other providers and stakeholders.

It is evident how priorities for 2015/16 have been chosen. Four have been carried forward for further development and two are new. We are pleased to see that improving the quality of life for people with dementia and their carers through early identification is continued as a priority and that the Trust will be working with partners to deliver the Dementia Strategy for Hertfordshire.

The new priority around improving the nutritional experience of patients is welcomed. We look forward to seeing how this is implemented and understanding how ‘the significant cost savings’ will be made without this impacting on the patients’ experience.

Good communication with patients is essential and it is a basic requirement that staff should introduce themselves on the telephone. The Trust has made good progress towards this and we hope to see the target that has been set for the year achieved and if possible exceeded.

Support for staff to report incidents is reassurance that the Trust takes these issues seriously and links to an effective staff appraisal and training system. This will also impact on safeguarding reporting giving staff the confidence to identify and report concerns outside of the organisation such as care homes which we fully support.

The report shows the work that has been done to invest in and support staff which is commendable. Initiatives such as the Dragons Den, where staff ‘pitch’ innovative ideas, encourage staff to engage in service development and we will be interested to see how these ideas are developed and taken forward. Staff engagement (including agency staff) however needs to remain a key area for improvement as well as communication between middle and senior management.
Formal responses from stakeholder organisations

East and North Herts Clinical Commissioning Group’s Response to the Quality Account provided by Hertfordshire Community NHS Trust

East and North Herts CCG has reviewed the information provided by Hertfordshire Community NHS Trust (HCT) and checked the accuracy of the data within it. We believe the information is a true reflection of the Trust’s performance during 2014/15, based on the data submitted during the year as part of the on-going quality monitoring process.

During 2014/15 ENCCG has worked closely with HCT, meeting regularly to review progress in relation to quality improvement initiatives.

The Trust has clearly identified within its Quality Account where progress has been made and where further improvements are still needed.

We would firstly like to acknowledge the Trust’s performance in relation to the Commissioning for Quality and Innovation (CQUIN) scheme, and we are pleased to see the commitment to further improve the quality of care provided through the 2015/16 CQUIN scheme.

During 2014/15 HCT has made positive progress regarding their quality priorities, particularly in relation to care and compassion and early identification of dementia. Whilst not fully achieved significant progress has also been made reducing catheter acquired urinary tract infections. The CCG will continue to monitor progress in these areas and looks forward to seeing further progress throughout 2015/16.

The Trust has made significant progress around Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). It is pleasing to see that this will form part of the quality improvement agenda in 2015/16, and further work has been identified as a quality priority to improve the identification of safeguarding concerns of vulnerable patients in their care and visited in care homes.

The CCG has acknowledged the positive improvements in infection prevention and control during 2014/15. 5 cases reported of C-difficile against a ceiling of 13 during 2014/15 and no cases of MRSA bacteraemia for the third consecutive year.

ENHCCG has acknowledged the work undertaken by the Trust regarding data quality and the Information breach notice. This remains a key focus for the CCG and will continue to monitor progress in this area during 2015/16.

During 2014/15 the quality and level of information provided by HCT has improved with the development of bed based and community dashboards and the provision and publication of workforce data by service area, in line with the safer staffing guidance issued by NHS England although there is further work to do. Despite the efforts of the Trust the fill rate for Herts and Essex remains below the expected threshold.

Lesley Watts
Chief Executive
East & North Herts CCG
May 2015
Formal responses from stakeholder organisations

Herts Valleys Clinical Commissioning Group

The Herts Valleys Clinical Commissioning Group (HVCCG) recognises the steps that Hertfordshire Community NHS Trust (HCT) is taking to improve the quality of services provided to patients, service users and carers. During the course of 2014/15 the CCG has worked closely with HCT, meeting regularly to review the trust’s progress in implementing its quality improvement initiatives.

The information provided within this account presents a balanced report of the quality of healthcare services that HCT provides and is to the best of our knowledge, accurate and fairly interpreted. It is easy to read and well set out. The Quality Account clearly evidences the improvements made and where improvements are still needed.

The CCG has taken particular account of the identified priorities for improvement for the trust and how the work will enable real focus on improving the quality, safety and quality of healthcare services for our local population. We both support and agree with the priorities for improvement and particularly welcome a focus on areas such as continuing the work with care homes, domestic care, medicines management and Compassion in Practice. These areas of priority also reflect the priorities of the CCG.

Quality Accounts offer a transparent way for trusts to report on innovation, education and research. HCT have provided details of the Trust’s partnerships for research, and some of the innovative ideas that have taken place, especially in relation to ‘drones in the air’. There are examples of the way the trust has learnt from its Clinical Audit programme, patient feedback, including complaints and also serious incidents.

We acknowledge the trust’s performance against the 2014/15 Commissioning for Quality and Innovation (CQI) targets and are pleased to see the commitment made to continue to drive quality for the coming year.

As stated in HVCCG’s statement last year, the trust’s performance in the 2012/13 NHS Staff Survey highlighted that the trust had made some improvement against previous results however further work was required to improve staff experience and morale within the organisation. The CCG is pleased to see from the recent results of the 2014/15 NHS Staff Survey that staff have reported an overall improvement in areas such as staff feeling less pressured, good communication between senior management and staff recommending HCT as a place to work and receive treatment. HCT should be commended for demonstrating such a commitment during the year in trying to ensure their staff feel content and valued as they recognize the link between happy staff and good quality patient care. HCT acknowledges there is work still to be done, especially in relation to staff working extra hours and attending work when they feel unwell. The CCG is pleased to see that HCT have identified actions to ensure these areas and looks forward to seeing further improvements in next year’s results.

Following HCT’s increased drive and focus to reduce the number of C difficile cases during 2014/15 HVCCG was pleased that the trust ended the year under the target and had decreased their cases by 69% from 2013/14. The CCG would like to recognise this achievement and will be working with the trust to ensure this good performance is sustained.

Some improvement has been seen in the reduction of pressure ulcers; however there are still significant improvements to be made. This is disappointing as concentrated work in the area of preventing, recognising and treating skin damage has been a focus for the trust during the year. The trust has carried out reviews and assessments of their services to ensure improvements are made and this is supported by a Pressure Ulcer Working Group and accompanying action plans. This area is of particular interest to HVCCG and improvements are expected to be seen during the coming year and will continue to be discussed and rates monitored at the contract Quality Review Meetings. It is important to note the collaborative work HCT has participated in with regards to care homes especially in relation to the training of staff of the importance of early recognition of skin damage. The CCG is keen to support further work with the care homes in 2014/15 to ensure the number of avoidable pressure ulcers reduces and is pleased to see that this remains a priority for the trust.

We are pleased to see that keeping patients safe is a priority for HCT. In addition to the work the trust are undertaking to reduce pressure ulcers it is positive to see that quality priorities are also in place in areas such as addressing the number of patient falls and improving nutrition in the community. Additional improvements are also expected to be seen, and sustained in the coming year, with regard to staff ensuring the right level of safeguarding adult training.

Overall we note the improvements HCT has made to date. These will require continued focus and progression in the year to come against a background of increased financial challenges.

At the time of writing this statement the findings of the Care Quality Commission’s (CQC) February 2015 visit to HCT have not been published, and we look forward to reviewing the report and monitoring the progress made throughout the year in terms of any identified areas for improvement.

Through this quality account and the ongoing quality assurance process, HCT have demonstrated their commitment to continually improve the quality of services provided. HVCCG looks forward to continuing to work in partnership with the trust and supporting them to deliver these quality priorities.

We hope the trust finds these comments helpful and we look forward to continuous improvements in 2015/16.

Nicola Bell
Accountable Officer
Herts Valleys CCG
Formal responses from stakeholder organisations

West Essex Clinical Commissioning Group

NHS
West Essex
Clinical Commissioning Group

28th May 2015

Statement of Endorsement

West Essex Clinical Commissioning Group, as one of the commissioning organisations for Hertfordshire Community Trust (HCT), has been involved in reviewing the content of this Quality Account, ensuring that it reflects accurately the quality, safety and effectiveness of services provided.

The trust has also consulted with patient and public groups, staff and statutory bodies, taking into account their opinions.

The priorities and performance illustrated within the account for this year and last year accurately reflect and support both national and local priorities. West Essex Clinical Commissioning Group is pleased to endorse and support the publication of this account.

Jane Kinniburgh
Director of Nursing & Quality
West Essex Clinical Commissioning Group.

Chairman
Health Scrutiny Committee

Seamus Quilty
Chair, Health Scrutiny Committee

Seamus Quilty
Chancellor
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Dear Colleague

Unfortunately, due to pandem and Health Scrutiny Committee hosting the Budget calls, this committee is unable to provide the resource needed to respond to the Quality Account. Despite this, regular communication between the Health Scrutiny Committee and the Trust over the past 12 months leaves us confident of continued support for the scrutiny process. The committee anticipates working with the Trust on future Quality Accounts.

Yours sincerely

Seamus Quilty
Chair, Health Scrutiny Committee

Dr Rob Gerlis, Chair
Clare Morris, Chief Officer
Hertfordshire Community NHS Trust would like to thank all those who have contributed to this Quality Account during the course of the year.

**How to provide feedback**

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

If you have any feedback or suggestions on how we could improve our Quality Account, please let us know by:

emailing: communications@hchs.nhs.uk
or calling: 01707 388000