

Hertfordshire Community NHS Trust Quality Account 2017-2018 Summary

TEN KEY ACHIEVEMENTS

Safe

1. We ran a **Flu campaign** to vaccinate frontline staff to **protect** them and vulnerable patients. 73.4% of eligible staff were vaccinated - this was the highest flu vaccination uptake of all NHS trusts in Hertfordshire.
2. Our **Safeguarding Children and Adults services** were subject to Section 11 Audit by our commissioners, who were **assured** that there are many areas of good practice and demonstrable **robust safeguarding processes** in place, resulting in a “strongly embedded safeguarding organisational culture”.
3. We reported ten cases of **C. difficile infection** experienced by patients in our community inpatient units. All ten cases have been subject to Root Cause Analysis investigation. Seven cases were excluded from our contracted reporting by our commissioners, who found that no lapse in care had occurred, with one case going to appeal in mid-April 2018. Therefore the revised year-end total is three cases against the ceiling of six that was set for 2017/18. We also had zero cases of **MRSA bacteraemia** (blood-borne infection) assigned to our services for the sixth consecutive year.

Effective

4. We participated in 100% of **National Clinical Audits** and **National Clinical Outcome Reviews** for which the Trust was eligible during 2017/18. We also reviewed 186 of the 186 sets of **national clinical guidance** and 28 of the 28 **quality standards** released during 2017/18. We undertook self-assessments of compliance with the 90 clinical guidelines and the 25 quality standards applicable to our services, and took action where needed to ensure that our staff provide evidence-based care. For example, we worked with our commissioners and other healthcare providers to instigate a multi-disciplinary Foot Care Clinic, enabling our patients to have increased access to the Podiatry Team.
5. Our Trust **Health & Wellbeing Strategy** was implemented, outlining how we will **put patients** and their carers **first**, and work in partnership with others and through our service transformation programmes. We will demonstrate this by ensuring we are **doing the right thing for our patients**, understanding what matters most to them about their treatment, and supporting them to manage their own care as far as is possible.

Caring

6. Our average Friends and Family Test (FFT) score demonstrated that 97% of our patients told us they would **recommend our services** to friends and family should they need similar treatment or care.
7. We piloted our **Partnership in Care** scheme in two community inpatient units, extending opening hours to enable patients' carers to be involved with their care, improving communication, experience and clinical outcomes for patients. Following positive feedback, the scheme will be rolled out to all our community inpatient units during 2018/19.

Responsive

8. We worked with our partners in healthcare to redesign our nursing and therapy **Community Adult Health Services** (CAHS) in Herts Valleys, providing care in the home setting for patients who are housebound, or in clinics for those patients with limited mobility. We also implemented our **Discharge Home to Assess** model in East & North Hertfordshire, in partnership with other health, social care and voluntary organisations, supporting timely discharge from hospital for patients who are medically fit to return home.

Well-led

9. Staff told us in the 2017 national staff survey that our **engagement** with them has continued, and 63% of our staff would recommend the organisation as a place to work, against a national average for community trusts of 57%.
10. We continued to support our staff to feel they could **raise concerns** - revising our policy, raising the profile of our **Freedom to Speak Up Guardian** and introducing a new Whistleblowing Helpline run by our Employee Assistance Programme. We also supported the FTSU Guardian with a network of Freedom to Speak Up Ambassadors (staff volunteers).

PROGRESS AGAINST OUR QUALITY PRIORITIES IN 2016/17

We will support people with health conditions and disabilities to manage their own care as far as possible.

- We developed a programme to support people to manage their own health and wellbeing, and create an environment where patients feel able to move towards their desired goals in a way that feels comfortable, increasing their confidence to manage their own long-term health conditions.
- We trained 76% of patient-facing staff to better enable them to discuss self-management with their patients, with more focussed health coaching given to key frontline staff in Adult Specialist services and community teams.
- We developed and piloted 'My Health Plan', a booklet designed to be used in care planning conversations and by patients to record and share the goals they would like to achieve with people involved in their care.

We will support the population we serve by developing patient-focussed outcomes to improve their health and wellbeing. Patient-focussed outcomes will underpin the work being undertaken to support the Trust's Health & Wellbeing Strategy. This will be a two-year Quality Priority.

- We agreed that that the preferred approach to Patient-Reported Outcome Measures (PROMs) should be the Patient Specific Functional Scale (referred to locally as Patient Functional Scale or PFS), unless a service was already using another PROM methodology.
- We developed a generic version of the PFS, which is being piloted by some of our Adult Community Nursing teams at the start of 2018/19.
- We commissioned the development of a bespoke approach based on 'I statements' for our Children and Young People's services. This was piloted during quarter 3 in the Young Parents and Health Visiting universal services.
- During 2018/19 we plan to consider how best to provide divisional and organisational reporting of all health and wellbeing outcomes. We will also ensure consistent application of PROMs through audit.

We will support patients with complex needs, who are cared for by our Integrated Community Teams (ICTs), to be involved in their personalised care planning through the effective use of Electronic Care Records (ECR) on SystmOne. These will incorporate linked care plans and assessment tools, resulting in patients receiving coordinated and personalised multi-agency care.

- We reviewed and updated all SystmOne care plans to facilitate personalised care planning, including a template to record any discussion with patients around personalised care planning, which is updated throughout the patient's episode of care.
- We trained our staff to use the new SystmOne care plans and associated tools effectively.
- We added a question to the Adult Patient Experience survey, asking patients whether they felt supported by staff in their personalised care planning. Of those patients who felt the question was applicable to them, 98% indicated that they have been supported by staff with their personalised care.
- We carried out monthly 'dip sample' audits of community team records to gain assurance that personalised care planning is being undertaken.

We will improve the safety of patients in our care by reducing avoidable pressure damage.

- We reported 8 category 2 and 38 category 3 or 4 avoidable pressure ulcers developed in our care; this represents 2.5% of all pressure ulcer incidents reported, a reduction from 3.5% in 2016/17.
- We increased scrutiny of pressure ulcer incidents, undertaken by our Tissue Viability (TV) Lead, which may have created an increase in the number of identified avoidable pressure ulcers. This increased scrutiny has also highlighted the fact that 48% of patients deemed to have acquired an avoidable pressure ulcer were receiving joint home care, and 33% were in residential home.
- We have completed an at-the-base staff training programme to deliver sessions regarding pressure ulcer prevention and identification.
- We have re-launched the 'Think PURPLE' campaign, focussing on the actions staff can take during every patient visit to prevent pressure ulcers.
- We have worked in partnership with Hertfordshire Care Providers Association to deliver training to staff in residential homes.

KEY ACTIONS TO SUPPORT QUALITY ASSURANCE

- Assurance against 19 Key Performance Indicators (KPIs) in the categories of Quality, Performance, Learning & Development, and Workforce & Finance, is provided to our Board and commissioners via the monthly Integrated Board Performance Report. Performance at service level continues to be monitored through monthly Business Unit Performance Reviews.
- An in-depth programme of internal peer reviews, carrying out a comprehensive assessment of the standards of quality, patient safety and effective medicines management, was undertaken in our community inpatient units and community teams.
- An ongoing programme of staff engagement, including Keeping in Touch visits, Listening Events, and Afternoon Tea events, was carried out by Board members (Executive and Non-Executive Directors) to support individual teams and services across HCT.
- Teams from East & North Hertfordshire CCG, Herts Valleys CCG and NHS England undertook quality assurance visits into a number of our services. Where recommendations were made, action plans were developed and implemented to support improvement of services.
- A Quality Assurance Visit to our Prison Healthcare service at HMP The Mount was conducted in October 2017 by NHS England Health and Justice Commissioners. The report issued following the review highlighted many areas of good practice and provided recommendations to further develop the service.

SERVICE DEVELOPMENTS - INNOVATION IN PRACTICE

- We have upskilled our Healthcare Assistants (HCAs) to administer insulin injections to a delegated caseload of appropriate patients who have met the defined criteria set by the Diabetes Specialist Nurse (DSN). Accountability for the patient remains with the Registered Nurse; however the HCA visits the patient daily to administer insulin, providing continuity of care and an improved patient experience.
- The Customer Service transformation programme has been undertaken in consultation with HCT administrative staff to bring about a consistent, efficient, and standardised approach to administrative functions across the whole Trust, including reception services, our ongoing contact with patients outside of clinical appointments, and the management of electronic referrals.
- The West Herts Palliative Care Referral Centre (PCRC) was opened at Peace Hospice in Watford, improving access for patients requiring all palliative and end of life care services across partner hospital, hospice and community organisations. The PCRC won the 'Hospice UK Innovation in Care' Award in November 2017.
- HCT has introduced the Lancaster Model - a method of clearly identifying health issues amongst children in a way that enables early intervention and care - in partnership with our colleagues in education. This model helps in the delivery of the Healthy Child Programme for 5- to 19-year olds, enabling staff undertaking the assessments to identify any issues requiring a targeted intervention and agree who is best placed to help address each child's needs.
- In January 2018, HCT created a series of podcasts for young people - hosted by BBC Radio 1 and Cold Feet star Cel Spellman - called Health Uncovered. These focussed on important and hard-to-talk-about areas for young people, such as sexual health and bullying. The podcasts feature real and uncut conversations with young people from a Hertfordshire secondary school alongside expert input from our School Nurses.

INFORMATION TECHNOLOGY INNOVATIONS

- HCT's unique system to improve child safety, by accurately recording the movement of children in and out of the area using their NHS number, was extended to Bedfordshire, Luton and Milton Keynes in June 2017. It is now being made available nationally throughout the NHS.
- Access to HCT's Electronic Clinical Records is now available in all our community inpatient units and across all our community teams, providing our staff with access to the most up-to-date clinical records when they are visiting patients, leading to standardisation of assessments and continuity of clinical records. Our Mobile Working Module is available to staff in areas of poor connectivity, allowing them to work offline.
- HCT became the first community trust to implement an electronic consent form for its school-age flu immunisation programme, leading to an easier consent process for parents, and an improved take-up rate for vaccinations.

COMMISSIONING FOR QUALITY AND INNOVATION SCHEMES (CQUIN) PERFORMANCE

HCT National CQUIN Scheme 2017/19 Clinical quality and transformational indicators	Weighted Value Year 1	Year-end position 2017/18
Health and Wellbeing <ul style="list-style-type: none"> Improvement of staff health and wellbeing as measured in the NHS staff survey Provision of healthy food for NHS staff, visitors and patients Improving the uptake of flu vaccination to frontline staff 	12%	TBC
Supporting proactive and safe discharge <ul style="list-style-type: none"> Increase in the proportion of non-elective patients over the age of 65 who are discharged from acute hospitals to their usual place of residence 	12%	TBC
Preventing ill health by risky behaviours <ul style="list-style-type: none"> Offering patients in our community inpatient units screening for tobacco and alcohol use, brief intervention and/or referral 	12%	TBC
Improving the assessment of wounds <ul style="list-style-type: none"> Increase in the number of patients, with a wound that has failed to heal, having a full wound assessment after four weeks 	12%	TBC
Personalised care and support planning <ul style="list-style-type: none"> Embedding personalised care and support planning for patients with long-term conditions 	12%	TBC
Supporting local areas	Weighted Value Year 1	Year-end position 2017/18
Engaging with Sustainability Transformation Programme (STP) Partners <ul style="list-style-type: none"> Making the necessary contribution to and demonstrating support and engagement in local STP initiatives 	20%	TBC
Maintaining organisational financial balance <ul style="list-style-type: none"> Delivery of the in-year system control total and maintain a satisfactory national risk profile. 	20%	TBC
Total	100%	TBC

