TEN KEY ACHIEVEMENTS

1. Hertfordshire Community NHS Trust (HCT) was inspected by the CQC during 2018; they undertook an unannounced inspection in September 2018 followed by a Well-Led inspection in November 2018. The CQC gave HCT an overall rating of ‘Good’ in January 2019. The CQC identified two areas for improvement, and a robust continuous improvement programme is in place to deliver these improvements and support sustained safe practice.

2. A joint Ministry of Justice/CQC inspection undertaken at HMP The Mount in May 2018 demonstrated good healthcare provision by HCT’s Prison Healthcare service to its service users. Recommendations from the report have been addressed and improvements have been maintained.

Safe

3. We ran a flu campaign to vaccinate frontline staff to protect them and vulnerable patients and 70% of eligible staff were vaccinated. This was in line with the 70.3% national average and higher than the average of 65.7% for our region.

4. Following the work and initiatives of the Pharmacy, Nursing and Operational teams we reduced the number of insulin-related medication incidents reported in 2018/19 by 35% compared to 2017/18.

Effective

5. We participated in 100% of National Clinical Audits and National Clinical Outcome Reviews for which the Trust was eligible during 2018/19. We also reviewed 146 of the 146 sets of national clinical guidance and 21 of the 21 quality standards released during 2018/19. We undertook self-assessments of compliance with the 80 clinical guidelines and the 16 quality standards applicable to our services, and took action where needed to ensure that our staff provide evidence-based care. For example, we ensured that staff at the Minor Injuries Unit are appropriately skilled and have up-to-date knowledge of head injury assessment and follow clinical care pathways according to NICE guidelines.

6. We embedded the use of Patient-Reported Outcome Measures (PROMs) in 48.8% of the services included in the initial roll-out of PROMs, enabling patients to work with their clinicians to identify a priority that is important to them at the start of their care and have a personalised care plan in place to track their progress. The use of PROMs also allows clinicians to measure the impact of their interventions from their patient’s perspective, ensuring that the care their patient receives is clinically effective.

Caring

7. Our Friends and Family Test (FFT) average score demonstrated that on average 96% of our patients told us they would recommend our services to friends and family should they need similar treatment or care.

8. We participated in two NHS England Always Events® to understand what matters most to carers and patients in their last year of life. After receiving feedback from patients, staff visiting end of life patients are now piloting the use of a one-page prompt, reminding them to give their patient the information which our patients told us is most important to them, their families and carers.

Responsive

9. Our Transformation team has worked with Adult and Children & Young People’s services to open Single Point of Access Hubs, processing referrals and providing access to professional advice from clinical staff for patients, their families and carers, as well as GPs and staff from other external agencies. This has resulted in more efficient support for patients and professionals when contacting our services.

Well-led

10. Our Executive and Non-Executive Directors have participated in Keeping in Touch Visits to services. These visits are valued as a method of two-way communication between staff and Board members. Our CEO has also participated in regular interactive video updates providing up-to-date information on current and future service developments.
PROGRESS AGAINST OUR QUALITY PRIORITIES IN 2018/19

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 is Year 2 of a two-year Quality Priority.

- As well as embedding the use of Patient-Reported Outcome Measures (PROMs) in a wide range of services, we designed a report to enable us to capture our progress in improving patient outcomes by demonstrating an increase in the number of patients using PROMs and evidence of personalised goal setting in patients’ clinical records.
- We aligned the work carried out for this Quality Priority with that undertaken to support delivery of the personalised care planning CQUIN, which has resulted in streamlined reporting and a more effective use of clinicians’ time as they avoid duplication of work.
- During 2019/20 we will roll out PROMs to our community nursing teams. To support the implementation of this approach we have held workshops to engage with our nurses, and Champions have been identified in each locality team for both nursing and therapy.

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

- During 2018/19 audit findings demonstrated that 93% of patients with a wound have a relevant wound or pressure ulcer care plan in place.
- We gathered feedback from 26 patients with wounds to understand what is important to them during their care. This information will support the development of wound-related PROMs going forward.
- We held ‘React to Red’ training sessions for staff from home care providers and care homes to increase awareness around pressure ulcer prevention and the early recognition of skin damage.

We will continue to ensure our patients receive safe care by maintaining safe staffing levels in our services.

- During 2018/19 we reduced our staff turnover and vacancy rates in Adult services, and we maintained safe staffing levels in all our community inpatient units, ensuring that we were able to continue delivering safe care to our patients throughout a period of service transformation within HCT.
- We saw an increase in the number of concerns raised to the Freedom To Speak Up Guardian, demonstrating that staff know how and who to speak up to if they are concerned about any elements of poor patient care.
- Our patients told us that they continue to be satisfied with the quality of the care received and feel they have been treated by our staff with dignity and respect, demonstrating that maintaining safe staffing levels has resulted in our staff continuing to deliver high quality care to our patients.

We will increase patient response rates, particularly to the Friends and Family Test (FFT), to capture wider feedback from patients and improve understanding and learning from patients’ experience of using HCT services.

- Whilst the overall FFT response rate during 2018/19 remained consistent with the level of responses received during 2017/18, more services offered their patients, families and carers different ways to provide FFT feedback, including increased use of text message feedback, and use of computer tablets in Children’s and Young People’s (CYP) services.
- Our services have made positive changes as a result of comments received from their patients; examples of these have been shared at the monthly Business Unit Performance Review meetings throughout the year.
- As a result of patient feedback we have created a vision statement for our end of life care Always Event® and we will continue to work to ensure that our end of life care patients always have an understanding of why they are being visited, by whom, and that they are provided with contact details of staff to discuss any concerns and worries.
KEY ACTIONS TO SUPPORT QUALITY ASSURANCE

- Assurance against 20 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.

- Teams from East & North Hertfordshire CCG, Herts Valleys CCG and NHS Improvement undertook quality assurance and supportive visits into a number of our services. Where recommendations were made, action plans were developed and implemented to support improvement of services for patients, carers and staff.

- HCT has implemented a Continuous Quality Improvement Framework, enabling us to be assured that services are meeting expected standards through independent internal assurance, using a mix of monthly dip tests, quarterly self-assessment and six-monthly internal peer review. This range of assessments will demonstrate and provide evidence that we are meeting our performance standards.

- 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. Services not meeting the required standard will have a repeat visit undertaken within six months to provide assurance of improvement.

SERVICE DEVELOPMENTS - INNOVATION IN PRACTICE

- During 2018/19 we developed an end of life care dashboard, enabling staff in our community teams and community inpatient units to ensure that appropriate support is offered in a timely way to those patients who are identified as needing end of life care. The dashboard has resulted in us being able to demonstrate that the numbers of patients identified as being in their last year of life has more than doubled. Weekly meetings are also held for managers to share good end of life care practice across all localities.

- Our staff in Lower Lea Valley have worked with system partners and volunteers to launch the ‘Healthy Memory Café’, offering members of the local community the opportunity to meet up over a cup of tea and share their experience of living with dementia with other patients, families and carers, as well as receive support from professionals from many local organisations.

- We have continued to promote early intervention and targeted support to children and young people through our ‘HealthforKids’ and ‘HealthforTeens’ websites, our ‘ChatHealth’ texting service which enables young people to seek health advice from a School Nurse, and through the roll-out of The Lancaster Model to assess a child’s individual health and wellbeing needs at key stages of their development and provide tailored support where needed.

- We have re-designed our therapy services in Herts Valleys which has resulted in a reduction in waiting times for the service, improved patient outcomes and a positive patient experience. The transformation model was entered and has been shortlisted for a prestigious Health Service Journal Value Award.

- During 2018/19 we opened a Referral Hub for Adult Community services in E&N Hertfordshire, and four Single Point of Access Hubs for CYP services across the county, enabling improved access to our services for our patients and other health professionals.

INFORMATION TECHNOLOGY INNOVATIONS

- We have now rolled out our electronic patient record system to all services, most recently to our community inpatient units in Hemel Hempstead, helping us to achieve our target of being paper-free at the point of care.

- During 2018/19 we have also deployed Smartphones to frontline and management staff to enable them to access key information while on the move. We have also implemented NHS2 Mail for all staff, enabling them to communicate and share information via secure email, both internally and with other NHS organisations.

- We have created a new interactive suite of visual reports to enable frontline services to manage their workload more effectively using daily updated information.

- We have increased the use of communication tools to enable staff to participate in meetings virtually rather than in person, resulting in reduced travel time for staff.
## COMMISSIONING FOR QUALITY AND INNOVATION SCHEMES (CQUIN) PERFORMANCE

<table>
<thead>
<tr>
<th>HCT National CQUIN Scheme 2017/19</th>
<th>Weighted Value</th>
<th>Year-end (Q4) position 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical quality and transformational indicators</strong></td>
<td></td>
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<tr>
<td>Health and Wellbeing</td>
<td></td>
<td></td>
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<tr>
<td>• Improvement of staff health and wellbeing as measured in the NHS staff survey</td>
<td>15%</td>
<td>8.75%</td>
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<tr>
<td>• Provision of healthy food for NHS staff, visitors and patients</td>
<td></td>
<td></td>
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<tr>
<td>• Improving the uptake of flu vaccination to frontline staff</td>
<td></td>
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<tr>
<td>Preventing ill health by risky behaviours</td>
<td></td>
<td></td>
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<tr>
<td>• Offering patients in our community inpatient units screening for tobacco and alcohol use, brief intervention and/or referral</td>
<td>15%</td>
<td>12%</td>
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<tr>
<td>Improving the assessment of wounds</td>
<td></td>
<td></td>
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<tr>
<td>• Increase in the number of patients, with a wound that has failed to heal, having a full wound assessment after four weeks</td>
<td>15%</td>
<td>15%</td>
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<tr>
<td>Personalised care and support planning</td>
<td></td>
<td></td>
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<tr>
<td>• Embedding personalised care and support planning for patients with long-term conditions</td>
<td>15%</td>
<td>15%</td>
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<tr>
<td>Supporting local areas</td>
<td></td>
<td></td>
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<tr>
<td>Engaging with Sustainability Transformation Programme (STP) Partners</td>
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<td></td>
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<tr>
<td>• Making the necessary contribution to and demonstrating support and engagement in local STP initiatives</td>
<td>20%</td>
<td>20%</td>
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<tr>
<td>Maintaining organisational financial balance</td>
<td></td>
<td></td>
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<tr>
<td>• Delivery of the in-year system control total and maintain a satisfactory national risk profile.</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>90.75%</td>
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