

**External Services and Scrutiny Committee
Briefing Sheet – Annual Quality Report Overview**

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST

Highlights

The Quality Report provides a summary of performance during 2015/16 in relation to quality priorities and national requirements. Overall, the Trust has performed very well across a wide range of quality indicators. Particular successes include:

- Low patient mortality figures – we have seen a reduction in variation between weekend/weekday mortality; this is an improvement on 2014/15. In 'lower than expected' SHMI band. Aggregate HSMR 92.1 – below national average, improvement on 2014/15 (102.1).
- C difficile infection - 30% reduction on 2014/15 figures; only one lapse in care identified in 2015/16 and lower than London and national average (per 100,000 bed-days).
- MRSA bacteraemia – 0.7 cases per 100,000 bed-days (one case, contaminant only) – lower than London and national average
- The Referral to Treatment (18 weeks) - the Trust continues to maintain its high performance against this standard - better than London and national average
- Key cancer performance indicators are being well maintained for all the national waiting times standards, and performing better than the London and national average
- A reduction in hospital acquired pressure ulcers and inpatient falls
- An improved patient safety incident reporting rate (better than London average) and a 'good' rating in the '*Learning from Mistakes League*'
- More than 25,000 responses to the FFT – 93% of patients would recommend our services to their friends and family (higher than the England and London score - January 2016)
- Annual NHS Staff Survey – 65% of our staff said they 'would recommend the Trust as a place to work' (4% higher than the average for acute Trusts)
- Annual NHS Staff Survey – score for staff engagement was 3.86 out of 5, an increase on our 2014 score and above the national average. Overall, we scored above average in 18 areas with 10 of these being in the top 20% of all acute Trusts in England.

CQC Inspection

The Trust responded extremely well to the requirements outlined in the CQC inspection report of January 2015. By May 2015 we were able to demonstrate significant improvements and the two Warning Notices, issued for Regulation 10 – Assessing and Monitoring the Quality of Service Providers and Regulation 12 – Cleanliness and Infection Control, were removed by the CQC. In addition, the 'inadequate' rating for the safety domain was upgraded to 'requires improvement'. Great progress was made in a relatively short space of time; this was due to the commitment and dedication of the Trust staff.

Examples include improvement on mandatory training compliance. Average compliance for Safeguarding Adults training is now at 94% and Safeguarding Children training at all levels is at 93% against a target of 80%.

We have also received national recognition for outstanding core skills compliance by the London Streamlining Programme. This recognises that we raised our mandatory training compliance levels to over 90% and maintained this over the last year.

Another area noted for improvement by the CQC was the security and management of medicines. Audit has been undertaken during this past year using the NHS Protect Medicines Security self-assessment audit tool and a detailed action plan is now being progressed. The audit identified areas of non-compliance with regard to intravenous fluid storage and security; actions have already been taken and continue to be driven forward to mitigate the risks associated with this storage. Further work is being taken to ensure there is also an improved culture in relation to the security of medicines.

A requirement notice against Regulation 12: Safe Care and Treatment for Cleanliness and Infection Control has been applied by the CQC with regard to Hand Hygiene and Bare Below the Elbow practices not being strictly adhered to in some of our clinical areas at our re-inspection in May 2015. The Trust continues to work through a detailed improvement plan and this has been presented to the Trust Board and to our commissioners on a monthly basis.

Monitor Licence requirements

The Trust rated green (compliant) throughout the year in all but one (A&E four-hour target) of Monitor's key performance targets. The year-end performance against the A&E access target was 92%. Overall demand for our emergency services has increased by 2.6% during 2015/16; this is in addition to a 9% growth in emergency attendances seen in 2014/15. The number of category 1 (blue light) ambulances attending the Trust has increased by 22.8% year to-date. This upward trend began in April 2014 over the intervening two year period blue light activity has increased by 53%. This level of activity to A&E services is a nationwide trend.

Service Developments

The Trust has expanded and developed its maternity services to accommodate changes as a result of the closure of Ealing Maternity Services under the Shaping a Healthier Future (SaHF) agenda. We have responded effectively to the increase in demand resulting from the changes including the development of a midwifery-led unit and expansion of the maternity triage service and community midwifery and specialist teams. We have also seen an increase in both obstetric and midwifery staffing numbers to support the expansion, including obstetric consultant cover and the appointment of a consultant midwife.

Currently the Women and Children's Division is planning the transition of the Paediatric services as part of the SaHF programme which is due to complete in June 2016. There has been significant work progressed with regard to refurbishment of the Paediatric A&E facility and increasing capacity in the inpatient ward, Peter Pan.

In April 2015 we saw the launch of the Hillingdon's Whole Systems Integrated Care project (WSIC). The Trust has been a significant partner in developing and delivering the programme to date and will continue to work hard to ensure the model is further refined and rolled-out across the borough to benefit as many people as possible. A key milestone in this work has been the establishment of an Accountable Care Partnership (ACP) involving all of the main care providers in Hillingdon.

Quality Improvement

During 2015/16 the Trust has continued to be a member of the Imperial College Health Partners (ICHP) Patient Safety Collaborative (PSC). The PSC programme of work is aligned with and supports the national *Sign up to Safety* campaign which the Trust signed up to in the latter part of 2014. As part of this work the Trust has committed to: listen to patients, carers and

staff, learn from what they say when things go wrong and take action to improve patients' safety.

In developing our quality priorities for 2016/17 we have made reference to our latest CQC report, national best practice and reviewed our current performance in relation to complaints, patient feedback and patient safety incidents. We consulted with a wide group of stakeholders, including our Governors, Commissioners, People in Partnership and our local Healthwatch. Our aim is to continue to focus on the essentials of care in order to continue to improve clinical outcomes and to ensure that our patients have a positive experience. Key quality improvement priorities we aim to achieve in 2016/17:

NEWS – National Early Warning Scoring System

1.	Achieving NEWS compliance to support early escalation of the deteriorating patient
2.	Achieving improvement in relation to seven day working priorities
3.	Delivering compassionate care and improving communication
4.	Safer staffing – improved recruitment and retention to ensure delivery of safe care

Lowlights in key perform

ance indicators and actions being taken

It has been a challenging year for the Trust with increased patient activity and throughput with 32 additional beds open. This has put pressure on internal systems and has stretched manpower resources during a very challenging staffing market nationally. It has therefore been difficult to realise some of the quality and performance targets that we aimed to achieve this year. This has impacted on the quality priorities outlined in last year's Quality Report where we have struggled to achieve some of the key indicators related to improving communication with our patients. As a result this remains a priority for us in 2016/17 and is outlined in this year's quality report. Key areas of concern have included:

Accident and Emergency (A&E) waiting times

A detailed diagnostic piece of work was jointly commissioned by Hillingdon CCG and THH to identify areas for improvement that would serve to enhance patient flow. The resulting action plan focuses on:

- Reducing inappropriate attendances
- Achieving the four hour standard and reducing admissions
- Safely and effectively discharging patients

Average attendance of greater than 160 patients per day presents an ongoing challenge for the clinical team working in a confined physical space. Initiatives have therefore been targeted at reducing attendances from the community, diverting patients to ambulatory care pathways and expediting discharge from the base wards to reduce the amount of time each patient spends in the Emergency department. Further learning is expected from The Cumberland Initiative whose leads are reviewing patient discharge from hospital to home or to community / social care.

Percentage of complaints responded to within agreed timescales

There were 430 complaint responses due during 2015/16, 70.7% (304) were completed within the timescale agreed with the complainant. This is disappointingly lower than achieved last year. Underlying reasons include increased overall volume in complaints received and staffing challenges due to sickness absence / vacancies within the complaints management team and the operational divisions. This led to significantly low performance in June and July; this recovered in subsequent months. The following actions are underway:

- Complaints management process is being strengthened to ensure quality-focussed time-driven investigatory reports.
- Up-skilling of individual staff within the complaints team and closer working between the PALs and Complaints teams to create a flexible, multi-skilled workforce.
- Activity monitoring to identify surges in activity at an early stage to ensure appropriate allocation of resources.
- Divisional teams taking a proactive role in resolving concerns at an early stage, with increased personal contact with complainant.
- Provision of complaints investigation training for divisional and clinical teams.

Friends and Family Test response rates

We have not achieved our FFT response rate targets with inpatients at 21% against a target of 30%, A&E – 9.6% and Maternity – 16.4%, both against a target of 20%. The Head of Public Engagement has been working closely with divisional leads to identify how they can ensure patients are consistently given the opportunity to complete the survey. This has led to significant improvement for inpatient and maternity returns received in recent months: Maternity exceeded their 20% target in February and March; inpatient response rates have been on an upward trend for the last three consecutive months. A&E will shortly be trialling electronic data capture as an alternative to paper-based systems.

In February we contracted a new provider for collating and analysing our FFT responses. We are confident this will improve both response rates and the quality and scope of intelligence we derive from the returns due to:

- Feedback available at departmental level, for all staff
- User-friendly system, with capability to drill-down across a range of themes, age-ranges and demographic groups
- Ability to create visually stimulating poster reports to aid patient interest and engagement
- Multiple options for obtaining responses such as texting and online systems

VTE performance

This is below the 95% target, currently standing at 94.5% which is below London and national average. The Trust has taken actions to further improve performance on this key indicator which includes:

- Improved staff education including junior doctors during their induction and nursing staff during education on documentation and drug administration
- Improved documentation with checklists, which include VTE assessment, in medical notes
- Involvement of ward pharmacists as part of the multidisciplinary team to draw attention to any omissions on drug charts; modification of the drug chart to aid in ease of VTE risk assessment has been approved
- Standard clinical practice that no patient is admitted to a clinical area without a VTE assessment completed.