

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST
Briefing Sheet – Annual Quality Report overview

Highlights

The Quality Report provides a summary of performance during 2016/17 in relation to quality priorities and national requirements. Overall, the Trust performed very well across a wide range of quality indicators. Particular successes included:

- The Trust improving compliance for patients being assessed for risk of developing thrombosis (blood clots) on a regular basis from 94.6% in 2015/16 to 96.3% in 2016/17, performing better than the London and national average.
- Patient mortality figures being 'as expected' within the Summary Hospital-level Mortality Indicator band. Aggregate Hospital Standardised Mortality Ratio 94.5 – below national average, improvement on 2014/15 (101.5).
- C difficile infection rates remaining below the London and national average (per 100,000 bed-days).
- The Trust continued to maintain its high Referral to Treatment (18 weeks) performance against this standard - better than London and national average
- Key cancer performance indicators being well maintained for all the national waiting times standards and performing better than the London and national average
- An improved patient safety incident reporting rate (better than London average)
- A reduction in emergency re-admissions within 28 days of 7.1% for year to date 2016/17, compared to 7.9% during 2015/16.
- Recruiting 50 staff safety champions as part of our Sign up to Safety Campaign. These staff members are now taking forward safety improvement projects in their clinical areas and are coming together as a support network to share and learn from each other.
- 63% of our staff saying they 'would recommend the Trust as a place to work' (2% higher than the average for acute Trusts) within the Trust's Annual NHS Staff Survey
- Achieving a 3.85 out of 5 staff engagement score, within the annual NHS Staff Survey which was above the national average (3.81). Overall, we scored above average in 17 areas with 12 of these being in the top 20% of all acute Trusts in England.

CQC Inspection

The Trust has been working through a detailed improvement plan since the Care Quality Commission (CQC) published its February 2015 inspection report and this continues to be presented to the Trust's Quality and Safety Committee on a quarterly basis. A recent review by the Trust's internal auditors, KPMG against the CQC's Key Lines of Enquiry will support the Trust in refreshing its action plan in 2017.

The Trust however, has continued to sustain compliance rates for staff training for all statutory and mandatory training above the 80% or more compliance target, the majority of which are now achieving 90%. The Trust also adopted cleaning targets in

line with the National Specification for Cleaning (NSC) standards and has exceeded the NSC targets during 2016/17. Recent infection prevention and control audits show improved compliance for hand hygiene and 'Bare below the elbows' practice and our safeguarding children and adults arrangements have continued to be strengthened with excellent partnership working with local health and social care partners. We have made significant improvements on medicines management and security of medicines in our clinical areas however mock inspections show that the Trust is challenged with regard to adequate storage facilities to ensure clinical and pharmaceutical supplies are stored appropriately. Actions are being taken forward where further improvement is required.

The Trust's ambition is to achieve an 'outstanding' (with 'good' as a minimum) CQC rating at future inspection. Moving forward, the Trust has agreed a programme of mock inspections using internal peer review and each core service will be benchmarked against the CQC inspection assessment frameworks to provide assurance on compliance and for key areas of improvement to be identified.

Service Developments

The Trust made great investments last year in new and improved services. These included:

- Spending more than £4 million on improving and expanding children's services that comprised of a major refurbishment of children's A&E and building a brand new four-bed extension wing on Peter Pan Ward. Seven new Paediatric consultants were also appointed to provide additional 24/7 support for children.
- Refurbishing and upgrading services and facilities. This included building a new extended Clinical Decision Unit, new A&E triage rooms and staff offices.
- Developing a brand new outpatient pharmacy at Hillingdon Hospital, which now means that patients get the medicines they need more quickly, reducing the need to visit their GP.
- Spending more than £300k on 400 state-of-the-art cots, cribs and electric beds as part of a hospital-wide bed replacement programme at both hospital sites.

A new Quality and Safety Improvement Strategy also saw many improvements being made across areas of patient safety including safety huddles as part of clinical handovers, safety ward rounds and the appointment of Patient Safety Champions through our staff and patients.

Easing the carer and patient journey played a key role in the improvements made this year with the implementation of national initiatives such as Johns Campaign. This enables carers to support their loved ones outside of visiting times in accordance with their wishes and can provide a significantly improved patient experience.

Our Sign up to Safety Campaign, now in its second year, has continued to grow stronger with significant achievements including an improvement in incident reporting

on medication errors, raised awareness for our staff on malnutrition and ongoing education for our nutritional link nurses,

Substantial progress has also been made with the Shaping a Healthier Future programme and Whole Systems Integrated Care as we work closely with our partners in health and social care and key stakeholders to continue to deliver improvements in the services delivered across North West London.

Hillingdon Accountable Care Partnership Shadow Board functions with an agreed set of principles to deliver better quality integrated services for older people in Hillingdon. Under the umbrella of an Alliance partnership during 2017/18 the providers and commissioners have agreed to initially pool a range of service budgets which are specifically targeted at the over 65's that totals approximately £32m.

Quality Improvement

Our quality priorities for 2016/17 fell into the three areas as mandated by the Department of Health: patient safety, patient experience and clinical effectiveness. The priorities included:

1.	Achieving National Early Warning Score (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

Regarding NEWS compliance, ongoing education of all staff remained a priority as well as understanding how we could address new ways in achieving the standards set. Work is currently being undertaken within the Trust to look at electronic monitoring systems which can enable some remote vigilance and observation of patients, as well as enabling medical and other healthcare professionals to clinically prioritise their caseloads. However, during 2017/18, it is recognized that we need to continue to educate and empower our staff to improve and ensure a patient focused approach as well as to improve and ensure patient safety.

Meanwhile, NHS Improvement is supporting all Trusts to meet the four seven day working priorities standards, identified as being 'must do' by 2020.

With regard to improving communication, all organisations that provide NHS or adult social care including the Trust, have had to implement the Accessible Information Standard by law from 31 July 2016. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email. The standard also includes providing support from a British Sign Language interpreter, deaf-blind manual interpreter or an advocate.

During 2016/17 the Trust continued to be a member of the Imperial College Health Partners 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 2017/18 the Trust wanted to ensure they were aligned with its newly published Quality and Safety Improvement Strategy (2016) and the North West London Sustainability and Transformation Plan. It also needed to ensure that the Annual Quality Account clearly outlines the Trust's progress against Care Quality Commission standards and that the 2017/18 quality priorities are aligned with this work.

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 2017/18:

1.	Improvements to End of Life care
2.	Continuing to deliver the seven-day working priorities
3.	Improving the care of patients with dementia
4.	Improving the discharge process

These priorities will be areas of focus alongside existing quality and safety improvement work that is already underway such as sepsis identification and management, and embedding the new arrangements for identifying, reporting, investigating and learning from deaths in care as outlined in the guidance issued by the National Quality Board. The Trust will continue to improve its safety culture via staff awareness and training and strengthening Trust policy and processes.

Specific indicators under these key priorities have been determined with the relevant clinical and management leads and are detailed in the Quality Report.

Areas of challenge in key performance indicators and actions being taken

It has been a challenging year for the Trust both in achieving A&E performance due to high level of patient activity exceeded by our physical capacity and generally across the Trust whereby we have had difficulty in attracting, recruiting and retaining sufficient staff to ensure high calibre and skilled workforce in areas which are hard to recruit. This impacted on the quality priorities including continuing to deliver seven-day working. As a result this remains a priority for us in 2017/18 and is outlined in this year's quality report. Key areas of concern include:

Accident and Emergency (A&E) waiting times

A detailed diagnostic piece of work was jointly commissioned by Hillingdon CCG, the Trust and an external consultant 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

- Sustainability in workforce and workforce management

Average attendances of greater than 160 patients per day presents an ongoing challenge for the clinical team working in a confined physical space. The Trust is currently seeking support to expand the A&E Department footprint, to future proof emergency care services capacity and accommodate for current and future service demand. Quality reporting and data integrity remain a key priority for the A&E department and the Trust and it has implemented a new policy and data recording process that will improve compliance to national reporting standards.

Improved recruitment and retention to ensure delivery of safe care

The three year Recruitment and Retention Strategy approved by the Trust Board in September 2017 includes a wide range of initiatives to support safer staffing. We can see that through the interventions we have put in place in Year One of the Strategy that we are having a positive impact on the key metrics:

- Our turnover rate has decreased from 17.0% to 15.8%
- Our vacancy rate has decreased from 11.46% to 10.82%
- The Time to Recruit has decreased from 67 days to 55 days

We are continuing to implement further recruitment and retention initiatives as part of the Strategy in order to achieve the targets we have set ourselves for these key metrics.

Percentage of complaints responded to within agreed timescales

There were 353 complaint responses due during 2016/17, 67.7% (239) were completed within the timescale agreed with the complainant. This is disappointingly lower than achieved last year. Underlying reasons include staffing challenges due to sickness absence in the Complaints Management Unit and competing priorities within clinical divisions impacting on ability to respond to complaints in a timely manner.

To ensure a similar situation does not happen in the future, and to build on the service improvement already implemented to improve the timeliness and quality of responses to complainants, the following actions are underway:

- Complaints management process being strengthened to ensure quality-focused 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 (FFT)

During 2016/17, we achieved our FFT response rate target in one out of three areas. That is, Maternity achieved a response rate of 24.2% against a target of 20.0%, which is an improvement on 2015/16 when the area achieved 16.4%.

With respect to A&E and Inpatients, which had response rate targets of 20.0% and 30.0% respectively, the Trust fell short by achieving 8.7% and 27.3%, respectively. This compares to 2015/16, when A&E achieved a response rate of 9.6% and Inpatients achieved a response rate of 21.0%.

It has been identified that the poor response rate of A&E in particular, may be linked to only offering the survey in paper based format. The survey administration provider has now made the survey available on the iOS operating system and Information Technology is procuring an iPad with trolley for use in A&E. It is hoped this will have impact however greater volume would be anticipated from proceeding with SMS texting service; the business case for this is now with finance for final additions prior to presentation at Trust Management Executive.

Although response rates in the A&E department are not entirely where we would wish, the Friends and Family Test does still provide a valuable source of patient feedback alongside other mechanisms the Trust has in place to hear about the patient's experience.