

Agenda



AGENDA for a meeting of the HEALTH SCRUTINY COMMITTEE in the Council Chamber, County Hall, Hertford on THURSDAY 15 MARCH 2018 AT 9:30AM and THURSDAY 29 MARCH 2018 AT 10:00A.M.

Please note start times

Members please note that at 8.45am on the 15 March 2018, prior to the start of the formal meeting, briefings will be held for each morning evidence gathering group in the allotted rooms as detailed in the attached programme (Appendix 1)

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart; M S Hearn; D J Hewitt; S Quilty (*Chairman*); N A Quinton (*substituting for R G Tindall*); C J White (*Vice Chairman*);

DISTRICT/BOROUGH COUNCILLORS (10)

A Alder (*substituting for N Symonds (East Herts)*); J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); F Thomson (Welwyn Hatfield)

Meetings of the Scrutiny Committee are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

The Council Chamber is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

- (1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;**

- (2) if they consider that they have a **Declarable Interest** (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a **Declarable Interest** they should consider whether they should participate in consideration of the matter and vote on it.

PART I (PUBLIC) AGENDA

THURSDAY 15 MARCH 2018

1. MINUTES [SC.8]

To confirm the Minutes of the meeting held on 18 January 2018.

2. PUBLIC PETITIONS [SC.11]

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Committee and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their [local member of the Council](#). The Council's criterion and arrangements for the receipt of petitions are set out in [Annex 22 - Petitions Scheme](#) of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

At the time of the publication of this agenda no notices of petitions have been received.

3a. ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS 2018/19

Report of the Head of Scrutiny

Appendices

- Appendix 1 Programme for 15 March and 29 March 2018
- Appendix 2 Allocation to Member Groups, Group Chairs, Graduate support, Room Allocation, Health organisation representatives
- Appendix 3 Questions to health organisations
- Appendix 4 Response from HPFT
- Appendix 5 Response from ENHT
- Appendix 6 Response from WHHT
- Appendix 7 Response from HCT
- Appendix 8 Response from EEAST
- Appendix 9 Response from PAH
- Appendix 10 Glossary
- Appendix 11 Quality Accounts Presentation

THURSDAY 29 MARCH 2018

3b. SCRUTINY OF NHS IN HERTFORDSHIRE'S QUALITY ACCOUNTS FOLLOW UP: DRAFT REPORT

Report of the Head of Scrutiny

Report to be circulated to Members of the Committee on/after 21 March 2018 by email (hard copies of the report will also be available at the meeting on 29 March 2018).

Note: A form requesting feedback on the Committee's scrutiny, will be distributed electronically at the end of meeting. Members will be asked to complete it and to return it by 20 April 2018.

4. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

5. ITEMS FOR REPORT TO THE COUNTY COUNCIL (Standing Order SC. 7(2))

To agree items for inclusion in the Committee's report to County Council. In the absence of a decision, a summary of all items will be reported

**PART II ('CLOSED') AGENDA
EXCLUSION OF PRESS AND PUBLIC**

There are no items of Part II (Confidential) business on this agenda. If items are notified the Chairman will move:

“That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph ... of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require a copy of any of the reports mentioned above or require further information about this agenda please contact Elaine Manzi, Democratic Services Manager, Legal, Democratic and Statutory Services, on telephone no. 01992 588062 or email elaine.manzi@hertfordshire.gov.uk

Agenda documents are also available on the internet at

<http://cmis.hertfordshire.gov.uk/hertfordshire/CabinetandCommittees.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Minutes



To: All Members of the Health Scrutiny Committee, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Elaine Manzi
Ext: 28062

HEALTH SCRUTINY COMMITTEE THURSDAY 18 JANUARY 2018

MINUTES

ATTENDANCE

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart;
D J Hewitt; S Quilty (*Chairman*); R G Tindall; C J White (*Vice Chairman*);

DISTRICT COUNCILLORS (10)

J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); N Symonds (East Herts); F Thomson (Welwyn Hatfield)

OTHER MEMBERS IN ATTENDANCE:

S Gordon; C B Wyatt Lowe

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Wednesday 18 January 2018 as circulated, copy annexed, conclusions were reached and are recorded below.

Note: No conflicts of interest were declared by any member of the Committee in relation to the matters on which conclusions were reached at this meeting.

PART 1 ('OPEN') BUSINESS

1. MINUTES

- 1.1 The minutes of the meeting of the 12 December 2017 were agreed and signed by the Chairman.

CHAIRMAN'S INITIALS

.....

1.2 Members were advised that the remaining health bodies would be discussing the Concordat at their respective Board meetings scheduled to be held within the next few weeks.

2. PUBLIC PETITIONS

2.1 None received.

3. UPDATE ON OUTCOMES OF WEST HERTFORDSHIRE HOSPITALS CARE QUALITY COMMISSION (CQC) INSPECTION

Officer Contact:

Dr Mike van der Watt, Medical Director
Tracey Carter, Chief Nurse

(Tel: 01442 213141)

3.1 Members received a presentation from lead officers from the West Hertfordshire Hospitals NHS Trust on the outcomes of its recent CQC inspection. The presentation can be found as Presentation 1 here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

3.2 Prior to Member discussion on the presentation, at the invitation of the Chairman, officers provided a brief update to the committee on the winter pressures that the Trust were experiencing, and what strategies it had implemented to manage them.

3.3 Members heard that the Trust had experienced, and were continuing to experience, a significant increase in its workload over the winter months, due to a higher number of patients presenting at the Emergency Department.

3.4 The Committee was advised that the Trust had adhered to all the strategic directives from NHS England, which included removing scheduled elective surgery appointments from Watford General Hospital. Members noted that these operations had continued at St Albans City Hospital.

**CHAIRMAN'S
INITIALS**

.....

- 3.5 In addition, the Trust had implemented a number of strategies to effectively and efficiently manage the increased number of patients at the hospital including:
- Doubling the number of ward rounds by consultants;
 - Having a number of specialist consultants, including cardiologists and paediatricians being temporarily based at the Emergency Department (ED) rather than their respective departments to reduce waiting times for patients in the ED;
 - Expansion of the Clinical Decision Unit (CDU) Watford General Hospital
 - Increase in number and length of shifts for staff.
- 3.6 The Committee thanked officers for the work that they and all staff had undertaken and were continuing to undertake to alleviate the pressures.
- 3.7 During discussion relating to staffing, in response to a Member question regarding the challenges of recruiting non-EU nationals to work for the NHS, it was established that the majority of overseas staff at WHHT had been recruited from India and the Philippines. Members learned that part of the criteria for recruitment was passing Level 7 of the International English Language Testing System test, and also The Objective Structured Clinical Examination (OSCE), both of which were very stringent. It was also confirmed that agency nurses have to meet the same level of education, language and training standards.
- 3.8 Members noted that there was some confusion about the responsibilities of each of the three hospitals governed by WHHT, and a Member suggestion that further communication and publicity should be undertaken as to what services each of the hospitals undertake to improve public understanding was noted.
- 3.9 Members were then directed by the Chairman to return to the discussion on the outcomes of the Care Quality Commission (CQC) inspection on WHHT.
- 3.10 Members were pleased to note that WHHT had been removed from special measures and had been graded as 'requires improvement' overall, with a number of 'good' gradings within individual areas of the Trust.

**CHAIRMAN'S
INITIALS**

.....

- 3.11 In response to a Member observation regarding the improvement in reporting of incidents, it was established that reporting of incidents and the cultivation of a 'no blame' culture, were areas that the Trust had embraced, and looked to continue to improve upon. It was perceived that the implementation of a more visible leadership presence and the DATIX risk management database, which also enabled staff to receive feedback on the reporting of incidents, had strengthened staff confidence with regards to raising concerns and issues.
- 3.12 During discussion it was established that there was no obvious reason why the 'caring' element of the services for children's area of the inspection had been downgraded from outstanding to good at the most recent inspection. Members were advised that to receive an outstanding grade, the department would need to evidence that they were performing above and beyond the level of service expected. It was noted that the department were performing at the same level as previous years where it had received the 'outstanding grade, and had a strong reputation for knowing and understanding of patients' personal and medical needs and preferences.
- 3.13 In response to a Member question it was established that further to negative feedback at a previous CQC inspection, WHHT no longer 'overbooks' clinical appointments. This had previously been undertaken in order to mitigate the cost of patients who 'do not attend' appointments (DNAs). The Committee was advised that the increased use of text messaging and e-mail had reduced the number of DNAs and clinics only overbook appointments before or at the end of a clinic; this is only undertaken at the consultant's discretion and is dependent on the need of a patient who may need a follow up appointment sooner than the standard clinic times can allow.
- 3.14 The Committee expressed concerns regarding the fact that the Urgent and Emergency Services had received an inadequate rating the safety, responsive and well-led categories.
- 3.15 It was explained to Members that at the start of the inspection, the Trust had been very open about the current investment and improvements, including a refurbishment, within the Urgent and Emergency Services Department. Accordingly, the Trust had been surprised to receive the inadequate rating as the narrative behind the rating had been very positive. It was explained to Members that in regards to safety only three trusts in the country had achieved a good rating.

**CHAIRMAN'S
INITIALS**

.....

- 3.16 Members were further advised that the CQC had highlighted that not all clinicians within the Urgent and Emergency Services Department had received advanced paediatric training. Assurance was received that all children's clinicians had received the training but not all of the adult clinicians due to budgetary restrictions.
- 3.17 Members were advised that since the last inspection some services, such as community based wards, had transferred to Hertfordshire Community Trust, (HCT), under a carefully managed process, and there continued to be a good relationship between the partners.
- 3.18 Further to a Member challenge, assurance was received that the Trust would not be complacent in maintaining the areas where it had achieved good ratings whilst focusing on the areas that were inadequate or required improvement. It was established that there were various national funding streams to maintain standards and continue to improve where required.
- 3.19 During discussion it was established that Operation Onion meetings still occur and had evolved to be branded under a different name and are now held at directorate level. The commitment to continued quality development is still a priority across the service.
- 3.20 In response to a Member concern about the recent media coverage about the number of nurses under 40 years of age leaving the profession, officers explained that this was due to a number of factors:
- a natural generational changing trend that has resulted in fewer people viewing nursing as a 'job for life';
 - More focus on work life balance;
 - The natural trend of nurses from the EU practising in the UK for only a few years before returning to their home countries.
- 3.21 Members were advised that in response to this there had been the need to think differently about the role of nurses. This had meant 'upskilling', resulting in some nurses having the authority for example to undertake a lead role in trauma clinics or the prescribing of medicines.

**CHAIRMAN'S
INITIALS**

.....

- 3.22 The Committee learnt that the Trust had undertaken a reorganisation of its committees. The previous governance committee had now been divided into three individual committees in order to improve focus and outcomes. Members were pleased to learn that the committees were clinically led.
- 3.23 A Member of the Committee recalled that at a previous Health Scrutiny Committee, WHHT had raised concerns about the London Ambulance Service presenting patients at the Emergency Department and asked if this presented a continuing concern to the Trust.
- 3.24 Members were advised that incoming ambulances were monitored and it could be identified if the ambulance arriving was from the London Ambulance Service, and this could be challenged if appropriate. It was explained that if Watford General Hospital was the nearest hospital to where the patient had been picked up then it was entirely appropriate that the patient was brought to them.
- 3.25 It was further clarified that if an Emergency Department in the north London area had indicated that it had an extremely high number of patients, then again, it would be appropriate that Watford General Hospital were contacted to establish if it was able to take the patient to ease the pressure.
- 3.26 It was noted that there are continuing robust discussions with the London Ambulance Service as to the criteria for it bringing a patient to Watford General Hospital.
- 3.27 During discussion it was established that despite the negative CQC rating on the Emergency Department and continuing concerns detailed earlier in the meeting, the impact on the East of England Ambulance Service (EEAST) had been improving until the Christmas period when numbers of patients had increased.
- 3.28 Members advised that the response to this had been to organise 'queue nurses' to meet the patients on arrival, and take them to an assessment area to be seen by a clinician, thus releasing the ambulance crew and the vehicle to attend to another call. It was noted that the EEAST had also arranged for extra staff to stay with the patient at the hospital to alleviate the pressures.

**CHAIRMAN'S
INITIALS**

.....

3.29 The Chairman thanked officers for the updates on the winter pressures and the CQC inspection and on behalf of the committee commended the WHHT on how it was managing the winter pressures. He also acknowledged the immense work that had been undertaken to achieve the positive result received in the CQC inspection, which had also been recognised by the Secretary of State.

CONCLUSION:

3.30 The outcomes of the Care Quality Commission (CQC) inspection on West Hertfordshire Hospitals NHS Trust (WHHT) were noted by members

The update on the winter pressures experienced by WHHT was noted by Members.

4. HEALTH & WELLBEING BOARD UPDATE

Officer Contact:

Iain Macbeath – Director of Adult Care Services (01992 556363)

4.1 Members were provided with an overview on the work of the Health and Wellbeing Board.

4.2 Members noted the report and it was suggested that the Committee should undertake a further, more detailed scrutiny of the Health & Wellbeing Board and the Health & Wellbeing Strategy and this would be added to the work programme.

Natalie
Rotherham

4.3 The Committee discussed and acknowledged the impact that the creation of the Strategic Transformation Partnership was having on health providers and the Health & Wellbeing Board.

4.4 Further to a Member question it was confirmed that the joint needs assessment (JSNA) does include an assessment of pharmacies.

4.5 During Member discussion it was acknowledged that the statistics within the strategy were dated 2014/15 as that was when the document was created. Assurance was received that the information available had been used as building blocks to inform future strategy.

**CHAIRMAN'S
INITIALS**

.....

CONCLUSION:

4.6 Members noted the update on the Health and Wellbeing Board.

4.7 Members requested that a further more in-depth scrutiny be undertaken on the Health & Wellbeing Board in due course.

Natalie
Rotherham

9 EAST HERTS WINTER PRESSURES

Officer Contact:

Beverley Flowers- Chief Executive East & North Herts Clinical Commissioning Group (Tel: 01707 685 000)

Nick Carver- Chief Executive E(Tel: 01438 314333)

9.1 The committee agreed to vary the order of business and take **item 9 East Herts Winter Pressures** at this point in the meeting as a courtesy to representatives of East and North Herts Clinical Commissioning Group, and East and North Herts NHS Trust attending specifically for this item of business.

9.2 Members heard details of the continuing high volume of patients presenting at the Emergency Department at Lister Hospital over the winter months.

9.3 The Committee heard that on an average day 300 patients attend the Emergency Department (ED). Over the Christmas period, however, the average number of patients seen daily was 400, with this peaking at 482 on 2 January 2018.

9.4 Officers continued that on average 90 patients per day would be admitted to the hospital from the ED. This rose to an average of 110 per day over the Christmas period, peaking at 155.

9.5 Members acknowledged that this spike in patients had impacted on the target rate of attending to patients within 4 hours. Assurance, however, was received that no patients had been subjected to waiting in ambulances and 46 extra beds had been created to mitigate the demand.

9.6 During discussion, it was established that a large number of the patients that were attending had been frail elderly people, some with respiratory conditions. It was confirmed that to date only a small number of patients had attended presenting with 'flu.

**CHAIRMAN'S
INITIALS**

.....

- | | | |
|------|---|-----------------|
| 9.7 | Further to member concerns regarding the challenges publicised nationally in respect to nurse recruitment, it was established that over the past 12 months ENHT had 334 nurses join, and 227 leave. | |
| 9.8 | Members were advised that where possible routine surgery had continued, and there had been no disruption to oncology or other urgent surgery. It was noted that a learning point from the pressures had been to ensure that more elective work was undertaken over the summer. | |
| 9.9 | The committee was pleased to learn that the support and collaboration of other health providers had been integral and invaluable to the Trust's ability to manage the winter pressures as effectively as possible. | |
| 9.10 | Members learned that a further challenge that the Trust had encountered was the inability to discharge elderly patients who lived in residential homes due to some care homes experiencing a flu outbreak, but other health providers had supported the Trust with this, and in addition a pre-discharge ward had been created. | |
| 9.11 | A Member challenge regarding the appropriateness of the type flu vaccine being administered in residential accommodation was discussed, and noted. | |
| 9.12 | It was noted that 62% of ENHT staff had received the flu vaccine. Officers agreed to circulate more detail of any impact that staff sickness may have had on resources within the hospital. | ENHT/ENH
CCG |
| 9.12 | The Committee discussed the details of the 111 service, and noted that there had been a 30% increase in calls to 111 over the Christmas period. | |
| 9.13 | Further to a Member question, it was agreed that further detail would be shared about the number of patients presenting at the Emergency Department with alcohol related issues. It was agreed that further consideration would be made by officers to launching a campaign in the early autumn to raise awareness of alcohol related issues creating pressures for the Emergency Department during the festive period. | ENHT/ENH
CCG |
| 9.14 | <p>CONCLUSION:</p> <p>Members noted the update from East and North Herts CCG and ENHT on the winter pressures being experienced.</p> | |

**CHAIRMAN'S
INITIALS**

.....

On behalf of the committee, the Chairman thanked officers and staff for the work that had been undertaken and was continuing to be undertaken during this period.

6 QUALITY ACCOUNTS SEMINAR

Officer Contact:

Tricia Wren - Acting Director of Nursing & Quality –
Hertfordshire Community Trust

Tracey Westley - Assistant Director Risk & Quality Assurance-
Hertfordshire Community Trust

(Tel: 01707 388000)

6.1 The committee agreed to vary the order of business and take **item 6 Quality Accounts Seminar** at this point in the meeting as a courtesy to representatives of **Hertfordshire Community Trust (HCT) attending** specifically for this item of business.

6.2 Members were provided with a presentation from officers from the Hertfordshire Community Trust (HCT) explaining the purpose of Quality Accounts. The presentation and the supplementary document circulated can be found as Presentations 2 and 2b here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

6.3 The Head of Scrutiny reminded members of the importance of the understanding of Quality Accounts in advance of the annual scrutiny of Quality Accounts by the Health Scrutiny Committee scheduled to take place in March 2017.

6.4 CONCLUSION:

Members noted the presentation on Quality Accounts by Hertfordshire Community Trust.

5 OUTCOMES OF THE SCRUTINY OF HEALTH PROVIDER FINANCES 12 DECEMBER 2017

Officer Contact: Natalie Rotherham, Head of Scrutiny
Hertfordshire County Council
(Tel: 01992 588485)

**CHAIRMAN'S
INITIALS**

.....

- 5.1 The Committee agreed that due to the varying of the order of business earlier in the meeting it would now take **item 5 Outcomes of the Scrutiny of Health Provider Finances 12 December 2017** at this point in the meeting.
- 5.2 Members were provided with the report detailing the outcomes of the scrutiny of Health Provider Finances held on 12 December 2017.
- 5.3 The Head of Scrutiny thanked the Committee Members for their participation in the scrutiny and advised that the feedback from health providers to the new style of scrutiny had been very positive.
- 5.4 In response to a Member question, it was noted that the recommendations detailed in the report were generic as they reflected the outcomes made on the day. It was acknowledged that the overarching issue that had been stated by health providers was that finances remain a challenge for all providers.
- 5.5 It was acknowledged that the Committee had requested a further scrutiny on the finances of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Group, and this would be discussed later in the meeting when addressing items to be added to the work programme.
- 5.6 It was confirmed to Members that senior officers from NHS England had been invited to the annual scrutiny, but had been unable to attend.
- 5.7 Further to robust discussion and member challenge specifically attributed to the scrutiny that had taken place of West Hertfordshire Hospital Trust, and how this had been recorded, it was agreed that the wording within the report would be accepted by Members.

CONCLUSION:

- 5.8 Members agreed to approve the report detailing the outcomes of member provider finances.

8 INTRODUCTION OF A NEW ONLINE SCRUTINY WORK PROGRAMME

Officer Contact: Charles Lambert, Scrutiny Officer
Hertfordshire County Council
(Tel: 01438 843630)

**CHAIRMAN'S
INITIALS**

.....

- 8.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 8 Introduction of a New Online Scrutiny Work Programme** at this point in the meeting.
- 8.2 Members were introduced to the new online scrutiny work programme, which would enable Members and the public to view past and future planned work of both the Overview & Scrutiny Committee and Health Scrutiny Committee.
- 8.3 Concern was expressed that district council members of the Health Scrutiny Committee would only be able to see the public view of the website, and this would mean that there would be two-tier access.
- 8.4 Further concern was expressed that at present there was not the ability to view scoping documents for topic groups on the website.
- 8.5 Confirmation was received that a link for County Council Members would be available on the Members Information Service.
- 8.6 Further confirmation was received that Members would continue to receive paper copies of agendas, reports and minutes, including the work programme for the foreseeable future.
- 8.7 The Committee was advised that it would continue to be updated on the developments of the online scrutiny work programme and would be alerted when it was 'live'.

8.8 **CONCLUSION:**

Members noted the online scrutiny work programme.

7 WORK PROGRAMME UPDATE

Officer Contact: Natalie Rotherham, Head of Scrutiny
Hertfordshire County Council
(Tel: 01992 588485)

**CHAIRMAN'S
INITIALS**

.....

7.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 7 Work Programme Update** at this point in the meeting.

7.2 Members agreed the following changes to the work programme:

- Addition of scrutiny of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Budgets at a date to be confirmed;
- Addition of scrutiny of Health and Wellbeing Board at a date to be confirmed;
- Removal of the scrutiny of West Hertfordshire Hospitals Trust from the work programme;
- Addition of the Strategic Transformation Partnership as a seminar at a date to be confirmed;
- Change to Member Bulletin regarding the Hertfordshire Fire & Rescue Service from Health Scrutiny Committee to Overview and Scrutiny Committee.

CONCLUSION:

7.3 The joint Overview and Scrutiny and Health Scrutiny Committee work programme was updated and agreed.

10. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

10.1 No other Part I business was recorded.

11. ITEMS FOR REPORT TO THE COUNTY COUNCIL

(STANDING ORDER SC7(2))

11.1 A summary of these items will be reported to County Council.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN.....

**CHAIRMAN'S
INITIALS**

.....

HERTFORDSHIRE COUNTY COUNCIL**HEALTH SCRUTINY COMMITTEE**

**THURSDAY, 15 MARCH 2018 AT 9.30AM *and*
THURSDAY, 29 MARCH 2018 AT 10.00AM**

**ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS
2018/19*****Report of the Head of Scrutiny***

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of Report

- 1.1. To provide Members with the format for the Committee's scrutiny of health organisation's Quality Accounts. The scrutiny takes into account the Francis Report¹ recommendations.

2. Summary

- 2.1. A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. A Quality Accounts is a report on quality and shows improvements in the services delivered to local communities and stakeholders. The quality of the services is measured by
- looking at patient safety
 - the effectiveness of treatments patients receive
 - patient feedback about the care provided.

The Department of Health requires providers to submit the final Quality Account to the Secretary of State by 30 June each year. (Slides from the member seminar held at the December Health Scrutiny Committee meeting are attached as Appendix 11).

- 2.2. The scrutiny will be conducted over two days. It will commence at 9.30am in the Council Chamber on Thursday, 15 March 2018. The Committee will then adjourn to gather its evidence in member groups until approximately 4.00pm. The Committee will reconvene at 10.00am on Thursday, 29 March 2018 to consider its evidence, reach its conclusions and formulate its recommendations. The programme for the day is outlined at Appendix 1. During the evidence gathering Members will be divided into three groups based in separate rooms (see Appendix 2).

¹ The Francis report, published in February 2013, outlined the failings at the Mid Staffordshire Foundation Trust which included quality of care, patient safety and a culture of collective leadership. <http://www.kingsfund.org.uk/projects/francis-inquiry-report>
Agenda Item No

2.3. The focus will be on the six provider trusts that deliver services to Hertfordshire residents. The health organisations will be questioned individually at a morning or afternoon session (see Appendix 2).

- Herts Partnership Foundation Trust (HPFT)
- East & North Herts Hospital Trust (ENHT)
- West Herts Hospital Trust (WHHT)
- Herts Community NHS Trust (HCT)
- East of England Ambulance Trust (EEAST)
- Princess Alexandra Hospital Trust (PAH)

Each group will be joined by a member of the Healthwatch Hertfordshire board.

2.4. **Thursday, 15 March 2018**

2.4.1. At 8.45am Members will meet in their evidence gathering groups in the allocated rooms (as detailed on the programme attached at Appendix 1) for a briefing with the chairman of the group. The purpose of this preliminary meeting is to agree key lines of enquiry and any concerns or themes that the chairman has identified in conjunction with the graduate management trainee.

2.4.2. At 9.30am the Committee meeting will start in the Council Chamber. There will be an introduction to the annual scrutiny of health organisations; and a summary of the format by the Head of Scrutiny. The Committee will then adjourn to gather its evidence. Members have been allocated to one evidence gathering group in the morning and a second in the afternoon.

2.4.3. Each Member group will have a chairman and graduate management trainee who will ensure that the group covers its questions thoroughly in the time allocated. Key questions are set out at Appendix 3 to the report. The questions are a guide and Members are not precluded from raising others; however, members will need to be mindful of the time constraints.

2.4.4. Each organisation will be supported by the chief executive and relevant senior officers (as detailed in Appendix 2). A glossary of terms relating to this scrutiny is attached at Appendix 10.

2.4.5. Responses to the agreed questions have been produced by each of the organisations; these are attached as Appendices 4 - 9 to this report.

2.4.6. The evidence gathering will close at approximately 4.00pm and the Committee will reconvene at 10.00am on Thursday, 29 March 2018.

2.4.7. In the intervening period the Scrutiny Officers and the Democratic Services Officer will meet with the graduate trainees to prepare a draft report. The Committee will consider this when it reconvenes on 29 March 2018. It is anticipated that this report will be circulated to Members by 21 March 2018 via email.

2.5. **Thursday, 29 March 2018**

2.5.1. The Committee will reconvene at 10.00am on Thursday, 29 March 2018 in the Council Chamber. The group chairmen and graduate management trainees will attend. Members will be asked to consider the findings and conclusions and to agree the recommendations.

2.5.2. Recommendations emerging from this scrutiny will be considered by the Impact of Scrutiny Sub Committee.

3. Recommendation

3.1. That the report be noted.

4. Supporting Appendices

4.1. Appendices attached to this report are as follows:-

- Appendix 1 Programme for 15 March and 29 March 2018
- Appendix 2 Allocation to Member Groups, Group Chairs, Graduate support, Room Allocation, Health organisation representatives
- Appendix 3 Questions to health organisations
- Appendix 4 Response from HPFT
- Appendix 5 Response from ENHT
- Appendix 6 Response from WHHT
- Appendix 7 Response from HCT
- Appendix 8 Response from EEAST
- Appendix 9 Response from PAH
- Appendix 10 Glossary
- Appendix 11 Quality Accounts Presentation

Background Information

The Francis Report February 2013:

<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/report>

Health Scrutiny Committee 12 December 2017:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/685/Committee/12/Default.aspx>

Health Scrutiny Committee 18 January 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS

PROGRAMME

DAY ONE: THURSDAY, 15 MARCH 2018

8.45am. Members are asked to go to the rooms in which their group will be meeting and to go to the Council Chamber at 9.30am.

<u>MORNING SESSION</u>			
TIME	SESSION	COMMENT	LOCATION
8.45am	Briefings for morning Member evidence gathering groups	Each Member evidence gathering group to be briefed by its Chairman and agree key lines of questioning	HPFT- Room 121 ENHT- Mimram Room WHHT- Ashbourne Room
9.30am	Chairman's welcome	Minutes Introduction	Council Chamber
9.45 – 10.00am	Committee adjourns; Members re-join their evidence gathering groups	Coffee/tea etc in each of the group rooms	A.M. Organisations HPFT- Room 121 ENHT- Mimram Room WHHT- Ashbourne Room
10.05am	Evidence gathering groups commence questioning	1 ½ hours has been allowed	Rooms as detailed above
11.35 - 12.05pm	Members to agree their recommendations		Rooms as detailed above
12.05- 12.15	Chairman and Graduate trainee to confirm wording		Rooms as detailed above
12.05 Group members 12.15 Group chairmen and graduates	LUNCH BREAK	Members are asked to make their way to the canteen for lunch	Canteen

<u>AFTERNOON SESSION</u>			
1.15pm	Head of Scrutiny, Scrutiny Officer and Democratic Services Officer to meet with graduate trainees from <u>morning sessions</u>	Collate findings and suggestions	Chairman's Dining Room
1.15pm	Briefings for afternoon Member evidence gathering groups	Each Member evidence gathering group to be briefed by its Chairman and agree key lines of questioning	P.M. Organisations HCT- Ashbourne Room EEAST- Room 121 PAH- Mimram Room
2.00pm	Evidence gathering groups commence questioning	1 ½ hours has been allowed	Rooms as detailed above
3.30pm-3.45pm	Members to agree their recommendations		Rooms as detailed above
3.45pm	Chairman and Graduate trainee to confirm wording		Rooms as detailed above
CLOSE		Committee to reconvene at 10.00am on THURSDAY 29 MARCH 2018 in the Council Chamber, County Hall	
4.00pm onwards	Head of Scrutiny, Scrutiny Officer and Democratic Services Officer to meet with graduate trainees from <u>morning and afternoon sessions</u>	Collate findings and suggestions	Chairman's Dining Room

Item 3a Appendix 2

SCRUTINY OF THE NHS IN HERTFORDSHIRE'S QUALITY ACCOUNTS- 15 MARCH 2018

Scrutiny Groups

(Note: Non-HSC embers known to be attending the scrutiny have also been allocated to groups. These Members' names are shown in *italics*).

MORNING MEETINGS (Commencing at approximately 10.00am on rise of Chairman's Introduction)

NHS PROVIDERS	SERVICES PROVIDED	GROUP CHAIRMAN GRADUATE TRAINEE	GROUP MEMBERSHIP	ALLOCATED ROOM
<p>HPFT</p> <p><i>Representatives:</i></p> <ul style="list-style-type: none"> • Tom Cahill - CEO • Jane Padmore - Director of Quality and Safety • Dr Asif Zia - Director of Quality and Medical Leadership 	<p>Hertfordshire Partnership University NHS Foundation Trust (website) provides mental health and learning difficulty services in Hertfordshire and neighbouring areas. Foundation Trusts are membership based public benefit corporations with members electing Governors who as a body hold to account the Directors in relation to the management of the Trust. We have an establishment of c.3,000 staff, with c. 25,000 individual service users open to our services.</p>	<p>Chairman: Dave Hewitt</p> <p>Graduate Trainee: Rory Seymour</p>	<p>Angela Alder Brian Gibbard Michael Hearn Nigel Quinton Alison Scarth</p> <p><i>Judi Billing</i> <i>Bob Deering</i></p> <p><i>Healthwatch:</i> <i>Roger Beeching</i></p>	<p>Room 121</p>

<p>ENHT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Ellen Schroder – Trust Chair • Nick Carver – Chief Executive • Mike Chilvers – Medical Director • Rachael Corser – Director of Nursing and Patient Experience • David Brewer – Head of Engagement 	<p>East and North Hertfordshire NHS Trust (website) offers a range of general and specialist services across four sites, Hertford County hospital, The Lister hospital, Mount Vernon Cancer Centre and the QEII hospital.</p> <p>Over 500,000 people are treated, over 5,800 babies are delivered and over 170,000 people are treated as emergency patients each year. Over 5,000 staff are employed.</p>	<p>Chairman:</p> <p>Fiona Guest</p> <p>Graduate Trainee:</p> <p>Felix Gilding</p>	<p>Eric Buckmaster Jean Green Dee Hart Maureen McKay Fiona Thomson</p> <p><i>John Hale</i> <i>Tina Howard</i> <i>Jeff Jones</i></p> <p>Healthwatch: <i>Michael Downing</i></p>	<p>Mimram Room</p>
<p>WHHT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Steve Barnett- Chair • Katie Fisher- Chief Executive • Mike van der Watt- Medical Director • Cathy Shaw - Representing Chief Nurse 	<p>West Hertfordshire Hospitals NHS Trust (website) provides a range of general and specialist services at</p> <ul style="list-style-type: none"> • Watford General Hospital, Watford • St Albans City Hospital, St Albans • Hemel Hempstead Hospital, Hemel Hempstead <p>The Trust employs approximately 4,500.</p>	<p>Chairman:</p> <p>Chris White</p> <p>Graduate Trainee:</p> <p>Shehab Choudhury</p>	<p>John Birnie Susan Brown Margaret Eames-Petersen Kareen Hastrick David Lambert Gordon Nicholson</p> <p><i>Phil Bibby</i> <i>Susie Gordon</i></p> <p>Healthwatch: <i>Alan Bellinger</i></p>	<p>Ashbourne Room</p>

AFTERNOON MEETINGS (Commencing at 2.00pm)

NHS PROVIDERS	SERVICES PROVIDED	GROUP CHAIRMAN GRADUATE TRAINEE	GROUP MEMBERSHIP	ALLOCATED ROOM
<p>HCT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Declan O’Farrell - Chair • Tricia Wren - Director of Nursing & Quality • Dr John Omany - Medical Director • Tracey Westley - Assistant Director of Risk & Quality Assurance 	<p>Hertfordshire Community NHS Trust (website) is the county’s principal provider of community-based healthcare.</p> <p>It provides a range of NHS health services for adults and children who live in the county including the management of the transition beds based in acute settings.</p>	<p>Chairman:</p> <p>Fiona Thomson</p> <p>Graduate Trainee:</p> <p>Ashton West</p>	<p>Angela Alder Susan Brown Fiona Guest David Lambert Gordon Nicholson</p> <p><i>Judi Billing Frances Button Jeff Jones</i></p> <p>Healthwatch: <i>Michael Downing</i></p>	<p>Ashbourne Room</p>

<p>EEAST</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Robert Morton- Chief Executive • Dr Tom Davis - Interim Medical Director • Lindsey Stafford - Scott Director of People and Culture 	<p>The East of England Ambulance Service NHS Trust (website) is commissioned to deliver emergency ambulance services across the eastern region (covering the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk). These consist of 5.8 million people and 7,500 square miles.</p> <p>The Trust employs around 4,000 staff and 1,500 volunteers.</p>	<p>Chairman:</p> <p>Kareen Hastrick</p> <p>Graduate Trainee:</p> <p>Nushrath Khandoker</p>	<p>John Birnie Brian Gibbard Michael Hearn Alison Scarth Chris White</p> <p><i>Phil Bibby Susie Gordon Tina Howard</i></p> <p>Healthwatch: <i>Alan Bellinger</i></p>	<p>Room 121</p>

<p>PAH</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Lance McCarthy -CEO • Nancy Fontaine - Chief Nurse 	<p>Princess Alexandra Hospital Trust (website) runs three hospital sites</p> <ul style="list-style-type: none"> • Princess Alexandra Hospital, Harlow • St Margaret's Hospital, Epping • Herts and Essex Hospital, Bishops Stortford <p>serving a population of around 350,000 from East and North Hertfordshire and West Essex.</p>	<p>Chairman:</p> <p>Eric Buckmaster</p> <p>Graduate Trainee:</p> <p>Ross McLean</p>	<p>Margaret Eames-Petersen Jean Green Dee Hart Dave Hewitt Maureen McKay Nigel Quinton</p> <p><i>Bob Deering</i> <i>John Hale</i></p> <p>Healthwatch: <i>Roger Beeching</i></p>	<p>Mimram Room</p>
--	--	---	---	--------------------

HSC QUALITY ACCOUNT QUESTIONS

Total max document length 6 sides A4

- **Use bullet points where possible**
 - **the response should give a clear, succinct summary of the key facts with examples where appropriate**
 - **information can be presented graphically (table, bar chart etc.)**
1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?
 2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).
 3. How will these positively impact on patient experience and outcomes?
 4. How are the appropriate approaches to prevention and demand management supported?
 5. How is the trust developing a high performing, engaged, and committed workforce?
 6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?
 - Domain 1 - Preventing people from dying prematurely
 - Domain 2 - Enhancing quality of life for people with long-term conditions
 - Domain 3 - Helping people to recover from episodes of ill health or following injury
 - Domain 4 - Ensuring people have a positive experience of care
 - Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm



Health Scrutiny Committee Quality Account Questions

1. What were the Quality Account 2017/18 priorities for the Trust and what were the lessons learned?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' and a focus on quality and experience through our supporting 'Quality & Service Delivery' work. In the 2017/18 Quality Account we have a total of 12 key quality priority areas with associated targets agreed by the Trust Board. On the basis of our consultation and planning, the 12 quality priority areas for 2017/18 that were agreed are:

Patient (service user) Safety	
1	Every discharge 7 day follow up (NHSI mandatory)
2	CPA Reviews within 12 months
3	Service users receiving a physical health check within 24 hours of admission
4	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI mandatory)
Clinical Effectiveness	
5	Delayed Transfer of Care (DToC)
6	Emergency readmission within 28 days (NHSI mandatory)
7	Improving Access to Psychological Therapies (IAPT) recovery rate
8	First Episode Psychosis (FEP) waits 14 days (NHSI mandatory)
Service User and Carer Experience	
9	Service users reporting their experience of Community Mental Health Services (NHSI mandatory)
10	Carers feeling valued by staff
11	Staff Experience Friends and Family Test - Staff would recommend the service they work in to friends and family who may need treatment or care
12	Friends and Family Test

Lessons Learned

We strive to continue to be a learning organisation and to use all our indicators of quality including 'hard' metrics, softer intelligence and service experience to both triangulate and confirm what we see and hear. Some examples of where we have been able to use the quality priorities to learn and continuously improve are:-

Service User Safety.

Whilst the number of people who had received a CPA review in the past 12 months has been maintained at the target level of c.94-96%, the Community Mental Health Survey in 2017 reported the number of people feeling they had received an annual care review was at 61%. Of particular importance is how when we sought to triangulate our measures with the views of individuals, this figure differed from the actual number of reviews taking place. We recognised therefore that there may be some disconnect in how well people understand when they have been invited for a care review. As an initial piece of work, a new leaflet was produced for community services to ensure we are preparing people for their care review, including links to physical health and involvement of carers, friends and families. This was implemented across adult community services from 1st October and is currently being launched across older people's community services.

Clinical Effectiveness

The Delayed Transfer of Care was subject to external audit in 2016/17 year and issues were identified relating to the reliance on manual processes to report the data, and the retention of an adequate audit trail. Following this, we reviewed our systems and processes in both Adult and Older Peoples Services and these were strengthened considerably. We recognised that there was further work to be undertaken within our Adult Services to ensure that accurate recording of date of discharge appeared on the Service Users Electronic Patient Record as well as the Bed Management reporting systems. Ongoing Audit was undertaken to monitor compliance and an updated report provided assurance to the Audit Committee.

Service User and Carer Experience

Whilst our indicators suggest a significantly positive experience of services, we also heard from service users and carers who attend the Board to tell us their stories and on our visits to services, that sometimes the very first contact with services can be anxiety provoking and impactful on experience, even though the care received is in the vast majority of cases reported as very positive. Supported by the work we are doing in partnership with John Lewis trained colleagues, we have commissioned work to develop a new welcome pack for adult community and CAMHS services. The purpose is to provide consistent information at an individual's first point of contact with our services to ensure people are clear on how the service works, what they can expect and to reduce the anxiety associated with accessing specialist mental health services. This will be introduced in January 2018.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Prior to consultation discussions have been undertaken with experts by experience in relation to non-mandatory indicators to receive feedback on whether these are the right ones to report on and whether there are any areas the Trust has not suggested that should be included. The current draft has 14 priority indicators which we propose to consult on. The draft indicators may be subject to change whilst waiting for NHSI to publish their guidance on which indicators will be mandatory to all Mental Health Trusts. However, we wish to consult with as many stakeholders as possible and therefore initial feedback has been sought. At the time of writing, the proposals are being submitted to the Council of Governors, in order to establish which indicators are considered most appropriate, ahead of the wider consultation.

Proposed Quality Indicators for 2018/19 (the NHSI mandatory indicators are in *italics* and the *indicators the Experts by Experience felt were important are in bold*):-

Service User (Patient) Safety		
1	<i>100% enhanced Care Programme Approach service users receiving follow-up contact within seven days of discharge from hospital (NHSI)</i>	Carried Forward
2	CAMHS 28 day target for routine referrals	New
3	Risk Assessment	New
4	Specialist Learning Disability Services community - 28 day waiting time target and 24 for urgent (HERTS only)	New
5	<i>Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)</i>	Carried Forward
6	<i>Inappropriate out-of-area placements for adult mental health services (NHSI)</i>	New
Effectiveness		
7	<i>Emergency readmissions within 28 days (young people and adult acute care) (NHSI)</i>	Carried Forward
8	<i>Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)</i>	Carried Forward
9	IAPT waiting times and recovery rate	Carried Forward
10	<i>Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (NHSI)</i>	New
11	<i>Crisis Assessment and Treatment teams-CATT gatekeeping (NHSI)</i>	
Service User Feedback		
12	Carers feeling valued by staff	Carried Forward
13	Staff Friends and Family Test – Staff would recommend the service they work in to friends and family who may need treatment or care	Carried Forward
14	<i>Service users reporting their experience of Community Mental Health Services (NHSI)</i>	Carried Forward

3 How will these positively impact on patient (service user) experience and outcomes?

- 1) **Enhanced CPA follow up in 7 days.** Research evidence suggests that there is increased risk of suicide during this period. Timely follow-up after discharge helps to keep patients engaged with their treatment and offer support and keeps them safe in the community.
- 2) **CAMH target for routine referral.** The length of time spent on a waiting list can have a significant impact on a child or young person's mental health and is stressful for the family. Early interventions also helps to prevent deterioration in the clinical condition.
- 3) **Risk assessments.** Effective care and treatment include awareness of individuals' needs and assessment of risks. Risk assessments identify the circumstances when a particular harmful behaviour may take place and interventions that might help to prevent these risks behaviours.
- 4) **Specialist LD.** Due to the vulnerabilities in this group, especially around communication, it is imperative that service users are seen quickly and their needs identified in a timely manner. Timely access to learning disability specialist services is essential to keep service users with Learning Disability safe.
- 5) **Rates of service user's incidents and number and % of such service.** This brings increased transparency, accountability locally and helps to benchmark services nationally. We will continue to work to improve the safety of care by making risks visible and drive learning.
- 6) **Inappropriate out of area placements for adult mental health services.** Placing individuals out of area because there is no mental health bed available for them locally can be distressing and delay their recovery.
- 7) **Emergency readmissions within 28days.** Emergency readmission may indicate an unsafe discharge or inadequate provision of community mental health services.
- 8) **Early intervention Psychosis (EIP).** Early interventions when people are becoming unwell with psychosis can significantly help with getting better earlier, reduce the risk of future relapses and reduce the risk of suicide. Early interventions also help to keep the service users engaged with services with gains in relation to personal, social and health outcomes.
- 9) **IAPT recovery rates.** The IAPT programme aims to improve the numbers of individuals able to receive 'talking' therapies as recommended by NICE for the treatment of anxiety disorders and depression and show the benefit they gain in relation to their social indicators like employment, relationship etc.
- 10) **Improved access to psychological therapies.** The length of time spent on a waiting list can have a significant impact on an individuals' mental health and associated needs, which can lead to failing to engage with the service, and/or their condition worsening.
- 11) **CATT Gatekeeping.** This relates to provision of community mental health for service users in crisis. CATT teams help people receive mental health treatment in the least restrictive environment. Conversely, all patients who do need an admission are seen by the CATT teams who consider if an admission could be prevented and treatment offered in the community.
- 12) **Carers feeling valued by staff.** It is expected that all members of staff are respectful towards carers and where service users want their carers to be involved in their care, staff help and support both the service user and their carer. This helps with recovery of the service user and helps with smooth transition from inpatient to community services.
- 13) **Staff friend and Family Test.** What staff say about services and whether they would recommend these to their friends and family is a key indicator of quality of services
- 14) **Service users reporting their experience of community Mental Health Services** Our Trust values have been derived from extensive discussions with staff, service users and the public. This has supported us in understanding what is important to our stakeholders and how they would like us to behave in all our interactions, individual experiences and to identify areas where the quality of care can be improved.

4 How are the appropriate approaches to prevention and demand management supported?

Central to our approach to support the effective delivery of mental health care across Hertfordshire we recognise the importance of working with partners and across the wider system to ensure we are collectively meeting the needs of our population.

Prevention

Aiming to improve health and wellbeing and reduce demand for services by:

- supporting individuals wider health care needs and ensuring we are promoting positive physical health via:
 - Smoke free Trust and high promoter of nicotine replacement therapy
 - Physical health checks for individuals in inpatient and community settings
 - Active promotion of our Improved Access to Psychological Therapies 'Wellbeing' service
 - Delivering mental health care to people with a diagnosis of diabetes
 - Ensuring a timely diagnosis of dementia

HPFT is the lead co-ordinating partner for the newly launched wellbeing college in Hertfordshire 'New Leaf'. Developing and expanding the college offering is a key priority for us over the coming two years.

Demand Management

In keeping with many areas across the country, demand for mental health services for children and adults is increasing significantly and as a Trust we have seen considerable growth in demand year on year, with referral rates for children having increased by over 25% in the last year and adult services in some parts of the county have seen referrals rates grow by in excess of 10%.

As an example, the following chart demonstrates the growth in referrals into our single point of access since its inception in 2013 with approaching 5,000 referrals received into HPFT in January 2018 alone it is clear that working with partners, particularly in primary care is critical to the effective delivery of services.

All Referrals	2013	2014	2015	2016	2017	2018
Jan	1471	3653	3647	4089	4206	4844
Feb	1487	3228	3809	4209	4009	

Such growth in demand cannot be accounted for purely on the basis of demographic growth within the county and reflects wider pressures in relation to the availability of alternative services and support within primary care and local communities. Of course the specific circumstances vary for each service and it is noted that the improved awareness of mental health needs is an overall positive development. The key service specific points are summarised below:

Service Area	Current Position	Future Demand / Capacity Plans and Risks
Acute Inpatient	<p>HPFT is one of the lowest users of acute beds in the country due to a range of alternatives to admission. Existing capacity is fully utilised.</p> <p>HPFT has recently taken on the acute inpatient budget for all children and adolescents with a view to supporting more people within the county.</p>	<p>Sophisticated simulation modelling work has been supported by Mental Health Strategies. This is focused around the acute care pathway and associated community services within the context of the emerging national guidance and implementation plan for the Five Year Forward View, Older Peoples Services and CAMHS. The outcomes from this work are being used to feed into service planning which clearly identify that we will need to invest in additional adult and children's 24/7 community crisis services to prevent the demand for inpatient services growing to the scale of another ward by 2020/21</p>
Crisis Pathway	<p>Historical Section 136 use has been high and rising. Our 'street triage' approach in partnership with the police has started to reduce the level of</p>	<p>Our innovative 'street triage' has been expanded to include paramedic support. Progress and impact will be evaluated jointly with commissioners during 2017/18.</p> <p>We have been successful in a capital bid to DH through the</p>

	<p>s136 assessments that do not require subsequent admission.</p> <p>As above, providing more immediate support for individuals in crisis is a key requirement of the mental health 5 year forward view and we are currently developing these pathways for Children and in discussion with our commissioners about the adult service.</p>	<p>Crisis Concordat to develop a Place of Safety specifically for young people.</p> <p>We are implementing strengthened home treatment services for young people as an alternative to admission</p>
Community Mental Health Services	<p>As inpatient services have increasingly focused on the most acutely unwell demand and acuity within community services has increased.</p>	<p>Demand continues to rise above demographics. Particular focus is on increasing care coordination capacity through more effective demand management, reduced bureaucracy and ensuring activity is appropriately allocated.</p> <p>Key to this development is to work in partnership with primary care to identify new and innovative ways of working that can get the right care to individuals in an increasingly timely manner. Three pilots are planned to test this in Watford, Hertford and Stevenage with a view to considering wider roll out after evaluation.</p>
First Episode Psychosis	<p>Accepted referrals are double that projected based on NICE incidence rates, most likely to be due to increased awareness of the service / pathway.</p>	<p>Delivering an effective first episode psychosis service is a key measure of the 5 Year Forward view and we know that the clinical benefits of timely and effective intervention are considerable. To date we have been successful in achieving the treatment requirement of >50% of persons entering treatment within 14 days.</p> <p>A range of scenarios were modelled to support future activity and workforce planning. Current experience is that the full service caseload is likely to be at least two thirds larger than projected based on NICE. This has formed the basis of ongoing conversations with commissioners around the level of additional investment required to continue to meet the access and performance targets for FEP in line with NICE recommended treatment within 14 days.</p>
Wellbeing	<p>Service capacity is matched to meet IAPT national access volume targets</p>	<p>2017/18 has seen a successful bid for expansion funding for services in Herts Valleys Clinical Commissioning Group area in order to meet the targeted 16% of need identifying all those who will benefit from the service remains challenging and work is ongoing with primary care and partners to increase uptake</p>

5. How is the Trust developing a high performing, engaged and committed workforce?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' with a key supporting pillar being 'Great People' who have the right skills and values, leaders who involve and empower, and a workplace where people grow thrive and succeed. To deliver this we have developed a four year approach to organisational development with annual action planning. For 2017/18 we have set ourselves key priority areas summarised as:

- Embedding a culture of continuous improvement and QI across the Trust.
- Developing a team of change agents across the Trust with the focus on cultural change building on the collective leadership model.
- Delivery of master classes to targeted leadership on population based health approach
- Operating within changing health and social care environment, and the skills for system thinking and leadership.
- Continuing to build on the engagement activities within the Trust.
- Delivery of the key areas in collective leadership work, supporting managers in delegation and accountability, manageable workload, empowerment and involvement in decision making.
- Leadership – reviewing the current leadership competencies and offerings both in relation to the new national framework and the requirements of the Good to Great strategy.
- Development of clinical leadership.

Specific engagement activities include:

- Big Listen(s)
- Local Listens
- Senior Leaders Forum
- Annual Staff Awards
- Monthly Inspire Awards; and
- A wide range of health & well-being initiatives.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

Great Care and Great Outcomes are at the heart of the Trust's vision and we have been engaging with service users, carers and staff to develop, together, our Quality and Service Development Strategy that underpins this. Our priorities and plans are based on their feedback as well as the ambitions set out nationally and locally through:

- the Five Year Forward View for Mental Health
- the Transforming Care agenda
- National planning guidance and NHSI Single Operating Framework
- the Hertfordshire and West Essex STP
- Commissioner priorities and ability to meet the parity of esteem commitment

To support this we continue to gather feedback through our main quantitative tool, the 'Having Your Say' survey, which has been further strengthened in relation to people feeling safe whilst in our services. Our Peer Experience Listening programme has been expanded to include announced visits to services to speak with service users and carers. We also continue to look for opportunities to improve our engagement with service users and are investigating the use of Experience Based Co-Design and the use of service user diaries to record service users' views and observations at key points during the care pathway. The Trust's Practice Audit and Clinical Effectiveness (PACE) Team manages an annual programme of audit which is overseen by our Integrated Governance Committee. We also continue to review all deaths of service users in contact with HPFT services, or those discharged within the last 12 months. Suspected suicides, or those deaths where this is a potential for learning, will continue to be subject to appropriate review in accordance with the National Serious Incident Framework, March 2015. Where learning is identified as part of a SIRC investigation an action plan is monitored by Operational Leads until all recommendations are completed and learning has been implemented.

Our priorities are directly identified against the five domains below:

Priority Area	Summary	Domain Area
<i>National Standards – FEP</i>	Current performance exceeds the 53% target for people experiencing first episode psychosis beginning treatment within two weeks of referral. Plans are in place to significantly increase capacity to sustain this as the number of patients on the FEP pathway increases over the next two years. This will include improving the case and support for the carer, increasing the employment of this cohort and addressing the increased risk of physical health concerns prevalent in this population.	1, 2, 3, 4, 5
<i>National Standards – IAPT</i>	Current performance exceeds the waiting time standards and we expect to sustain this. Following successful bids for NHS England IAPT Expansion funding in Herts Valleys CCG we have increased access to 16%, with a particular focus on long term conditions. We are consistently meeting the recovery target of 50%.	2, 3
<i>National Standards – Dementia</i>	We continue to work closely with our local CCGs to further refine the pathway to support the achievement of a dementia diagnosis rate of two thirds whilst continuing to provide excellent post diagnostic care and support.	2, 3, 4
<i>Suicide rate</i>	We will contribute to the national target of a reduction of 10% against the 2016/17 baseline. The Hertfordshire baseline as reported through the mental health 5YFV dashboard is already in the best quartile nationally.	1, 4, 5
<i>Eating Disorders</i>	We expect to continue to meet or exceed the 95% target going forward for referrals to our community eating disorders service being seen within the 28 day threshold.	1, 2, 3, 4, 5
<i>CAMHS</i>	We will ensure our high quality specialist (Tier 3 and 4) mental health services for children and young people work effectively with those partners being commissioned to deliver the additional access for children and young people.	3, 4, 5
<i>LD Transforming Care</i>	We will continue to play a leading role, working with our partners across Hertfordshire (where we are part of one of the Transforming Care Fast Track sites), in developing and implementing new models of care in line with the NHSE Transforming Care Programme, further reducing dependence on our provision of Specialist Learning Disability Inpatient Services.	1, 3, 5
<i>Safe Staffing</i>	The required numbers for direct care nursing staff on duty for each shift and for each unit are determined using the Safe Nursing Care Tool coupled with clinical judgement. Nurse staffing data is recorded and monitored on a monthly basis and reported in line with National requirements. Quarterly and annual reports are presented to the Board and Commissioner Quality Forums. In the absence of nationally agreed RAG rating (red, amber and green) for safe staffing, detailed analysis and review is undertaken where services have fill rates < 80% > 120%.	1, 3, 4, 5
<i>Infection prevention and control</i>	Infection Prevention and Control (IPC) will continue to be delivered and assured through the Trust's IPC annual programme which identifies the infection prevention and control priorities that the Trust has to implement to ensure that the risk of service users, staff and visitors, acquiring a healthcare associated infection is kept to a minimum.	5
<i>Falls</i>	The Trust has seen an overall reduction in the number of service user falls in 2016/17. The falls group focus for 2017/18 will be to ensure that the actions taken to reduce falls in 2016/17 are sustained. Detailed work will be undertaken in acute services to ensure the lessons learned from older peoples services are embedded across all bed based services.	1, 3, 4, 5
<i>Pressure ulcers</i>	The Trust maintains its commitment to reducing all pressure ulcers and in particular grade 3 and 4 pressure ulcers. This has been successful with no Trust acquired grade 3 or 4 pressure ulcers in 16/17.	2, 3, 4, 5

HSC QUALITY ACCOUNT QUESTIONS

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

Improve medication management (safety)

- Introduced monthly audits to measure the percentage of omitted critical medications (Aim: <7%, Dec 2017: <6.7)
- Monthly ward spot-checks to assess compliance with medication standards – individual feedback to wards of good practices and where improvements need to be made
- Improved access to information about critical medications through intranet portal
- Quality improvement project on ward 10b to improve insulin management
- Challenges with management of take home medication prescriptions post launch of new electronic patient administration system
- Continued drive towards progressing implementation of electronic prescribing and administration after successful implementation of system for stock management

Progress deteriorating patient work (safety)

- Rollout of electronic observations system using handheld devices and enabling remote access to information (Lister completed, MVCC almost complete) and auto-alerts to key staff
- Escalation capability due to go live in Q4 once training of doctors is complete
- Human factors training by maternity team to improve understanding of error and its prevention
- Improved ambulance handover times within the Emergency Department
- Evaluating cardiac arrest data (datasets and methodology have changed)
- Introduced root cause analysis investigation of 24 hours leading to cardiac arrests

Further reduce mortality (clinical effectiveness)

- HSMR (Aim: <95.3; Sep 16 – Aug 17: 96.18)
- SHMI (Aim: <100 as expected; Jul 16 – Jun 17: 102.14 as expected)
- Crude mortality 1.57% for 12 months to Nov 17 compared with 1.65% for last 3 years
- ENH is ranked 6th (out of 16) in the East of England Peer group
- Continuation of mortality review process and focus on learning from deaths
- Noted impact of depth of coding when a new patient administration system is introduced
- In depth analysis of cardiology services, including an invited external review, showed no causes for concern
- Ongoing initiatives to improve the management of sepsis
- Furthering of 7 day service provision

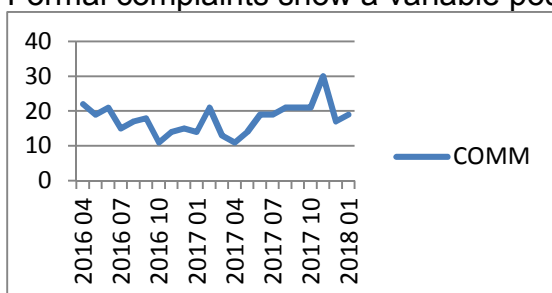
- Improvement of services jointly with the community e.g. integrated respiratory service improves patient experience (reducing admissions) but can change mortality rates as the in-patient cohort becomes 'the most sick'

Further improve stroke standards (clinical effectiveness)

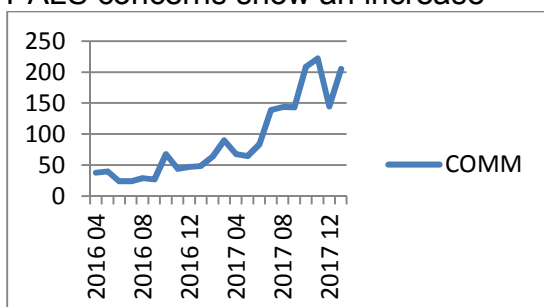
- Thrombolysis within 3 hours (Aim: $\geq 15\%$, Jan: 7.2%). Audits confirm that late arrivals have prohibited treatment rather than slow management. Multi-agency work is underway on the pre-hospital pathway to expedite admissions / treatment
- 4 hours to stroke unit (Aim: $\geq 90\%$; Jan: 74.7%)
- 90% of time on stroke unit (Aim: $\geq 80\%$; Jan: 86.6%)
- 60 minutes to scan (Aim: $\geq 90\%$; Jan 92%)
- National Sentinel Stroke Audit – retained 'A' rating for service provision
- Ongoing regional work to formalise the thrombectomy pathway

Improve communication (experiences)

- Monthly in-patient surveys:
 - involvement in decisions (Aim: $>83\%$; Jan: 83.37%)
 - understandable answers from doctors (Aim: $>88\%$; Jan: 88.59%)
 - understandable answers from nurses (Aim: $>90\%$; Jan: 91.89%)
- Formal complaints show a variable position



- PALS concerns show an increase



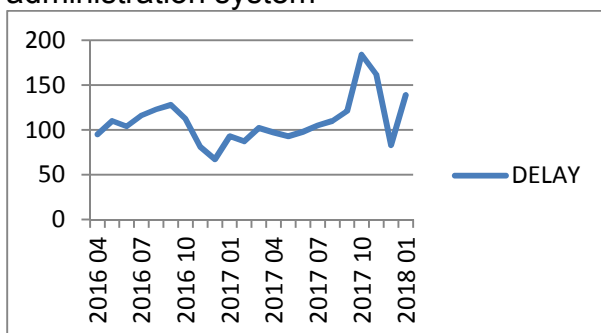
Improve nutrition and hydration (experiences)

- Monthly in-patient surveys:
 - Quality of food (Aim: >52 ; Jan: 68%)
 - Help with eating (Aim: >75 ; Jan: 90%)
 - Use of malnutrition screening tool (Aim: $>95\%$; Jan: 96.86%)
- Promotion of snack boxes, the availability of which had not been appreciated
- Launch of children and young person's menu
- Trial of patient questionnaire for real-time feedback of concerns around the food and catering service

- Planned introduction of a 'family service' to offer choice of food and portion size without pre-ordering

Improve inpatient flow (experiences)

- Cancelled operations on the day (Aim: <504pa; Jan: YTD 558)
- Reduce readmissions (Aim: <7.75%; Jan: YTD 7.3%)
- Delays in discharge from critical care remain a challenge
- Introduction of red to green days
- Improved management of bed status and flow through activities coordinated by the 'operations cell'
- Introduction of Nerve Centre for real-time data on bed occupancy
- Delays as a cause for concern have increased as a result of the new patient administration system



2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

The priorities are being considered although discussions to date have identified intentions as follows:

1. Reduction in avoidable harm to our patients:

- Focus on reducing medication errors and timely delivery of critical medications and management of antibiotics (carried forward)
- Increase compliance with sepsis pathway – particular focus on MVCC (carried forward)
- WHO safety checklist across all our services (new)
- Reduce the number of avoidable arrests through improving the way we manage the deteriorating patient (carried forward)

2. Use of digital technology

- Further embed the way we use technology to improve the care we provide to our patients through e-observations and live bed state (carried forward)
- E-prescribing (carried forward)
- Electronic discharge summaries (new)

3. Respect our patients time through improving the flow through our in and outpatient services by:

- Reducing delays in the discharge process (new)
- Improving experience and access to our outpatients department (new)
- Reduce the number of patients who are delayed in the care they receive through the ED (carried forward)

4. To be amongst the best in the experience our patients have through:

- Implementing always events (new)
- Improving our friends and family response rate in all our services (new)

These priorities are being considered because of the desire to continue with existing priorities for continuity and evaluation; but also some new ones to reflect the intelligence received which indicate we have more work to do.

The Patient Experience Committee is yet to input into the process so their views will be considered before the final priorities are agreed.

3. How will these positively impact on patient experience and outcomes?

All of the priorities will aim to have a positive impact in a number of different ways:

- preventing increased length of stay or the need for additional treatment; subsequently improving patient flow
- optimising management of conditions, or identifying sooner any deterioration thereby achieving best outcomes
- optimising patient pathways and inter-team discussions thereby being clearer on management plans with a consequent reduction in communication related complaints

It is noteworthy that the priorities will support staff in carrying out their work more effectively thus improving staff satisfaction which in turn promotes patient satisfaction.

4. How are the appropriate approaches to prevention and demand management supported?

- The Trust is working with Sustainability and Transformation partners and community partners / agencies to deliver more effective care across a number of work streams and boundaries. Intentions to prevent admissions and reduce readmissions are a key focus for this work
- In addition quality improvement methodologies have been introduced to better manage certain conditions; or to review care pathways to minimise unnecessary harm or increased length of stay, thus contributing to the

improving flow. The quality improvement initiatives will develop further during 2018/19

- Greater emphasis on sharing ideas, information and tools across networks is supporting the spread of effective practices

5. How is the trust developing a high performing, engaged, and committed workforce?

- National first in creating an online interactive staff workshop based on the results of the annual staff survey
- Engaged with the University of Hertfordshire and has successfully passed all criteria to become a university status trust
- Has engaged with the NHSI culture change toolkit
- Will recruit a talent management lead in 2018 in line with national framework
- A clear leadership philosophy has been established with great autonomy for leaders and staff
- A leadership and management development pathway has been designed and the Trust has tripled the number of staff attended such development
- The apprentice levy funds have been used across all professions and grades
- New nursing roles have been established to offer a wider career choice
- Coaching and mentoring have increased in the trust with more staff using the network and internal support
- An on boarding programme has been established and has improved performance and retention and is now being copied by other trusts

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Potential priority	Domain
Reducing avoidable harm	1 – early identification and effective management of deterioration 2 – e.g. management of diabetes, Parkinson’s disease 4 – optimising management 5 – reducing omission of medications thereby preventing harm
Use of digital technology	1 – early identification and effective management following deterioration 3 – improved sharing of information

	<p>across care providers</p> <p>5 – optimising conditions to support safe care</p>
Improving flow through services	<p>1 – supporting timely management</p> <p>3 – optimising discharge arrangements</p> <p>4 – promoting ‘right place, right time’</p> <p>5 – enabling patients to be in the optimal care location</p>
Improving patient experience	4 - implicit

Additional patient experience priorities, if agreed, will support domain 4 and possibly other domains.

HSC QUALITY ACCOUNT QUESTIONS

1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?

Five overarching quality priorities were set for this year; each theme is set out below with a brief summary of some of the lessons learned at the end of the first six months and how these are being fed into future work.

Theme One: Our people ~ we will develop and support our workforce.

There are two priorities within this theme which are to continue to implement the workforce strategy and to implement and embed the nursing, midwifery and allied healthcare professions strategy (2017-2020).

There have been sustained improvements to mandatory training and appraisal rates and continuing to reduce the overall agency spend across the Trust. However, our band 5 nurse turnover rate has been a particular concern and we have looked externally to understand what is working well elsewhere, including participating in the first wave of the NHSI-led Nurse Retention programme. We have fed this learning into our Band 5 Nurse Recruitment and Retention Strategy which we developed this year and is now in delivery.

The nursing, midwifery and allied healthcare professions strategy was launched in March 2017. There have been multiple successes against each of the key objectives which have been shared widely amongst the workforce.

One lesson learned from the first 6 months of delivering 'Our People' quality priorities is that aligning our quality priorities with delivery of key strategies has proved to be a useful way of keeping a focus on implementing strategy and ensuring we are deploying our resources on the priority work for the Trust. This will be particularly important for the coming year when implementation of our Quality Strategy will be heavily dependent on continued delivery of our Workforce, Nursing, Midwifery & Allied Health Professionals; and Patient Experience and Carers Strategy. Aligning these pieces of work will maximise use of our resource, avoid duplication and support robust decision-making that takes account of the wider context.

Theme Two: Getting the basics right ~ we will continue to build a safety culture and relentlessly focus on reducing harm and delivering the very best outcomes for our patients.

There are five key quality priorities set out in this theme. We have made significant improvements in most areas and we can show evidence that we are on track to achieve all the measures of success set out within this theme. In

particular, there has been sustained performance on our mortality rates, evidence of continued improvement in our infection prevention and control outcomes, evidence that we have strengthened how we safeguard our patients and improved assurance in relation to getting the basics right.

The focus for the last six months of the year is on sustaining a reduction to the new harms our patients receive whilst under our care in order to achieve our overall ambition to ensure all patients come to no harm; there is a particular focus on pressure ulcer prevention supported by an action plan to address the lessons identified in the Trust wide thematic review of hospital acquired pressure ulcers.

Whilst we have made progress the latest CQC inspection report, published January 2018, raised some concerns around infection control processes including hand hygiene and this will be a focus going forwards and a priority for 2018/19.

Theme Three: Patient focus ~ we will work to ensure our services are caring and responsive and designed to deliver the best possible experience for our patients.

There are five key quality priorities within this theme. We have already seen improvements to the quality, safety and efficiency of maternity care as shown in the measures of success. Particular achievements have been noted across stroke, dementia, diabetes and End of Life care pathways.

The Patient Experience and Carers Strategy was launched in November 2016 setting out our key ambitions as to how we will ensure that we listen to, and learn from, our patients. We have seen some improvements in how we manage and respond to complaints but this remains a particular focus for the last six months of the year.

Improving the sustainability and quality of our emergency care services also remains a priority.

Listening and learning from what patients and carers are telling us has been key to informing our work plans going forwards. Examples include developing information in a range of languages which we have now done, piloting the use of head torches to reduce lighting levels at night, which we have stopped in certain areas as some patients were frightened by the lights and the 'end PJ paralysis' initiative which had mixed feedback as not all patients had someone to bring in regular changes of clothes and not all patients were comfortable wearing clothing from the stores we had set up.

In response to complaints received we have altered our approach to requesting consent for post mortems, we have put forward proposals to consider bringing in

security bags for patient belongings, introduced assistance with arranging bereavement meetings through our PALS service, provided posters around the Trust for how to contact staff out of hours to locate patients. We have also updated a number of Trust leaflets and outpatient appointment leaflets as well as Trust letters advising of appointments. We have delivered training sessions on the importance of medication for the treatment of mental health conditions that will enable better engagement with patients and the treatment of physical symptoms. This year we also introduced two new training packages for training staff on how to respond to complaints effectively and writing a quality response.

Theme Four: Infrastructure ~ we will work to ensure our estates and IT systems are sufficient to provide the best possible environment in which to deliver our services.

We have achieved, or are on track to achieve (with the exception of one measure) priorities to improve the environment and the quality of our Information Management and Technology.

Theme Five: Governance, risk management and decision-making ~ we will continue to strengthen our governance, risk management and decision-making processes.

We have succeeded in strengthening our Board leadership and governance and there are significant improvements to the risk management processes, including how we manage incidents, serious incidents and never events across the Trust. We have further developed our internal quality assurance processes of the risk register to include a peer review programme of all risks on the register with the outcome reported to the Risk Review Group. We have introduced tools and processes to enable more robust monitoring of duty of candour compliance for all incidents with moderate or above harm. We have prepared and circulated Trust-wide information resources for staff, which include a staff briefing document, a staff leaflet and a process flowchart on duty of candour for all incidents with harm level moderate or higher.

A key lesson from developing our Quality Strategy has been around the importance of engaging staff to get a bottom-up perspective of the blockers and barriers that get in the way of them being able to deliver high quality care. A significant investment of time and resource in staff engagement has given us confidence that focusing on the quality strategy priorities, which are designed to address concerns and barriers raised by staff, will positively impact and support our quality improvement journey.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Quality of care is about providing a safe, effective, positive patient experience. Over the past year we have developed a quality strategy which sets out our longer-term approach to continuous quality improvement across our services, enabling us to be a consistently high quality organisation and to achieve our vision.

This strategy sets out a quality commitment between the Trust and our staff. It describes how the organisation can make it easier for our staff to deliver high quality service and care and support collaboration between departments and partners so they can work and learn from one another. It identifies key quality priorities, provides the delivery mechanisms for driving and evaluating improvement, and ensures we share success and learning.

As such, a priority for 2018/19 is to effectively embed the commitment across the Trust, to ensure everybody takes ownership for driving up quality of care. To do this, our quality priorities for 2018/19 will be driven by the Quality Strategy and are structured around 3 themes within that strategy, set out below¹. Priority themes around patient care and experience; staff performance, engagement and well-being and infrastructure continue from previous quality priorities, though with some shift in emphasis to focus on our quality commitments. A brand new priority for 2018/19 is to implement the Quality Strategy and associated quality hub that will drive quality improvement forwards.

1. *Sharing a commitment to quality of care and service*

The Quality Account priority is to uphold the Trust's side of the commitment: to make it easier for staff to deliver the best quality care for every patient, every day. This will include focusing on the below areas

- improving staff morale and well-being
- focusing on patient experience
- adherence to policy/procedures to ensure safe care

2. *Fostering a team working culture*

The focus of this priority is to build a "team of teams" that work together innovatively to focus on quality and safety and

- Make our vision, and how staff contribute to that, clearer
- Recognise great work that staff do
- Empower staff to lead improvements

¹ The detailed priorities that underpin each of these 3 themes are still in development; the draft priorities identified to date are summarised but please note these may change as our 2018/19 Quality Account is finalised.

- Share learnings and successes in a positive way, openly

3. *Building an organisation that drives quality*

This priority will focus on the below key areas

- Staff-led learning and improvement – we will listen to and we will support our people to learn and improve.
- Leadership which is visible and role-models best-practice behaviours including a ‘thank you’ recognition culture
- Communication and engagement which is open and honest throughout the organisation
- Workforce development and training that supports all staff in taking accountability for quality
- Clinical standards that enable on-going commitments to decreasing variation and increasing safety including
 - Providing harm-free care to our patients by reducing the number of hospital-acquired pressure ulcers, avoidable falls, avoidable venous thromboembolism and hospital-acquired infections
 - Implement 7-day working to provide consistent care and clinical outcomes every day to patients
 - Continue to be an exemplar hospital for mortality rates
- Estates, IT, systems and facilities which are supportive to staff.
- Implementing a quality hub to champion improvement, own our quality methodology and build improvement capabilities – including involving patients in improvement projects to ensure everything we do benefits their experience

3. How will these positively impact on patient experience and outcomes?

If we are successful with embedding our Quality Commitment and Strategy, we will see a range of benefits for our patients. Patients will always feel safe and cared for with compassion. Staff will be driven by our values and service, and all will lead in their roles to drive up the quality of patient care. Our processes and resources will enable great service that will, in turn, drive great patient experience.

4. How are the appropriate approaches to prevention and demand management supported?

Integrated Care and Demand Management

The Trust works closely with HVCCG and provider partners (including the GP F federation/s, Hertfordshire Community Trust, Hertfordshire Partnership Trust and HCC) to redesign care pathways, integrate care and reduce unnecessary visits to hospital for our patients. This work is led by Fran Gertler, Director of Integrated Care (WHHT).

The following new service models / pathways will be implemented in April 2018.

- Integrated Diabetes Service – WHHT lead provider, working with HCT, HPFT and GP federations. This service will officially 'go live' in April.
- Community Gynaecology service – led by Hertfordshire Community
- Gynaecology services, with WHHT providing consultant gynaecologist input to the new model. This will deliver 'tier 3' outpatient gynaecology services in each of the 4 localities.
- Community MSK service which includes elements of pain management, rheumatology and physiotherapy which started with some pathways from the end of January 2018 and is delivered by Connect

We are also working actively to redesign pathways for dermatology, respiratory and cardiology and are introducing new advice and guidance models, nurse led and telephone clinics and 'virtual clinics' – all designed to reduce unnecessary visits to hospital and reduce clinically unnecessary follow up outpatient appointments.

In relation to urgent and emergency care services the Trust is working with partners through the local delivery board to reduce inpatient admissions to hospital (through ambulatory services and rapid access 'hot' outpatient clinics) and to support timely discharge for patients who are medically fit for discharge but require ongoing nursing, therapy or social care following their hospital stay.

We are committed to delivering the Hertfordshire and West Essex Sustainability and Transformation Programme to ensure health and care staff benefit from

- healthier working environments
- more partnership working in the community: primary care, community health, mental health and learning disability, ambulance and social care services working together in integrated local teams, supported by hospital specialists
- more flexible working: treating patients in a variety of settings, either in hospital, the community or at home, depending on the stage of their treatment
- more emphasis on promoting good health and help

We will support our patients and our staff to live well, and stay well, for as long as they can. Healthcare and lifestyles have an important impact on our health, and we will work closely with our commissioners, local councils, communities and the voluntary sector to improve the factors which are vital to good health

One such example that the Trust is immensely proud of is the way it cares for the mental health of pregnant and postnatal women. The Trust recently established the Lavender team of highly trained midwives who provide specialised care for mothers who are teenagers, have mental health illnesses, are suffering or at risk from domestic violence, have complicated needs due to language difficulties, are homeless or have substance misuse issues.

5. How is the trust developing a high performing, engaged, and committed workforce?

Workforce-related commitments are reflected in the above quality priorities set out for 2017/18 and for 2018/19. Work on delivering our three-year Workforce Strategy continues, with a targeted focus on each of the 4 strategy pillars:

- **Laying the foundations** with the right people in the right roles, with the right leadership skills doing the right things, in the right way
- **Helping us to recruit and retain** a stable, competent, cost-effective permanent and temporary workforce that is agile and future-flexible
- **Supporting our people** by looking after their wellbeing, listening to and recognising efforts, creating a better place to work
- **Developing our people** with the knowledge and skills needed to do their jobs well and strengthening our leadership capability

Over the past year six months we have achieved the below, as set out within our Workforce Strategy implementation plan for 2017/18:

- 90% of staff have had an annual appraisal and personal development plan Achieved implementation and launch of our smoke free Trust by planned date of 1st October
- Achieved the setup of a cross-trust steering group to improve band 5 nurse retention and developed a project brief and implementation plan
- Implemented and launched Acorn, our new LMS, across the whole trust for mandatory and core training
- Completed the piloted ESR self-service in preparation for trust-wide roll out
- The STP Apprenticeships Oversight Group (AOG) has been set up and the apprenticeships strategy has been written and agreed by the AOG and we have collaborated with the STP on phase 1 procurement and contracts have been awarded for key roles including Health Support Worker, Business Admin), Pharmacy and Medical Admin.
- The 2017/18 plan for Health and Wellbeing activities has been developed and is in delivery
- Achieved the implementation of the shared staff bank collaboration with East & North Herts NHS Trust and Hertfordshire Community Trust (HCT) in partnership with NHS Professionals

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

Domain 1 - Preventing people from dying prematurely

- ✓ *Continue to implement our Smoke-free Trust and work to deliver the tobacco and alcohol-related CQUINs*

Domain 2 - Enhancing quality of life for people with long-term conditions

- ✓ *Expanding diabetes education support to patients and carers*
- ✓ *Employment of Clinical Nurse Specialists to support long term conditions –Parkinson Disease nurse and Dementia CNS*
- ✓ *Focus on Learning Difficulties with a partnership agreement with the acute liaison nurses*
- ✓ *Introduction of the trauma co-ordinator for patient rehabilitation.*

Domain 3 - Helping people to recover from episodes of ill health or following injury

- ✓ Stroke rehabilitation from a multidisciplinary team
- ✓ Enhanced recovery work streams in surgery aiding recovery of patients
- ✓ Bluebell ward supporting individuals and families with dementia
- ✓ Trauma Rehabilitation Co-Ordinator manages the care of all major trauma patients in the Trust and organises ongoing care including discharge planning, transfers and rehabilitation. The coordinator acts as a single point for liaison with the Major Trauma Centre.

Domain 4 - Ensuring people have a positive experience of care

- ✓ *Continue delivery with year 2 of the Patient Experience and Carer strategy*
- ✓ *Implement our Band 5 Nursing Recruitment and Retention Strategy*
- ✓ *Reduce our reliance on agency nursing staff*
- ✓ *Continue to modernise our physical environment through priorities set out in the Estates strategy*
- ✓ *Continue the programme of listening events with patients and support the developing role of the patient panel to make this more impactful*
- ✓ *Improve the patient journey through mapping patients pathway to understand and improve the patient experience and improve the discharge experience through more active involvement of carers and family members*
- ✓ *Explore further options for the use of innovative technology to improve the patient and staff experience, including the use of electronic observation tools, electronic prescribing and discharge medication.*

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

- ✓ *Provide harm-free care to our patients by reducing the number of hospital-acquired pressure ulcers, avoidable falls, avoidable venous thromboembolism and hospital-acquired infections*
- ✓ *Maintain effective infection prevention and control standards, including reduction in rates of c.difficile*
- ✓ *Improve compliance with hand hygiene protocols*
- ✓ *Continue to be an exemplar hospital for mortality rates*

HSC QUALITY ACCOUNT QUESTIONS

Please find below Hertfordshire Community NHS Trust's submission for Health Scrutiny Committee. We have provided the information in a bullet point format, which we hope addresses the key elements to the questions provided and which will support our participation in the Health Scrutiny Committee meeting on the 15 March 2018.

1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?

HCT's Quality Priorities for 2017/18 were developed to support CQUIN work:

QP1: We will support people with health conditions and disabilities to manage their own care as far as possible:

- Patients with Long Term Conditions will be supported to develop their own patient-centred goals alongside their named care coordinator.
- Following the roll-out of the self-management and patient activation training, alongside the introduction of a new SystmOne template, over 1700 nurses and therapists have now completed the training. This will enable clinical staff to better support patients to understand and manage their own conditions.
- Patients with low knowledge of their condition or activation will be offered a personalised care and support plan which will include their own patient held 'Health Plan' which has been created for patients to record their condition information, clinicians involved in their care and their own chosen health goals.
- Patient feedback and outcomes will be collected and analysed at the end of Q4 to ascertain any lessons learnt going forward.
- Lessons learned: how best to facilitate our staff to have enablement conversations with their patients to encourage self-management rather than prescriptive care delivery.

QP2: 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:

- Work has been undertaken to identify measures already in use and agree the Patient Functional Scale (PFS) measure where services do not have a validated Patient Reported Outcome Measure (PROM) in place.
- Pilots of the PFS are being undertaken by community nursing teams during Q4.
- Dashboard reporting of PROMS at the Trust internal Business Performance Reviews will be finalised by end of Q4.
- This QP will be taken forward into 2018/19.

- ***Lessons learned:*** to avoid being over ambitious with achievement trajectories especially when trying to introduce changes in practice and to ensure timescales are aligned with overall strategies to ensure consistency of language and trajectories.

QP3: 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:

- Business changes made on SystmOne care plans to facilitate personalised care planning and staff training is complete, with dip audit demonstrating appropriate use of care plans on S1.
- Patient experience surveys have been amended to include questions around whether patients feel supported by staff in their personalised care planning with survey results being reported in Q4.
- ***Lessons learned:*** to ensure that all SystmOne changes are reviewed as part of the whole system rather than an individual change to support staff to have a full holistic review of the whole care record.

QP4: We will improve the safety of patients in our care by reducing avoidable pressure damage:

- There has been a decrease in the number of avoidable category 2 PUs, but an increase in the number of avoidable category 3 and 4 PUs.
- For Q1, Q2 and Q3 combined, 57% of patients deemed to have acquired an avoidable PU were receiving home care and 17% were in residential home.
- Increased scrutiny by the Tissue Viability Nurse lead continues and may be creating an increase in avoidable PU.
- ***Lessons learned:*** there has been an increased education and support programme around PU prevention and early identification throughout 2017/18, both internally with HCT and externally with care homes and through working with agencies such as Carers in Herts, supporting the value of working in partnership.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Two Quality Priorities will be carried forward to 2018/19 to continue to underpin the CQUIN work:

- **QP1:** 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.

- **QP2:** We will improve the safety of patients in our care by reducing avoidable pressure damage – Quality Priority remit to be widened to all wound care management

There is one proposed new Quality Priority:

- **QP3:** Increasing patient response rates, particularly to FFT, to capture wider feedback from patients and improve understanding and learning from patients' experience of using HCT services.

3. How will these positively impact on patient experience and outcomes?

QP1 Aims:

This QP aims to fully understand the impact on patient's experience of our care and measure the intended outcome to ensure we are delivering a service that is valued by patients and meets their needs. This will be achieved by:

- Fully understanding the various academically validated approaches to patient-reported outcome measures (PROMs), including the similarities and differences between them, so we can decide whether or not to adopt a single approach across HCT
- Ensuring all services use an agreed validated approach to patient-reported outcomes for all patients by March 2019.
- Ensuring patient-reported outcome measures are routinely reported as part of the regular Business Unit Performance Review (BUPR) reports by March 2019.
- Developing a clinical audit approach to ensure consistency of application and measurement of patient-reported outcomes across our various services for implementation in 2018/19.

QP2 Aims:

This QP aims to improve the early identification of patient with wounds to encourage early healing and reduce the impact of long term damage as well as improving the management of patients with long term wounds to reduce the risks of infection and encourage return to normal activity. This will be achieved by:

- Improving the assessment of wounds
- Reducing the number of patients experiencing avoidable pressure ulcers in HCT care
- Increasing awareness of pressure ulcer prevention across the Trust
- Increasing awareness of early pressure damage with agencies who work with the Trust and our patients

QP3 Aims:

This QP aims to increase the number of patients who respond to HCT surveys and questionnaires to capture patient feedback. This will be achieved by:

- Increasing the Friends and Family Test response rates in all HCT services
- Improve the way we capture patient feedback by using additional methods in all services i.e. patient groups, surveys, questionnaires etc.

- Demonstrating positive changes made in response to patient feedback
- Implementing robust process to share lessons learnt from patient feedback throughout HCT via the Patient Experience Forum

4. How are the appropriate approaches to prevention and demand management supported?

Prevention and demand management are managed through the following:

- Patient referral and contact activity is monitored to ensure response times are met and the impact on patient care and experience is monitored.
- Activity and referral data is routinely shared with commissioners and is increasingly being discussed with primary care GPs as part of locality/place based working.
- The Trust executive and board monitor demand and activity to ensure services are meeting contract requirements. Any concerns are shared with the commissioners at the monthly contract meetings.
- As part of the redesign of community services primary care GPs are engaged with the redesigned models of working and priorities within localities to meet specific needs.
- The development of new ways of working are developed in line with national best practice and/or vanguard sites e.g. the implementation of enhanced therapy triage and the complex case management model in west Hertfordshire.
- HCT works in partnership with primary and secondary care, Hertfordshire Adult Social Care, HPFT and third sector/voluntary organisations in order to provide a broader range of proactive and preventative focused services that can support self-management and wellbeing
- Working with E&NCCG on specific models of care i.e. the 6 Community Frailty Model with the localities to address increasing demand in this area and with our partners in Herts Valley to manage patient flow and demand i.e. Discharge 2 Access.
- Introduction of the Lancaster Model in Children's and Young People's Services to clearly identify health issues amongst children in a way that enables early intervention and care. The Lancaster Model enables analysis of current interventions, assessment of the needs of children and their families, agreement as to who is best placed to address each child's needs, and identification of any training requirements to facilitate this.
- Introduction of group sessions in partnership with Children's Centres to deliver mandated first and second year Health Visitor reviews for all children in HCT's care
- The Trust monitors staff capacity daily basis and the escalation plan outlines the actions required in response to reduced capacity or increased demand.
- Confirmation on current staffing levels by banding and skill mix in each locality is in place to enable daily review of capacity.
- All staff working for HCT are trained in the prevention of ill health and maintenance of healthy lifestyles and are expected to deliver this message to patients at every contact where appropriate i.e. smoking cessation, reduction of alcohol consumption, healthy diet/weight and exercise.

5. How is the trust developing a high performing, engaged, and committed workforce?

HCT's approach to developing a high performing, engaged, and committed workforce is detailed in our Workforce and Organisational Development strategy and it includes the following work strands:

Engaging and Involving Staff

- We have continued to refine our range of mechanisms for staff engagement. We have run workshops to involve staff in service changes, held regular Staff Listening Events with our Director of Human Resources and engaged with staff to improve retention, through promoting positive staff stories. Trust information is cascaded through a monthly team brief and staff engagement is also undertaken through Trade Unions at our Joint Negotiation Committee and an equivalent group for medical staff.
- We seek feedback from our staff through our quarterly Pulse surveys, with around 23% of our workforce participating each time to give us their views. We also run the NHS annual staff survey with 58.4% of our workforce responding. The findings from the survey, inform our Business Unit workforce priorities for the coming year.
- Staff achievements are recognised through our newsletters, business unit recognition schemes, applications for national awards and through our own annual Leading Lights Awards and Celebration event. The most recent was held in July 2017.
- We continue to support our staff to feel they could raise concerns; revising our policy, raising the profile of our Freedom to Speak Up (FTSU) Guardian and introducing a new Whistleblowing Helpline run by our Employee Assistance Programme. We are now in the process of supporting the FTSU Guardian with a network of Freedom to Speak Up Ambassadors (staff volunteers).

Staff Health and Wellbeing

- We promote Staff Health and Wellbeing focusing on the priorities of physical activity, muscular skeletal issues and mental health. Working with our extended Staff Health and Wellbeing Network we participated in the national Workplace Challenge, supported staff through our comprehensive Employee Assistance Programme and have introduced a fast track physiotherapy service for staff. We ran our 2017 flu campaign, with 72.65% of our front line staff being vaccinated, which currently puts us in the top 3 Community Trusts in the country.

Recruitment and Retention

- Staff attraction strategy using social media/job boards, attendance at careers fairs, and running advertising campaigns on petrol pumps, at cinemas and in local shopping centres.
- Recruitment training to our managers in fair and effective recruitment practices, including unconscious bias.
- Introduction of the Bank Network, a shared bank to improve access to bank workers.

- 90 Day Improvement Programme to improve the effectiveness of our e-roster system.
- Work to improve staff retention through 'stay' surveys and delivery of our retention action plan, with a particular focus on nursing through our participation in a national improvement programme on nursing retention.

Skills Development

- We built on our training programme in collaboration 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.
- We were above average in our annual staff survey responses in the area of the quality of our non-mandatory training, learning or development scoring 4.17 against a national average of 4.08 (out of a maximum of 5). 92% of our staff completed their mandatory training against a Trust target of 90%.
- We have in place a Clinical Training Programme for our nurses working in Adult Services to provide regular updates on key areas of clinical skills such as catheter care and insulin administration.
- We continued to increase opportunities for apprenticeships and apprentice qualifications.

Leadership Development

- We continued to develop the leadership capability of our clinical leaders, operational and clinical managers, senior managers and board members, through training, induction, action learning sets, secondments, project work, coaching and access to regional leadership programmes.
- We set up the Professional Clinical Leaders Group as a forum to develop strong professional clinical leadership within HCT as a platform for sharing best practice, peer support and networking.
- A competency framework for Bands 7 and 8 staff has been developed and implemented for use in appraisals and routine management conversations. Assessment of the capability of senior managers has commenced using the Heath Care Leadership Model 360 framework.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

HCT's Quality Priorities are not individually linked to the 5 Domains but do cover all elements and are supported by additional work undertaken in the Trust as outlined below:

Domain 1: Preventing people from dying prematurely

- Health promotion advice and prevention of ill health at every contact
- Preventing risky behaviours (CQUIN)
- Management of long term conditions and self-care
- Using National Early Warning System (NEWS) to identify deteriorating patients
- Mortality reviews and learning from patient deaths

Domain 2: Enhancing quality of life for people with long-term conditions

- Home First and responding to urgent referrals to support people in difficulty
- Promoting self-management
- Dementia champions
- Diabetes partnership working
- 'Health for Kids' and 'Health for Teens' websites

Domain 3: Helping people to recover from episodes of ill health or following injury

- Early Supported Discharge
- Discharge Home to Assess
- Cardiac and pulmonary rehabilitation

Domain 4: Ensuring that people have a positive experience of care

- Increasing FFT response rates
- Making changes as a result of patient and carer feedback
- Patient Led Assessment of the Care Environment
- Patient experience surveys
- Purple Star - Learning Disabilities
- Carers Strategy
- Implementation of Individualised Care Plan for the Dying Person

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

- Falls prevention
- Working with care homes to raise awareness of pressure ulcers
- Review and learning from medication incidents
- Management of Health Care Acquired Infections and learning
- Monitoring of Safety Thermometer survey elements to identify hotspots and target work

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

During 2017/18 there were nationally set requirements as well as local priorities. The national requirements measured clinical performance requirements for stroke, heart attack and cardiac arrest patients.

The local priorities

EEAST had three overarching themes; patient safety, clinical effectiveness and patient experience. This was our progress and lessons learned at the time of writing.

Priority 1 – Patient safety

- Infection Prevention and Control – The figures for vehicle deep cleaning the December monthly report show that 76.3% of emergency vehicles and 48.4% of PTS were compliant with the six-week schedule. Part of the poor compliance for emergency vehicles has been put down to the need to service and repair vehicles and staff shortages. For PTS vehicles, there have been staff shortages. To resolve this, we have taken the following actions:
 - Launched a Trust quality improvement project to review vehicle cleaning procedures
 - Set up a regional Task & Finish Group to review interim measures to improve compliance
 - Recruitment for replacement Ambulance Fleet Assistants
 - Improved support from A&E teams to share cleaning facilities.
- Introduction of a Safety Walkabout Audit tool within Patient Transport Services to align it with A&E and emergency operations centres. A comprehensive audit tool encompassing many aspects of both staff and patient safety was developed within the East of England Ambulance Service NHS Trust (EEAST) in 2012-13. It is like many 'Walk the Floor' audits undertaken by directors and senior staff within acute trusts. By introducing this to Patient Transport Services it provides an understanding of the risk and safety issues within this area. It also provides evidence for Care Quality Commission (CQC) and quarterly monitoring information. Staff are routinely asked for their views on how the Trust can improve quality and safety as part of this.

Audits started from January 2018 with the first report due in April 2018 which will provide a benchmark to set an improvement target against for 2018/19.

Priority 2 – Clinical effectiveness

- Our 2016/17 End of Life Care Strategy has been published to look after our sickest patients with long term conditions. We have been able to identify End of Life Care patients within our call handling/triage system. We have implemented Just in Case medication packs and associated guidance and have specific learning modules for staff through our e-Learning application (in association with Health Education England).

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

- Data has been collected to aid recognition of sepsis, and is currently awaiting analysis and publication. The Trust has also completed a bespoke survey for patients who were attended by the service due to a 'sepsis' related '999' call.
- To better recognise and manage acute coronary syndrome patients, data has been collected. It now needs analysing after which a report will be prepared.
- A pilot about Emergency Care Practitioners usage of antimicrobial drugs was undertaken in July 2017. This resulted in extremely low numbers, therefore another audit is due to take place this year to see if further data can be collated to impart more meaningful information.

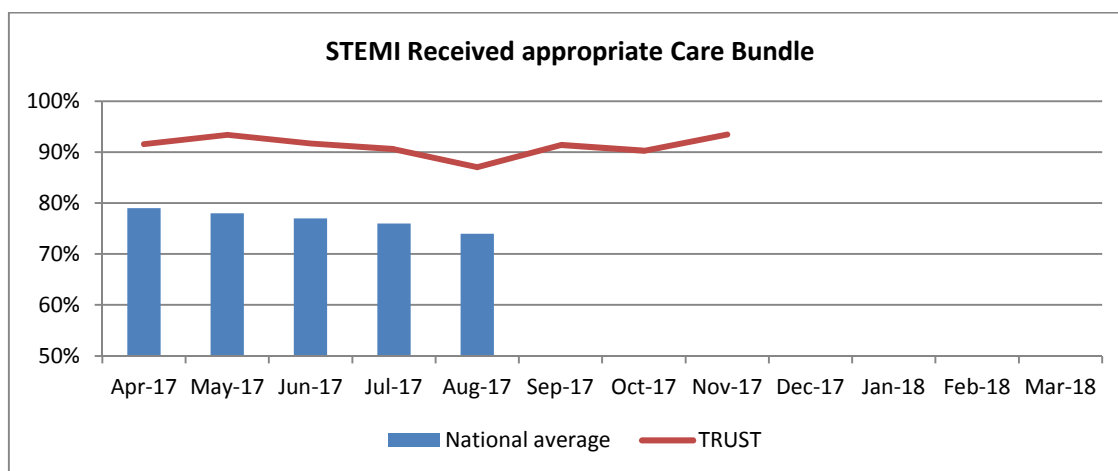
Priority 3 - Patient experience

- As part of our monitoring of implementation of the Dementia Strategy, we carried out a user survey. We had a low return from service users and their families, who later told us that they struggled to find time to give us feedback. In response to this, the Trust is modifying its objectives within the Dementia Strategy to meet service users' needs. This includes the following changes: EEAST will be attending established focus and pop-up groups such as dementia cafes and will take questionnaires for people to complete at the events. They will also attend conferences and local engagement events, including taking a vehicle for users to feedback on patient access and accessibility.

National priorities

Ambulance Clinical Quality Indicators are shown below against national average latest data published

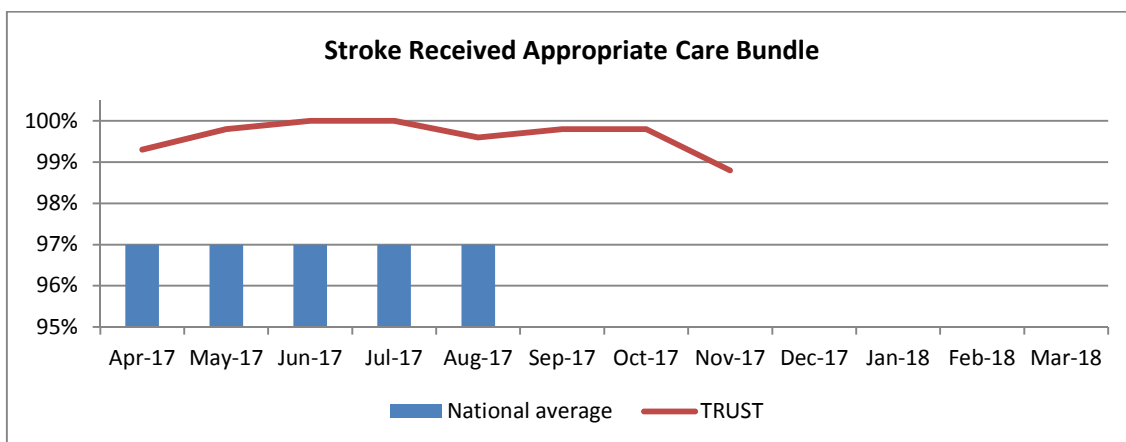
Table 1: The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle



Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Table 2: The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle. Although the Trust's score decreased in November, it is still well above the national average to date.



2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

In 2017/18, the majority of priorities were new topics which the Trust had not previously measured. Results will be used as a benchmark for improvements in 2018/19. With a number of these topics not yet completed outcome data and improvement targets are not yet set and will be released at a later date. These include PTS Safety Walkabout Audits, deep cleaning of vehicles and management of acute coronary syndrome patients.

Sepsis will not be included during 2018/19 as this is being adopted as part of the national Ambulance Clinical Quality Indicators from 1 April 2018. However, work has begun on identifying other possible priority topics for 2018/19 using clinical audit, incidents and patient experience.

3. How will these positively impact on patient experience and outcomes?

To meet the needs of our patients, the Trust recognises it must focus upon building a sustainable and safe organisation.

Audits in 2017/18 will not only improve safety for patients but also lead to experience and outcome improvements for the patients and their representatives.

We will also continue to undertake bespoke patient surveys for particular patient groups such as those experiencing end of life care.

***East of England Ambulance Service Trust
Quality Accounts Review***

4. How are the appropriate approaches to prevention and demand management supported?

Our corporate communications adopts best practice which is to avoid telling people to stop calling 999 when we are already seeing high numbers of calls. It just puts 999 at the centre of people's minds when what we want them to do is prepare, plan and prevent. At the right times we use positive reinforcement of the NHS services available and reiterate that you need to know two numbers for urgent medical help, 999 or 111.

We use patient stories to reinforce the seriousness of emergency calls we go to and on social media we share partner messages in communities. We have community ambassadors who will visit groups and organisations to talk through what happens when you call 999 and how the call is handled. The Hertfordshire health system and other partners are really supportive of this work.

Our longer-term strategy is driving the behavioural change in a generation, so that current children grow up learning how to use NHS services effectively – they also pass on this knowledge to family members.

In the wider strategic scheme of things, recruitment marketing is a big piece of work for EEAST. Vacancies are posted on social media to raise public awareness (there is a potential to reach tens of thousands of people), and marketed through radio broadcasts, interviews, and of course recruitment fairs and community events. The marketing attracts hundreds of applications every year. We are focusing a campaign for Hertfordshire between 19th Feb – 4th March which will include Heart FM adverts and bus advertising. In 2018 we will focus on the outcomes of the Independent Service Review and what numbers of people we will need to recruit to serve the communities going into 2020/21.

5. How is the trust developing a high performing, engaged, and committed workforce?

Since 2014/15, EEAST has had an ambitious recruitment plan which has delivered an increase of over 700 'frontline' staff (table on next page). To mitigate both internal and external staff turnover the Trust has had to recruit and train over 1,500 people to achieve these increases in whole time establishment.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Staff in post wte at year end	Whole Trust	A&E
2013-14	3809.72	2329.93
2014-15	4011.01	2743.92
2015-16	4106.52	2805.75
2016-17	4345.10	2934.00
2017-18 YTD (Dec 17)	4477.41	3037.93

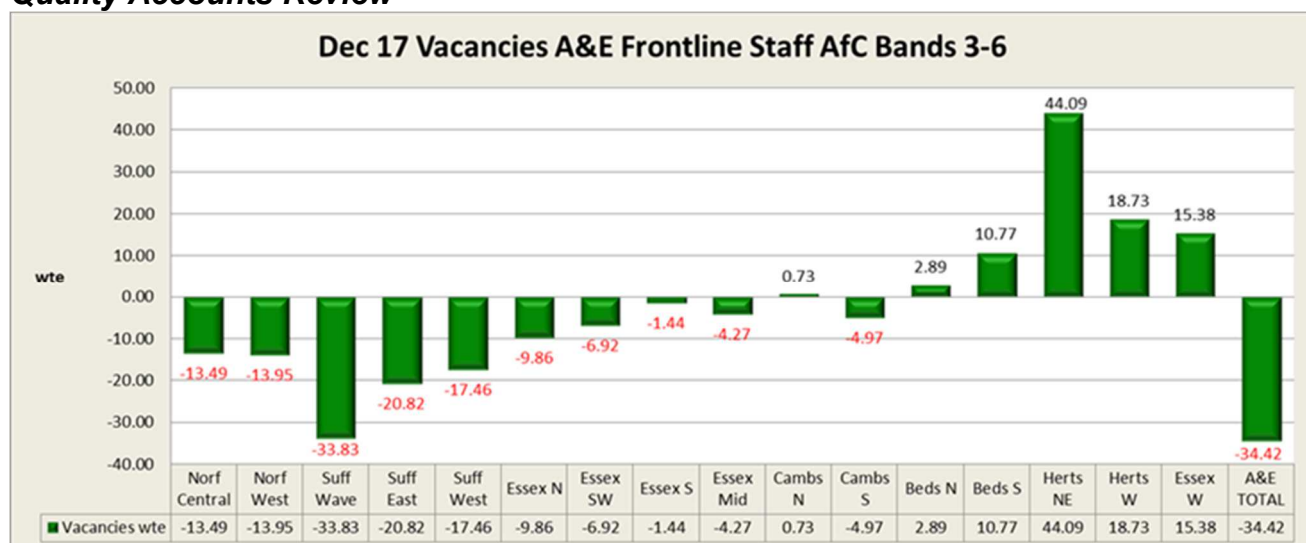
Whilst recruitment is a key focus for the Trust, particularly in hard to fill areas we have worked with our people over the last two years to encourage staff retention and to develop the Trust as an employer of choice in the region and the ambulance sector.

To support this, the Trust has developed a range of People and Culture strategies and initiatives including a Cultural Audit, Leadership Development, Wellbeing and Employee Engagement. This has seen the Trust reduce frontline staff turnover from the 4th highest of all 11 Ambulance Trusts in July 2015 (11.8%) to the 2nd lowest in October 2017 (7.54%). The Trust is pleased that turnover is maintaining a downward trend which will support the ongoing recruitment and training plan over the next three years.

The Trust is currently 'over established' against its budgeted establishment (see the table on the next page). However, these figures mask the fact that the Trust has significantly more staff in some areas (such as Norfolk and Suffolk) that have more staff than budgeted for and high levels of vacancies in other areas (such as Hertfordshire). This is as a result of a range of factors including a national shortage of paramedics, the high cost of living in some of our counties and competition with the bordering London Ambulance Service (where London weighting is applicable). These figures also do not reflect the significant capacity gap that the Trust has put on public record for the last two years. The Trust has now for the first time in its history, working with regulators, secured an independent review of the required staffing levels to deliver safe and effective ambulance services on a sustainable basis and subject to final contract negotiations expect to be in a position to increase the number of frontline staff by a further 350 whole time equivalents over the next three years.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review



This three-year workforce plan will see the Trust recruit and train a further 1,300 people and work is already underway to commence recruitment to these new staffing levels. The Trust recognises that it remains challenging to recruit in hard to fill areas and is delivering a range of activities to address this challenge including:

- Recruitment and retention incentives in hard to fill areas
- School, college and university targeted engagement and recruitment events
- Focussed graduate recruitment campaigns and incentive packages
- New marketing materials and recruitment campaigns to raise awareness of careers in the Trust and benefits of working for EEAST
- Targeted recruitment campaigns utilising, bus stops, bus backs and radio advertising
- Social media recruitment strategy
- Trained over 100 community ambassadors to promote the Trust in hard to reach communities
- Taster days and engagement sessions
- Use of on-line job boards in addition to NHS jobs
- Building capacity in recruitment team
- Recruitment improvement project and safer and resilient recruitment initiatives
- Outsourcing of some volume recruitment
- Purchase of private training provision to frontload 3 year workforce plan
- Working with HEE to agree funding to support a three year workforce plan including liaison with higher education institutes
- Investment in the Trust's training and education infrastructure
- Developing apprenticeships for transition to new clinical career pathway
- Developing advanced and specialist routes to improve recruitment and retention.

The Trust is also pleased that sickness has recorded a downward trend in 2017/18, although work continues to deliver a holistic wellbeing strategy to support staff and reduce absence levels further.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

6. Which priorities 2018/19 address the 5 domains?

Domain 1 - Preventing people from dying prematurely

Mandatory

- Category A telephone calls (Red 1 and Red 2 calls) ; emergency response within 8 minutes
- Category A telephone calls; ambulance response within 19 minutes
- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 3
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 3

Local

- Recognition of Sepsis – also included in Domain 3
- Recognition and management of Acute Coronary Syndrome patients – also included in Domain 3

Domain 2 - Enhancing quality of life for people with long-term conditions

Local

- Continuation in the implementation of an End of Life Care Strategy
- Monitoring of implementation of Dementia Strategy

Domain 3 - Helping people to recover from episodes of ill health or following injury

Mandatory

- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 1
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 1

Local

- Recognition of Sepsis
- Recognition and management of Acute Coronary Syndrome patients
- ECP Usage of Antimicrobial drugs

Domain 4 - Ensuring people have a positive experience of care

Mandatory

- Staff who would recommend the Trust to their family or friends
- Patients who would recommend the trust to their family or friends

Local

- Patient experience survey – continuous monthly surveys, bespoke patient surveys for both End of Life Care and Dementia patients

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Mandatory

- Patient safety incidents and the percentage that resulted in severe harm or death
- Mortality rate

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Local

- Infection Prevention and Control – continuing improvements within the vehicle deep cleaning target for all operational areas
- Improvements in results for the Safety Walkabout Audit tool within Patient Transport Services.

RESPONSES TO HSC QUALITY ACCOUNT QUESTIONS

Introduction

The Princess Alexandra Hospital NHS Trust set the 2017/2018 quality priorities following the CQC report and key concerns raised. The subsequent organisational quality improvement plan and the Quality Account have utilised the CQC findings to expedite quality, safety and patient experience indicators. The 2018/2019 quality priorities will be driven by the recent CQC inspection findings, which the Trust is currently awaiting; this should be with the Trust and in the public domain by mid-March.

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

In 2017 the outcomes from the Care Quality Commission (CQC) inspection report (October 2016) afforded the Trust with an opportunity to focus on the themes from the inspection report in the Quality Account priorities. Our aim was to progress out of “Special Measures” on our way to achieving a range of quality improvements that reflect the learning from patient and staff feedback as well as emerging themes from incidents and feedback from regulators. Appendix 1 describes the priorities identified in the Trust Quality Account for 2017-18 including an overview of achievements.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

In September 2017 the Trust launched

- **Our vision:** Delivering outstanding healthcare to our local community.
- **Our mission:** Putting quality first will be our approach in everything we do.
- **Our strategy:** Our long term plan is **Your future, our hospital**. To ensure that we do not focus on one thing, or multiple things in isolation, Your future, our hospital is categorised into five key areas of focus; **patients, people, performance, places and pounds (The 5 P's)**. Plans within these five areas have been developed from individual staff pledges, to specialty and team plans, to healthcare group (divisional) and departmental plans that are informing the Trust strategy as a whole.

This inclusive board to ward approach is being used to identify the key priorities for the 2018/19 Quality Account. The Quality Account priorities will also reflect recommendations from the CQC Report of the December 2017 inspection.

Priorities 2018/19:

- i. Reduce the Hospital Standardised Mortality Rate (HSMR) through the introduction of new governance arrangements and continuing the work already started on learning from every death
- ii. Sustain improvements in the identification and treatment of patients with Acute Kidney Injury (AKI) (carrying forward)
- iii. Timely identification and treatment of sepsis in ED and acute inpatient settings including effective antibiotic prescribing and review (carrying forward)
- iv. Continue to enhance the care people receive at end of life while in hospital.
- v. 5P priorities which will include medication safety and mental health pathway management in the acute hospital setting e.g. delirium
- vi. Dependent upon the CQC report recommendations

3. How will these positively impact on patient experience and outcomes?

Each priority will have key performance indicators identified, including improved patient outcomes in line with benchmarked best practice outlined in Getting it Right first time (GIRFT). We will also

The Princess Alexandra Hospital NHS Trust

compare our effectiveness in reducing unwarranted variation with the Lord Carter report recommendations using the Model Hospital data.

4. How are the appropriate approaches to prevention and demand management supported?

The Trust is actively engaged with the Hertfordshire and West Essex STP and participating in a number of clinical and enabling workstreams. Our focus is on system level working and we continue to pursue opportunities to integrate health and social care to benefit service users in an effective and efficient way.

5. How is the trust developing a high performing, engaged, and committed workforce?

The new people strategy will be considered for approval by the board in March 2018 with 'a joy to work at The Princess Alexandra NHS Trust' as the vision, inspired by the White Paper published by Professor Don Berwick. The strategy builds on the foundations the Trust has laid in developing a high performing, engaged and committed staff team of over 3,000 staff through robust people management and development processes at:

- Employee level; appraisals which include personal development plans (achieving over 90% compliance), employer based awards which were run three times during the year, feedback opportunities; the National Staff Survey (steady improvement from the previous year's results including an invitation to present at a national workshop) and our Cultural Barometer survey to identify cultural and behavioural strengths and areas for developments.
- Local team & Health Care Group; Staff Engagement Forums to co design improvement opportunities, including a Trust wide 3 day event attended by over 2,500 staff that focused on celebrating a health service of all the talents. This included staff awards for outstanding contributions, health and wellbeing activities and shaping the new 5 year Trust strategy
- Corporate level; a weekly message from the CEO, weekly staff briefings in the restaurant with the Executive team, weekly in touch publication with a roundup of the week's news and key dates for the following week, buddy wards for board members. New 'Freedom to speak up Guardians' have been appointed as a mechanism for staff to raise and discuss any concerns in confidence. There is also a dedicated electronic line directly to the CEO '(Ask Lance)'.

In addition, the Trust offers a wide range of high quality training opportunities, including Care Certificate course for trainee HCSWs, progression programmes for our Facilities workforce, accredited Leadership & Management Development programmes for aspiring and established leaders and a robust CPD offer. Our 18 month preceptorship programme comprehensively develops our nursing workforce with regards to both clinical and leadership skills. The programme also provides opportunities to undertake career planning and has a future focus.

In 2017 the Trust worked with NHSI on the national retention programme. We are listening to staff and have a wide range of actions to improve staff retention and strengthen the work experience for our staff.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

The NHS already has two-year contracts and improvement priorities set for the period 2017/19. These were based on the NHS Operational Planning and Contracting Guidance 2017-2019 published in September 2016 and reflected in the March 2017 document *Next Steps on the NHS Five Year Forward View*.

The Princess Alexandra Hospital NHS Trust

2018/19 will be a refresh of plans already prepared. This is to enable organisations to continue to work together through STPs to develop system-wide plans that reconcile and explain how providers and commissioners will collaborate to improve services and manage within their collective budgets.

Our energies will remain focused on improving the quality of care for patients and maintaining financial balance, whilst working in partnership to strengthen the sustainability of services for the future.

All 5 domains from the NHS Outcomes Framework are addressed through contract arrangements with commissioners. Our specific quality improvement priorities will be identified in the Quality Account.

Finally, the Trust can also share that some 2018/19 quality priorities will broadly encompass areas which we identified to the CQC as requiring improvement; further indicators will be driven by the CQC inspection report, as explained in the introduction.

- Emergency and Urgent Care access standard and emergency department patient experience
- Medicines management
- Children and Young people's experience, particularly those with chronic/ long term conditions who require transition to adult services.
- Workforce
- Mortality and learning from Every Death

APPENDIX 1 2017-18 Quality Improvement Priorities

Quality Improvement priorities for 2017/18 and a summary of achievements	
1. Safety Culture	
SC 1.1	<p>Getting the basics right: Aim: Compliance with essential safety standards e.g. emergency equipment checks. Achievements: The Trust has developed a standardised approach for all safety checks during 17/18 which has resulted in a significant improvement during the year in our compliance across every clinical area. The equipment checks consists of four distinct separate items to be checked once a day by a qualified member of staff; the emergency resuscitation trolleys, controlled drugs twice per day across inpatient wards, monitoring of drug fridge and difficult airway trolleys located in our critical care unit, labour ward and operating theatres. Ward and department dashboards are in place; with regular monthly audits to monitor compliance. Performance is monitored through the QIP and shows that the practice is now embedded in practice and sustained.</p>
SC 1.2	<p>Improving the identification and treatment of patients with Acute Kidney Injury (AKI) Aim: To build on the progress made in 2016/17 so that early recognition and treatment of AKI is fully embedded across the whole Trust Achievements: Computer system upgraded; real-time alerts now provided to clinicians for patients with AKI. Clinical advice is also provided in relation to monitoring and escalation. All junior doctors and newly qualified nurses have received training. The new ways of working and outcomes have been presented to a range of Forums across the Trust. The percentage of patients whose AKI severity has improved whilst in hospital has quadrupled and the percentage of patients whose AKI severity has worsened has also fallen by 50%.</p>
SC 1.3	<p>Timely identification and treatment of sepsis in ED and acute inpatient settings Antibiotic prescribing and review (National CQUIN). Aim: Early recognition and treatment with improved antibiotic prescribing and review; leading to reduced consumption per 1000 admissions Achievements: The principles of this CQUIN are already embedded in the Trust including revised Sepsis 6 bundle. A Clinical lead has been identified and launched a Sepsis Board which has been instrumental in identifying learning and prioritising next steps for 2018/19. These include Continued antimicrobial ward rounds and restriction of piperacillin/tazobactam and meropenem. Quick reference posters for most common conditions for MDT rooms. Further education for staff regarding antibiotic review and challenge to the prescriber to switch IV antibiotics to Oral. Increased use of green stickers at the point of prescribing, ensuring that they are readily available on the ward. Improvement of documentation; both the medical notes and medication charts to include indication, duration and review dates of prescribed antibiotics.</p>
SC 1.4	<p>Continue to enhance the care people receive at end of life while in hospital. Aim: Provision of an appropriate care plan agreed with the patient and their appropriate next of kin when approaching the end of their life. Early transfer to the patients preferred place of care. Achievements: The Trusts End of Life Vision and Strategy was launched across Trust and Health economy from April 2017 Substantive Palliative Medicine and End of Life Consultant started on 30 October 2017 The Trust provides a consistent 6 day a week Specialist Palliative Care service, including bank holidays; all patients referred to the team are seen no later than 48 hours In May 2017 the end of life and oncology Occupational Therapist post was extended to full time improving response rates for rapidly assessing patient requests to go home. The individualised care plan for the anticipated last days of life was audited in April/May</p>

	<p>2017. The planned launch is scheduled for March 2018.</p> <p>Trust employed a Ceilings of Treatment Senior Nurse Advisor; alongside a multi-professional team from the Trust and local health economy she participated in the National Health Service Improvement (NHSI) End of Life Collaborative. The outcome; implementation of a Treatment Escalation Plan (TEP) which was successfully piloted and rolled out Trust wide. The innovation also won the NHSI End of Life Collaborative “Most Inspiring Trust” Award. In January 2018 we began working with the Anne Robson Trust as pilot site for the Butterfly Volunteers.</p> <p>All discharge coordinators are now trained in the ‘fast track’ process for patients requiring continuing healthcare at the end stage of their life. All patients now have their assessment initiated within 24 hours and a database is in place to monitor.</p>
SC 1.5	<p>To embed a Learning culture</p> <p>Aim: Enhance our ability to learn from a variety of feedback mechanisms. Encourage and support the raising of concerns, celebrate success, identify root causes and demonstrate improvement and solutions.</p> <p>Achievements: The Trust has embedded a number of focused sharing the learning programmes of work this year including implementing a process to support learning from every death, sharing the learning from medication incidents including a pharmacy top tip and daily oversight of all reported near miss or harm incidents. The Trust has continued to collate the learning from a range of review processes and this is shared quarterly in face to face forums with staff and in formal reports to a range of committees including performance reviews with commissioners.</p>
SC 1.6	<p>Embed and sustain Safeguarding processes for children and adults</p> <p>Aim: Training for staff which supports evidence of good practice in terms of compliance with agreed processes</p> <p>Achievements: Improved compliance with training attendance for staff. A variety of approaches have been introduced that are responsive to both the availability of staff and their needs for both adult and children’s safeguarding. In particular we have strengthened the training for staff on Mental Capacity Assessment (MCA); this was supported by securing additional funding from NHS England as on-going support. To ensure that we are learning from all safeguarding alerts received internally and from external partners; each case is scrutinised to identify where changes need to occur and to share the learning throughout the Trust. The Scrutiny review takes place monthly collaboratively with health and social care colleagues working together.</p> <p>Safeguarding children achievements include implementation of a supervision strategy for staff, implementation of the FGM-Reporting Information System and the Child protection Information system.</p>
2. Patient Focus	
PF 2.1	<p>Transforming our care (In and through and out)</p> <p>Aim: Establishing a high performing Frailty Unit, ambulatory care, assessment and short stay.</p> <p>Achievement: The Trust has successfully redesigned the Emergency Department, assessment units and created a short stay ward for adults. Revised pathways of care have been developed and launched in December 2017. There has been variable success with implementing the new ways of working and this is associated with bed occupancy. The newly designed Gibberd ward was opened to facilitate care of patients with DNACPR orders and a Treatment Escalation Plan.</p> <p>A Frailty peer review took place on 17 January 2018; excellent feedback, in particular achievements on John Snow ward including reducing the length of stay from 14 to 7 days.</p>
PF 2.2	<p>Co-design/personalised care</p> <p>Aim: Develop and implement the discharge to assess model</p> <p>Achievement: The Trust now has an integrated discharge team; discharge to assess model successfully implemented. Reduced numbers of patients experiencing Delayed Transfers of Care (DTOC).</p> <p>A focus on early in the day discharges has included continued use of the Red2Green and SAFER Patient Flow Bundle.</p>
3. Our People	

<p>OP 3.1</p>	<p>Recruitment and retention Aim: Develop and improve our ability to recruit and retain staff Achievement: August 2017, introduction of an electronic tracking system to eliminate unnecessary delays in the recruitment process. Worked with NHS Improvement; developed a comprehensive staff retention improvement plan.</p>
<p>OP 3.2</p>	<p>Staff engagement Aim: Having a workforce who are fully absorbed by and enthusiastic about their work and take positive action to further the hospital's reputation and interests. Achievement: The Trust held a week long staff engagement event in September 2017 which culminated in a staff awards event to celebrate those staff nominated for outstanding contribution in relation to living the values. The second annual Water Ball was held and included a celebration of long serving staff. The Trust has appointed an Interim Director of People who is engaging staff in the development of a People Strategy.</p>
<p>OP 3.3</p>	<p>Communication Aim: Achieve good quality, effective and clear communication in the hospital Achievement: In 2017 we established a weekly Executive led staff briefing, held in the hospital restaurant and open to all staff. A weekly communication form the CEO is shared with all staff and this supplements the weekly InTouch bulletin. We have Freedom to Speak Up Champions and staff are encouraged to raise any questions or queries. This can also be done with the CEO through the Ask Lance e mail.</p>
<p>OP 3.4</p>	<p>Fit and proper persons regulations: Aim: Ensures that all Executives and Directors are assessed as of good character; with the necessary qualifications, competence, skills and experience for their role. Ensure compliance with all aspects of the fit and proper persons policy Achievement: The Trust undertook a review of the Fit and Proper Person Test and issued a new policy and process in July 2017. Following the new process being embedded an audit was undertaken on all relevant files to ensure compliance. Annual Declarations were also completed for eligible staff in July 2017.</p>
<p>OP 3.5</p>	<p>CQC preparation Aim: Ensure Trust is regulation ready where the focus is beyond getting out of special measures with a clear understanding (plan) for what it takes to achieve 'good' or 'outstanding'. Achievement: Quality Improvement Plan (QIP) was reviewed and updated every month throughout the year. Progress and challenges were monitored and scrutinised internally through the Trust Quality and Safety Committee and local health group review meetings. External oversight was provided through Commissioners Performance Review meetings and on a monthly basis at the Special Measures Oversight Committee, chaired by NHSI and including representatives from all health, social care partners, commissioners, regulators and patient/public champions. CQC inspection took place in December 2017, report is due February 2018.</p>
<p>4. Governance and Risk management</p>	
<p>G& RM 4.1</p>	<p>Medical engagement and MDT working Aim: Strengthening capability and competence, strengthening team working, ensuring underlying root causes are understood. Achievements: A medical engagement survey tool was used to identify the level of engagement and areas of excellence and concern. The findings were better than anticipated but a programme of work followed to improve matters. There were 3 workshops: one with doctors, one with managers and nurses and the third with all groups. This resulted in key themes requiring more focus and these were absorbed into various initiatives initially under the banner of Quality 1st and then the 5Ps. In addition an Organisation Development programme has started with the medical leaders, a weekly senior team meeting with the Chief Medical Officer and a monthly clinical leads meeting. MDT working has been led by the Quality 1st triumvirate of a senior nurse, manager and doctor. The triumvirate model has been reinforced within the Health Care Groups and is now being replicated at the ward and service levels. There will be a repeat of the engagement tool later in the year.</p>

<p>G&RM 4.2</p>	<p>Risk management Aim: Robust risk identification and management; ability to forecast, evaluate in order to avoid or minimise impact or risk Achievement: Introduction of a Risk Management Group - The Trust introduced a new Risk Management Group (RMG) to address the reported disconnect in the management of risk between ward and Board. The RMG is chaired by the Chief Medical Officer. This is providing greater visibility, challenge and oversight of risks across the Trust and there has been good challenge and engagement in the process by all health groups. Implemented RiskAssure, risk management software - The new Risk Management package for Risk Registers has improved risk visibility. The software also provides the facility for interdependent risks to be linked. Training was provided to staff and risks were migrated to the system and this is now embedded across the Trust. A variety of communication methods have been used to further disseminate risk information; face to face sessions and Trust InTouch weekly communication with staff. Training on risk management was provided for members of the Risk Management Group to enable the team to begin the job of review and risk escalation as described within the Trusts Strategy. Overview of the Risk Management process was also provided to the Executive Management Board with a summary of the top five organisational risks. Risk registers are now on the intranet with significant risks uploaded on a monthly basis and advertised via InTouch weekly. A regular Risk Nugget section for In Touch magazine was introduced in September 2017. To date, 15 nuggets have been published. The Trust has a Board Assurance Framework (BAF) which provides a mechanism for the Board to monitor strategic risks, controls and the effectiveness of the assurance processes. Each risk on the BAF has an executive lead and a designated Committee. The risks are reviewed by the Executive leads on a monthly basis and are also presented to the relevant Committees and the Trust Board every other month.</p>
<p>5. Infrastructure</p>	
<p>Inf 5.1</p>	<p>Strategic Estates issues Aim: Agree strategic intention and develop plans to ensure sustainability and service viability, development of Strategic Outline Case for new hospital Achievement: SOC submitted in 2017, awaiting feedback. Excellent progress has been made on the development of an STP Estates Strategy to support the SOC.</p>
<p>Inf 5.2</p>	<p>Operational estate issues Aim: Estates and Facilities review of risks Achievement: In June 2017 the Trust reviewed the critical infrastructure risks for Estates and Facilities. As a result of this the capital programme was realigned to address the red rated risks across 4 functional areas with an investment of £7.5 million. The Trust has a fully refurbished ED, a new paediatric ED, 2 new maternity theatres, and a new orthopaedic surgical unit. The Trust also addressed critical infrastructure requirements in relation to refurbishment of public areas and essential repairs to electrical and ventilation systems. The 2018/19 capital plan will continue to address the critical estates infrastructure risks within the limited financial resource.</p>
<p>Inf 5.3</p>	<p>IT Infrastructure Aim: Full review of our IT needs, capability and capacity Achievement: The Trust commissioned an external review by PWC of the IT business case. The Trust Board participated in a workshop focused on the Digital Roadmap. A review of the electronic patient record (Cambio) was completed. The Trust also upgraded core network components including the Trust secure WiFi and deployed guest/patient. Electronic Prescription and Medication Administration was implemented in Outpatients, Maternity service and adult critical care with all other areas going live in 2018. In relation to Emergency services the Trust now has a real-time performance dashboard and is compliant with the real-time Emergency Care Data Set standards (ECDS) since December 2017.</p>

Item 3a – Appendix 10

ABBREVIATION	IN FULL
Integrated Care System / ICOs	Seek to integrate services across the NHS and social care
BAF	The Board Assurance Framework is a mechanism to monitor strategic risks, controls and the effectiveness of the assurance processes.
CAMHS	Child and Adolescent Mental Health Services
CATT	Crisis Assessment and Treatment Teams are community based teams
CPA	Care Plan Approach a plan of services for a patients needs
CQC	Care Quality Commission (website)
CQUIN	Commissioning for Quality and Innovation
DToC	Delayed Transfers of Care
ECP	Emergency Care Provider
ED	The Emergency Department also known as A&E
EEAST	East of England Ambulance Service Trust (website)
EIP	Early intervention Psychosis
ENHCCG	East & North CCG (website)
ENHT	East & North Herts NHS Trust (website)
FEP	First Episode Psychosis
FFT	Friends and Family Test
HCT	Hertfordshire Community NHS Trust (website)
HPFT	Hertfordshire Partnership University NHS Foundation Trust (website)
HSMR	Hospital Standardised Mortality Ratio is a national measure which all acute trusts must report on to NHS England
HVCCG	Herts Valleys CCG (website)
HWH	Healthwatch Hertfordshire is an organisation who represents the patient voice in Herts. (website)
IAPT	Improving Access to Psychological Therapies is the treatment of adult anxiety and depression
ICT	Integrated Community Teams.
LD	Learning Disability
MVCC	Mount Vernon Cancer Centre, run by ENHT
NHSI	NHS Improvement is responsible for overseeing all NHS trusts. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health (website)
NICE	The National Institute for Health and Care Excellence (website)
PACE	Practice Audit and Clinical Effectiveness
PAH	Princess Alexandra Hospital (Harlow). (website)
PALS	The Patient Advice and Liaison Service is run by all NHS providers to address complaints and concerns
PROM	A Patient Reported Outcome assesses the quality of

	care delivered to NHS patients from the patient perspective
PTS	The Patient Transport Service is non-emergency patient transport.
QIPP	Quality, Innovation, Productivity and Prevention.
SOC	Strategic Outline Case
SHMI	The Summary Hospital-level Mortality Indicator is a national standard that acute trusts must report to NHS England on.
Special Measures	Following a CQC inspection if a health organisation is deemed to be providing inadequate care it is placed in special measures.
STP	Strategic Transformation Partnership. (<u>Healthier Future</u>)
TEP	The Treatment Escalation Plan is used in End of Life Care to 'fast track' patients requiring continuing healthcare.
WHHT	West Herts Hospital Trust (<u>website</u>)
YCYF	Your Care Your Future is a strategy for west Herts with HCC. (<u>website</u>)

Agenda



AGENDA for a meeting of the HEALTH SCRUTINY COMMITTEE in the Council Chamber, County Hall, Hertford on THURSDAY 15 MARCH 2018 AT 9:30AM and THURSDAY 29 MARCH 2018 AT 10:00A.M.

Please note start times

Members please note that at 8.45am on the 15 March 2018, prior to the start of the formal meeting, briefings will be held for each morning evidence gathering group in the allotted rooms as detailed in the attached programme (Appendix 1)

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart; M S Hearn; D J Hewitt; S Quilty (*Chairman*); N A Quinton (*substituting for R G Tindall*); C J White (*Vice Chairman*);

DISTRICT/BOROUGH COUNCILLORS (10)

A Alder (*substituting for N Symonds (East Herts)*); J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); F Thomson (Welwyn Hatfield)

Meetings of the Scrutiny Committee are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

The Council Chamber is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

- (1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;**

- (2) if they consider that they have a **Declarable Interest** (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a **Declarable Interest** they should consider whether they should participate in consideration of the matter and vote on it.

PART I (PUBLIC) AGENDA

THURSDAY 15 MARCH 2018

1. MINUTES [SC.8]

To confirm the Minutes of the meeting held on 18 January 2018.

2. PUBLIC PETITIONS [SC.11]

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Committee and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their [local member of the Council](#). The Council's criterion and arrangements for the receipt of petitions are set out in [Annex 22 - Petitions Scheme](#) of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

At the time of the publication of this agenda no notices of petitions have been received.

3a. ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS 2018/19

Report of the Head of Scrutiny

Appendices

- Appendix 1 Programme for 15 March and 29 March 2018
- Appendix 2 Allocation to Member Groups, Group Chairs, Graduate support, Room Allocation, Health organisation representatives
- Appendix 3 Questions to health organisations
- Appendix 4 Response from HPFT
- Appendix 5 Response from ENHT
- Appendix 6 Response from WHHT
- Appendix 7 Response from HCT
- Appendix 8 Response from EEAST
- Appendix 9 Response from PAH
- Appendix 10 Glossary
- Appendix 11 Quality Accounts Presentation

THURSDAY 29 MARCH 2018

3b. SCRUTINY OF NHS IN HERTFORDSHIRE'S QUALITY ACCOUNTS FOLLOW UP: DRAFT REPORT

Report of the Head of Scrutiny

Report to be circulated to Members of the Committee on/after 21 March 2018 by email (hard copies of the report will also be available at the meeting on 29 March 2018).

Note: A form requesting feedback on the Committee's scrutiny, will be distributed electronically at the end of meeting. Members will be asked to complete it and to return it by 20 April 2018.

4. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

5. ITEMS FOR REPORT TO THE COUNTY COUNCIL (Standing Order SC. 7(2))

To agree items for inclusion in the Committee's report to County Council. In the absence of a decision, a summary of all items will be reported

**PART II ('CLOSED') AGENDA
EXCLUSION OF PRESS AND PUBLIC**

There are no items of Part II (Confidential) business on this agenda. If items are notified the Chairman will move:

“That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph ... of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require a copy of any of the reports mentioned above or require further information about this agenda please contact Elaine Manzi, Democratic Services Manager, Legal, Democratic and Statutory Services, on telephone no. 01992 588062 or email elaine.manzi@hertfordshire.gov.uk

Agenda documents are also available on the internet at

<http://cmis.hertfordshire.gov.uk/hertfordshire/CabinetandCommittees.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Minutes



To: All Members of the Health Scrutiny Committee, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Elaine Manzi
Ext: 28062

HEALTH SCRUTINY COMMITTEE THURSDAY 18 JANUARY 2018

MINUTES

ATTENDANCE

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart;
D J Hewitt; S Quilty (*Chairman*); R G Tindall; C J White (*Vice Chairman*);

DISTRICT COUNCILLORS (10)

J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); N Symonds (East Herts); F Thomson (Welwyn Hatfield)

OTHER MEMBERS IN ATTENDANCE:

S Gordon; C B Wyatt Lowe

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Wednesday 18 January 2018 as circulated, copy annexed, conclusions were reached and are recorded below.

Note: No conflicts of interest were declared by any member of the Committee in relation to the matters on which conclusions were reached at this meeting.

PART 1 ('OPEN') BUSINESS

1. MINUTES

- 1.1 The minutes of the meeting of the 12 December 2017 were agreed and signed by the Chairman.

CHAIRMAN'S INITIALS

.....

1.2 Members were advised that the remaining health bodies would be discussing the Concordat at their respective Board meetings scheduled to be held within the next few weeks.

2. PUBLIC PETITIONS

2.1 None received.

3. UPDATE ON OUTCOMES OF WEST HERTFORDSHIRE HOSPITALS CARE QUALITY COMMISSION (CQC) INSPECTION

Officer Contact:

Dr Mike van der Watt, Medical Director
Tracey Carter, Chief Nurse

(Tel: 01442 213141)

3.1 Members received a presentation from lead officers from the West Hertfordshire Hospitals NHS Trust on the outcomes of its recent CQC inspection. The presentation can be found as Presentation 1 here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

3.2 Prior to Member discussion on the presentation, at the invitation of the Chairman, officers provided a brief update to the committee on the winter pressures that the Trust were experiencing, and what strategies it had implemented to manage them.

3.3 Members heard that the Trust had experienced, and were continuing to experience, a significant increase in its workload over the winter months, due to a higher number of patients presenting at the Emergency Department.

3.4 The Committee was advised that the Trust had adhered to all the strategic directives from NHS England, which included removing scheduled elective surgery appointments from Watford General Hospital. Members noted that these operations had continued at St Albans City Hospital.

**CHAIRMAN'S
INITIALS**

.....

- 3.5 In addition, the Trust had implemented a number of strategies to effectively and efficiently manage the increased number of patients at the hospital including:
- Doubling the number of ward rounds by consultants;
 - Having a number of specialist consultants, including cardiologists and paediatricians being temporarily based at the Emergency Department (ED) rather than their respective departments to reduce waiting times for patients in the ED;
 - Expansion of the Clinical Decision Unit (CDU) Watford General Hospital
 - Increase in number and length of shifts for staff.
- 3.6 The Committee thanked officers for the work that they and all staff had undertaken and were continuing to undertake to alleviate the pressures.
- 3.7 During discussion relating to staffing, in response to a Member question regarding the challenges of recruiting non-EU nationals to work for the NHS, it was established that the majority of overseas staff at WHHT had been recruited from India and the Philippines. Members learned that part of the criteria for recruitment was passing Level 7 of the International English Language Testing System test, and also The Objective Structured Clinical Examination (OSCE), both of which were very stringent. It was also confirmed that agency nurses have to meet the same level of education, language and training standards.
- 3.8 Members noted that there was some confusion about the responsibilities of each of the three hospitals governed by WHHT, and a Member suggestion that further communication and publicity should be undertaken as to what services each of the hospitals undertake to improve public understanding was noted.
- 3.9 Members were then directed by the Chairman to return to the discussion on the outcomes of the Care Quality Commission (CQC) inspection on WHHT.
- 3.10 Members were pleased to note that WHHT had been removed from special measures and had been graded as 'requires improvement' overall, with a number of 'good' gradings within individual areas of the Trust.

**CHAIRMAN'S
INITIALS**

.....

- 3.11 In response to a Member observation regarding the improvement in reporting of incidents, it was established that reporting of incidents and the cultivation of a 'no blame' culture, were areas that the Trust had embraced, and looked to continue to improve upon. It was perceived that the implementation of a more visible leadership presence and the DATIX risk management database, which also enabled staff to receive feedback on the reporting of incidents, had strengthened staff confidence with regards to raising concerns and issues.
- 3.12 During discussion it was established that there was no obvious reason why the 'caring' element of the services for children's area of the inspection had been downgraded from outstanding to good at the most recent inspection. Members were advised that to receive an outstanding grade, the department would need to evidence that they were performing above and beyond the level of service expected. It was noted that the department were performing at the same level as previous years where it had received the 'outstanding grade, and had a strong reputation for knowing and understanding of patients' personal and medical needs and preferences.
- 3.13 In response to a Member question it was established that further to negative feedback at a previous CQC inspection, WHHT no longer 'overbooks' clinical appointments. This had previously been undertaken in order to mitigate the cost of patients who 'do not attend' appointments (DNAs). The Committee was advised that the increased use of text messaging and e-mail had reduced the number of DNAs and clinics only overbook appointments before or at the end of a clinic; this is only undertaken at the consultant's discretion and is dependent on the need of a patient who may need a follow up appointment sooner than the standard clinic times can allow.
- 3.14 The Committee expressed concerns regarding the fact that the Urgent and Emergency Services had received an inadequate rating the safety, responsive and well-led categories.
- 3.15 It was explained to Members that at the start of the inspection, the Trust had been very open about the current investment and improvements, including a refurbishment, within the Urgent and Emergency Services Department. Accordingly, the Trust had been surprised to receive the inadequate rating as the narrative behind the rating had been very positive. It was explained to Members that in regards to safety only three trusts in the country had achieved a good rating.

**CHAIRMAN'S
INITIALS**

.....

- 3.16 Members were further advised that the CQC had highlighted that not all clinicians within the Urgent and Emergency Services Department had received advanced paediatric training. Assurance was received that all children's clinicians had received the training but not all of the adult clinicians due to budgetary restrictions.
- 3.17 Members were advised that since the last inspection some services, such as community based wards, had transferred to Hertfordshire Community Trust, (HCT), under a carefully managed process, and there continued to be a good relationship between the partners.
- 3.18 Further to a Member challenge, assurance was received that the Trust would not be complacent in maintaining the areas where it had achieved good ratings whilst focusing on the areas that were inadequate or required improvement. It was established that there were various national funding streams to maintain standards and continue to improve where required.
- 3.19 During discussion it was established that Operation Onion meetings still occur and had evolved to be branded under a different name and are now held at directorate level. The commitment to continued quality development is still a priority across the service.
- 3.20 In response to a Member concern about the recent media coverage about the number of nurses under 40 years of age leaving the profession, officers explained that this was due to a number of factors:
- a natural generational changing trend that has resulted in fewer people viewing nursing as a 'job for life';
 - More focus on work life balance;
 - The natural trend of nurses from the EU practising in the UK for only a few years before returning to their home countries.
- 3.21 Members were advised that in response to this there had been the need to think differently about the role of nurses. This had meant 'upskilling', resulting in some nurses having the authority for example to undertake a lead role in trauma clinics or the prescribing of medicines.

**CHAIRMAN'S
INITIALS**

.....

- 3.22 The Committee learnt that the Trust had undertaken a reorganisation of its committees. The previous governance committee had now been divided into three individual committees in order to improve focus and outcomes. Members were pleased to learn that the committees were clinically led.
- 3.23 A Member of the Committee recalled that at a previous Health Scrutiny Committee, WHHT had raised concerns about the London Ambulance Service presenting patients at the Emergency Department and asked if this presented a continuing concern to the Trust.
- 3.24 Members were advised that incoming ambulances were monitored and it could be identified if the ambulance arriving was from the London Ambulance Service, and this could be challenged if appropriate. It was explained that if Watford General Hospital was the nearest hospital to where the patient had been picked up then it was entirely appropriate that the patient was brought to them.
- 3.25 It was further clarified that if an Emergency Department in the north London area had indicated that it had an extremely high number of patients, then again, it would be appropriate that Watford General Hospital were contacted to establish if it was able to take the patient to ease the pressure.
- 3.26 It was noted that there are continuing robust discussions with the London Ambulance Service as to the criteria for it bringing a patient to Watford General Hospital.
- 3.27 During discussion it was established that despite the negative CQC rating on the Emergency Department and continuing concerns detailed earlier in the meeting, the impact on the East of England Ambulance Service (EEAST) had been improving until the Christmas period when numbers of patients had increased.
- 3.28 Members advised that the response to this had been to organise 'queue nurses' to meet the patients on arrival, and take them to an assessment area to be seen by a clinician, thus releasing the ambulance crew and the vehicle to attend to another call. It was noted that the EEAST had also arranged for extra staff to stay with the patient at the hospital to alleviate the pressures.

**CHAIRMAN'S
INITIALS**

.....

3.29 The Chairman thanked officers for the updates on the winter pressures and the CQC inspection and on behalf of the committee commended the WHHT on how it was managing the winter pressures. He also acknowledged the immense work that had been undertaken to achieve the positive result received in the CQC inspection, which had also been recognised by the Secretary of State.

CONCLUSION:

3.30 The outcomes of the Care Quality Commission (CQC) inspection on West Hertfordshire Hospitals NHS Trust (WHHT) were noted by members

The update on the winter pressures experienced by WHHT was noted by Members.

4. HEALTH & WELLBEING BOARD UPDATE

Officer Contact:

Iain Macbeath – Director of Adult Care Services (01992 556363)

4.1 Members were provided with an overview on the work of the Health and Wellbeing Board.

4.2 Members noted the report and it was suggested that the Committee should undertake a further, more detailed scrutiny of the Health & Wellbeing Board and the Health & Wellbeing Strategy and this would be added to the work programme.

Natalie
Rotherham

4.3 The Committee discussed and acknowledged the impact that the creation of the Strategic Transformation Partnership was having on health providers and the Health & Wellbeing Board.

4.4 Further to a Member question it was confirmed that the joint needs assessment (JSNA) does include an assessment of pharmacies.

4.5 During Member discussion it was acknowledged that the statistics within the strategy were dated 2014/15 as that was when the document was created. Assurance was received that the information available had been used as building blocks to inform future strategy.

**CHAIRMAN'S
INITIALS**

.....

CONCLUSION:

4.6 Members noted the update on the Health and Wellbeing Board.

4.7 Members requested that a further more in-depth scrutiny be undertaken on the Health & Wellbeing Board in due course.

Natalie
Rotherham

9 EAST HERTS WINTER PRESSURES

Officer Contact:

Beverley Flowers- Chief Executive East & North Herts Clinical Commissioning Group (Tel: 01707 685 000)

Nick Carver- Chief Executive E(Tel: 01438 314333)

9.1 The committee agreed to vary the order of business and take **item 9 East Herts Winter Pressures** at this point in the meeting as a courtesy to representatives of East and North Herts Clinical Commissioning Group, and East and North Herts NHS Trust attending specifically for this item of business.

9.2 Members heard details of the continuing high volume of patients presenting at the Emergency Department at Lister Hospital over the winter months.

9.3 The Committee heard that on an average day 300 patients attend the Emergency Department (ED). Over the Christmas period, however, the average number of patients seen daily was 400, with this peaking at 482 on 2 January 2018.

9.4 Officers continued that on average 90 patients per day would be admitted to the hospital from the ED. This rose to an average of 110 per day over the Christmas period, peaking at 155.

9.5 Members acknowledged that this spike in patients had impacted on the target rate of attending to patients within 4 hours. Assurance, however, was received that no patients had been subjected to waiting in ambulances and 46 extra beds had been created to mitigate the demand.

9.6 During discussion, it was established that a large number of the patients that were attending had been frail elderly people, some with respiratory conditions. It was confirmed that to date only a small number of patients had attended presenting with 'flu.

**CHAIRMAN'S
INITIALS**

.....

- | | | |
|------|---|-----------------|
| 9.7 | Further to member concerns regarding the challenges publicised nationally in respect to nurse recruitment, it was established that over the past 12 months ENHT had 334 nurses join, and 227 leave. | |
| 9.8 | Members were advised that where possible routine surgery had continued, and there had been no disruption to oncology or other urgent surgery. It was noted that a learning point from the pressures had been to ensure that more elective work was undertaken over the summer. | |
| 9.9 | The committee was pleased to learn that the support and collaboration of other health providers had been integral and invaluable to the Trust's ability to manage the winter pressures as effectively as possible. | |
| 9.10 | Members learned that a further challenge that the Trust had encountered was the inability to discharge elderly patients who lived in residential homes due to some care homes experiencing a flu outbreak, but other health providers had supported the Trust with this, and in addition a pre-discharge ward had been created. | |
| 9.11 | A Member challenge regarding the appropriateness of the type flu vaccine being administered in residential accommodation was discussed, and noted. | |
| 9.12 | It was noted that 62% of ENHT staff had received the flu vaccine. Officers agreed to circulate more detail of any impact that staff sickness may have had on resources within the hospital. | ENHT/ENH
CCG |
| 9.12 | The Committee discussed the details of the 111 service, and noted that there had been a 30% increase in calls to 111 over the Christmas period. | |
| 9.13 | Further to a Member question, it was agreed that further detail would be shared about the number of patients presenting at the Emergency Department with alcohol related issues. It was agreed that further consideration would be made by officers to launching a campaign in the early autumn to raise awareness of alcohol related issues creating pressures for the Emergency Department during the festive period. | ENHT/ENH
CCG |
| 9.14 | <p>CONCLUSION:</p> <p>Members noted the update from East and North Herts CCG and ENHT on the winter pressures being experienced.</p> | |

**CHAIRMAN'S
INITIALS**

.....

On behalf of the committee, the Chairman thanked officers and staff for the work that had been undertaken and was continuing to be undertaken during this period.

6 QUALITY ACCOUNTS SEMINAR

Officer Contact:

Tricia Wren - Acting Director of Nursing & Quality –
Hertfordshire Community Trust

Tracey Westley - Assistant Director Risk & Quality Assurance-
Hertfordshire Community Trust

(Tel: 01707 388000)

6.1 The committee agreed to vary the order of business and take **item 6 Quality Accounts Seminar** at this point in the meeting as a courtesy to representatives of **Hertfordshire Community Trust (HCT) attending** specifically for this item of business.

6.2 Members were provided with a presentation from officers from the Hertfordshire Community Trust (HCT) explaining the purpose of Quality Accounts. The presentation and the supplementary document circulated can be found as Presentations 2 and 2b here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

6.3 The Head of Scrutiny reminded members of the importance of the understanding of Quality Accounts in advance of the annual scrutiny of Quality Accounts by the Health Scrutiny Committee scheduled to take place in March 2017.

6.4 CONCLUSION:

Members noted the presentation on Quality Accounts by Hertfordshire Community Trust.

5 OUTCOMES OF THE SCRUTINY OF HEALTH PROVIDER FINANCES 12 DECEMBER 2017

Officer Contact: Natalie Rotherham, Head of Scrutiny
Hertfordshire County Council
(Tel: 01992 588485)

**CHAIRMAN'S
INITIALS**

.....

- 5.1 The Committee agreed that due to the varying of the order of business earlier in the meeting it would now take **item 5 Outcomes of the Scrutiny of Health Provider Finances 12 December 2017** at this point in the meeting.
- 5.2 Members were provided with the report detailing the outcomes of the scrutiny of Health Provider Finances held on 12 December 2017.
- 5.3 The Head of Scrutiny thanked the Committee Members for their participation in the scrutiny and advised that the feedback from health providers to the new style of scrutiny had been very positive.
- 5.4 In response to a Member question, it was noted that the recommendations detailed in the report were generic as they reflected the outcomes made on the day. It was acknowledged that the overarching issue that had been stated by health providers was that finances remain a challenge for all providers.
- 5.5 It was acknowledged that the Committee had requested a further scrutiny on the finances of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Group, and this would be discussed later in the meeting when addressing items to be added to the work programme.
- 5.6 It was confirmed to Members that senior officers from NHS England had been invited to the annual scrutiny, but had been unable to attend.
- 5.7 Further to robust discussion and member challenge specifically attributed to the scrutiny that had taken place of West Hertfordshire Hospital Trust, and how this had been recorded, it was agreed that the wording within the report would be accepted by Members.

CONCLUSION:

- 5.8 Members agreed to approve the report detailing the outcomes of member provider finances.

8 INTRODUCTION OF A NEW ONLINE SCRUTINY WORK PROGRAMME

Officer Contact: Charles Lambert, Scrutiny Officer
Hertfordshire County Council
(Tel: 01438 843630)

**CHAIRMAN'S
INITIALS**

.....

- 8.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 8 Introduction of a New Online Scrutiny Work Programme** at this point in the meeting.
- 8.2 Members were introduced to the new online scrutiny work programme, which would enable Members and the public to view past and future planned work of both the Overview & Scrutiny Committee and Health Scrutiny Committee.
- 8.3 Concern was expressed that district council members of the Health Scrutiny Committee would only be able to see the public view of the website, and this would mean that there would be two-tier access.
- 8.4 Further concern was expressed that at present there was not the ability to view scoping documents for topic groups on the website.
- 8.5 Confirmation was received that a link for County Council Members would be available on the Members Information Service.
- 8.6 Further confirmation was received that Members would continue to receive paper copies of agendas, reports and minutes, including the work programme for the foreseeable future.
- 8.7 The Committee was advised that it would continue to be updated on the developments of the online scrutiny work programme and would be alerted when it was 'live'.

8.8 **CONCLUSION:**

Members noted the online scrutiny work programme.

7 WORK PROGRAMME UPDATE

Officer Contact: Natalie Rotherham, Head of Scrutiny
Hertfordshire County Council
(Tel: 01992 588485)

**CHAIRMAN'S
INITIALS**

.....

7.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 7 Work Programme Update** at this point in the meeting.

7.2 Members agreed the following changes to the work programme:

- Addition of scrutiny of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Budgets at a date to be confirmed;
- Addition of scrutiny of Health and Wellbeing Board at a date to be confirmed;
- Removal of the scrutiny of West Hertfordshire Hospitals Trust from the work programme;
- Addition of the Strategic Transformation Partnership as a seminar at a date to be confirmed;
- Change to Member Bulletin regarding the Hertfordshire Fire & Rescue Service from Health Scrutiny Committee to Overview and Scrutiny Committee.

CONCLUSION:

7.3 The joint Overview and Scrutiny and Health Scrutiny Committee work programme was updated and agreed.

10. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

10.1 No other Part I business was recorded.

11. ITEMS FOR REPORT TO THE COUNTY COUNCIL

(STANDING ORDER SC7(2))

11.1 A summary of these items will be reported to County Council.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN.....

**CHAIRMAN'S
INITIALS**

.....

HERTFORDSHIRE COUNTY COUNCIL**HEALTH SCRUTINY COMMITTEE**

**THURSDAY, 15 MARCH 2018 AT 9.30AM *and*
THURSDAY, 29 MARCH 2018 AT 10.00AM**

**ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS
2018/19*****Report of the Head of Scrutiny***

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of Report

- 1.1. To provide Members with the format for the Committee's scrutiny of health organisation's Quality Accounts. The scrutiny takes into account the Francis Report¹ recommendations.

2. Summary

- 2.1. A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. A Quality Accounts is a report on quality and shows improvements in the services delivered to local communities and stakeholders. The quality of the services is measured by
- looking at patient safety
 - the effectiveness of treatments patients receive
 - patient feedback about the care provided.

The Department of Health requires providers to submit the final Quality Account to the Secretary of State by 30 June each year. (Slides from the member seminar held at the December Health Scrutiny Committee meeting are attached as Appendix 11).

- 2.2. The scrutiny will be conducted over two days. It will commence at 9.30am in the Council Chamber on Thursday, 15 March 2018. The Committee will then adjourn to gather its evidence in member groups until approximately 4.00pm. The Committee will reconvene at 10.00am on Thursday, 29 March 2018 to consider its evidence, reach its conclusions and formulate its recommendations. The programme for the day is outlined at Appendix 1. During the evidence gathering Members will be divided into three groups based in separate rooms (see Appendix 2).

¹ The Francis report, published in February 2013, outlined the failings at the Mid Staffordshire Foundation Trust which included quality of care, patient safety and a culture of collective leadership. <http://www.kingsfund.org.uk/projects/francis-inquiry-report>
Agenda Item No

2.3. The focus will be on the six provider trusts that deliver services to Hertfordshire residents. The health organisations will be questioned individually at a morning or afternoon session (see Appendix 2).

- Herts Partnership Foundation Trust (HPFT)
- East & North Herts Hospital Trust (ENHT)
- West Herts Hospital Trust (WHHT)
- Herts Community NHS Trust (HCT)
- East of England Ambulance Trust (EEAST)
- Princess Alexandra Hospital Trust (PAH)

Each group will be joined by a member of the Healthwatch Hertfordshire board.

2.4. **Thursday, 15 March 2018**

2.4.1. At 8.45am Members will meet in their evidence gathering groups in the allocated rooms (as detailed on the programme attached at Appendix 1) for a briefing with the chairman of the group. The purpose of this preliminary meeting is to agree key lines of enquiry and any concerns or themes that the chairman has identified in conjunction with the graduate management trainee.

2.4.2. At 9.30am the Committee meeting will start in the Council Chamber. There will be an introduction to the annual scrutiny of health organisations; and a summary of the format by the Head of Scrutiny. The Committee will then adjourn to gather its evidence. Members have been allocated to one evidence gathering group in the morning and a second in the afternoon.

2.4.3. Each Member group will have a chairman and graduate management trainee who will ensure that the group covers its questions thoroughly in the time allocated. Key questions are set out at Appendix 3 to the report. The questions are a guide and Members are not precluded from raising others; however, members will need to be mindful of the time constraints.

2.4.4. Each organisation will be supported by the chief executive and relevant senior officers (as detailed in Appendix 2). A glossary of terms relating to this scrutiny is attached at Appendix 10.

2.4.5. Responses to the agreed questions have been produced by each of the organisations; these are attached as Appendices 4 - 9 to this report.

2.4.6. The evidence gathering will close at approximately 4.00pm and the Committee will reconvene at 10.00am on Thursday, 29 March 2018.

2.4.7. In the intervening period the Scrutiny Officers and the Democratic Services Officer will meet with the graduate trainees to prepare a draft report. The Committee will consider this when it reconvenes on 29 March 2018. It is anticipated that this report will be circulated to Members by 21 March 2018 via email.

2.5. **Thursday, 29 March 2018**

2.5.1. The Committee will reconvene at 10.00am on Thursday, 29 March 2018 in the Council Chamber. The group chairmen and graduate management trainees will attend. Members will be asked to consider the findings and conclusions and to agree the recommendations.

2.5.2. Recommendations emerging from this scrutiny will be considered by the Impact of Scrutiny Sub Committee.

3. **Recommendation**

3.1. That the report be noted.

4. **Supporting Appendices**

4.1. Appendices attached to this report are as follows:-

- Appendix 1 Programme for 15 March and 29 March 2018
- Appendix 2 Allocation to Member Groups, Group Chairs, Graduate support, Room Allocation, Health organisation representatives
- Appendix 3 Questions to health organisations
- Appendix 4 Response from HPFT
- Appendix 5 Response from ENHT
- Appendix 6 Response from WHHT
- Appendix 7 Response from HCT
- Appendix 8 Response from EEAST
- Appendix 9 Response from PAH
- Appendix 10 Glossary
- Appendix 11 Quality Accounts Presentation

Background Information

The Francis Report February 2013:

<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/report>

Health Scrutiny Committee 12 December 2017:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/685/Committee/12/Default.aspx>

Health Scrutiny Committee 18 January 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS

PROGRAMME

DAY ONE: THURSDAY, 15 MARCH 2018

8.45am. Members are asked to go to the rooms in which their group will be meeting and to go to the Council Chamber at 9.30am.

<u>MORNING SESSION</u>			
TIME	SESSION	COMMENT	LOCATION
8.45am	Briefings for morning Member evidence gathering groups	Each Member evidence gathering group to be briefed by its Chairman and agree key lines of questioning	HPFT- Room 121 ENHT- Mimram Room WHHT- Ashbourne Room
9.30am	Chairman's welcome	Minutes Introduction	Council Chamber
9.45 – 10.00am	Committee adjourns; Members re-join their evidence gathering groups	Coffee/tea etc in each of the group rooms	A.M. Organisations HPFT- Room 121 ENHT- Mimram Room WHHT- Ashbourne Room
10.05am	Evidence gathering groups commence questioning	1 ½ hours has been allowed	Rooms as detailed above
11.35 - 12.05pm	Members to agree their recommendations		Rooms as detailed above
12.05- 12.15	Chairman and Graduate trainee to confirm wording		Rooms as detailed above
12.05 Group members 12.15 Group chairmen and graduates	LUNCH BREAK	Members are asked to make their way to the canteen for lunch	Canteen

<u>AFTERNOON SESSION</u>			
1.15pm	Head of Scrutiny, Scrutiny Officer and Democratic Services Officer to meet with graduate trainees from <u>morning sessions</u>	Collate findings and suggestions	Chairman's Dining Room
1.15pm	Briefings for afternoon Member evidence gathering groups	Each Member evidence gathering group to be briefed by its Chairman and agree key lines of questioning	P.M. Organisations HCT- Ashbourne Room EEAST- Room 121 PAH- Mimram Room
2.00pm	Evidence gathering groups commence questioning	1 ½ hours has been allowed	Rooms as detailed above
3.30pm-3.45pm	Members to agree their recommendations		Rooms as detailed above
3.45pm	Chairman and Graduate trainee to confirm wording		Rooms as detailed above
CLOSE		Committee to reconvene at 10.00am on THURSDAY 29 MARCH 2018 in the Council Chamber, County Hall	
4.00pm onwards	Head of Scrutiny, Scrutiny Officer and Democratic Services Officer to meet with graduate trainees from <u>morning and afternoon sessions</u>	Collate findings and suggestions	Chairman's Dining Room

Item 3a Appendix 2

SCRUTINY OF THE NHS IN HERTFORDSHIRE'S QUALITY ACCOUNTS- 15 MARCH 2018

Scrutiny Groups

(Note: Non-HSC embers known to be attending the scrutiny have also been allocated to groups. These Members' names are shown in *italics*).

MORNING MEETINGS (Commencing at approximately 10.00am on rise of Chairman's Introduction)

NHS PROVIDERS	SERVICES PROVIDED	GROUP CHAIRMAN GRADUATE TRAINEE	GROUP MEMBERSHIP	ALLOCATED ROOM
<p>HPFT</p> <p><i>Representatives:</i></p> <ul style="list-style-type: none"> • Tom Cahill - CEO • Jane Padmore - Director of Quality and Safety • Dr Asif Zia - Director of Quality and Medical Leadership 	<p>Hertfordshire Partnership University NHS Foundation Trust (website) provides mental health and learning difficulty services in Hertfordshire and neighbouring areas. Foundation Trusts are membership based public benefit corporations with members electing Governors who as a body hold to account the Directors in relation to the management of the Trust. We have an establishment of c.3,000 staff, with c. 25,000 individual service users open to our services.</p>	<p>Chairman: Dave Hewitt</p> <p>Graduate Trainee: Rory Seymour</p>	<p>Angela Alder Brian Gibbard Michael Hearn Nigel Quinton Alison Scarth</p> <p><i>Judi Billing</i> <i>Bob Deering</i></p> <p><i>Healthwatch:</i> <i>Roger Beeching</i></p>	<p>Room 121</p>

<p>ENHT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Ellen Schroder – Trust Chair • Nick Carver – Chief Executive • Mike Chilvers – Medical Director • Rachael Corser – Director of Nursing and Patient Experience • David Brewer – Head of Engagement 	<p>East and North Hertfordshire NHS Trust (website) offers a range of general and specialist services across four sites, Hertford County hospital, The Lister hospital, Mount Vernon Cancer Centre and the QEII hospital.</p> <p>Over 500,000 people are treated, over 5,800 babies are delivered and over 170,000 people are treated as emergency patients each year. Over 5,000 staff are employed.</p>	<p>Chairman:</p> <p>Fiona Guest</p> <p>Graduate Trainee:</p> <p>Felix Gilding</p>	<p>Eric Buckmaster Jean Green Dee Hart Maureen McKay Fiona Thomson</p> <p><i>John Hale</i> <i>Tina Howard</i> <i>Jeff Jones</i></p> <p>Healthwatch: <i>Michael Downing</i></p>	<p>Mimram Room</p>
<p>WHHT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Steve Barnett- Chair • Katie Fisher- Chief Executive • Mike van der Watt- Medical Director • Cathy Shaw - Representing Chief Nurse 	<p>West Hertfordshire Hospitals NHS Trust (website) provides a range of general and specialist services at</p> <ul style="list-style-type: none"> • Watford General Hospital, Watford • St Albans City Hospital, St Albans • Hemel Hempstead Hospital, Hemel Hempstead <p>The Trust employs approximately 4,500.</p>	<p>Chairman:</p> <p>Chris White</p> <p>Graduate Trainee:</p> <p>Shehab Choudhury</p>	<p>John Birnie Susan Brown Margaret Eames-Petersen Kareen Hastrick David Lambert Gordon Nicholson</p> <p><i>Phil Bibby</i> <i>Susie Gordon</i></p> <p>Healthwatch: <i>Alan Bellinger</i></p>	<p>Ashbourne Room</p>

AFTERNOON MEETINGS (Commencing at 2.00pm)

NHS PROVIDERS	SERVICES PROVIDED	GROUP CHAIRMAN GRADUATE TRAINEE	GROUP MEMBERSHIP	ALLOCATED ROOM
<p>HCT</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Declan O’Farrell - Chair • Tricia Wren - Director of Nursing & Quality • Dr John Omany - Medical Director • Tracey Westley - Assistant Director of Risk & Quality Assurance 	<p>Hertfordshire Community NHS Trust (website) is the county’s principal provider of community-based healthcare.</p> <p>It provides a range of NHS health services for adults and children who live in the county including the management of the transition beds based in acute settings.</p>	<p>Chairman:</p> <p>Fiona Thomson</p> <p>Graduate Trainee:</p> <p>Ashton West</p>	<p>Angela Alder Susan Brown Fiona Guest David Lambert Gordon Nicholson</p> <p><i>Judi Billing</i> <i>Frances Button</i> <i>Jeff Jones</i></p> <p>Healthwatch: <i>Michael Downing</i></p>	<p>Ashbourne Room</p>

<p>EEAST</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Robert Morton- Chief Executive • Dr Tom Davis - Interim Medical Director • Lindsey Stafford - Scott Director of People and Culture 	<p>The East of England Ambulance Service NHS Trust (website) is commissioned to deliver emergency ambulance services across the eastern region (covering the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk). These consist of 5.8 million people and 7,500 square miles.</p> <p>The Trust employs around 4,000 staff and 1,500 volunteers.</p>	<p>Chairman: Kareen Hastrick</p> <p>Graduate Trainee: Nushrath Khandoker</p>	<p>John Birnie Brian Gibbard Michael Hearn Alison Scarth Chris White</p> <p><i>Phil Bibby Susie Gordon Tina Howard</i></p> <p>Healthwatch: <i>Alan Bellinger</i></p>	<p>Room 121</p>

<p>PAH</p> <p>Representatives:</p> <ul style="list-style-type: none"> • Lance McCarthy -CEO • Nancy Fontaine - Chief Nurse 	<p>Princess Alexandra Hospital Trust (website) runs three hospital sites</p> <ul style="list-style-type: none"> • Princess Alexandra Hospital, Harlow • St Margaret's Hospital, Epping • Herts and Essex Hospital, Bishops Stortford <p>serving a population of around 350,000 from East and North Hertfordshire and West Essex.</p>	<p>Chairman:</p> <p>Eric Buckmaster</p> <p>Graduate Trainee:</p> <p>Ross McLean</p>	<p>Margaret Eames-Petersen Jean Green Dee Hart Dave Hewitt Maureen McKay Nigel Quinton</p> <p><i>Bob Deering</i> <i>John Hale</i></p> <p>Healthwatch: <i>Roger Beeching</i></p>	<p>Mimram Room</p>
--	--	---	---	--------------------

HSC QUALITY ACCOUNT QUESTIONS

Total max document length 6 sides A4

- Use bullet points where possible
 - the response should give a clear, succinct summary of the key facts with examples where appropriate
 - information can be presented graphically (table, bar chart etc.)
1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?
 2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).
 3. How will these positively impact on patient experience and outcomes?
 4. How are the appropriate approaches to prevention and demand management supported?
 5. How is the trust developing a high performing, engaged, and committed workforce?
 6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?
 - Domain 1 - Preventing people from dying prematurely
 - Domain 2 - Enhancing quality of life for people with long-term conditions
 - Domain 3 - Helping people to recover from episodes of ill health or following injury
 - Domain 4 - Ensuring people have a positive experience of care
 - Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm



Health Scrutiny Committee Quality Account Questions

1. What were the Quality Account 2017/18 priorities for the Trust and what were the lessons learned?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' and a focus on quality and experience through our supporting 'Quality & Service Delivery' work. In the 2017/18 Quality Account we have a total of 12 key quality priority areas with associated targets agreed by the Trust Board. On the basis of our consultation and planning, the 12 quality priority areas for 2017/18 that were agreed are:

Patient (service user) Safety	
1	Every discharge 7 day follow up (NHSI mandatory)
2	CPA Reviews within 12 months
3	Service users receiving a physical health check within 24 hours of admission
4	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI mandatory)
Clinical Effectiveness	
5	Delayed Transfer of Care (DToC)
6	Emergency readmission within 28 days (NHSI mandatory)
7	Improving Access to Psychological Therapies (IAPT) recovery rate
8	First Episode Psychosis (FEP) waits 14 days (NHSI mandatory)
Service User and Carer Experience	
9	Service users reporting their experience of Community Mental Health Services (NHSI mandatory)
10	Carers feeling valued by staff
11	Staff Experience Friends and Family Test - Staff would recommend the service they work in to friends and family who may need treatment or care
12	Friends and Family Test

Lessons Learned

We strive to continue to be a learning organisation and to use all our indicators of quality including 'hard' metrics, softer intelligence and service experience to both triangulate and confirm what we see and hear. Some examples of where we have been able to use the quality priorities to learn and continuously improve are:-

Service User Safety.

Whilst the number of people who had received a CPA review in the past 12 months has been maintained at the target level of c.94-96%, the Community Mental Health Survey in 2017 reported the number of people feeling they had received an annual care review was at 61%. Of particular importance is how when we sought to triangulate our measures with the views of individuals, this figure differed from the actual number of reviews taking place. We recognised therefore that there may be some disconnect in how well people understand when they have been invited for a care review. As an initial piece of work, a new leaflet was produced for community services to ensure we are preparing people for their care review, including links to physical health and involvement of carers, friends and families. This was implemented across adult community services from 1st October and is currently being launched across older people's community services.

Clinical Effectiveness

The Delayed Transfer of Care was subject to external audit in 2016/17 year and issues were identified relating to the reliance on manual processes to report the data, and the retention of an adequate audit trail. Following this, we reviewed our systems and processes in both Adult and Older Peoples Services and these were strengthened considerably. We recognised that there was further work to be undertaken within our Adult Services to ensure that accurate recording of date of discharge appeared on the Service Users Electronic Patient Record as well as the Bed Management reporting systems. Ongoing Audit was undertaken to monitor compliance and an updated report provided assurance to the Audit Committee.

Service User and Carer Experience

Whilst our indicators suggest a significantly positive experience of services, we also heard from service users and carers who attend the Board to tell us their stories and on our visits to services, that sometimes the very first contact with services can be anxiety provoking and impactful on experience, even though the care received is in the vast majority of cases reported as very positive. Supported by the work we are doing in partnership with John Lewis trained colleagues, we have commissioned work to develop a new welcome pack for adult community and CAMHS services. The purpose is to provide consistent information at an individual's first point of contact with our services to ensure people are clear on how the service works, what they can expect and to reduce the anxiety associated with accessing specialist mental health services. This will be introduced in January 2018.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Prior to consultation discussions have been undertaken with experts by experience in relation to non-mandatory indicators to receive feedback on whether these are the right ones to report on and whether there are any areas the Trust has not suggested that should be included. The current draft has 14 priority indicators which we propose to consult on. The draft indicators may be subject to change whilst waiting for NHSI to publish their guidance on which indicators will be mandatory to all Mental Health Trusts. However, we wish to consult with as many stakeholders as possible and therefore initial feedback has been sought. At the time of writing, the proposals are being submitted to the Council of Governors, in order to establish which indicators are considered most appropriate, ahead of the wider consultation.

Proposed Quality Indicators for 2018/19 (the NHSI mandatory indicators are in *italics* and the *indicators the Experts by Experience felt were important are in bold*):-

Service User (Patient) Safety		
1	<i>100% enhanced Care Programme Approach service users receiving follow-up contact within seven days of discharge from hospital (NHSI)</i>	Carried Forward
2	CAMHS 28 day target for routine referrals	New
3	Risk Assessment	New
4	Specialist Learning Disability Services community - 28 day waiting time target and 24 for urgent (HERTS only)	New
5	<i>Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)</i>	Carried Forward
6	<i>Inappropriate out-of-area placements for adult mental health services (NHSI)</i>	New
Effectiveness		
7	<i>Emergency readmissions within 28 days (young people and adult acute care) (NHSI)</i>	Carried Forward
8	<i>Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)</i>	Carried Forward
9	IAPT waiting times and recovery rate	Carried Forward
10	<i>Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (NHSI)</i>	New
11	<i>Crisis Assessment and Treatment teams-CATT gatekeeping (NHSI)</i>	
Service User Feedback		
12	Carers feeling valued by staff	Carried Forward
13	Staff Friends and Family Test – Staff would recommend the service they work in to friends and family who may need treatment or care	Carried Forward
14	<i>Service users reporting their experience of Community Mental Health Services (NHSI)</i>	Carried Forward

3 How will these positively impact on patient (service user) experience and outcomes?

- 1) **Enhanced CPA follow up in 7 days.** Research evidence suggests that there is increased risk of suicide during this period. Timely follow-up after discharge helps to keep patients engaged with their treatment and offer support and keeps them safe in the community.
- 2) **CAMH target for routine referral.** The length of time spent on a waiting list can have a significant impact on a child or young person's mental health and is stressful for the family. Early interventions also helps to prevent deterioration in the clinical condition.
- 3) **Risk assessments.** Effective care and treatment include awareness of individuals' needs and assessment of risks. Risk assessments identify the circumstances when a particular harmful behaviour may take place and interventions that might help to prevent these risks behaviours.
- 4) **Specialist LD.** Due to the vulnerabilities in this group, especially around communication, it is imperative that service users are seen quickly and their needs identified in a timely manner. Timely access to learning disability specialist services is essential to keep service users with Learning Disability safe.
- 5) **Rates of service user's incidents and number and % of such service.** This brings increased transparency, accountability locally and helps to benchmark services nationally. We will continue to work to improve the safety of care by making risks visible and drive learning.
- 6) **Inappropriate out of area placements for adult mental health services.** Placing individuals out of area because there is no mental health bed available for them locally can be distressing and delay their recovery.
- 7) **Emergency readmissions within 28days.** Emergency readmission may indicate an unsafe discharge or inadequate provision of community mental health services.
- 8) **Early intervention Psychosis (EIP).** Early interventions when people are becoming unwell with psychosis can significantly help with getting better earlier, reduce the risk of future relapses and reduce the risk of suicide. Early interventions also help to keep the service users engaged with services with gains in relation to personal, social and health outcomes.
- 9) **IAPT recovery rates.** The IAPT programme aims to improve the numbers of individuals able to receive 'talking' therapies as recommended by NICE for the treatment of anxiety disorders and depression and show the benefit they gain in relation to their social indicators like employment, relationship etc.
- 10) **Improved access to psychological therapies.** The length of time spent on a waiting list can have a significant impact on an individuals' mental health and associated needs, which can lead to failing to engage with the service, and/or their condition worsening.
- 11) **CATT Gatekeeping.** This relates to provision of community mental health for service users in crisis. CATT teams help people receive mental health treatment in the least restrictive environment. Conversely, all patients who do need an admission are seen by the CATT teams who consider if an admission could be prevented and treatment offered in the community.
- 12) **Carers feeling valued by staff.** It is expected that all members of staff are respectful towards carers and where service users want their carers to be involved in their care, staff help and support both the service user and their carer. This helps with recovery of the service user and helps with smooth transition from inpatient to community services.
- 13) **Staff friend and Family Test.** What staff say about services and whether they would recommend these to their friends and family is a key indicator of quality of services
- 14) **Service users reporting their experience of community Mental Health Services** Our Trust values have been derived from extensive discussions with staff, service users and the public. This has supported us in understanding what is important to our stakeholders and how they would like us to behave in all our interactions, individual experiences and to identify areas where the quality of care can be improved.

4 How are the appropriate approaches to prevention and demand management supported?

Central to our approach to support the effective delivery of mental health care across Hertfordshire we recognise the importance of working with partners and across the wider system to ensure we are collectively meeting the needs of our population.

Prevention

Aiming to improve health and wellbeing and reduce demand for services by:

- supporting individuals wider health care needs and ensuring we are promoting positive physical health via:
 - Smoke free Trust and high promoter of nicotine replacement therapy
 - Physical health checks for individuals in inpatient and community settings
 - Active promotion of our Improved Access to Psychological Therapies 'Wellbeing' service
 - Delivering mental health care to people with a diagnosis of diabetes
 - Ensuring a timely diagnosis of dementia

HPFT is the lead co-ordinating partner for the newly launched wellbeing college in Hertfordshire 'New Leaf'. Developing and expanding the college offering is a key priority for us over the coming two years.

Demand Management

In keeping with many areas across the country, demand for mental health services for children and adults is increasing significantly and as a Trust we have seen considerable growth in demand year on year, with referral rates for children having increased by over 25% in the last year and adult services in some parts of the county have seen referrals rates grow by in excess of 10%.

As an example, the following chart demonstrates the growth in referrals into our single point of access since its inception in 2013 with approaching 5,000 referrals received into HPFT in January 2018 alone it is clear that working with partners, particularly in primary care is critical to the effective delivery of services.

All Referrals	2013	2014	2015	2016	2017	2018
Jan	1471	3653	3647	4089	4206	4844
Feb	1487	3228	3809	4209	4009	

Such growth in demand cannot be accounted for purely on the basis of demographic growth within the county and reflects wider pressures in relation to the availability of alternative services and support within primary care and local communities. Of course the specific circumstances vary for each service and it is noted that the improved awareness of mental health needs is an overall positive development. The key service specific points are summarised below:

Service Area	Current Position	Future Demand / Capacity Plans and Risks
Acute Inpatient	<p>HPFT is one of the lowest users of acute beds in the country due to a range of alternatives to admission. Existing capacity is fully utilised.</p> <p>HPFT has recently taken on the acute inpatient budget for all children and adolescents with a view to supporting more people within the county.</p>	<p>Sophisticated simulation modelling work has been supported by Mental Health Strategies. This is focused around the acute care pathway and associated community services within the context of the emerging national guidance and implementation plan for the Five Year Forward View, Older Peoples Services and CAMHS. The outcomes from this work are being used to feed into service planning which clearly identify that we will need to invest in additional adult and children's 24/7 community crisis services to prevent the demand for inpatient services growing to the scale of another ward by 2020/21</p>
Crisis Pathway	<p>Historical Section 136 use has been high and rising. Our 'street triage' approach in partnership with the police has started to reduce the level of</p>	<p>Our innovative 'street triage' has been expanded to include paramedic support. Progress and impact will be evaluated jointly with commissioners during 2017/18.</p> <p>We have been successful in a capital bid to DH through the</p>

	<p>s136 assessments that do not require subsequent admission.</p> <p>As above, providing more immediate support for individuals in crisis is a key requirement of the mental health 5 year forward view and we are currently developing these pathways for Children and in discussion with our commissioners about the adult service.</p>	<p>Crisis Concordat to develop a Place of Safety specifically for young people.</p> <p>We are implementing strengthened home treatment services for young people as an alternative to admission</p>
Community Mental Health Services	<p>As inpatient services have increasingly focused on the most acutely unwell demand and acuity within community services has increased.</p>	<p>Demand continues to rise above demographics. Particular focus is on increasing care coordination capacity through more effective demand management, reduced bureaucracy and ensuring activity is appropriately allocated.</p> <p>Key to this development is to work in partnership with primary care to identify new and innovative ways of working that can get the right care to individuals in an increasingly timely manner. Three pilots are planned to test this in Watford, Hertford and Stevenage with a view to considering wider roll out after evaluation.</p>
First Episode Psychosis	<p>Accepted referrals are double that projected based on NICE incidence rates, most likely to be due to increased awareness of the service / pathway.</p>	<p>Delivering an effective first episode psychosis service is a key measure of the 5 Year Forward view and we know that the clinical benefits of timely and effective intervention are considerable. To date we have been successful in achieving the treatment requirement of >50% of persons entering treatment within 14 days.</p> <p>A range of scenarios were modelled to support future activity and workforce planning. Current experience is that the full service caseload is likely to be at least two thirds larger than projected based on NICE. This has formed the basis of ongoing conversations with commissioners around the level of additional investment required to continue to meet the access and performance targets for FEP in line with NICE recommended treatment within 14 days.</p>
Wellbeing	<p>Service capacity is matched to meet IAPT national access volume targets</p>	<p>2017/18 has seen a successful bid for expansion funding for services in Herts Valleys Clinical Commissioning Group area in order to meet the targeted 16% of need identifying all those who will benefit from the service remains challenging and work is ongoing with primary care and partners to increase uptake</p>

5. How is the Trust developing a high performing, engaged and committed workforce?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' with a key supporting pillar being 'Great People' who have the right skills and values, leaders who involve and empower, and a workplace where people grow thrive and succeed. To deliver this we have developed a four year approach to organisational development with annual action planning. For 2017/18 we have set ourselves key priority areas summarised as:

- Embedding a culture of continuous improvement and QI across the Trust.
- Developing a team of change agents across the Trust with the focus on cultural change building on the collective leadership model.
- Delivery of master classes to targeted leadership on population based health approach
- Operating within changing health and social care environment, and the skills for system thinking and leadership.
- Continuing to build on the engagement activities within the Trust.
- Delivery of the key areas in collective leadership work, supporting managers in delegation and accountability, manageable workload, empowerment and involvement in decision making.
- Leadership – reviewing the current leadership competencies and offerings both in relation to the new national framework and the requirements of the Good to Great strategy.
- Development of clinical leadership.

Specific engagement activities include:

- Big Listen(s)
- Local Listens
- Senior Leaders Forum
- Annual Staff Awards
- Monthly Inspire Awards; and
- A wide range of health & well-being initiatives.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

Great Care and Great Outcomes are at the heart of the Trust's vision and we have been engaging with service users, carers and staff to develop, together, our Quality and Service Development Strategy that underpins this. Our priorities and plans are based on their feedback as well as the ambitions set out nationally and locally through:

- the Five Year Forward View for Mental Health
- the Transforming Care agenda
- National planning guidance and NHSI Single Operating Framework
- the Hertfordshire and West Essex STP
- Commissioner priorities and ability to meet the parity of esteem commitment

To support this we continue to gather feedback through our main quantitative tool, the 'Having Your Say' survey, which has been further strengthened in relation to people feeling safe whilst in our services. Our Peer Experience Listening programme has been expanded to include announced visits to services to speak with service users and carers. We also continue to look for opportunities to improve our engagement with service users and are investigating the use of Experience Based Co-Design and the use of service user diaries to record service users' views and observations at key points during the care pathway. The Trust's Practice Audit and Clinical Effectiveness (PACE) Team manages an annual programme of audit which is overseen by our Integrated Governance Committee. We also continue to review all deaths of service users in contact with HPFT services, or those discharged within the last 12 months. Suspected suicides, or those deaths where this is a potential for learning, will continue to be subject to appropriate review in accordance with the National Serious Incident Framework, March 2015. Where learning is identified as part of a SIRC investigation an action plan is monitored by Operational Leads until all recommendations are completed and learning has been implemented.

Our priorities are directly identified against the five domains below:

Priority Area	Summary	Domain Area
<i>National Standards – FEP</i>	Current performance exceeds the 53% target for people experiencing first episode psychosis beginning treatment within two weeks of referral. Plans are in place to significantly increase capacity to sustain this as the number of patients on the FEP pathway increases over the next two years. This will include improving the case and support for the carer, increasing the employment of this cohort and addressing the increased risk of physical health concerns prevalent in this population.	1, 2, 3, 4, 5
<i>National Standards – IAPT</i>	Current performance exceeds the waiting time standards and we expect to sustain this. Following successful bids for NHS England IAPT Expansion funding in Herts Valleys CCG we have increased access to 16%, with a particular focus on long term conditions. We are consistently meeting the recovery target of 50%.	2, 3
<i>National Standards – Dementia</i>	We continue to work closely with our local CCGs to further refine the pathway to support the achievement of a dementia diagnosis rate of two thirds whilst continuing to provide excellent post diagnostic care and support.	2, 3, 4
<i>Suicide rate</i>	We will contribute to the national target of a reduction of 10% against the 2016/17 baseline. The Hertfordshire baseline as reported through the mental health 5YFV dashboard is already in the best quartile nationally.	1, 4, 5
<i>Eating Disorders</i>	We expect to continue to meet or exceed the 95% target going forward for referrals to our community eating disorders service being seen within the 28 day threshold.	1, 2, 3, 4, 5
<i>CAMHS</i>	We will ensure our high quality specialist (Tier 3 and 4) mental health services for children and young people work effectively with those partners being commissioned to deliver the additional access for children and young people.	3, 4, 5
<i>LD Transforming Care</i>	We will continue to play a leading role, working with our partners across Hertfordshire (where we are part of one of the Transforming Care Fast Track sites), in developing and implementing new models of care in line with the NHSE Transforming Care Programme, further reducing dependence on our provision of Specialist Learning Disability Inpatient Services.	1, 3, 5
<i>Safe Staffing</i>	The required numbers for direct care nursing staff on duty for each shift and for each unit are determined using the Safe Nursing Care Tool coupled with clinical judgement. Nurse staffing data is recorded and monitored on a monthly basis and reported in line with National requirements. Quarterly and annual reports are presented to the Board and Commissioner Quality Forums. In the absence of nationally agreed RAG rating (red, amber and green) for safe staffing, detailed analysis and review is undertaken where services have fill rates < 80% > 120%.	1, 3, 4, 5
<i>Infection prevention and control</i>	Infection Prevention and Control (IPC) will continue to be delivered and assured through the Trust's IPC annual programme which identifies the infection prevention and control priorities that the Trust has to implement to ensure that the risk of service users, staff and visitors, acquiring a healthcare associated infection is kept to a minimum.	5
<i>Falls</i>	The Trust has seen an overall reduction in the number of service user falls in 2016/17. The falls group focus for 2017/18 will be to ensure that the actions taken to reduce falls in 2016/17 are sustained. Detailed work will be undertaken in acute services to ensure the lessons learned from older peoples services are embedded across all bed based services.	1, 3, 4, 5
<i>Pressure ulcers</i>	The Trust maintains its commitment to reducing all pressure ulcers and in particular grade 3 and 4 pressure ulcers. This has been successful with no Trust acquired grade 3 or 4 pressure ulcers in 16/17.	2, 3, 4, 5

HSC QUALITY ACCOUNT QUESTIONS

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

Improve medication management (safety)

- Introduced monthly audits to measure the percentage of omitted critical medications (Aim: <7%, Dec 2017: <6.7)
- Monthly ward spot-checks to assess compliance with medication standards – individual feedback to wards of good practices and where improvements need to be made
- Improved access to information about critical medications through intranet portal
- Quality improvement project on ward 10b to improve insulin management
- Challenges with management of take home medication prescriptions post launch of new electronic patient administration system
- Continued drive towards progressing implementation of electronic prescribing and administration after successful implementation of system for stock management

Progress deteriorating patient work (safety)

- Rollout of electronic observations system using handheld devices and enabling remote access to information (Lister completed, MVCC almost complete) and auto-alerts to key staff
- Escalation capability due to go live in Q4 once training of doctors is complete
- Human factors training by maternity team to improve understanding of error and its prevention
- Improved ambulance handover times within the Emergency Department
- Evaluating cardiac arrest data (datasets and methodology have changed)
- Introduced root cause analysis investigation of 24 hours leading to cardiac arrests

Further reduce mortality (clinical effectiveness)

- HSMR (Aim: <95.3; Sep 16 – Aug 17: 96.18)
- SHMI (Aim: <100 as expected; Jul 16 – Jun 17: 102.14 as expected)
- Crude mortality 1.57% for 12 months to Nov 17 compared with 1.65% for last 3 years
- ENH is ranked 6th (out of 16) in the East of England Peer group
- Continuation of mortality review process and focus on learning from deaths
- Noted impact of depth of coding when a new patient administration system is introduced
- In depth analysis of cardiology services, including an invited external review, showed no causes for concern
- Ongoing initiatives to improve the management of sepsis
- Furthering of 7 day service provision

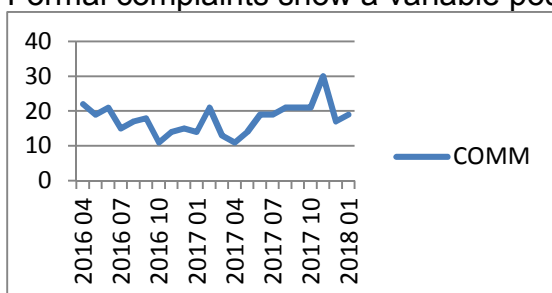
- Improvement of services jointly with the community e.g. integrated respiratory service improves patient experience (reducing admissions) but can change mortality rates as the in-patient cohort becomes 'the most sick'

Further improve stroke standards (clinical effectiveness)

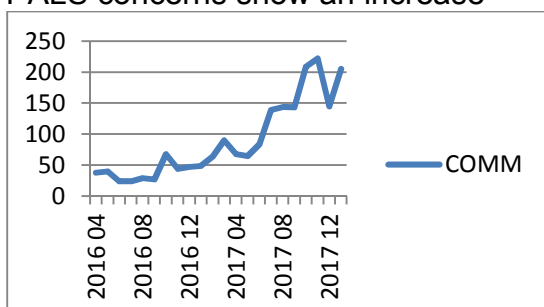
- Thrombolysis within 3 hours (Aim: $\geq 15\%$, Jan: 7.2%). Audits confirm that late arrivals have prohibited treatment rather than slow management. Multi-agency work is underway on the pre-hospital pathway to expedite admissions / treatment
- 4 hours to stroke unit (Aim: $\geq 90\%$; Jan: 74.7%)
- 90% of time on stroke unit (Aim: $\geq 80\%$; Jan: 86.6%)
- 60 minutes to scan (Aim: $\geq 90\%$; Jan 92%)
- National Sentinel Stroke Audit – retained 'A' rating for service provision
- Ongoing regional work to formalise the thrombectomy pathway

Improve communication (experiences)

- Monthly in-patient surveys:
 - involvement in decisions (Aim: $>83\%$; Jan: 83.37%)
 - understandable answers from doctors (Aim: $>88\%$; Jan: 88.59%)
 - understandable answers from nurses (Aim: $>90\%$; Jan: 91.89%)
- Formal complaints show a variable position



- PALS concerns show an increase



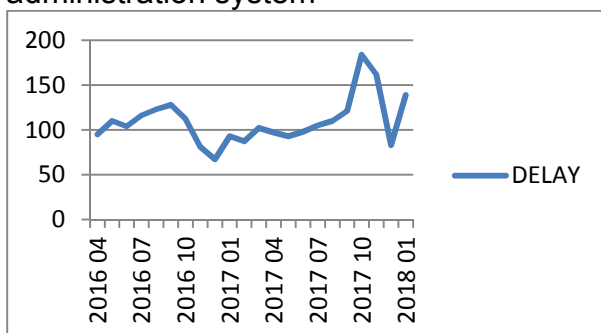
Improve nutrition and hydration (experiences)

- Monthly in-patient surveys:
 - Quality of food (Aim: >52 ; Jan: 68%)
 - Help with eating (Aim: >75 ; Jan: 90%)
 - Use of malnutrition screening tool (Aim: $>95\%$; Jan: 96.86%)
- Promotion of snack boxes, the availability of which had not been appreciated
- Launch of children and young person's menu
- Trial of patient questionnaire for real-time feedback of concerns around the food and catering service

- Planned introduction of a 'family service' to offer choice of food and portion size without pre-ordering

Improve inpatient flow (experiences)

- Cancelled operations on the day (Aim: <504pa; Jan: YTD 558)
- Reduce readmissions (Aim: <7.75%; Jan: YTD 7.3%)
- Delays in discharge from critical care remain a challenge
- Introduction of red to green days
- Improved management of bed status and flow through activities coordinated by the 'operations cell'
- Introduction of Nerve Centre for real-time data on bed occupancy
- Delays as a cause for concern have increased as a result of the new patient administration system



2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

The priorities are being considered although discussions to date have identified intentions as follows:

1. Reduction in avoidable harm to our patients:

- Focus on reducing medication errors and timely delivery of critical medications and management of antibiotics (carried forward)
- Increase compliance with sepsis pathway – particular focus on MVCC (carried forward)
- WHO safety checklist across all our services (new)
- Reduce the number of avoidable arrests through improving the way we manage the deteriorating patient (carried forward)

2. Use of digital technology

- Further embed the way we use technology to improve the care we provide to our patients through e-observations and live bed state (carried forward)
- E-prescribing (carried forward)
- Electronic discharge summaries (new)

3. Respect our patients time through improving the flow through our in and outpatient services by:

- Reducing delays in the discharge process (new)
- Improving experience and access to our outpatients department (new)
- Reduce the number of patients who are delayed in the care they receive through the ED (carried forward)

4. To be amongst the best in the experience our patients have through:

- Implementing always events (new)
- Improving our friends and family response rate in all our services (new)

These priorities are being considered because of the desire to continue with existing priorities for continuity and evaluation; but also some new ones to reflect the intelligence received which indicate we have more work to do.

The Patient Experience Committee is yet to input into the process so their views will be considered before the final priorities are agreed.

3. How will these positively impact on patient experience and outcomes?

All of the priorities will aim to have a positive impact in a number of different ways:

- preventing increased length of stay or the need for additional treatment; subsequently improving patient flow
- optimising management of conditions, or identifying sooner any deterioration thereby achieving best outcomes
- optimising patient pathways and inter-team discussions thereby being clearer on management plans with a consequent reduction in communication related complaints

It is noteworthy that the priorities will support staff in carrying out their work more effectively thus improving staff satisfaction which in turn promotes patient satisfaction.

4. How are the appropriate approaches to prevention and demand management supported?

- The Trust is working with Sustainability and Transformation partners and community partners / agencies to deliver more effective care across a number of work streams and boundaries. Intentions to prevent admissions and reduce readmissions are a key focus for this work
- In addition quality improvement methodologies have been introduced to better manage certain conditions; or to review care pathways to minimise unnecessary harm or increased length of stay, thus contributing to the

improving flow. The quality improvement initiatives will develop further during 2018/19

- Greater emphasis on sharing ideas, information and tools across networks is supporting the spread of effective practices

5. How is the trust developing a high performing, engaged, and committed workforce?

- National first in creating an online interactive staff workshop based on the results of the annual staff survey
- Engaged with the University of Hertfordshire and has successfully passed all criteria to become a university status trust
- Has engaged with the NHSI culture change toolkit
- Will recruit a talent management lead in 2018 in line with national framework
- A clear leadership philosophy has been established with great autonomy for leaders and staff
- A leadership and management development pathway has been designed and the Trust has tripled the number of staff attended such development
- The apprentice levy funds have been used across all professions and grades
- New nursing roles have been established to offer a wider career choice
- Coaching and mentoring have increased in the trust with more staff using the network and internal support
- An on boarding programme has been established and has improved performance and retention and is now being copied by other trusts

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Potential priority	Domain
Reducing avoidable harm	1 – early identification and effective management of deterioration 2 – e.g. management of diabetes, Parkinson’s disease 4 – optimising management 5 – reducing omission of medications thereby preventing harm
Use of digital technology	1 – early identification and effective management following deterioration 3 – improved sharing of information

	<p>across care providers</p> <p>5 – optimising conditions to support safe care</p>
Improving flow through services	<p>1 – supporting timely management</p> <p>3 – optimising discharge arrangements</p> <p>4 – promoting ‘right place, right time’</p> <p>5 – enabling patients to be in the optimal care location</p>
Improving patient experience	4 - implicit

Additional patient experience priorities, if agreed, will support domain 4 and possibly other domains.

HSC QUALITY ACCOUNT QUESTIONS

1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?

Five overarching quality priorities were set for this year; each theme is set out below with a brief summary of some of the lessons learned at the end of the first six months and how these are being fed into future work.

Theme One: Our people ~ we will develop and support our workforce.

There are two priorities within this theme which are to continue to implement the workforce strategy and to implement and embed the nursing, midwifery and allied healthcare professions strategy (2017-2020).

There have been sustained improvements to mandatory training and appraisal rates and continuing to reduce the overall agency spend across the Trust. However, our band 5 nurse turnover rate has been a particular concern and we have looked externally to understand what is working well elsewhere, including participating in the first wave of the NHSI-led Nurse Retention programme. We have fed this learning into our Band 5 Nurse Recruitment and Retention Strategy which we developed this year and is now in delivery.

The nursing, midwifery and allied healthcare professions strategy was launched in March 2017. There have been multiple successes against each of the key objectives which have been shared widely amongst the workforce.

One lesson learned from the first 6 months of delivering 'Our People' quality priorities is that aligning our quality priorities with delivery of key strategies has proved to be a useful way of keeping a focus on implementing strategy and ensuring we are deploying our resources on the priority work for the Trust. This will be particularly important for the coming year when implementation of our Quality Strategy will be heavily dependent on continued delivery of our Workforce, Nursing, Midwifery & Allied Health Professionals; and Patient Experience and Carers Strategy. Aligning these pieces of work will maximise use of our resource, avoid duplication and support robust decision-making that takes account of the wider context.

Theme Two: Getting the basics right ~ we will continue to build a safety culture and relentlessly focus on reducing harm and delivering the very best outcomes for our patients.

There are five key quality priorities set out in this theme. We have made significant improvements in most areas and we can show evidence that we are on track to achieve all the measures of success set out within this theme. In

particular, there has been sustained performance on our mortality rates, evidence of continued improvement in our infection prevention and control outcomes, evidence that we have strengthened how we safeguard our patients and improved assurance in relation to getting the basics right.

The focus for the last six months of the year is on sustaining a reduction to the new harms our patients receive whilst under our care in order to achieve our overall ambition to ensure all patients come to no harm; there is a particular focus on pressure ulcer prevention supported by an action plan to address the lessons identified in the Trust wide thematic review of hospital acquired pressure ulcers.

Whilst we have made progress the latest CQC inspection report, published January 2018, raised some concerns around infection control processes including hand hygiene and this will be a focus going forwards and a priority for 2018/19.

Theme Three: Patient focus ~ we will work to ensure our services are caring and responsive and designed to deliver the best possible experience for our patients.

There are five key quality priorities within this theme. We have already seen improvements to the quality, safety and efficiency of maternity care as shown in the measures of success. Particular achievements have been noted across stroke, dementia, diabetes and End of Life care pathways.

The Patient Experience and Carers Strategy was launched in November 2016 setting out our key ambitions as to how we will ensure that we listen to, and learn from, our patients. We have seen some improvements in how we manage and respond to complaints but this remains a particular focus for the last six months of the year.

Improving the sustainability and quality of our emergency care services also remains a priority.

Listening and learning from what patients and carers are telling us has been key to informing our work plans going forwards. Examples include developing information in a range of languages which we have now done, piloting the use of head torches to reduce lighting levels at night, which we have stopped in certain areas as some patients were frightened by the lights and the 'end PJ paralysis' initiative which had mixed feedback as not all patients had someone to bring in regular changes of clothes and not all patients were comfortable wearing clothing from the stores we had set up.

In response to complaints received we have altered our approach to requesting consent for post mortems, we have put forward proposals to consider bringing in

security bags for patient belongings, introduced assistance with arranging bereavement meetings through our PALS service, provided posters around the Trust for how to contact staff out of hours to locate patients. We have also updated a number of Trust leaflets and outpatient appointment leaflets as well as Trust letters advising of appointments. We have delivered training sessions on the importance of medication for the treatment of mental health conditions that will enable better engagement with patients and the treatment of physical symptoms. This year we also introduced two new training packages for training staff on how to respond to complaints effectively and writing a quality response.

Theme Four: Infrastructure ~ we will work to ensure our estates and IT systems are sufficient to provide the best possible environment in which to deliver our services.

We have achieved, or are on track to achieve (with the exception of one measure) priorities to improve the environment and the quality of our Information Management and Technology.

Theme Five: Governance, risk management and decision-making ~ we will continue to strengthen our governance, risk management and decision-making processes.

We have succeeded in strengthening our Board leadership and governance and there are significant improvements to the risk management processes, including how we manage incidents, serious incidents and never events across the Trust. We have further developed our internal quality assurance processes of the risk register to include a peer review programme of all risks on the register with the outcome reported to the Risk Review Group. We have introduced tools and processes to enable more robust monitoring of duty of candour compliance for all incidents with moderate or above harm. We have prepared and circulated Trust-wide information resources for staff, which include a staff briefing document, a staff leaflet and a process flowchart on duty of candour for all incidents with harm level moderate or higher.

A key lesson from developing our Quality Strategy has been around the importance of engaging staff to get a bottom-up perspective of the blockers and barriers that get in the way of them being able to deliver high quality care. A significant investment of time and resource in staff engagement has given us confidence that focusing on the quality strategy priorities, which are designed to address concerns and barriers raised by staff, will positively impact and support our quality improvement journey.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Quality of care is about providing a safe, effective, positive patient experience. Over the past year we have developed a quality strategy which sets out our longer-term approach to continuous quality improvement across our services, enabling us to be a consistently high quality organisation and to achieve our vision.

This strategy sets out a quality commitment between the Trust and our staff. It describes how the organisation can make it easier for our staff to deliver high quality service and care and support collaboration between departments and partners so they can work and learn from one another. It identifies key quality priorities, provides the delivery mechanisms for driving and evaluating improvement, and ensures we share success and learning.

As such, a priority for 2018/19 is to effectively embed the commitment across the Trust, to ensure everybody takes ownership for driving up quality of care. To do this, our quality priorities for 2018/19 will be driven by the Quality Strategy and are structured around 3 themes within that strategy, set out below¹. Priority themes around patient care and experience; staff performance, engagement and well-being and infrastructure continue from previous quality priorities, though with some shift in emphasis to focus on our quality commitments. A brand new priority for 2018/19 is to implement the Quality Strategy and associated quality hub that will drive quality improvement forwards.

1. *Sharing a commitment to quality of care and service*

The Quality Account priority is to uphold the Trust's side of the commitment: to make it easier for staff to deliver the best quality care for every patient, every day. This will include focusing on the below areas

- improving staff morale and well-being
- focusing on patient experience
- adherence to policy/procedures to ensure safe care

2. *Fostering a team working culture*

The focus of this priority is to build a "team of teams" that work together innovatively to focus on quality and safety and

- Make our vision, and how staff contribute to that, clearer
- Recognise great work that staff do
- Empower staff to lead improvements

¹ The detailed priorities that underpin each of these 3 themes are still in development; the draft priorities identified to date are summarised but please note these may change as our 2018/19 Quality Account is finalised.

- Share learnings and successes in a positive way, openly

3. *Building an organisation that drives quality*

This priority will focus on the below key areas

- Staff-led learning and improvement – we will listen to and we will support our people to learn and improve.
- Leadership which is visible and role-models best-practice behaviours including a ‘thank you’ recognition culture
- Communication and engagement which is open and honest throughout the organisation
- Workforce development and training that supports all staff in taking accountability for quality
- Clinical standards that enable on-going commitments to decreasing variation and increasing safety including
 - Providing harm-free care to our patients by reducing the number of hospital-acquired pressure ulcers, avoidable falls, avoidable venous thromboembolism and hospital-acquired infections
 - Implement 7-day working to provide consistent care and clinical outcomes every day to patients
 - Continue to be an exemplar hospital for mortality rates
- Estates, IT, systems and facilities which are supportive to staff.
- Implementing a quality hub to champion improvement, own our quality methodology and build improvement capabilities – including involving patients in improvement projects to ensure everything we do benefits their experience

3. How will these positively impact on patient experience and outcomes?

If we are successful with embedding our Quality Commitment and Strategy, we will see a range of benefits for our patients. Patients will always feel safe and cared for with compassion. Staff will be driven by our values and service, and all will lead in their roles to drive up the quality of patient care. Our processes and resources will enable great service that will, in turn, drive great patient experience.

4. How are the appropriate approaches to prevention and demand management supported?

Integrated Care and Demand Management

The Trust works closely with HVCCG and provider partners (including the GP F federation/s, Hertfordshire Community Trust, Hertfordshire Partnership Trust and HCC) to redesign care pathways, integrate care and reduce unnecessary visits to hospital for our patients. This work is led by Fran Gertler, Director of Integrated Care (WHHT).

The following new service models / pathways will be implemented in April 2018.

- Integrated Diabetes Service – WHHT lead provider, working with HCT, HPFT and GP federations. This service will officially 'go live' in April.
- Community Gynaecology service – led by Hertfordshire Community
- Gynaecology services, with WHHT providing consultant gynaecologist input to the new model. This will deliver 'tier 3' outpatient gynaecology services in each of the 4 localities.
- Community MSK service which includes elements of pain management, rheumatology and physiotherapy which started with some pathways from the end of January 2018 and is delivered by Connect

We are also working actively to redesign pathways for dermatology, respiratory and cardiology and are introducing new advice and guidance models, nurse led and telephone clinics and 'virtual clinics' – all designed to reduce unnecessary visits to hospital and reduce clinically unnecessary follow up outpatient appointments.

In relation to urgent and emergency care services the Trust is working with partners through the local delivery board to reduce inpatient admissions to hospital (through ambulatory services and rapid access 'hot' outpatient clinics) and to support timely discharge for patients who are medically fit for discharge but require ongoing nursing, therapy or social care following their hospital stay.

We are committed to delivering the Hertfordshire and West Essex Sustainability and Transformation Programme to ensure health and care staff benefit from

- healthier working environments
- more partnership working in the community: primary care, community health, mental health and learning disability, ambulance and social care services working together in integrated local teams, supported by hospital specialists
- more flexible working: treating patients in a variety of settings, either in hospital, the community or at home, depending on the stage of their treatment
- more emphasis on promoting good health and help

We will support our patients and our staff to live well, and stay well, for as long as they can. Healthcare and lifestyles have an important impact on our health, and we will work closely with our commissioners, local councils, communities and the voluntary sector to improve the factors which are vital to good health

One such example that the Trust is immensely proud of is the way it cares for the mental health of pregnant and postnatal women. The Trust recently established the Lavender team of highly trained midwives who provide specialised care for mothers who are teenagers, have mental health illnesses, are suffering or at risk from domestic violence, have complicated needs due to language difficulties, are homeless or have substance misuse issues.

5. How is the trust developing a high performing, engaged, and committed workforce?

Workforce-related commitments are reflected in the above quality priorities set out for 2017/18 and for 2018/19. Work on delivering our three-year Workforce Strategy continues, with a targeted focus on each of the 4 strategy pillars:

- **Laying the foundations** with the right people in the right roles, with the right leadership skills doing the right things, in the right way
- **Helping us to recruit and retain** a stable, competent, cost-effective permanent and temporary workforce that is agile and future-flexible
- **Supporting our people** by looking after their wellbeing, listening to and recognising efforts, creating a better place to work
- **Developing our people** with the knowledge and skills needed to do their jobs well and strengthening our leadership capability

Over the past year six months we have achieved the below, as set out within our Workforce Strategy implementation plan for 2017/18:

- 90% of staff have had an annual appraisal and personal development plan Achieved implementation and launch of our smoke free Trust by planned date of 1st October
- Achieved the setup of a cross-trust steering group to improve band 5 nurse retention and developed a project brief and implementation plan
- Implemented and launched Acorn, our new LMS, across the whole trust for mandatory and core training
- Completed the piloted ESR self-service in preparation for trust-wide roll out
- The STP Apprenticeships Oversight Group (AOG) has been set up and the apprenticeships strategy has been written and agreed by the AOG and we have collaborated with the STP on phase 1 procurement and contracts have been awarded for key roles including Health Support Worker, Business Admin), Pharmacy and Medical Admin.
- The 2017/18 plan for Health and Wellbeing activities has been developed and is in delivery
- Achieved the implementation of the shared staff bank collaboration with East & North Herts NHS Trust and Hertfordshire Community Trust (HCT) in partnership with NHS Professionals

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

Domain 1 - Preventing people from dying prematurely

- ✓ *Continue to implement our Smoke-free Trust and work to deliver the tobacco and alcohol-related CQUINs*

Domain 2 - Enhancing quality of life for people with long-term conditions

- ✓ *Expanding diabetes education support to patients and carers*
- ✓ *Employment of Clinical Nurse Specialists to support long term conditions –Parkinson Disease nurse and Dementia CNS*
- ✓ *Focus on Learning Difficulties with a partnership agreement with the acute liaison nurses*
- ✓ *Introduction of the trauma co-ordinator for patient rehabilitation.*

Domain 3 - Helping people to recover from episodes of ill health or following injury

- ✓ Stroke rehabilitation from a multidisciplinary team
- ✓ Enhanced recovery work streams in surgery aiding recovery of patients
- ✓ Bluebell ward supporting individuals and families with dementia
- ✓ Trauma Rehabilitation Co-Ordinator manages the care of all major trauma patients in the Trust and organises ongoing care including discharge planning, transfers and rehabilitation. The coordinator acts as a single point for liaison with the Major Trauma Centre.

Domain 4 - Ensuring people have a positive experience of care

- ✓ *Continue delivery with year 2 of the Patient Experience and Carer strategy*
- ✓ *Implement our Band 5 Nursing Recruitment and Retention Strategy*
- ✓ *Reduce our reliance on agency nursing staff*
- ✓ *Continue to modernise our physical environment through priorities set out in the Estates strategy*
- ✓ *Continue the programme of listening events with patients and support the developing role of the patient panel to make this more impactful*
- ✓ *Improve the patient journey through mapping patients pathway to understand and improve the patient experience and improve the discharge experience through more active involvement of carers and family members*
- ✓ *Explore further options for the use of innovative technology to improve the patient and staff experience, including the use of electronic observation tools, electronic prescribing and discharge medication.*

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

- ✓ *Provide harm-free care to our patients by reducing the number of hospital-acquired pressure ulcers, avoidable falls, avoidable venous thromboembolism and hospital-acquired infections*
- ✓ *Maintain effective infection prevention and control standards, including reduction in rates of c.difficile*
- ✓ *Improve compliance with hand hygiene protocols*
- ✓ *Continue to be an exemplar hospital for mortality rates*

HSC QUALITY ACCOUNT QUESTIONS

Please find below Hertfordshire Community NHS Trust's submission for Health Scrutiny Committee. We have provided the information in a bullet point format, which we hope addresses the key elements to the questions provided and which will support our participation in the Health Scrutiny Committee meeting on the 15 March 2018.

1. What were the Quality Account priorities for the trust 2017/18 and what were the lessons learned?

HCT's Quality Priorities for 2017/18 were developed to support CQUIN work:

QP1: We will support people with health conditions and disabilities to manage their own care as far as possible:

- Patients with Long Term Conditions will be supported to develop their own patient-centred goals alongside their named care coordinator.
- Following the roll-out of the self-management and patient activation training, alongside the introduction of a new SystmOne template, over 1700 nurses and therapists have now completed the training. This will enable clinical staff to better support patients to understand and manage their own conditions.
- Patients with low knowledge of their condition or activation will be offered a personalised care and support plan which will include their own patient held 'Health Plan' which has been created for patients to record their condition information, clinicians involved in their care and their own chosen health goals.
- Patient feedback and outcomes will be collected and analysed at the end of Q4 to ascertain any lessons learnt going forward.
- Lessons learned: how best to facilitate our staff to have enablement conversations with their patients to encourage self-management rather than prescriptive care delivery.

QP2: 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:

- Work has been undertaken to identify measures already in use and agree the Patient Functional Scale (PFS) measure where services do not have a validated Patient Reported Outcome Measure (PROM) in place.
- Pilots of the PFS are being undertaken by community nursing teams during Q4.
- Dashboard reporting of PROMS at the Trust internal Business Performance Reviews will be finalised by end of Q4.
- This QP will be taken forward into 2018/19.

- ***Lessons learned:*** to avoid being over ambitious with achievement trajectories especially when trying to introduce changes in practice and to ensure timescales are aligned with overall strategies to ensure consistency of language and trajectories.

QP3: 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:

- Business changes made on SystmOne care plans to facilitate personalised care planning and staff training is complete, with dip audit demonstrating appropriate use of care plans on S1.
- Patient experience surveys have been amended to include questions around whether patients feel supported by staff in their personalised care planning with survey results being reported in Q4.
- ***Lessons learned:*** to ensure that all SystmOne changes are reviewed as part of the whole system rather than an individual change to support staff to have a full holistic review of the whole care record.

QP4: We will improve the safety of patients in our care by reducing avoidable pressure damage:

- There has been a decrease in the number of avoidable category 2 PUs, but an increase in the number of avoidable category 3 and 4 PUs.
- For Q1, Q2 and Q3 combined, 57% of patients deemed to have acquired an avoidable PU were receiving home care and 17% were in residential home.
- Increased scrutiny by the Tissue Viability Nurse lead continues and may be creating an increase in avoidable PU.
- ***Lessons learned:*** there has been an increased education and support programme around PU prevention and early identification throughout 2017/18, both internally with HCT and externally with care homes and through working with agencies such as Carers in Herts, supporting the value of working in partnership.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

Two Quality Priorities will be carried forward to 2018/19 to continue to underpin the CQUIN work:

- **QP1:** 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.

- **QP2:** We will improve the safety of patients in our care by reducing avoidable pressure damage – Quality Priority remit to be widened to all wound care management

There is one proposed new Quality Priority:

- **QP3:** Increasing patient response rates, particularly to FFT, to capture wider feedback from patients and improve understanding and learning from patients' experience of using HCT services.

3. How will these positively impact on patient experience and outcomes?

QP1 Aims:

This QP aims to fully understand the impact on patient's experience of our care and measure the intended outcome to ensure we are delivering a service that is valued by patients and meets their needs. This will be achieved by:

- Fully understanding the various academically validated approaches to patient-reported outcome measures (PROMs), including the similarities and differences between them, so we can decide whether or not to adopt a single approach across HCT
- Ensuring all services use an agreed validated approach to patient-reported outcomes for all patients by March 2019.
- Ensuring patient-reported outcome measures are routinely reported as part of the regular Business Unit Performance Review (BUPR) reports by March 2019.
- Developing a clinical audit approach to ensure consistency of application and measurement of patient-reported outcomes across our various services for implementation in 2018/19.

QP2 Aims:

This QP aims to improve the early identification of patient with wounds to encourage early healing and reduce the impact of long term damage as well as improving the management of patients with long term wounds to reduce the risks of infection and encourage return to normal activity. This will be achieved by:

- Improving the assessment of wounds
- Reducing the number of patients experiencing avoidable pressure ulcers in HCT care
- Increasing awareness of pressure ulcer prevention across the Trust
- Increasing awareness of early pressure damage with agencies who work with the Trust and our patients

QP3 Aims:

This QP aims to increase the number of patients who respond to HCT surveys and questionnaires to capture patient feedback. This will be achieved by:

- Increasing the Friends and Family Test response rates in all HCT services
- Improve the way we capture patient feedback by using additional methods in all services i.e. patient groups, surveys, questionnaires etc.

- Demonstrating positive changes made in response to patient feedback
- Implementing robust process to share lessons learnt from patient feedback throughout HCT via the Patient Experience Forum

4. How are the appropriate approaches to prevention and demand management supported?

Prevention and demand management are managed through the following:

- Patient referral and contact activity is monitored to ensure response times are met and the impact on patient care and experience is monitored.
- Activity and referral data is routinely shared with commissioners and is increasingly being discussed with primary care GPs as part of locality/place based working.
- The Trust executive and board monitor demand and activity to ensure services are meeting contract requirements. Any concerns are shared with the commissioners at the monthly contract meetings.
- As part of the redesign of community services primary care GPs are engaged with the redesigned models of working and priorities within localities to meet specific needs.
- The development of new ways of working are developed in line with national best practice and/or vanguard sites e.g. the implementation of enhanced therapy triage and the complex case management model in west Hertfordshire.
- HCT works in partnership with primary and secondary care, Hertfordshire Adult Social Care, HPFT and third sector/voluntary organisations in order to provide a broader range of proactive and preventative focused services that can support self-management and wellbeing
- Working with E&NCCG on specific models of care i.e. the 6 Community Frailty Model with the localities to address increasing demand in this area and with our partners in Herts Valley to manage patient flow and demand i.e. Discharge 2 Access.
- Introduction of the Lancaster Model in Children's and Young People's Services to clearly identify health issues amongst children in a way that enables early intervention and care. The Lancaster Model enables analysis of current interventions, assessment of the needs of children and their families, agreement as to who is best placed to address each child's needs, and identification of any training requirements to facilitate this.
- Introduction of group sessions in partnership with Children's Centres to deliver mandated first and second year Health Visitor reviews for all children in HCT's care
- The Trust monitors staff capacity daily basis and the escalation plan outlines the actions required in response to reduced capacity or increased demand.
- Confirmation on current staffing levels by banding and skill mix in each locality is in place to enable daily review of capacity.
- All staff working for HCT are trained in the prevention of ill health and maintenance of healthy lifestyles and are expected to deliver this message to patients at every contact where appropriate i.e. smoking cessation, reduction of alcohol consumption, healthy diet/weight and exercise.

5. How is the trust developing a high performing, engaged, and committed workforce?

HCT's approach to developing a high performing, engaged, and committed workforce is detailed in our Workforce and Organisational Development strategy and it includes the following work strands:

Engaging and Involving Staff

- We have continued to refine our range of mechanisms for staff engagement. We have run workshops to involve staff in service changes, held regular Staff Listening Events with our Director of Human Resources and engaged with staff to improve retention, through promoting positive staff stories. Trust information is cascaded through a monthly team brief and staff engagement is also undertaken through Trade Unions at our Joint Negotiation Committee and an equivalent group for medical staff.
- We seek feedback from our staff through our quarterly Pulse surveys, with around 23% of our workforce participating each time to give us their views. We also run the NHS annual staff survey with 58.4% of our workforce responding. The findings from the survey, inform our Business Unit workforce priorities for the coming year.
- Staff achievements are recognised through our newsletters, business unit recognition schemes, applications for national awards and through our own annual Leading Lights Awards and Celebration event. The most recent was held in July 2017.
- We continue to support our staff to feel they could raise concerns; revising our policy, raising the profile of our Freedom to Speak Up (FTSU) Guardian and introducing a new Whistleblowing Helpline run by our Employee Assistance Programme. We are now in the process of supporting the FTSU Guardian with a network of Freedom to Speak Up Ambassadors (staff volunteers).

Staff Health and Wellbeing

- We promote Staff Health and Wellbeing focusing on the priorities of physical activity, muscular skeletal issues and mental health. Working with our extended Staff Health and Wellbeing Network we participated in the national Workplace Challenge, supported staff through our comprehensive Employee Assistance Programme and have introduced a fast track physiotherapy service for staff. We ran our 2017 flu campaign, with 72.65% of our front line staff being vaccinated, which currently puts us in the top 3 Community Trusts in the country.

Recruitment and Retention

- Staff attraction strategy using social media/job boards, attendance at careers fairs, and running advertising campaigns on petrol pumps, at cinemas and in local shopping centres.
- Recruitment training to our managers in fair and effective recruitment practices, including unconscious bias.
- Introduction of the Bank Network, a shared bank to improve access to bank workers.

- 90 Day Improvement Programme to improve the effectiveness of our e-roster system.
- Work to improve staff retention through 'stay' surveys and delivery of our retention action plan, with a particular focus on nursing through our participation in a national improvement programme on nursing retention.

Skills Development

- We built on our training programme in collaboration 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.
- We were above average in our annual staff survey responses in the area of the quality of our non-mandatory training, learning or development scoring 4.17 against a national average of 4.08 (out of a maximum of 5). 92% of our staff completed their mandatory training against a Trust target of 90%.
- We have in place a Clinical Training Programme for our nurses working in Adult Services to provide regular updates on key areas of clinical skills such as catheter care and insulin administration.
- We continued to increase opportunities for apprenticeships and apprentice qualifications.

Leadership Development

- We continued to develop the leadership capability of our clinical leaders, operational and clinical managers, senior managers and board members, through training, induction, action learning sets, secondments, project work, coaching and access to regional leadership programmes.
- We set up the Professional Clinical Leaders Group as a forum to develop strong professional clinical leadership within HCT as a platform for sharing best practice, peer support and networking.
- A competency framework for Bands 7 and 8 staff has been developed and implemented for use in appraisals and routine management conversations. Assessment of the capability of senior managers has commenced using the Heath Care Leadership Model 360 framework.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

HCT's Quality Priorities are not individually linked to the 5 Domains but do cover all elements and are supported by additional work undertaken in the Trust as outlined below:

Domain 1: Preventing people from dying prematurely

- Health promotion advice and prevention of ill health at every contact
- Preventing risky behaviours (CQUIN)
- Management of long term conditions and self-care
- Using National Early Warning System (NEWS) to identify deteriorating patients
- Mortality reviews and learning from patient deaths

Domain 2: Enhancing quality of life for people with long-term conditions

- Home First and responding to urgent referrals to support people in difficulty
- Promoting self-management
- Dementia champions
- Diabetes partnership working
- 'Health for Kids' and 'Health for Teens' websites

Domain 3: Helping people to recover from episodes of ill health or following injury

- Early Supported Discharge
- Discharge Home to Assess
- Cardiac and pulmonary rehabilitation

Domain 4: Ensuring that people have a positive experience of care

- Increasing FFT response rates
- Making changes as a result of patient and carer feedback
- Patient Led Assessment of the Care Environment
- Patient experience surveys
- Purple Star - Learning Disabilities
- Carers Strategy
- Implementation of Individualised Care Plan for the Dying Person

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

- Falls prevention
- Working with care homes to raise awareness of pressure ulcers
- Review and learning from medication incidents
- Management of Health Care Acquired Infections and learning
- Monitoring of Safety Thermometer survey elements to identify hotspots and target work

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

During 2017/18 there were nationally set requirements as well as local priorities. The national requirements measured clinical performance requirements for stroke, heart attack and cardiac arrest patients.

The local priorities

EEAST had three overarching themes; patient safety, clinical effectiveness and patient experience. This was our progress and lessons learned at the time of writing.

Priority 1 – Patient safety

- Infection Prevention and Control – The figures for vehicle deep cleaning the December monthly report show that 76.3% of emergency vehicles and 48.4% of PTS were compliant with the six-week schedule. Part of the poor compliance for emergency vehicles has been put down to the need to service and repair vehicles and staff shortages. For PTS vehicles, there have been staff shortages. To resolve this, we have taken the following actions:
 - Launched a Trust quality improvement project to review vehicle cleaning procedures
 - Set up a regional Task & Finish Group to review interim measures to improve compliance
 - Recruitment for replacement Ambulance Fleet Assistants
 - Improved support from A&E teams to share cleaning facilities.
- Introduction of a Safety Walkabout Audit tool within Patient Transport Services to align it with A&E and emergency operations centres. A comprehensive audit tool encompassing many aspects of both staff and patient safety was developed within the East of England Ambulance Service NHS Trust (EEAST) in 2012-13. It is like many 'Walk the Floor' audits undertaken by directors and senior staff within acute trusts. By introducing this to Patient Transport Services it provides an understanding of the risk and safety issues within this area. It also provides evidence for Care Quality Commission (CQC) and quarterly monitoring information. Staff are routinely asked for their views on how the Trust can improve quality and safety as part of this.

Audits started from January 2018 with the first report due in April 2018 which will provide a benchmark to set an improvement target against for 2018/19.

Priority 2 – Clinical effectiveness

- Our 2016/17 End of Life Care Strategy has been published to look after our sickest patients with long term conditions. We have been able to identify End of Life Care patients within our call handling/triage system. We have implemented Just in Case medication packs and associated guidance and have specific learning modules for staff through our e-Learning application (in association with Health Education England).

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

- Data has been collected to aid recognition of sepsis, and is currently awaiting analysis and publication. The Trust has also completed a bespoke survey for patients who were attended by the service due to a 'sepsis' related '999' call.
- To better recognise and manage acute coronary syndrome patients, data has been collected. It now needs analysing after which a report will be prepared.
- A pilot about Emergency Care Practitioners usage of antimicrobial drugs was undertaken in July 2017. This resulted in extremely low numbers, therefore another audit is due to take place this year to see if further data can be collated to impart more meaningful information.

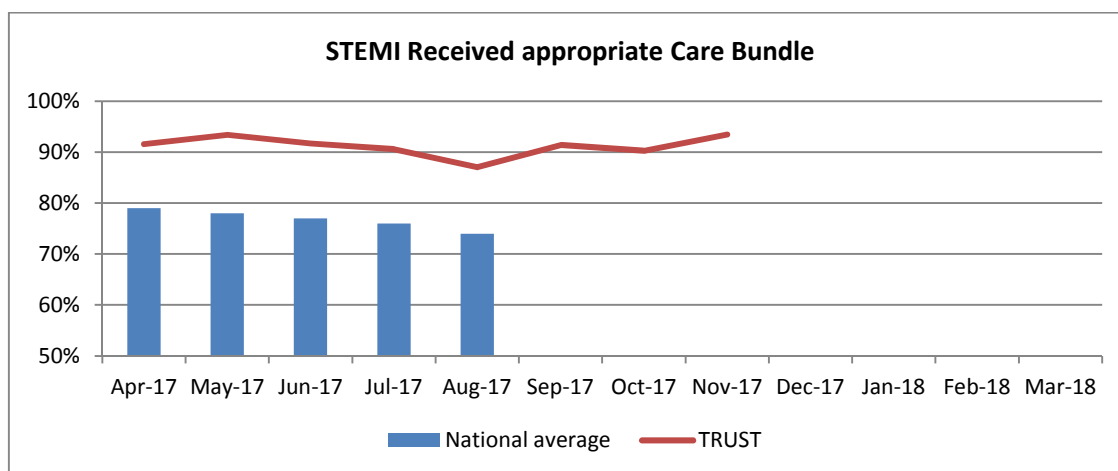
Priority 3 - Patient experience

- As part of our monitoring of implementation of the Dementia Strategy, we carried out a user survey. We had a low return from service users and their families, who later told us that they struggled to find time to give us feedback. In response to this, the Trust is modifying its objectives within the Dementia Strategy to meet service users' needs. This includes the following changes: EEAST will be attending established focus and pop-up groups such as dementia cafes and will take questionnaires for people to complete at the events. They will also attend conferences and local engagement events, including taking a vehicle for users to feedback on patient access and accessibility.

National priorities

Ambulance Clinical Quality Indicators are shown below against national average latest data published

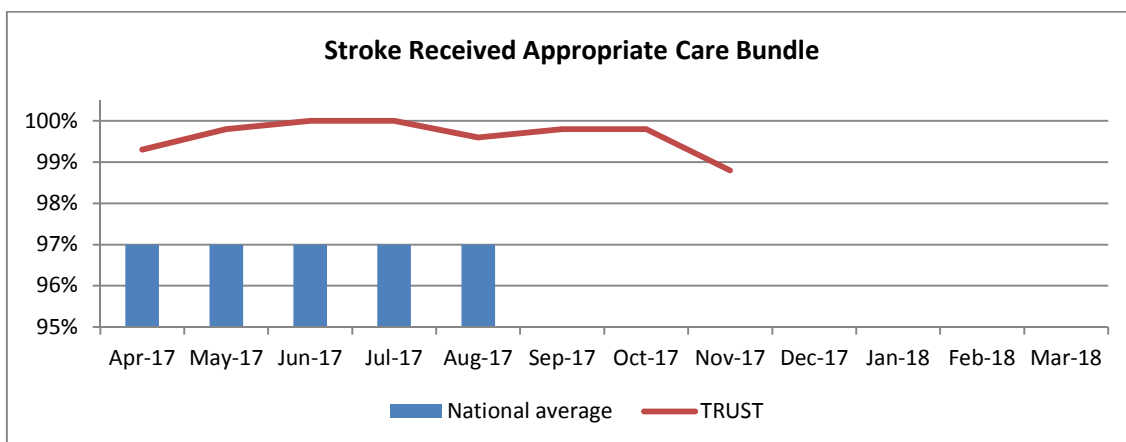
Table 1: The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle



Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Table 2: The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle. Although the Trust's score decreased in November, it is still well above the national average to date.



2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

In 2017/18, the majority of priorities were new topics which the Trust had not previously measured. Results will be used as a benchmark for improvements in 2018/19. With a number of these topics not yet completed outcome data and improvement targets are not yet set and will be released at a later date. These include PTS Safety Walkabout Audits, deep cleaning of vehicles and management of acute coronary syndrome patients.

Sepsis will not be included during 2018/19 as this is being adopted as part of the national Ambulance Clinical Quality Indicators from 1 April 2018. However, work has begun on identifying other possible priority topics for 2018/19 using clinical audit, incidents and patient experience.

3. How will these positively impact on patient experience and outcomes?

To meet the needs of our patients, the Trust recognises it must focus upon building a sustainable and safe organisation.

Audits in 2017/18 will not only improve safety for patients but also lead to experience and outcome improvements for the patients and their representatives.

We will also continue to undertake bespoke patient surveys for particular patient groups such as those experiencing end of life care.

***East of England Ambulance Service Trust
Quality Accounts Review***

4. How are the appropriate approaches to prevention and demand management supported?

Our corporate communications adopts best practice which is to avoid telling people to stop calling 999 when we are already seeing high numbers of calls. It just puts 999 at the centre of people's minds when what we want them to do is prepare, plan and prevent. At the right times we use positive reinforcement of the NHS services available and reiterate that you need to know two numbers for urgent medical help, 999 or 111.

We use patient stories to reinforce the seriousness of emergency calls we go to and on social media we share partner messages in communities. We have community ambassadors who will visit groups and organisations to talk through what happens when you call 999 and how the call is handled. The Hertfordshire health system and other partners are really supportive of this work.

Our longer-term strategy is driving the behavioural change in a generation, so that current children grow up learning how to use NHS services effectively – they also pass on this knowledge to family members.

In the wider strategic scheme of things, recruitment marketing is a big piece of work for EEAST. Vacancies are posted on social media to raise public awareness (there is a potential to reach tens of thousands of people), and marketed through radio broadcasts, interviews, and of course recruitment fairs and community events. The marketing attracts hundreds of applications every year. We are focusing a campaign for Hertfordshire between 19th Feb – 4th March which will include Heart FM adverts and bus advertising. In 2018 we will focus on the outcomes of the Independent Service Review and what numbers of people we will need to recruit to serve the communities going into 2020/21.

5. How is the trust developing a high performing, engaged, and committed workforce?

Since 2014/15, EEAST has had an ambitious recruitment plan which has delivered an increase of over 700 'frontline' staff (table on next page). To mitigate both internal and external staff turnover the Trust has had to recruit and train over 1,500 people to achieve these increases in whole time establishment.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Staff in post wte at year end	Whole Trust	A&E
2013-14	3809.72	2329.93
2014-15	4011.01	2743.92
2015-16	4106.52	2805.75
2016-17	4345.10	2934.00
2017-18 YTD (Dec 17)	4477.41	3037.93

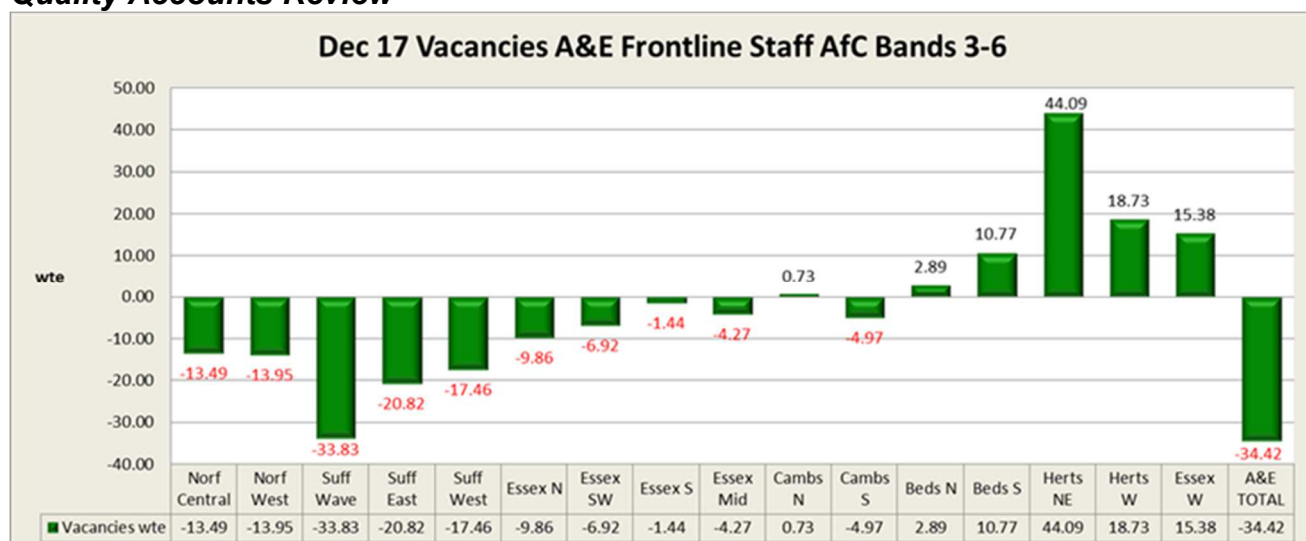
Whilst recruitment is a key focus for the Trust, particularly in hard to fill areas we have worked with our people over the last two years to encourage staff retention and to develop the Trust as an employer of choice in the region and the ambulance sector.

To support this, the Trust has developed a range of People and Culture strategies and initiatives including a Cultural Audit, Leadership Development, Wellbeing and Employee Engagement. This has seen the Trust reduce frontline staff turnover from the 4th highest of all 11 Ambulance Trusts in July 2015 (11.8%) to the 2nd lowest in October 2017 (7.54%). The Trust is pleased that turnover is maintaining a downward trend which will support the ongoing recruitment and training plan over the next three years.

The Trust is currently 'over established' against its budgeted establishment (see the table on the next page). However, these figures mask the fact that the Trust has significantly more staff in some areas (such as Norfolk and Suffolk) that have more staff than budgeted for and high levels of vacancies in other areas (such as Hertfordshire). This is as a result of a range of factors including a national shortage of paramedics, the high cost of living in some of our counties and competition with the bordering London Ambulance Service (where London weighting is applicable). These figures also do not reflect the significant capacity gap that the Trust has put on public record for the last two years. The Trust has now for the first time in its history, working with regulators, secured an independent review of the required staffing levels to deliver safe and effective ambulance services on a sustainable basis and subject to final contract negotiations expect to be in a position to increase the number of frontline staff by a further 350 whole time equivalents over the next three years.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review



This three-year workforce plan will see the Trust recruit and train a further 1,300 people and work is already underway to commence recruitment to these new staffing levels. The Trust recognises that it remains challenging to recruit in hard to fill areas and is delivering a range of activities to address this challenge including:

- Recruitment and retention incentives in hard to fill areas
- School, college and university targeted engagement and recruitment events
- Focussed graduate recruitment campaigns and incentive packages
- New marketing materials and recruitment campaigns to raise awareness of careers in the Trust and benefits of working for EEAST
- Targeted recruitment campaigns utilising, bus stops, bus backs and radio advertising
- Social media recruitment strategy
- Trained over 100 community ambassadors to promote the Trust in hard to reach communities
- Taster days and engagement sessions
- Use of on-line job boards in addition to NHS jobs
- Building capacity in recruitment team
- Recruitment improvement project and safer and resilient recruitment initiatives
- Outsourcing of some volume recruitment
- Purchase of private training provision to frontload 3 year workforce plan
- Working with HEE to agree funding to support a three year workforce plan including liaison with higher education institutes
- Investment in the Trust's training and education infrastructure
- Developing apprenticeships for transition to new clinical career pathway
- Developing advanced and specialist routes to improve recruitment and retention.

The Trust is also pleased that sickness has recorded a downward trend in 2017/18, although work continues to deliver a holistic wellbeing strategy to support staff and reduce absence levels further.

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

6. Which priorities 2018/19 address the 5 domains?

Domain 1 - Preventing people from dying prematurely

Mandatory

- Category A telephone calls (Red 1 and Red 2 calls) ; emergency response within 8 minutes
- Category A telephone calls; ambulance response within 19 minutes
- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 3
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 3

Local

- Recognition of Sepsis – also included in Domain 3
- Recognition and management of Acute Coronary Syndrome patients – also included in Domain 3

Domain 2 - Enhancing quality of life for people with long-term conditions

Local

- Continuation in the implementation of an End of Life Care Strategy
- Monitoring of implementation of Dementia Strategy

Domain 3 - Helping people to recover from episodes of ill health or following injury

Mandatory

- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 1
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 1

Local

- Recognition of Sepsis
- Recognition and management of Acute Coronary Syndrome patients
- ECP Usage of Antimicrobial drugs

Domain 4 - Ensuring people have a positive experience of care

Mandatory

- Staff who would recommend the Trust to their family or friends
- Patients who would recommend the trust to their family or friends

Local

- Patient experience survey – continuous monthly surveys, bespoke patient surveys for both End of Life Care and Dementia patients

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Mandatory

- Patient safety incidents and the percentage that resulted in severe harm or death
- Mortality rate

Item 3a Appendix 8

East of England Ambulance Service Trust Quality Accounts Review

Local

- Infection Prevention and Control – continuing improvements within the vehicle deep cleaning target for all operational areas
- Improvements in results for the Safety Walkabout Audit tool within Patient Transport Services.

RESPONSES TO HSC QUALITY ACCOUNT QUESTIONS

Introduction

The Princess Alexandra Hospital NHS Trust set the 2017/2018 quality priorities following the CQC report and key concerns raised. The subsequent organisational quality improvement plan and the Quality Account have utilised the CQC findings to expedite quality, safety and patient experience indicators. The 2018/2019 quality priorities will be driven by the recent CQC inspection findings, which the Trust is currently awaiting; this should be with the Trust and in the public domain by mid-March.

1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?

In 2017 the outcomes from the Care Quality Commission (CQC) inspection report (October 2016) afforded the Trust with an opportunity to focus on the themes from the inspection report in the Quality Account priorities. Our aim was to progress out of “Special Measures” on our way to achieving a range of quality improvements that reflect the learning from patient and staff feedback as well as emerging themes from incidents and feedback from regulators. Appendix 1 describes the priorities identified in the Trust Quality Account for 2017-18 including an overview of achievements.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

In September 2017 the Trust launched

- **Our vision:** Delivering outstanding healthcare to our local community.
- **Our mission:** Putting quality first will be our approach in everything we do.
- **Our strategy:** Our long term plan is **Your future, our hospital**. To ensure that we do not focus on one thing, or multiple things in isolation, Your future, our hospital is categorised into five key areas of focus; **patients, people, performance, places and pounds (The 5 P's)**. Plans within these five areas have been developed from individual staff pledges, to specialty and team plans, to healthcare group (divisional) and departmental plans that are informing the Trust strategy as a whole.

This inclusive board to ward approach is being used to identify the key priorities for the 2018/19 Quality Account. The Quality Account priorities will also reflect recommendations from the CQC Report of the December 2017 inspection.

Priorities 2018/19:

- i. Reduce the Hospital Standardised Mortality Rate (HSMR) through the introduction of new governance arrangements and continuing the work already started on learning from every death
- ii. Sustain improvements in the identification and treatment of patients with Acute Kidney Injury (AKI) (carrying forward)
- iii. Timely identification and treatment of sepsis in ED and acute inpatient settings including effective antibiotic prescribing and review (carrying forward)
- iv. Continue to enhance the care people receive at end of life while in hospital.
- v. 5P priorities which will include medication safety and mental health pathway management in the acute hospital setting e.g. delirium
- vi. Dependent upon the CQC report recommendations

3. How will these positively impact on patient experience and outcomes?

Each priority will have key performance indicators identified, including improved patient outcomes in line with benchmarked best practice outlined in Getting it Right first time (GIRFT). We will also

The Princess Alexandra Hospital NHS Trust

compare our effectiveness in reducing unwarranted variation with the Lord Carter report recommendations using the Model Hospital data.

4. How are the appropriate approaches to prevention and demand management supported?

The Trust is actively engaged with the Hertfordshire and West Essex STP and participating in a number of clinical and enabling workstreams. Our focus is on system level working and we continue to pursue opportunities to integrate health and social care to benefit service users in an effective and efficient way.

5. How is the trust developing a high performing, engaged, and committed workforce?

The new people strategy will be considered for approval by the board in March 2018 with 'a joy to work at The Princess Alexandra NHS Trust' as the vision, inspired by the White Paper published by Professor Don Berwick. The strategy builds on the foundations the Trust has laid in developing a high performing, engaged and committed staff team of over 3,000 staff through robust people management and development processes at:

- Employee level; appraisals which include personal development plans (achieving over 90% compliance), employer based awards which were run three times during the year, feedback opportunities; the National Staff Survey (steady improvement from the previous year's results including an invitation to present at a national workshop) and our Cultural Barometer survey to identify cultural and behavioural strengths and areas for developments.
- Local team & Health Care Group; Staff Engagement Forums to co design improvement opportunities, including a Trust wide 3 day event attended by over 2,500 staff that focused on celebrating a health service of all the talents. This included staff awards for outstanding contributions, health and wellbeing activities and shaping the new 5 year Trust strategy
- Corporate level; a weekly message from the CEO, weekly staff briefings in the restaurant with the Executive team, weekly in touch publication with a roundup of the week's news and key dates for the following week, buddy wards for board members. New 'Freedom to speak up Guardians' have been appointed as a mechanism for staff to raise and discuss any concerns in confidence. There is also a dedicated electronic line directly to the CEO '(Ask Lance)'.

In addition, the Trust offers a wide range of high quality training opportunities, including Care Certificate course for trainee HCSWs, progression programmes for our Facilities workforce, accredited Leadership & Management Development programmes for aspiring and established leaders and a robust CPD offer. Our 18 month preceptorship programme comprehensively develops our nursing workforce with regards to both clinical and leadership skills. The programme also provides opportunities to undertake career planning and has a future focus.

In 2017 the Trust worked with NHSI on the national retention programme. We are listening to staff and have a wide range of actions to improve staff retention and strengthen the work experience for our staff.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

The NHS already has two-year contracts and improvement priorities set for the period 2017/19. These were based on the NHS Operational Planning and Contracting Guidance 2017-2019 published in September 2016 and reflected in the March 2017 document *Next Steps on the NHS Five Year Forward View*.

The Princess Alexandra Hospital NHS Trust

2018/19 will be a refresh of plans already prepared. This is to enable organisations to continue to work together through STPs to develop system-wide plans that reconcile and explain how providers and commissioners will collaborate to improve services and manage within their collective budgets.

Our energies will remain focused on improving the quality of care for patients and maintaining financial balance, whilst working in partnership to strengthen the sustainability of services for the future.

All 5 domains from the NHS Outcomes Framework are addressed through contract arrangements with commissioners. Our specific quality improvement priorities will be identified in the Quality Account.

Finally, the Trust can also share that some 2018/19 quality priorities will broadly encompass areas which we identified to the CQC as requiring improvement; further indicators will be driven by the CQC inspection report, as explained in the introduction.

- Emergency and Urgent Care access standard and emergency department patient experience
- Medicines management
- Children and Young people's experience, particularly those with chronic/ long term conditions who require transition to adult services.
- Workforce
- Mortality and learning from Every Death

APPENDIX 1 2017-18 Quality Improvement Priorities

Quality Improvement priorities for 2017/18 and a summary of achievements	
1. Safety Culture	
SC 1.1	<p>Getting the basics right: Aim: Compliance with essential safety standards e.g. emergency equipment checks. Achievements: The Trust has developed a standardised approach for all safety checks during 17/18 which has resulted in a significant improvement during the year in our compliance across every clinical area. The equipment checks consists of four distinct separate items to be checked once a day by a qualified member of staff; the emergency resuscitation trolleys, controlled drugs twice per day across inpatient wards, monitoring of drug fridge and difficult airway trolleys located in our critical care unit, labour ward and operating theatres. Ward and department dashboards are in place; with regular monthly audits to monitor compliance. Performance is monitored through the QIP and shows that the practice is now embedded in practice and sustained.</p>
SC 1.2	<p>Improving the identification and treatment of patients with Acute Kidney Injury (AKI) Aim: To build on the progress made in 2016/17 so that early recognition and treatment of AKI is fully embedded across the whole Trust Achievements: Computer system upgraded; real-time alerts now provided to clinicians for patients with AKI. Clinical advice is also provided in relation to monitoring and escalation. All junior doctors and newly qualified nurses have received training. The new ways of working and outcomes have been presented to a range of Forums across the Trust. The percentage of patients whose AKI severity has improved whilst in hospital has quadrupled and the percentage of patients whose AKI severity has worsened has also fallen by 50%.</p>
SC 1.3	<p>Timely identification and treatment of sepsis in ED and acute inpatient settings Antibiotic prescribing and review (National CQUIN). Aim: Early recognition and treatment with improved antibiotic prescribing and review; leading to reduced consumption per 1000 admissions Achievements: The principles of this CQUIN are already embedded in the Trust including revised Sepsis 6 bundle. A Clinical lead has been identified and launched a Sepsis Board which has been instrumental in identifying learning and prioritising next steps for 2018/19. These include Continued antimicrobial ward rounds and restriction of piperacillin/tazobactam and meropenem. Quick reference posters for most common conditions for MDT rooms. Further education for staff regarding antibiotic review and challenge to the prescriber to switch IV antibiotics to Oral. Increased use of green stickers at the point of prescribing, ensuring that they are readily available on the ward. Improvement of documentation; both the medical notes and medication charts to include indication, duration and review dates of prescribed antibiotics.</p>
SC 1.4	<p>Continue to enhance the care people receive at end of life while in hospital. Aim: Provision of an appropriate care plan agreed with the patient and their appropriate next of kin when approaching the end of their life. Early transfer to the patients preferred place of care. Achievements: The Trusts End of Life Vision and Strategy was launched across Trust and Health economy from April 2017 Substantive Palliative Medicine and End of Life Consultant started on 30 October 2017 The Trust provides a consistent 6 day a week Specialist Palliative Care service, including bank holidays; all patients referred to the team are seen no later than 48 hours In May 2017 the end of life and oncology Occupational Therapist post was extended to full time improving response rates for rapidly assessing patient requests to go home. The individualised care plan for the anticipated last days of life was audited in April/May</p>

	<p>2017. The planned launch is scheduled for March 2018.</p> <p>Trust employed a Ceilings of Treatment Senior Nurse Advisor; alongside a multi-professional team from the Trust and local health economy she participated in the National Health Service Improvement (NHSI) End of Life Collaborative. The outcome; implementation of a Treatment Escalation Plan (TEP) which was successfully piloted and rolled out Trust wide. The innovation also won the NHSI End of Life Collaborative “Most Inspiring Trust” Award. In January 2018 we began working with the Anne Robson Trust as pilot site for the Butterfly Volunteers.</p> <p>All discharge coordinators are now trained in the ‘fast track’ process for patients requiring continuing healthcare at the end stage of their life. All patients now have their assessment initiated within 24 hours and a database is in place to monitor.</p>
SC 1.5	<p>To embed a Learning culture</p> <p>Aim: Enhance our ability to learn from a variety of feedback mechanisms. Encourage and support the raising of concerns, celebrate success, identify root causes and demonstrate improvement and solutions.</p> <p>Achievements: The Trust has embedded a number of focused sharing the learning programmes of work this year including implementing a process to support learning from every death, sharing the learning from medication incidents including a pharmacy top tip and daily oversight of all reported near miss or harm incidents. The Trust has continued to collate the learning from a range of review processes and this is shared quarterly in face to face forums with staff and in formal reports to a range of committees including performance reviews with commissioners.</p>
SC 1.6	<p>Embed and sustain Safeguarding processes for children and adults</p> <p>Aim: Training for staff which supports evidence of good practice in terms of compliance with agreed processes</p> <p>Achievements: Improved compliance with training attendance for staff. A variety of approaches have been introduced that are responsive to both the availability of staff and their needs for both adult and children’s safeguarding. In particular we have strengthened the training for staff on Mental Capacity Assessment (MCA); this was supported by securing additional funding from NHS England as on-going support. To ensure that we are learning from all safeguarding alerts received internally and from external partners; each case is scrutinised to identify where changes need to occur and to share the learning throughout the Trust. The Scrutiny review takes place monthly collaboratively with health and social care colleagues working together.</p> <p>Safeguarding children achievements include implementation of a supervision strategy for staff, implementation of the FGM-Reporting Information System and the Child protection Information system.</p>
2. Patient Focus	
PF 2.1	<p>Transforming our care (In and through and out)</p> <p>Aim: Establishing a high performing Frailty Unit, ambulatory care, assessment and short stay.</p> <p>Achievement: The Trust has successfully redesigned the Emergency Department, assessment units and created a short stay ward for adults. Revised pathways of care have been developed and launched in December 2017. There has been variable success with implementing the new ways of working and this is associated with bed occupancy. The newly designed Gibberd ward was opened to facilitate care of patients with DNACPR orders and a Treatment Escalation Plan.</p> <p>A Frailty peer review took place on 17 January 2018; excellent feedback, in particular achievements on John Snow ward including reducing the length of stay from 14 to 7 days.</p>
PF 2.2	<p>Co-design/personalised care</p> <p>Aim: Develop and implement the discharge to assess model</p> <p>Achievement: The Trust now has an integrated discharge team; discharge to assess model successfully implemented. Reduced numbers of patients experiencing Delayed Transfers of Care (DTOC).</p> <p>A focus on early in the day discharges has included continued use of the Red2Green and SAFER Patient Flow Bundle.</p>
3. Our People	

<p>OP 3.1</p>	<p>Recruitment and retention Aim: Develop and improve our ability to recruit and retain staff Achievement: August 2017, introduction of an electronic tracking system to eliminate unnecessary delays in the recruitment process. Worked with NHS Improvement; developed a comprehensive staff retention improvement plan.</p>
<p>OP 3.2</p>	<p>Staff engagement Aim: Having a workforce who are fully absorbed by and enthusiastic about their work and take positive action to further the hospital's reputation and interests. Achievement: The Trust held a week long staff engagement event in September 2017 which culminated in a staff awards event to celebrate those staff nominated for outstanding contribution in relation to living the values. The second annual Water Ball was held and included a celebration of long serving staff. The Trust has appointed an Interim Director of People who is engaging staff in the development of a People Strategy.</p>
<p>OP 3.3</p>	<p>Communication Aim: Achieve good quality, effective and clear communication in the hospital Achievement: In 2017 we established a weekly Executive led staff briefing, held in the hospital restaurant and open to all staff. A weekly communication form the CEO is shared with all staff and this supplements the weekly InTouch bulletin. We have Freedom to Speak Up Champions and staff are encouraged to raise any questions or queries. This can also be done with the CEO through the Ask Lance e mail.</p>
<p>OP 3.4</p>	<p>Fit and proper persons regulations: Aim: Ensures that all Executives and Directors are assessed as of good character; with the necessary qualifications, competence, skills and experience for their role. Ensure compliance with all aspects of the fit and proper persons policy Achievement: The Trust undertook a review of the Fit and Proper Person Test and issued a new policy and process in July 2017. Following the new process being embedded an audit was undertaken on all relevant files to ensure compliance. Annual Declarations were also completed for eligible staff in July 2017.</p>
<p>OP 3.5</p>	<p>CQC preparation Aim: Ensure Trust is regulation ready where the focus is beyond getting out of special measures with a clear understanding (plan) for what it takes to achieve 'good' or 'outstanding'. Achievement: Quality Improvement Plan (QIP) was reviewed and updated every month throughout the year. Progress and challenges were monitored and scrutinised internally through the Trust Quality and Safety Committee and local health group review meetings. External oversight was provided through Commissioners Performance Review meetings and on a monthly basis at the Special Measures Oversight Committee, chaired by NHSI and including representatives from all health, social care partners, commissioners, regulators and patient/public champions. CQC inspection took place in December 2017, report is due February 2018.</p>
<p>4. Governance and Risk management</p>	
<p>G& RM 4.1</p>	<p>Medical engagement and MDT working Aim: Strengthening capability and competence, strengthening team working, ensuring underlying root causes are understood. Achievements: A medical engagement survey tool was used to identify the level of engagement and areas of excellence and concern. The findings were better than anticipated but a programme of work followed to improve matters. There were 3 workshops: one with doctors, one with managers and nurses and the third with all groups. This resulted in key themes requiring more focus and these were absorbed into various initiatives initially under the banner of Quality 1st and then the 5Ps. In addition an Organisation Development programme has started with the medical leaders, a weekly senior team meeting with the Chief Medical Officer and a monthly clinical leads meeting. MDT working has been led by the Quality 1st triumvirate of a senior nurse, manager and doctor. The triumvirate model has been reinforced within the Health Care Groups and is now being replicated at the ward and service levels. There will be a repeat of the engagement tool later in the year.</p>

<p>G&RM 4.2</p>	<p>Risk management Aim: Robust risk identification and management; ability to forecast, evaluate in order to avoid or minimise impact or risk Achievement: Introduction of a Risk Management Group - The Trust introduced a new Risk Management Group (RMG) to address the reported disconnect in the management of risk between ward and Board. The RMG is chaired by the Chief Medical Officer. This is providing greater visibility, challenge and oversight of risks across the Trust and there has been good challenge and engagement in the process by all health groups. Implemented RiskAssure, risk management software - The new Risk Management package for Risk Registers has improved risk visibility. The software also provides the facility for interdependent risks to be linked. Training was provided to staff and risks were migrated to the system and this is now embedded across the Trust. A variety of communication methods have been used to further disseminate risk information; face to face sessions and Trust InTouch weekly communication with staff. Training on risk management was provided for members of the Risk Management Group to enable the team to begin the job of review and risk escalation as described within the Trusts Strategy. Overview of the Risk Management process was also provided to the Executive Management Board with a summary of the top five organisational risks. Risk registers are now on the intranet with significant risks uploaded on a monthly basis and advertised via InTouch weekly. A regular Risk Nugget section for In Touch magazine was introduced in September 2017. To date, 15 nuggets have been published. The Trust has a Board Assurance Framework (BAF) which provides a mechanism for the Board to monitor strategic risks, controls and the effectiveness of the assurance processes. Each risk on the BAF has an executive lead and a designated Committee. The risks are reviewed by the Executive leads on a monthly basis and are also presented to the relevant Committees and the Trust Board every other month.</p>
<p>5. Infrastructure</p>	
<p>Inf 5.1</p>	<p>Strategic Estates issues Aim: Agree strategic intention and develop plans to ensure sustainability and service viability, development of Strategic Outline Case for new hospital Achievement: SOC submitted in 2017, awaiting feedback. Excellent progress has been made on the development of an STP Estates Strategy to support the SOC.</p>
<p>Inf 5.2</p>	<p>Operational estate issues Aim: Estates and Facilities review of risks Achievement: In June 2017 the Trust reviewed the critical infrastructure risks for Estates and Facilities. As a result of this the capital programme was realigned to address the red rated risks across 4 functional areas with an investment of £7.5 million. The Trust has a fully refurbished ED, a new paediatric ED, 2 new maternity theatres, and a new orthopaedic surgical unit. The Trust also addressed critical infrastructure requirements in relation to refurbishment of public areas and essential repairs to electrical and ventilation systems. The 2018/19 capital plan will continue to address the critical estates infrastructure risks within the limited financial resource.</p>
<p>Inf 5.3</p>	<p>IT Infrastructure Aim: Full review of our IT needs, capability and capacity Achievement: The Trust commissioned an external review by PWC of the IT business case. The Trust Board participated in a workshop focused on the Digital Roadmap. A review of the electronic patient record (Cambio) was completed. The Trust also upgraded core network components including the Trust secure WiFi and deployed guest/patient. Electronic Prescription and Medication Administration was implemented in Outpatients, Maternity service and adult critical care with all other areas going live in 2018. In relation to Emergency services the Trust now has a real-time performance dashboard and is compliant with the real-time Emergency Care Data Set standards (ECDS) since December 2017.</p>

Item 3a – Appendix 10

ABBREVIATION	IN FULL
Integrated Care System / ICOs	Seek to integrate services across the NHS and social care
BAF	The Board Assurance Framework is a mechanism to monitor strategic risks, controls and the effectiveness of the assurance processes.
CAMHS	Child and Adolescent Mental Health Services
CATT	Crisis Assessment and Treatment Teams are community based teams
CPA	Care Plan Approach a plan of services for a patients needs
CQC	Care Quality Commission (website)
CQUIN	Commissioning for Quality and Innovation
DToC	Delayed Transfers of Care
ECP	Emergency Care Provider
ED	The Emergency Department also known as A&E
EEAST	East of England Ambulance Service Trust (website)
EIP	Early intervention Psychosis
ENHCCG	East & North CCG (website)
ENHT	East & North Herts NHS Trust (website)
FEP	First Episode Psychosis
FFT	Friends and Family Test
HCT	Hertfordshire Community NHS Trust (website)
HPFT	Hertfordshire Partnership University NHS Foundation Trust (website)
HSMR	Hospital Standardised Mortality Ratio is a national measure which all acute trusts must report on to NHS England
HVCCG	Herts Valleys CCG (website)
HWH	Healthwatch Hertfordshire is an organisation who represents the patient voice in Herts. (website)
IAPT	Improving Access to Psychological Therapies is the treatment of adult anxiety and depression
ICT	Integrated Community Teams.
LD	Learning Disability
MVCC	Mount Vernon Cancer Centre, run by ENHT
NHSI	NHS Improvement is responsible for overseeing all NHS trusts. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health (website)
NICE	The National Institute for Health and Care Excellence (website)
PACE	Practice Audit and Clinical Effectiveness
PAH	Princess Alexandra Hospital (Harlow). (website)
PALS	The Patient Advice and Liaison Service is run by all NHS providers to address complaints and concerns
PROM	A Patient Reported Outcome assesses the quality of

	care delivered to NHS patients from the patient perspective
PTS	The Patient Transport Service is non-emergency patient transport.
QIPP	Quality, Innovation, Productivity and Prevention.
SOC	Strategic Outline Case
SHMI	The Summary Hospital-level Mortality Indicator is a national standard that acute trusts must report to NHS England on.
Special Measures	Following a CQC inspection if a health organisation is deemed to be providing inadequate care it is placed in special measures.
STP	Strategic Transformation Partnership. (<u>Healthier Future</u>)
TEP	The Treatment Escalation Plan is used in End of Life Care to 'fast track' patients requiring continuing healthcare.
WHHT	West Herts Hospital Trust (<u>website</u>)
YCYF	Your Care Your Future is a strategy for west Herts with HCC. (<u>website</u>)

Our Quality Account



What is a Quality Account?

- A Quality Account is a report about the quality of services offered by an NHS healthcare provider.
- The Department of Health requires every NHS healthcare provider to produce an annual Quality Account and to make this report available to members of the public via NHS Choices as outlined in the Health Act 2009.



*Proud to
care for you*



Writing a Quality Account provides the opportunity for HCT to:

- assess the quality of the care we give
- demonstrate what we have done well
- acknowledge where improvement is needed
- show how we have gathered and responded to feedback from patients and the public about the services we provide
- involve external agencies, including our commissioners, Healthwatch and Health Scrutiny Committees, in scrutinising our report

What does a Quality Account contain?

- In the Health Act 2009, the Department of Health set out a framework for all healthcare providers to follow when producing their Quality Accounts.
- HCT follows this framework in setting out its Quality Account in three parts:
- Part 1: CEO and Board Statements
- Part 2: Quality Priorities for the next year and mandatory statements regarding performance
- Part 3: Summary of the previous years' progress against Quality Priorities, achievements and service improvements, lessons learned and actions taken



*Proud to
care for you*



How is the Health Scrutiny Committee important in the scrutiny of HCT's Quality Account?

External scrutiny from the Health Scrutiny Committee, Clinical Commissioning Groups and Healthwatch provides HCT with:

- assurance around the accuracy of our Quality Account
- challenge where content is believed to be incorrect or an unbalanced view has been presented
- constructive comment to support effective working going forward



NHS Outcomes Framework: The Five Domains

Domain 1: Preventing people from dying prematurely

- For example: Mortality reviews and learning from patient deaths / preventing risky behaviours / using National Early Warning System (NEWS) to identify deteriorating patients

Domain 2: Enhancing quality of life for people with long-term conditions

- For example: HomeFirst / promoting self-management / dementia champions / diabetes partnership working / 'Health for Kids' and 'Health for Teens' websites

Domain 3: Helping people to recover from episodes of ill health or following injury

- For example: Early Supported Discharge / Discharge to Assess / cardiac and pulmonary rehabilitation



*Proud to
care for you*



Domain 4: Ensuring that people have a positive experience of care

- For example: Increasing FFT response rates / making changes as a result of feedback / PLACE / patient experience surveys / Purple Star - Learning Disabilities / Carer's Strategy

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

- For example: falls prevention / working with care homes to raise awareness of pressure ulcers / review and learning from medication incidents / management of HCAIs / monitoring of Safety Thermometer survey elements



*Proud to
care for you*

