

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*