NHS
Hertfordshire Community
NHS Trust

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 to 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 though 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 adverting 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