

Appendix A

Quality Accounts 2013/14

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Who we are

The North West London Hospitals NHS Trust (NWLHT) manages Northwick Park Hospital and St Mark's Hospital in Harrow and Central Middlesex Hospital in Brent.

We care for more than half a million people living in Brent and Harrow, as well as patients from all over the country and internationally at St Mark's, our specialist hospital for colorectal diseases. This makes us one of the biggest and busiest NHS Trusts in the capital.

We employ approximately 5,000 doctors, nurses, therapists, scientists and other health professionals, as well as administrative and support staff, making us one of the largest employers locally.

We are a major centre for undergraduate and postgraduate education – teaching many nurses, doctors and other health professionals each year. Our principal partners are Imperial College London, Bucks New University and Thames Valley University.

For more information visit www.nwlh.nhs.uk

Vision

Our vision is to deliver safe and high quality care for the people of Brent, Harrow and beyond.

To achieve this vision, we will work in partnership with our local GPs and other key health and social care partners to develop:

- Northwick Park Hospital as a hub for major acute services
- Central Middlesex Hospital as a centre of excellence for local hospital services
- St Mark's Hospital as an internationally renowned centre for specialist care

We will also provide facilities for education and research.

Values

At The North West London Hospitals NHS Trust we have adopted values to ensure all our patients are cared for with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

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Our promise:

- to treat you with dignity and respect
- to provide high quality care. If we don't, we will listen and act on your feedback so we can learn and do better next time
- to show compassion by finding the time to listen and talk and do the small things that matter so much to you
- to be consistent and reliable and do what we say we will
- to work with your carers and family, and our colleagues so that we put your needs first
- to communicate effectively, keep you fully informed, and explain if something has not happened
- to help improve your health and wellbeing by ensuring excellence in care and professionalism.

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Part one
Chief Executive's statement

To be completed

David McVittie
Chief Executive

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Quality narrative

Safeguarding

Safeguarding leads have strengthened collaborative working during the year with the local borough Safeguarding Boards and relevant subgroups in both Brent and Harrow.

The Trust has both a Safeguarding Children and a Safeguarding Adult Board and key work streams are progressed collaboratively to help ensure all staff 'Think Family'. Key policies are in place and strategies have been developed to continue to improve the care for our vulnerable patients including those with dementia and learning disabilities

Training has continued to be a priority during the year. All staff receive training on safeguarding children and adults on induction and through regular updates delivered via a number of methods. Training compliance is increasing year on year although remains a challenge because of the increasing clinical staff resource required to meet the expanding bed capacity within the Trust.

Section 11, SAAF audits and CQC inspections have provided valuable feedback to strengthen the identification of those at risk, support improved information sharing and collaborative working to ensure appropriate referral and care is provided by the all agencies involved. Action plans are being implemented for all areas for improvement.

Additional posts have been created to help meet the vulnerable adults increasing patient demand. This has included support from a Link nurse for learning disability on secondment from CNWL and in addition separate dementia and vulnerable adult posts have been created.

Maternity

Due to a number of factors, maternity services in London face particular challenges. As one of the most diverse cities in the world, it has experienced a rapidly-growing population, with ever-increasing births, often by women who are high risk due to their multiple health conditions. The North West London sector is facing various challenges and opportunities as part of the planned reconfiguration of maternity services under the implementation of Shaping a healthier future. Organisations are working together to manage a safe transition of services for the women, their partners and staff. NWLH aspire to be the maternity unit where women and their families will have positive maternity care experience; we want to be the local maternity of choice for everyone, including local community, GPs, and commissioners because of the high quality of care that we provide over and above national standards.

Achievements in 2013/14

- greater compliance with providing 1:1 care in labour
- increasing consultant cover on the maternity ward
- midwife to birth ratio
- perinatal mental health services
- puerperal infection
- serious incidents

- UNICEF baby friendly status stage 3

Consultant cover on the labour ward

There has been investment in year to support an increase in consultant hours presence on the labour from 72 hours to 108 hours, the Trust will continue to work towards the national standard of 168 hours. The Trust is compliant with the RCOG recommendation of 98 hours for maternity unit of 4,000 to 5,000 births as it is predicted that there will be a birth rate of less than 5,000 at the end of this financial year 2013/2014. The obstetricians have also embraced new ways of working by initiating a resident on-call consultant obstetrician during four nights of the week, the other three nights covered by an off-site consultant obstetrician, this is additional support to the out of hours medical and midwifery team.

One-to-one care in labour

There have been significant improvements in the numbers of mothers that are receiving 1:1 care in labour from a recorded 81.5% in 2012 to 96% in 2013. The Trust is currently working on improving internal data reporting mechanisms to demonstrate 100% one-to-one care in labour.

Midwife to birth ratio

The midwifery establishment was increased from 184 WTE to 192 WTE (addition of 8 midwives). This has improved the birth to midwife ratio from an average of 1:28 to 1:24 which is above national recommendation of 1:28 and birth rate plus recommendation of 1:25. The Trust is in the process of commissioning another birth rate plus to review the level of our women's acuity against midwifery staffing requirement.

Serious incidents

Staff at the Trust are good at reporting serious incidents, monitoring trends, sharing learnings and feeding back to staff. Some serious incident cases are sent for external review for second opinions and triangulation of findings. All serious incidents are closed in a more timely fashion with detailed SI report submitted to NHS England.

Puerperal sepsis

The Trust's average of puerperal sepsis is lower than the national average of 0.3%. The Trust's wound infection rates have reduced from 1% to 0.7%. But, the rate was still slightly higher than the national average of 0.6%. An action plan is in place to continue to monitor and reduce puerperal infection rates.

UNICEF Baby Friendly level 3

We are delighted to have achieved stage 3 of the UNICEF baby friendly status in December 2013.

Perinatal mental health service

In addition, we have recently commissioned a new perinatal mental health services with coombe wood as part of our strategies for safeguarding mothers and babies with complex social need.

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Areas of continual challenge

High C section rate

The Trusts C section rate had exceeded 30%. Higher than average rate of high-risk, complex pregnancies in a combination with the population mix (Harrow and Brent have the highest population diversity index in the country with the lowest percentage of white British – 9%) a comprehensive action plan has been agreed with and is monitored by commissioners, with the aim of reducing the rate.

National maternity survey results 2013

The Trust results were very disappointing and as a result an action plan was agreed by the Trust Board in March 2014. Monthly surveys as well as other feedback methods will be used to inform actions and monitoring of performance which will be supported by the maternity women’s group.

Priority 1 – Urgent and Emergency Care pathway (National Quality Dashboard Domain – Recovering from ill health or injury)

<u>Quality Priority</u>	<u>How we will measure success</u>
<p><i>(this is a suggested sample – please add or amend etc)</i></p> <p>Active participation within the Urgent Care Network Board to work with Commissioners, Urgent Care Centre providers, London Ambulance service and neighbouring Trust clinical representatives</p> <p>Continue plan to increase bed capacity</p> <p>Continue plan to increase and improve theatre capacity and utilisation</p>	<p><i>(this is a suggested sample – please add or amend etc)</i></p> <p>Sustained performance against the A&E hour target for A&E</p> <p>Reduction in number of urgent (non-elective) admissions</p> <p>Reduction in the number of avoidable readmissions</p>

**Priority 2 – Improve Patient Satisfaction and engagement
(National Quality Dashboard domain – Patient Experience)**

<u>Quality Priority</u>	<u>How we will measure success</u>
<p><i>(this is a suggested sample – please add or amend etc)</i></p> <p>Reinvigorate the Trust’s Patient Experience committee in liaison with Ealing Hospital with an updated Patient Experience Strategy and implementation of a framework to drive measurable improvements and accountability</p> <p>Increase the involvement of our patients in the co-design of our services</p> <p>Particularly improve the experience of our elderly patient and those patients with dementia</p> <p>Strengthen the mechanisms for real time feedback from patients and service users, including the Friends and Family test, enabling services to react more quickly in making improvements</p> <p>Improve the capacity and capability across the organisation to respond complaints in an appropriate and timely way.</p>	<p><i>(this is a suggested sample – please add or amend etc)</i></p> <p>Improved national survey results</p> <p>Reduction in complaints</p> <p>Improved complaints response times</p> <p>Develop a performance framework which includes regular monitoring of the NHS Quality dashboard indicators</p> <p>Patient inclusion on service transformation and change initiatives</p>

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Part two

Priorities for improvement

In this part of our quality report we review our performance against our key quality priorities for 2013/14. We also provide key data relating to our performance and outline our priorities for improvement in 2014/15.

The Trust Board agreed the following corporate objectives for 2013/14:

Improving our focus on safety and quality

- we will work with our patients to ensure that the Trust complies with the recommendations made by the Francis Inquiry into the events at Mid Staffordshire NHS Foundation Trust
- we will continue to ensure the safety and wellbeing of all patients in our care.

Improving patient experience, satisfaction and engagement

- we will work with all our stakeholders to develop a culture of openness, caring and compassion
- we will complete our programme to improve our estate, in particular the operating theatres and emergency department, as well as improving the infrastructure on the Northwick Park and St Mark's site
- we will actively involve patients and carers in all aspects of care and service delivery, and act on their feedback.

Develop, support and value our workforce

- we will become the employer of choice for healthcare staff
- we will ensure our values are understood and embedded.

Ensure financial sustainability

- we will deliver a financial strategy that supports our merger with Ealing Hospital NHS Trust, but does not undermine our focus on patient safety.

Plan for our future

- we will continue with our commitment to merging with Ealing Hospital NHS Trust and create a new integrated NHS organisation providing care across our hospitals and the community
- we will support implementation of *Shaping a healthier future* to enable better standards of care for our patients.

These together with feedback from partners informed our priorities for 2013/14 we set three key quality improvement objectives. These were:

Priority one: continued development and improvement of the patient journey and experience through accident and emergency patient pathway

This included improvement activity related to:

- admission avoidance
- community bed base
- delayed transfers of care
- demand management
- discharge support
- GP access
- urgent care centre expansion.

Priority two: improved patient experience

This included improvement activity related to:

- embedding *Compassion in Practice* (DH 2012), which articulates our six fundamental values: care, compassion, competence, communication, courage and commitment, underpinned by six areas of action to support professionals and care staff in delivering excellent care
- exploration of better ways of communicating with our patients, their carers and relatives, using information screens and boards, improved technology and bedside devices
- review and re-launching of customer care training programme
- roll out of nursing comfort rounds
- work with local community services, mental health teams and voluntary organisations to support the pathway for patients with dementia.

Priority three: measures to reduce harm

This included improvement activity related to:

- safety thermometer measures
 - harm from falls
 - infection from urinary catheters
 - patients having VTE risk assessment and appropriate prophylaxis
 - pressure ulcer prevalence
 - proportion of patients treated clinically for a new VTE
 - proportion of patients with harm free care.

Over the next few pages we outline how we performed against these objectives.

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Priority one: continued development and improvement of the patient journey and experience through accident and emergency patient pathway

This included improvement activity related to:

Admission avoidance

Over winter the short term assessment rehabilitation and reablement service (STARRs) team extended their hours from 8.30pm to 10.30pm. Based in the emergency department at Northwick Park, the team were able to enhance and improve the patient pathway and reduce the number of patients that had to be admitted to hospital.

This also reduced the inpatient length of stay as the team were able to bridge the social service gap or provide medical intervention at home and took the patients home, that would normally have spent an additional two or three days in hospital. Overall the scheme avoided approximately 8-12 admissions per day.

To further develop care pathways to enable patients to avoid admission to hospital wherever clinically appropriate there is a plan to extend the STARRS service into the ambulatory care unit.

Ambulatory care

The ambulatory care unit has expanded its care pathways to treat more patients on the day they come into hospital and allow them to return home. This also allows GPs to refer more patients directly to the unit to avoid additional pressure on the emergency department or an admission to hospital.

The unit was shown to see 50-60 patients per week with a steady increase in winter to 130-150 patients. In April 2014 a clinical matron will lead the nursing team on the unit and develop new nursing roles. The medical team are already establishing new care pathways to further expand the service.

Demand management

The established emergency department staffing has been increased to support the winter pressure surges. The short stay unit has recently undergone a review and change in model to provide a service that can support the higher acuity of the patients presenting to the emergency pathway.

Over winter the number of hospital beds was increased and working in partnership with Ealing Hospital NHS Trust we delivered more community beds to support patients out of an acute hospital.

As a result of admission avoidance and demand management our emergency department performance improved and fewer patients waiting over four hours to be seen, treated and discharged or admitted to hospital.

Patient experience

Patient experience across the emergency pathways is monitored and a recent survey of ambulatory care attendees demonstrated high levels of patient satisfaction from those using this service. In the emergency department the provision of food and beverages, particularly out of hours has been addressed and innovative ways to capture patients experience using the Friends and Family test have been introduced.

The '100 voices' survey is regularly conducted with patients, where they are asked for positive and negative feedback and one area for improvement.

As a result of listening to patient feedback the 'my name is...' campaign will be introduced in April 2014 to highlight the importance of positively communicating with patients, relatives or carers. Staff are expected to introduce themselves, initiating dialogue and enabling good communication and decision making.

24 hour opening of surgical assessment unit (SAU)

Introduced in October 2013, this scheme has reduced the time that patients waited over four hours for a specialist referral by 90%. Once agreed patients who have a surgical condition are transferred to the unit and rapidly assessed by a specialist team and admitted or discharged appropriately.

Urgent care centre expansion

The urgent care centre at Northwick Park has increased the number of patients seen and extended its workforce to maintain access to the service. The emergency department work in close partnership with the urgent care centre and both services regularly support one another. The urgent care centre will be relocated as part of the new emergency department where patients will benefit from a modern and more comfortable environment.

New emergency department

The new department will incorporate 40 individual bays, to allow patients greater privacy, and waiting areas will be improved as part of the state-of-the-art design. The location of the new department will be closer to other emergency services, such as acute assessment, intensive treatment units, operating theatres and wards which will support a more timely transfer of care for patients who require investigation and or admission.

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GP access

The urgent care centre facilitates access to care provided by GPs and specialist nurses. The service is accessible to all and continues to see approximately 200-250 patients per day, which helps to relieve pressure on specialist emergency services.

Community bed base

One of the main reasons that patients are delayed in hospital emergency departments is a lack of bed capacity. To help address this issue, the Trust has worked closely with colleagues in local community services and nursing homes to extend the health economy bed base in the community by approximately 70 beds.

Patients that do not require an acute hospital bed, they are transferred to appropriate community bed with excellent facilities to meet their needs, in the right setting of care.

Delayed transfers of care

The Urgent Care Network Board agreed that the delayed transfers of care (DTOC) seen in the acute trust last summer were unacceptable. In order to improve the flow of patients through the urgent care pathway it was agreed that extra bed capacity would be required in the acute, community and social care. The intention was to bridge the gap for the winter and inspire working as a flexible whole health economy across the pathway.

The Board members agreed to no more than 10 DTOCs at any time and an escalation process where all parts of the system agree to work to maintain their own delays to a minimum. DTOCs were running at 20 to 37 individuals, accounting for between 128 to 208 bed days lost per week.

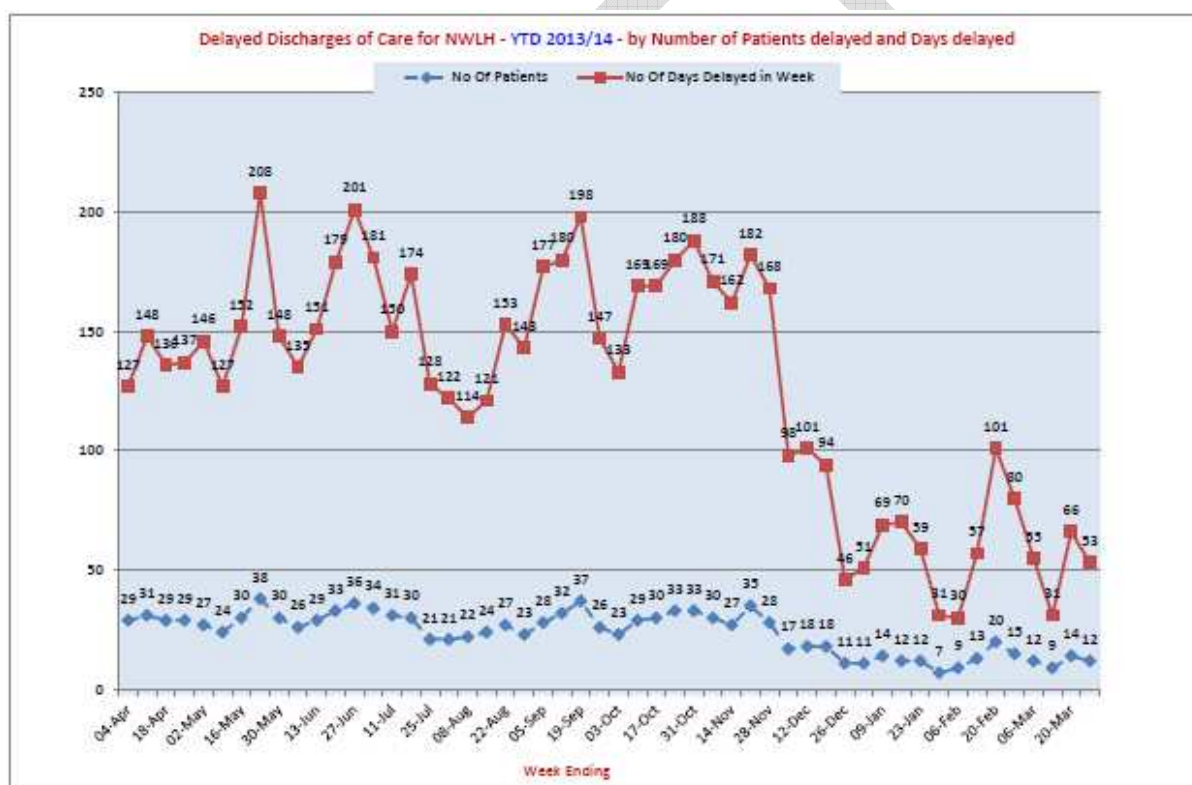
Following agreement at the Board, all partners committed to prioritising DTOCs and flexible working to transfer patients who were medically fit for discharge. A daily escalation process was put in place to identify where the organisation responsible for the next action was causing a delay. This ensured that each organisation was responsible for fewer than four individuals.

In July / August the nursing element to the winter pressure beds project was set up after discussions and agreement between the Trust and both Brent and Harrow CCGs. The aim of

the project was to relieve the pressure from the acute beds and improve patient flow from the emergency department.

This was achieved by discharging patients on the wards that did not require an acute hospital bed and creating capacity for patients that required admission. The project was proved to be financially effective when considering the cost of the project against the inpatient costs that would have been incurred had the patients occupied an acute bed.

Performance improved significantly as shown by the chart below:



Factors in successful reduction of DTOC's

- additional community bed capacity
- dedicated team for step down beds with liaison role to ensure identification of patients, and facilitating the transfers
- dedicated team to manage the nursing home beds ensuring the right level of care is provided, and managing the discharges from the NH bed
- discharge co-ordinators in Willesden with therapy teams, and liaison workers from social care and housing is in
- escalation process at a high level across the whole system which was agreed by all UCB participants

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- flexibility accepting patients in Mount Vernon and nursing home beds regardless of the CCG
- flexibility of criteria for community beds
- Willesden accepted Harrow patients and DTOC's

Discharge support

Discharge support and reducing the number of patients that need to return to hospital remains a priority. We have improved transport arrangements and work effectively with a discharge planning lounge, to meet the needs of the patient and a thorough handover is completed between the hospital and community care providers.

Priority two: improved patient experience

Review and re-launching of customer care training programme

The customer care programme was reviewed during the early part of 2013/14 when educational material called 'Good Attitude' was introduced. 'Good Attitude' uses role play and videos to support learning of how good care and communication looks and feels like, versus poor care and communication and the effects each have on a patient or their family/ carers feel. This programme was used by individuals and team to improve our customer care.

The programme is under a further review to reflect new national policies including: Compassion in Practice (DH 2012), Francis Report (2013), Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report Keogh (2013); A promise to learn– a commitment to act: Improving the Safety of Patients in England: Berwick (2013).

The director of nursing and director of HR are responsible for the workstream focussing on embedding a culture of care and compassion. This will be done through leadership programmes, gap analysis of current training provision, staff development and a re-launch of appraisal and recruiting for values.

The Trust is also working with Macmillan Cancer services to deliver sage and thyme training to promote resilience and resourcefulness. Another programme is planned to deliver the Macmillan Values Based Standard" which has demonstrated improved patient experience through eight key behaviours.

During the year the Trust engaged in a national campaign provided by McKinsey Hospital Institute (MHI) in association with the Disney Institute. The project identified was transforming patient experience in the breast unit. As part of the process the two Trusts were part of a learning group allocated to work with Derby NHS Trust and UCLH Trust who have similar patient experience projects. The programme was structured on building leadership, influencing and improving skills at the frontline to improve the patient experience.

Roll out of nursing comfort rounds

Comfort rounds, also known as intentional rounding have been in place at the Trust for over four years, however a review was undertaken this year to ensure they remain effective.

The comfort rounds involve a regular set of checks of individual patients carried out by health professionals at set intervals, rather than as a response to a call bell.

The review demonstrated varied compliance with the rounds and a good practice model has been identified at Ealing Hospital NHS Trust, which link the checks to patient assessments such as those undertaken for falls and nutrition. A project group has been established to implement this system in May 2014 and underpinned by training, competence assessment, guidelines and audit.

Embedding *Compassion in Practice* (DH 2012), which articulates our six fundamental values

In preparation for the merger with Ealing Hospitals NHS Trust a new nursing and midwifery strategy, 'joint strategy for compassion, quality and safety in practice 2013-16' has been developed. Six workstreams, led by senior nurses and midwives have been identified and include frontline staff who have volunteered to support the implementation of these priorities.

An action plan has been developed in response to care, compassion, competence, communication, courage and commitment and monitoring framework has been established to map progress against key milestones across all hospital services.

Exploring of better ways of communicating with our patients, their carers and relatives

During the year new patient experience boards were mounted in all ward areas to promote open and informative patient and user feedback. Information TV screens have also been installed in some outpatient areas to deliver key Trust messages. This will be improved upon in 2014/15 with the implementation of quality boards on all wards informing patients and their families of the wards performance against key indicators.

The Trust selected a company to provide an electronic real-time patient survey system in early 2014 which will facilitate a responsive approach to patient's feedback. There are a number of kiosks also situated in the outpatient areas to ensure we capture patients views of the service. The '100 voices programme' was held Trust wide in October 2013. This programme aimed to find out what patients and staff thought of their experience at our hospitals and achieved responses from 705 staff members and 360 patient surveys, which helped us to improve patient care.

The report was shared with the divisional management teams for local action and key themes were identified at corporate level.

Work with local community services, mental health teams and voluntary organisations to support the pathway for patients with dementia

Dementia is a life limiting illness with diagnosis leading to increasing dependence and vulnerability. Approximately 800,000 people in the UK currently suffer from dementia, with one third of those being over the age of 95 years.

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The Trust has a well-established internal Safeguarding Adults Board which includes all external agencies to support collaborative working. These meetings take place quarterly and dementia, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act are regular agenda items.

The multidisciplinary team have implemented a dementia bundle which has provided a structure to help ensure staff assess patient needs more accurately. The Mini Mental Evaluation Score has alerted General Practitioners and the Psychiatric Liaison Team to the patient's possible need to attend a memory clinic.

The team have also been proactive in supporting GPs to complete dementia passports for individual patients. The passports help staff and carers in their knowledge and ability to support people early in their diagnosis and to identify and assess their cognitive impairment. The Trust will continue to roll out dementia passports.

Community partnerships have been set up to support carers in the community. Psychiatric consultants have been employed to support patients whilst in hospital and work alongside external partnerships to deliver services in patient's own home.

The Trust has strengthened collaborative working with the NHS London dementia steering group; training has increased and is incorporated with the Safeguarding Adults training programme throughout the Trust. During the year an e-learning module with an emphasis on the Mental Capacity Act, DoLS) and dementia has been introduced. Training compliance has increased from 66% to 78% in year with plans to increase further in 2014/15.

The Trust has recently appointed a matron for dementia and she will work closely with the learning disabilities nurse as learning disability patients are known to suffer from dementia like symptoms earlier than able bodied patients.

The Trust has secured funding from the hospitals League of Friends for a dementia sensory room, which will be provided on an acute elderly medical ward. It has been shown in studies that these sensory rooms calm and bring patients 'back to self' effectively, which aids effective and rapid recovery.

A dementia strategy has been developed and will be approved in April 2014 to ensure that the Trust is working towards being dementia friendly. Our overall aim is to improve care and experiences for those with dementia and their carers across the following four domains:

- raising awareness, changing attitudes
- providing care and support for patients and their carers
- ensuring the right environment for care
- having the right pathways for treatment and care

Priority three: measures to reduce harm

The Trust has continued to monitor outcomes and learning to improve patient care and develop measures to reduce harm to patients. Using the national safety thermometer as a monitoring tool the Trust set a target to meet 95% for harm free care for hospital acquired harm for 2013/14. The Trust has reported an improvement to reach 98% harm free care at the end of the year.

Table 1 harm free care

Month	Apr-13	May-13	Jun-13	Jul-14	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	
Pressure Ulcers New	9	6	4	3	3	5	3	6	1	5	4	6	
Falls	8	12	5	7	3	8	2	3	2	3	5	10	
UTI/Catheter New	9	3	2	6	3	4	4	4	0	3	4	2	
VTE	1	11	12	4	7	3	4	2	5	2	9	6	Harm Free Care 2013/14
No Pats Surveyed	790	862	774	772	715	757	759	780	755	773	777	818	9332
Total Harms	27	32	23	20	16	20	13	15	8	13	22	24	233
Percentage of Harm free Care	97%	96%	97%	97%	98%	97%	98%	98%	99%	98%	97%	97%	98%

Reducing harm from hospital acquired pressure ulcers

The Trust has continued to reduce the number of hospital acquired pressure ulcers at all grades by developing an incident reporting and root cause analysis process to identify barriers to maintaining harm free care. As a result the Trust has reduced the number of hospital acquired pressure ulcers from a baseline of 0.80% at end of year 2012/13 to 0.59% at end of 2013/14.

This represents a reduction in harm from hospital acquired pressure ulcers of 26.25% from 2012/13 to 2013/14 and is 53% below the national reported figure for hospital acquired pressure ulcers through safety thermometer of 1.11% for end of year 2013/14.

Reducing harm from falls

The Trust continues to use a falls care bundle to identify patients at risk of falling and employ

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strategies to reduce the risk of patient harm from falling. Using the safety thermometer to monitor harm from falls the Trust reported a percentage of 0.73% harm from falls through for 2013/14 which is lower than the national reporting data of 2.05%.

Reducing harm from catheter associated UTI

Using a catheter insertion care bundle the Trust monitors the number of patients where a new catheter has been inserted and the infection control team in discussion with the clinical teams ensures clinical appropriateness for insertion. The number of catheter associated UTIs are monitored through the safety thermometer and ward managers, matrons and heads of nursing review the outcomes.

The Trust has reported an improvement in reduction of harm across the year reaching a baseline of 0.47% for end of 2013/14. This compares with the national data reported through safety thermometer of 0.56%.

Reducing the incidence of new VTE

The Trust continues to monitor hospital acquired VTE and employ processes to review and learn from incidences of hospital acquired VTE. A review of processes within the Trust has identified that this will be a focus for improvement in the next financial year.

The Trust is reporting an incidence of 0.71% of harm from new VTE at end of 2013/14 which is slightly higher than the national percentage of 0.70%

Priorities for improvement 2014 / 2015

The performance of the Trust against national access targets is not at an acceptable level for A&E waiting times, cancelled operations and the 18 week referral to treatment targets.

We are working with our local commissioning GPs to ensure that we have the right capacity of beds and theatre sessions to deliver the patient care that we need to, in a timely manner to meet and exceed the national targets.

A key focus for the Trust and the local health economy is to build additional capacity and provide more resource at the Northwick Park site which fulfils the needs of the patients. The first steps have been delivered this year with 80 additional beds across the Trust and community sites along with three additional theatres.

Next year we plan to provide further additional beds for acute medical patients at Northwick Park Hospital, increase theatre recovery space and utilize the additional three theatres. In addition we will work with our commissioners to move appropriate patients into community services as part of the strategy to provide an increase in out of hospital care.

The Trust currently meets the national standards for cancer targets but we recognise that there is more than can be done. To achieve this we intend to look at the current pathways between primary and secondary care to ensure the safe and seamless transfer of care as timely as possible. Our focus will be on the more complex pathways that involve multiple care providers.

We continue to make progress in embedding quality improvement in the culture of the organisation. Discussions about quality are an integral part of the Trust Board and committee structure at all levels of the organisation.

To support this we continue to hear a patient's story at the start of many Board meetings. This allows our Board members to hear first-hand from patients about their experiences of using our services.

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We have taken into account feedback from our healthcare partners, as well as local commissioning for quality and innovation (CQUIN) priorities and national and regional requirements.

To ensure we are listening to our patients and external stakeholders, we invited interested groups to discuss with us what they wanted the Trust to concentrate on as key priorities for the following year as well as aligning with national quality dashboard domains.

We have, therefore, identified the following as our key quality priorities, as we believe they significantly contribute to safety, clinical effectiveness and patient experience for 2014/15 and beyond:

Priority one - continued development and improvement of the patient journey and experience through accident and emergency patient pathway

To be completed

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Priority two: improved patient experience

- reinvigorate the Trust's patient experience committee in liaison with Ealing Hospital NHS Trust with an updated patient experience strategy and implementation of a framework to drive measurable improvements and accountability
- develop a new customer care programme to reflect current national initiatives which can also flexibly meet the needs of different services
- increase the involvement of our patients in the co-design of our services, especially as part of the merger integration programme and impact of the changes outlined in the Shaping a healthier future initiative
- strengthen the mechanisms for real time feedback from patients and service users, including the Friends and Family test, enabling services to react more quickly in making improvements
- improve the capacity and capability across the organisation to respond to complaints in an appropriate and timely way

How we will measure success

- improved national and local survey results
- Trust patient experience strategy and performance framework which reflects the Trust Development Authority guidance when published
- a positively evaluated customer care programme and evidence of changes within services which have resulted in improvements in local survey results
- evidence of patient representation on service transformation and change initiatives
- improved Friends and Family test results
- improved complaints response times, evidence of learning to improve services resulting in a reduction of complaints

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Priority 3: measures to reduce harm

- continue to recognising the early deterioration of patients, ensure appropriate escalation, treatment and care
- continued reduction in the rate of all grades of hospital acquired pressure ulcers
- continued reduction of harm from falls
- ensuring patient risk status is identified on admission e.g. vulnerability, safeguarding, dementia
- ensure safe levels of nursing care on all wards
- introduce a new trust wide system for the identification of possible avoidable deaths, to inform clinical practice and improve the patient's quality of care

How we will measure success

Through monitoring standards for the early awareness of deteriorating patients to include:

- timeliness and accuracy of observations and appropriate escalation. This will be measured via a monthly audit
- monitoring of hospital acquired pressure ulcers through the national safety thermometer. Performance to be in line with or below the national benchmark
- use of the falls care bundle and monitoring through the national safety thermometer. Performance to be in line or below the national benchmark
- development of a standing operating procedure (SOP) and implement an electronic alert system by the year end. Audit to evidence compliance with SOP and results in line with CQUIN target
- monthly safer staffing monthly report to monitor planned versus actual staffing, to inform escalation policy and actions to ensure safe staffing
- development of a staffing tool to incorporate a FRAILITY assessment and quality measures to support safe staffing assessment to improve quality and reduce harm as per measures outlined above

- establishment of system and processes to include: initial screening, panel and divisional review reporting to the Trust wide hospital mortality surveillance committee
- outcomes will be a reduction in avoidable deaths through identification and implementation of appropriate changes in clinical practice

Statements of assurance

During 2013/14 The North West London Hospital Trust provided and / or subcontracted four services for adults and children

- accident and emergency
- admitted patient care for planned and emergency treatment
- critical care
- non-admitted patient care

These services covered the following specialities:

- accident and emergency
- anaesthetics (op only)
- anticoagulant service
- audiological medicine
- audiology
- breast surgery
- cardiology
- clinical genetics
- clinical haematology
- clinical oncology (previously radiotherapy)
- colorectal surgery
- community paediatrics
- critical care medicine
- dermatology
- diabetic medicine
- dietetics
- endocrinology

Appendix A

- ENT
- gastroenterology
- general medicine
- general surgery
- genito-urinary medicine
- geriatric medicine
- gynaecology
- infectious diseases
- maxillofacial surgery
- medical oncology
- midwife episode
- neonatology
- nephrology
- obstetrics
- occupational therapy
- ophthalmology
- orthodontics
- paediatric audiological medicine
- paediatric cardiology
- paediatric clinical immunology and allergy
- paediatric diabetic medicine
- paediatric ear nose and throat
- paediatric endocrinology
- paediatric gastroenterology
- paediatric gastrointestinal surgery
- paediatric infectious diseases
- paediatric maxillofacial surgery
- paediatric medical oncology
- paediatric nephrology
- paediatric neuro-disability
- paediatric neurology
- paediatric ophthalmology
- paediatric respiratory medicine
- paediatric rheumatology
- paediatric surgery
- paediatric trauma and orthopaedics
- paediatric urology
- paediatrics
- pain management
- palliative medicine
- physiotherapy
- psychotherapy
- respiratory medicine
- restorative dentistry

- rheumatology
- speech and language therapy
- trauma and orthopaedics
- urology
- vascular surgery

The Trust reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by NHS services reviewed in 2013/14 represents **100%** of the total income generated from the provision of NHS services by the Trust for 2013/14.

Participation in clinical audit and national confidential enquiries

During 2013/14 North West London Hospital NHS Trust took part in **41** Quality Account audits and **28** national clinical audits which were applicable to its services.

The tables below indicate those national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2013/14.

In addition these tables describe, where known or applicable, the number of cases submitted to each audit or enquiry, as a percentage of the number of registered cases required by the terms of the audit or enquiry.

No	Quality Accounts 2013/2014 41 applicable to Trust	Trust eligibility	Trust participation	Case ascertainment (%)
1	acute coronary syndrome or acute myocardial infarction	n	✓	
2	adult cardiac surgery audit	X	N/A	
3	adult community acquired pneumonia [removed from the national list]	N/A	N/A	
4	adult critical care (case mix programme)	n	X [local work in progress]	
5	bowel cancer	n	✓	
6	bronchiectasis	n	✓	
7	cardiac arrhythmia	n	✓	
8	chronic kidney disease in primary care	X	N/A	
9	chronic obstructive pulmonary disease	n	✓ [due to commence]	
10	congenital heart disease (paediatric cardiac surgery) [N/A]	X	N/A	
11	coronary angioplasty	n	✓	
12	diabetes (adult) ND(A), includes national diabetes inpatient audit (NADIA)	n	✓	
13	diabetes (paediatric)	n	✓	
14	elective surgery (national PROMs programme)	n	✓	

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No	Quality Accounts 2013/2014 41 applicable to Trust	Trust eligibility	Trust participation	Case ascertainment (%)
15	emergency use of oxygen	n	✓	
16	epilepsy 12 audit (childhood epilepsy)	n	✓	
17	falls and fragility fractures audit programme, includes national hip fracture database	n	✓	
18	head and neck oncology	n	✓	
19	heart failure	n	✓	
20	inflammatory bowel disease	n	✓	
21	lung cancer	n	✓	
22	moderate or severe asthma in children (care provided in emergency departments)	n	✓	
23	national audit of dementia audit [action plan]	n	✓	N/A
24	national audit of schizophrenia	X	N/A	
25	national audit of seizure management (NASH)	n	✓	100%
26	national cardiac arrest audit	n	✓	
27	national comparative audit of blood transfusion	n	✓	
28	national emergency laparotomy audit	n	✓	
29	national joint registry	n	✓	
30	national vascular registry, including CIA and elements of NVD	n	✓	
31	neonatal intensive and special care	n	✓	
32	non-invasive ventilation - adults [removed from the national list]	N/A	N/A	
33	oesophago-gastric cancer	n	✓	
34	ophthalmology	n	✓	
35	paediatric asthma	n	✓	
36	paediatric intensive care	n	N/A	
37	paracetamol overdose (care provided in emergency departments)	n	✓	
38	prescribing observatory for mental health (POMH- UK) (prescribing in mental health services)	X	N/A	
39	prostate cancer	n	✓	
40	pulmonary hypertension	X	N/A	
41	renal replacement therapy (renal registry)	X	N/A	
42	rheumatoid and early inflammatory arthritis	n	✓	
43	sentinel stroke national audit programme (SSNAP), includes SINAP	n	✓	
44	severe sepsis and septic shock	n	✓	
45	severe trauma (trauma audit and research network)	n	✓	
46	Specialist rehabilitation for patients with complex needs	n	✓	
47	national review of asthma deaths	n	✓	

No	Quality Accounts 2013/2014 41 applicable to Trust	Trust eligibility	Trust participation	Case ascertainment (%)
48	child health programme	n	✓	
49	maternal, infant and new-born clinical outcome review programme	n	✓	
50	medical and surgical programme: national confidential enquiry into patient outcome and death	n	✓	
51	mental health programme: national confidential Inquiry into suicide and homicide for people with mental illness (NCISH)	X	N/A	

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No	National clinical audits 2013/2014	Trust eligibility	Trust participation	Case ascertainment (%)
1	breast cancer audit (screening centre)	n	✓	
2	BCCOM audit (breast cancer)	n	✓	
3	BAUS prostatectomy operation	n	✓	
4	BAUS cystectomy operation	n	✓	
5	BAUS nephrectomy operation	n	✓	
6	BAUS PCNL	n	✓	
7	BAUS stent register	n	✓	
8	colposcopy	n	✓	
9	SOPHID (survey of prevalent HIV infection)	n	✓	
10	GUMAMM - audit patient access to GUM clinics	n	✓	
11	joint BASHH BHIVA 2013 national audit of HIV partner notification	n	✓	
12	orthodontic temporary anchorage device (comply with NICE guidance) British Orthodontic Society	n	✓	
13	NHSP new born hearing screening programme	n	✓	
14	sino-nasal outcomes	n	✓	
15	SNOT- 22 (PROM)	n	✓	
16	NAP 5 (national audit project) awareness under anaesthesia	n	✓	
17	national audit of cardiac rehabilitation (NACR)	n	✓	
18	national audit of intermediate care	n	✓	
19	clinical genetics testing pick-up rates - this is part of the dashboard for the commissioners	n	✓	
20	clinical genetics outcome measures / wait times / dashboard	n	✓	
21	potential donor	n	✓	
22	BAUS penile curvature surgery	X	N/A	
23	BAUS penal prosthesis	X	N/A	
24	BAUS urethroplasty	X	N/A	
25	mid-urethral tapes for SUI in women (2012) BAUS upper tract TCC audit BAUS	n	X	
26	upper tract TCC audit BAUS	n	X	
27	ureteroscopic stone surgery BAUS	n	X	
28	national care of the dying audit (Royal College of Physicians) NCDHAH round 4 [exclude NoK data]	n	✓	
29	national audit of reporting turnaround times in radiology	n	TBC	
30	national audit of standards for the provision of paediatric radiology 2013	n	TBC	

No	Quality Accounts 2013/2014 Two applicable to Trust NCAPOP	Trust eligibility	Trust participation	Case ascertainment (%)
1	children's head injury project [awaiting national report]	n	✓	11 cases
2	heavy menstrual bleeding [re-audit of organisational data]	n	✓	form submitted

No	Confidential enquiries report	Trust eligibility	Trust participation	Case ascertainment (%)
1	alcoholic liver disease [report only]	n	✓	Trust reviewing report
2	tracheostomy - ward organisational questionnaire	n	✓	
3	GI bleed	n	✓	

National clinical audit	actions to improve quality of care

Services across the Trust also have a local clinical audit programme and the Trust intends:

Local clinical audit	Actions to improve quality of care

Appendix A

Participation in clinical research

The 2013/14, 2346 patients recruited from Trust services to participate in approved research. This exceeded the proposed target of 2015 participants (February data 2014). The Trust supported; 84 non-commercials, 29 commercial and 21 non NIHR (National Institute for Health Research) portfolio studies. This an increase on the previous year and the numbers of commercial studies has increased dramatically.

The research and development (R&D) governance team now meet weekly to review commercial and NIHR studies to ascertain their progress through the R&D approval process and there ongoing delivery. The introduction of this new management system has allowed the team to be proactive in dealing with key issues, thus enabling to hit our target of approving studies within the NIHR 30 day metric target. To date 48 studies have been approved within 30 days resulting in 100% score as opposed to last year when the Trust had only 59% of studies meeting this timeline.

In line with the rapid setup of studies in the first quarter of 2013/14 saw six studies achieve their first patient within 30 days of NHS permission. The Trust has been successful in recruiting the first global patient for a large international commercially sponsored stroke trial and has also been the highest global recruiting site for a NIHR non-commercial cardiology study. The R&D department has established a patient research forum that supports clinicians with research proposals and helping inform the local patient population about research. The forum meets six times a year and has developed supporting information, guidance to inform patients about research.

Feedback received from investigators/researchers has been extremely positive and this has been deemed a valuable asset to the Trust's research strategy. The R&D website incorporates a public and patient section to enable a user friendly introduction to understanding clinical research.

The Trust has developed an extensive programme of lunchtime training modules for all staff and patient forum members to gain knowledge and experience of the different aspects of clinical research, ranging from ethical submissions to Safety reporting. These modules are provided in addition to the existing Trust good clinical practice courses to maximise learning opportunities and quality research.

Further, the Trust also supports national training programmes linked to pharmacists to become qualified persons (QP), thus far five pharmacists have passed their QP exams.

The R&D department operates an intellectual property committee to identify and manage IP generation, revenue sharing and exploitation of Trust born innovations in collaboration with Imperial Innovations. This supports the Government's policy for Health Wealth and Innovation.

Use of CQUIN payment framework

A proportion of North West London Hospitals income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and North West London commissioning Support Unit and service commissioners with whom we entered into a contract, agreement or arrangement through the commissioning for quality and innovation (CQUIN) payment framework.

Further details of the agreed goals for 2013/14 and the following 12 month period are available at

Link tbc

Our CQUIN payment framework for 2013/14 was agreed as shown in the table below.

CQUIN priorities 2013/14	Objective rationale
Awaiting Q4 data	

Appendix A

Care Quality Commission (CQC)

The North West London Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant.

The CQC have taken no enforcement action against North West London Hospitals NHS Trust during 2013/14.

During the period April 2013 – March 2014 the Trust has had four CQC inspections and was also inspected as part of the CQC's Integrated Inspection of Safeguarding and Looked After Children's Services for the Borough of Harrow.

Northwick Park Hospital

- Findings of the Integrated Inspection of Safeguarding and Looked After Children's Services for the Borough of Harrow

Safeguarding inspection outcome	aggregated inspection finding
overall effectiveness of the safeguarding services	adequate
capacity for Improvement	adequate
the contribution of health agencies to keeping children and young people safe	adequate
Looked after children inspection outcome	aggregated inspection finding
overall effectiveness of services for looked after children and young people	adequate
capacity for improvement of the council and its partners	good
being healthy	inadequate

The full report can be accessed at:

<http://www.cqc.org.uk/sites/default/files/media/reports/20120824%20NHS%20Harrow%20CQC%20Final%20Report.pdf>

- Summary of report of inspection carried out on 9 May 2013 during an inspection in response to concerns

This inspection focused on accident and emergency, older people, maternity and children's wards. The CQC inspectors spent time on Fielding ward, Jack's Place, Florence ward, Edith ward and emergency department. During their visit inspectors spent time talking with patients and observing their experience of using the service at Northwick Park Hospital. The CQC inspection team was supported by an external specialist advisor and an expert by experience.

During the course of the day they spoke with 21 patients and two of their relatives. They tracked eight patients to look at their experience of the care and support that they received. They also spoke with 22 staff from various disciplines.

Patients the CQC spoke with were satisfied with the care they received. Their comments included

- "I am not happy being here in hospital, but they treat me well"
- "I have no problems, I am very happy with all staff"
- "The midwives are lovely and very kind"
- "The doctors are amazing I would recommend the hospital to others"
- "I feel safe here"

The CQC noted that staff worked hard to uphold the dignity and promote the privacy of patients. Patients told the CQC that they had given their consent for the treatment they had received following an explanation from doctors and nurses.

The CQC inspectors found that 'do not attempt resuscitation' (DNAR) notices were not always completed appropriately.

Inspectors also noted there was enough qualified, skilled and experienced staff to meet people's needs.

Based on this inspection Northwick Park Hospital was found to be non-compliant with Regulation 18 of the HSCA 2008 – consent to care and treatment. This was deemed a moderate non-compliance and the Trust was required to take immediate action and also submit an improvement action plan by June 2013.

The Trust complied with its requirements. The full report can be accessed at:

http://www.cqc.org.uk/sites/default/files/media/reports/RV820_Northwick_Park_Hospital_INS1-530787095_Responsive_-_Concerning_Info_19-06-2013.pdf

- Summary of report of inspection carried out on 17 September 2013 during an inspection to make sure that the improvements required had been made

The CQC undertook this inspection to check that the Trust had complied with a compliance action from a previous inspection of the service carried out in May 2013.

They visited five wards and to spoke with the director of governance, deputy head of nursing, three senior staff nurses, four nurses, two consultants and seven doctors. We checked the records of twenty patients.

This was done to make a judgement as to whether the Trust was meeting regulation 18 HSCA 2008 (regulated activities) regulations 2010 (outcome 2 - consent to care and treatment).

From the interviews with staff and documented evidence provided, the CQC we found that the Trust had responded appropriately and complied with the compliance action made.

The full report can be accessed at:

Appendix A

[http://www.cqc.org.uk/sites/default/files/media/reports/RV820_Northwick_Park_Hospital_INS1-793952322_Responsive - Follow Up 15-10-2013.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/RV820_Northwick_Park_Hospital_INS1-793952322_Responsive_-_Follow_Up_15-10-2013.pdf)

Central Middlesex Hospital

- Summary of report of inspection carried out on 28 January 2014 during a routine inspection

The inspection took place on 28 January 2014 and in carrying this inspection the CQC looked at the personal care or treatment records of people using our services, they observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. They talked with people using the services and with carers and / or family members.

In addition they spoke with staff and reviewed information requested and provided past inspection.

The inspection team was led by a compliance inspector who was joined by three other compliance inspectors and a compliance manager. They inspected the Roundwood suite which consisted of four general inpatient wards and two other general medical wards (Gladstone 3 and 4). The accident and emergency department was also inspected.

The inspecting team spoke with eighteen patients, four visitors, eight nurses, two doctors, five healthcare assistants, two physiotherapists, a domestic manager, a ward domestic cleaner, four catering staff, a receptionist and a senior clinical nurse practitioner.

Patients told the CQC that they had generally been kept well informed and fully involved in decisions about their care and treatment. Patients were asked for their consent prior to receiving treatment. Patients and records confirmed patients' needs were assessed, and their treatment planned and reviewed. People received treatment and advice from a variety of health and social care professionals. Patients chose what they wanted to eat and were generally satisfied with the food and spoke positively about the cleanliness of the environment. Staff were aware of infection control procedures.

Patients generally knew who to talk to if they had any complaints. Staff received appropriate training and staff numbers and skills mix met people's varied needs. Staff had a good understanding of the varied needs of patients. Records we examined were accurate and fit for purpose.

The Trust was judged to be meeting all the standards inspected for compliance. The full report can be accessed at:

http://www.cqc.org.uk/sites/default/files/media/reports/RV831_Central_Middlesex_Hospital_INS1-641923485_Scheduled_15-02-2014.pdf

St. Mark's Hospital

- Summary of report of inspection carried out on 14 March 2013 during a routine inspection

The CQC inspection team comprised two compliance inspectors who inspected the diagnostic procedures and screening unit, focusing on the pathway of day-case patients from admission to their discharge. In addition they inspected Frederick Salmon ward.

Patients told the CQC that they received the information they needed and had been fully involved in decisions about their care and treatment. They were positive about the staff that had supported them, and discussed receiving treatment and advice from a variety of health and social care professionals.

Patients also told the CQC they felt safe and knew who to talk to if they had any worries or concerns.

The CQC report that, on inspection, staff numbers and skill mix met people's varied needs. Staff knew their roles and responsibilities in meeting the needs of patients, and they had a good understanding of their needs.

Areas inspected were clean and the inspectors saw that staff were aware of infection control procedures which meant the risk of spreading infections was minimized.

The inspectors noted that people were asked for their consent in relation to their care and treatment. However, it was not evident that a patient had consented not to be resuscitated. Records were stored securely and up to date.

Based on this inspection the St Mark's hospital was found to be non-compliant with regulation 18 of the HSCA 2008 – consent to care and treatment. This was deemed a moderate non-compliance and the Trust was required to take immediate action and also submit an improvement action plan by 30 April 2013.

The full report can be accessed at:

http://www.cqc.org.uk/sites/default/files/media/reports/RV8_North_West_London_Hospitals_NHS_Trust_RV8M2_St_Marks_Hospital_20130418.pdf

- Summary of report of inspection carried out on 27 June 2013 during an inspection to make sure that the improvements required had been made

The CQC carried out this unannounced inspection to check if the Trust had complied with a compliance action from a previous inspection of the service carried out in March 2013.

They spoke with the director of governance, modern matron, three nurses and five doctors.

Appendix A

Inspectors checked the records of four patients. This was done to make a judgement as to whether the Trust was meeting regulation 18 HSCA 2008 (regulated activities) regulations 2010 (outcome 2 - consent to care and treatment).

From the interviews with staff and documented evidence provided, inspectors found that the Trust had responded appropriately and complied with the compliance action made.

The full report can be accessed at:

http://www.cqc.org.uk/sites/default/files/media/reports/RV8M2_St_Marks_Hospital_INS1-815015271_Responsive_-_Follow_Up_23-07-2013.pdf

Inspection took place Feb 2014 – to be completed once published

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Data quality

North West London Hospitals submitted records during 2012/13 to the Secondary uses Service (SuS) for inclusion in the Hospital Episode statistics.

The percentage of records in the published data which included the patient's valid NHS number was:

- **xx.x** % for admitted patient care
- **xx.x** % for outpatient care
- **xx.x** % for accident and emergency care

The percentage which included the patient's valid GP registration code was:

- **xx.x** % for admitted patient care
- **xx.x** % for out-patient care
- **xx.x** % for accident and emergency care

The figures above are taken directly from the Secondary uses Service (SUS) data quality dashboard provider view, which is based on provisional **xxxx to xxxx data at the month xx inclusion date.**

Improvement plan

Narrative on any improvement actions as applicable

Appendix A

Information governance toolkit attainment levels

Information governance is the process that ensures we have the necessary safeguards in place for the use of patient and personal information, as directed by the Department of Health and set out in national standards.

The Trust's information governance assessment report score overall for 2013/14 was **XX** and graded **XXXXX**

Improvement plan

Narrative on any improvement actions as applicable

DRAFT

Payment by results clinical coding audit

Clinical coding is the process by which medical terminology written by clinicians to describe a patient's diagnosis, treatment and management is translated into standard, recognised codes in a computer system. It is important to note that the clinical coding error rate refers to the accuracy of this process of translation and does not mean that the patient's diagnosis or treatment was incorrect in the medical record. Furthermore, where the clinical coding has been termed "incorrect" this most commonly means that a condition or treatment was not coded as specifically as it could have been, and not that there was an error.

North West London Hospitals NHS Trust was subject to a payment by results clinical coding audit during the reported period 2013/14 by **XXX**.

The error rates reported in the latest published audit for that period for diagnoses and treatment (clinical coding) coding were:

- **XX%** primary procedures coded incorrectly
- **XX%** secondary procedures coded incorrectly

- **XX%** primary diagnoses coded incorrectly
- **XX%** secondary diagnoses coded incorrectly

The results should not be extrapolated further than the actual sample. Services audited were:

- **XXXXXXXX**
- **XXXXXXXX**

Improvement plan

Insert data and improvement actions

Appendix A

Part three: review of quality performance

*****The data should be presented with the percentage/ proportion/ score/ rate/ number shown for at least two reporting periods please***

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
The value and banding of the summary hospital-level mortality indicator ('SHMI')	NWLHT SHIMI Apr -13 Dec-13	NWLHT SHIMI Apr-13 Dec-13	Peer Group Apr -13 Dec-13 72		
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	57 0.80	Risk Adjusted 74			

Outcomes framework domain:

- 1: preventing people from dying prematurely
- 2: enhancing quality of life for people with long-term conditions

The North West London Hospitals NHS Trust considers that this data is as described for the following reasons:

The Trust reviews the top five reasons for death and has developed best practice in the use of care bundles for conditions which contribute to mortality rates. This has led to the reduction in mortality rates over a four year period for COPD, Community Acquired Pneumonia, and Heart Failure.

Whilst the aim of the SHMI is to assess whether the mortality rate at an individual Trust is within the expected range, after taking into account the risk profile of patients served by that Trust. It can only be seen as a generic indicator of a Trust's overall mortality rate.

The ratio for observed deaths against a calculation of the number of deaths that might reasonably be deemed as 'expected' does not take into full account the population and case-mix served by the Trust. Within the SHMI category for abdominal hernia, the number of expected deaths is therefore low and includes a number of high risk patients.

The 11 x cited patients were all emergency procedures and of the patients indicated 10 had complex abdominal procedures, including a hernia repair. One patient had had no surgical intervention and was therefore miscoded. Further audit has demonstrated that the 10 patients all had complex co morbidity and died post operatively as a consequence of multi organ failure / sepsis.

The North West London Hospitals NHS Trust intends to take the following actions to improve this rating, and so the quality of its services:

- urgent review of coding and HES / ONS data
- review of the reporting of unexpected deaths through divisional governance structure

The Focus for the Trust this year will be to build on this success by developing the organisational review of mortality rates to improve patient outcomes. This will strengthen the process of review already carried out in Divisions and take an overview of lessons learnt to inform and assure the board of best practice

The Trust will continue to develop innovative ways of improving patient outcomes using the new review system as a conduit for change.

Appendix A

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Patient reported outcome measures scores for					
(i) groin hernia surgery	insufficient data				
(ii) varicose vein surgery	negative				
(iii) hip replacement surgery	positive				
(iv) Knee replacement surgery	not an outlier				

Outcomes framework domain:

3. helping people to recover from episodes of ill health or following injury

The North West London Hospitals NHS Trust considers that this data is as described for the following reasons:

- in 2013/14 Darzi Fellow employed to pilot work with patients over 75 who had four or more readmissions
- patients received comprehensive geriatric assessment, care planning and community follow-up
- telephone hand over to GPs undertaken post discharge
- significant reduction in readmissions found in small pilot cohort of patients.

The North West London Hospitals NHS Trust intends to take the following actions to improve this rating, and so the quality of its services, by focusing on

- NH anticipatory care planning (21% patients) – project in place
- community respiratory support in discussion with commissioners
- whole system integrated care with increased community support

PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.

Positive scores for hip replacement surgery and knee replacement surgery recorded as not an outlier. The insufficient data returns for groin hernia repairs will need to investigate with key actions to improve satisfaction with varicose vein surgery. This will include greater use of Central Middlesex Hospital and streamlined patient pathways.

Appendix A

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Percentage of readmissions within 28 days of being discharged from a hospital i) 0 to 14 ii) 15 or Over					

Outcomes framework domain:

3. helping people to recover from episodes of ill health or following injury

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Trust's responsiveness to the personal needs of its patients					

Outcomes framework domain:

4: ensuring that people have a positive experience of care

Appendix A

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)	92%		95%		

Outcomes framework domain:

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

The North West London Hospitals NHS Trust has developed an action plan to improve this rating, and so the quality of its service by reviewing:

- process for capturing assessment data to make it easier to complete.
- availability of assessment data to clinical staff to identify performance issues
- process for reporting performance with regard to meeting the national target.
- communication strategy for root cause analysis
- patient information

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over	6.061 cases per 100,000 bed days. Source PHE Mandatory Surveillance Sept 2014	End of 2013/14, Trust reported a total of 21 cases against a target of no more than 26 cases	South East England = 11.942 cases per 100,000 bed days		

Outcomes framework domain:

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

The North West London Hospitals NHS Trust intends to take the following actions to improve this rating, and so the quality of its services

- Trust has been performing below the national and regional average case per 100,000 bed days since April 2011
- currently on trajectory to meet end of year position of no more than 26 cases. At the end of Quarter 3, the Trust had reported a total of 18 cases
- Trust annual Infection control work plan includes control measures to minimise risk of *clostridium difficile* infection
- control measures include, prudent prescribing and antibiotic stewardship, antibiotic ward round conducted by consultant microbiologist

Appendix A

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Number and, where available, rate of patient safety incidents reported within the trust	8242				
Number and percentage of such patient safety incidents that resulted in severe harm or death	Closed incidents counted 18 severe harm 7 death				

Outcomes framework domain:

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

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Friends and Family Test Question Number 12d (Staff) 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'	63	65	64	N/A	N/A

Outcomes framework domain:

4: ensuring that people have a positive experience of care

The North West London Hospitals NHS Trust intends to take the following actions to improve this rating, and so the quality of its services:

- promote good news stories where clinical services are delivering excellent care through NWL News
- promote patient stories through poster campaign throughout Trust
- friends and Family test to be discussed at Induction and staff meetings to facilitate conversation amongst staff on how to improve performance

Appendix A

Indicator	NWLH performance	NWLH performance	National average performance	Highest performing NHS Trust performance	Highest performing NHS Trust performance
Friends and Family Test – (Patient) Covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)					

Outcomes framework domain:

4: ensuring that people have a positive experience of care



Friends and Family Test

In March 2013, 92 per cent of patients surveyed said they would be extremely likely to recommend us to their friends and families. The survey was carried out as part of a national initiative called the Friends and Family test, which asks patients how likely they would be to recommend our accident and emergency department (A&E) and wards to friends and family if they needed similar care or treatment.

All NHS hospitals across the country are required to run the survey, which was officially launched in April 2013, but we piloted the scheme in January. The friends and family test also asked for patients comments. This is what they said...

What we are getting right

“The staff in the theatre admissions unit were kind and professional. The staff nurse was very thoughtful, carrying my luggage and helping me get dressed, as I had recently had both of my shoulders reset. She never rushed me or complained. Everyone I met had a heart; you have the best team at Central Middlesex Hospital.”

“My care and nursing could not have been better from all doctors and nursing staff. They explained all the procedures and treatment well. Thank you for helping me get my self-confidence back.”

What our staff said about working here

Every year, the NHS sends a survey to its staff to find out what they think about their working environment. We were disappointed that only 216 staff at the Trust responded (a 27 per cent) response rate, which was significantly lower than last year’s response rate of 43 per cent.

The top five areas, in which we compared favourably with other acute trusts, putting us in the top 20 per cent, were:

- staff feeling satisfied with the quality of work and patient care they deliver
- staff motivation at work and the Trust’s commitment to work / life balance
- staff agreeing that their roles make a difference to patients
- staff having well-structured appraisals in the previous 12 months
- staff feeling pressure in the last three months to attend work when feeling unwell

Appendix A

The five areas in which we scored less favourably were:

- staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the previous 12 months
- staff experiencing discrimination in the previous 12 months
- staff reporting errors, near misses, or incidents witnessed in the previous Month
- staff receiving job-relevant training, learning or development in the previous 12 months
- staff witnessing potentially harmful errors, near misses or incidents in the previous month

We have implemented an action plan to address the areas in which we need to improve.

Infection control

The reduction of healthcare associated infections within health and social care remains high on the national agenda. The Trust's priority is to keep our patients safe from infections such as MRSA and *Clostridium difficile*. Ensuring we have robust infection prevention and control practices is an essential contribution to patients receiving safe and effective care.

We maintain a zero tolerance approach to healthcare associated infections, with the aim being to achieve the 'irreducible' minimum by ensuring a continued and sustained focus on risk reduction.

What have we done so far?

- compliant with MRSA screening requirements for Emergency and Elective patients
In high risk areas, all patients use an antibacterial wash to reduce bacterial load on skin
- maintain tight controls on the use of antibiotics with prudent prescribing and stewardship
- consultant microbiologists work closely with clinical teams, providing expert advice, attending ward rounds and advising on antibiotic use
- the infection control nurses provide specialist advice to clinical areas and visit patients to check that prevention and control measures are in place
- work closely with the bed management team to ensure patients are isolated appropriately
- partnership working with colleagues in Ealing ICO NHS Trust and work shadowing across the organisations

Performance to date

- over the past five years there has been an 81% reduction in the number of MRSA bloodstream infections
- there has been a continued yearly reduction in the number of cases of *Clostridium difficile*. Last year there was a 30% reduction from the previous year
- the rate of *Clostridium difficile* per 100,000 bed days has been below the national and regional average since April 2011

Trust highly commended in Good Hospital Guide

The North West London Hospitals NHS Trust was one of only seven Trusts to be highly commended for improvements in weekend emergency mortality rates in the 2013 Dr Foster Hospital Guide awards.

The Trust was also named in the guide as having lower than expected mortality rates on at least two of the main Dr Foster measures and not high on any.

To improve care for patients over the weekend the Trust has increased consultant cover and improved access to other important services such as physiotherapy.

The guide shows that when measured against the summary hospital-level mortality indicator (SHMI), the Trust had a better than expected overall mortality rate of 81.7. The national average is 100. SHMI measures deaths in hospital and for 30 days after discharge, following hospital treatment for all conditions.

When measured against the hospital standardised mortality indicator (HSMR) the Trust had an overall mortality rate of 82 against national average of 100. HSMR is a measure of deaths while in hospital care, based on 56 conditions that account for 80% of deaths.

The Trust was highly commended for improved weekend emergency HSMR with a rate of 83 compared to a national average of 100 for 2012/13.

We were ready for winter

Winter is a busy time for the NHS and to make sure we coped as the days got colder and our services busier, we started our preparations back in spring last year. Thanks to the hard work of our staff across the Trust we put in place a number of initiatives to continue business as usual.

This included increasing beds, improving flow through our emergency care services as well as extending many services to operate seven days a week. All of which were designed to help reduce pressure throughout the organisation.

Many more improvements were made specifically in the accident and emergency department (A&E), for example; increasing nursing staff and middle grade doctors and placing our STARRS service in the emergency department to look after patients who needed care but didn't need to be in A&E.

The Trust was also lucky enough to be earmarked £4.4m from this year's Department of Health's (DH) £250m winter pressure money which helped to ensure the success of these initiatives.

Appendix A



How STARRS helps treat patients in their homes (case study)

A GP contacted our rapid response team about a patient with (cellulitis) an infection of her left leg. He had treated her with antibiotics for seven days but there was no improvement. Within two hours of receiving the referral the STARRS visited the patient and liaised with a specialist consultant via a video link from the patient's home.

The consultant was able to assess the patient's legs and suggest a course of intravenous (IV) antibiotics. The STARRS team were able to obtain the antibiotics within hours and started the intravenous therapy at home the same day.

The STARRS occupational therapists also provided some home adjustments and equipment. Five days later, the patient was brought into a clinic at the hospital by the STARRS transport system. The patient was seen by the consultant and the infection and blood results had improved.

The IV therapy was discontinued and the patient completed the therapy with oral antibiotics. She continued to improve and coped well at home. A hospital admission was successfully avoided because of the team working in partnership with the GP and hospital consultant.



State of the art theatres are here

December saw the official opening of the first phase of our new state-of-the-art theatres. During a tour Chairman Peter Worthington and Chief Executive David McVittie, cut a ribbon between the new and the old theatres to mark the completion of this first phase of the project.

The two new orthopaedic theatres and one standard theatre were ready to receive their first patients in early January. The new vascular hybrid theatre opened shortly after.

David McVittie said: "We are delighted with the standard of our new theatres and to be able to offer new, world-class operating facilities for the people of North West London."



Breathing new life into our maternity services

Mums-to-be in Harrow can now benefit from more varied and comfortable delivery facilities at Northwick Park Hospital.

As part of a £168,000 improvement programme funded by the Department of Health the birth centre has installed new birthing pools and equipment to support all mums-to-be during labour. Atmospheric lighting, aromatherapy stones and an iPod connection for music is now also available to enhance the birth experience.

In addition a new eight bed transitional care unit with specially trained staff has now been opened to help new babies who need a little extra care, without being separated from mum in the neonatal unit.

Throughout the department there have been improvements to the waiting areas, showers and general facilities to make the experience more comfortable for everyone.



Maternity unit given top 'baby friendly' rating by UNICEF

The commitment to breastfeeding by the Maternity Unit at Northwick Park Hospital has been internationally recognised by the UNICEF UK Baby Friendly Initiative.

Breastfeeding protects babies against a wide range of serious illnesses including gastroenteritis and respiratory infections in infancy as well as asthma, cardiovascular disease and diabetes in later life. Breastfeeding also reduces the mother's risk of some cancers as well as being easier, cheaper and less hassle than bottle feeding.

Head of Maternity Gloria Rowland said: "This is a wonderful achievement for the maternity unit. The accreditation will mean we are better able to empower women and babies as they start of their new lives. I would like to thank all the staff and women who helped us achieve this status for their hard work."

Alison Spiro, Specialist Health Visitor for breastfeeding said: "We have worked extremely hard to ensure we give mothers the support, information and encouragement they need.

"We are delighted that we have achieved full Baby Friendly status, surveys show us that most mothers want to breastfeed but don't always get the support they need.

"But however a mother chooses to feed her baby, she can be sure that she will be supported to form a strong loving relationship with her newborn, through having maximum skin to skin contact and understanding how her baby communicates with her and needs her to respond."

Appendix A



Bowel scope screening (case study)

Thomas Whitty (69) had no idea he had bowel cancer until he sent a stool sample to St Mark's Hospital for analysis. He had no symptoms and felt absolutely fine when he posted his home testing kit as part of a national screening programme.

“When I first received my test kit three years ago I thought it was a good idea and an easy way of knowing if all was still OK – and

everything was OK with my first test.”

Two years later he took another test and was asked to go to St Mark's for further investigations. After the initial assessment, he had a colonoscopy – a test that uses a flexible camera to examine the bowel for signs of polyps, which can lead to cancer.

“With dexterity and polite humour, Maggie Vance, a consultant nurse colonoscopist, removed one polyp and found another inconveniently placed and too large to remove, during the procedure. They took a biopsy of the large polyp and I watched it all happen on a little screen. Very interesting – it's not often you get the opportunity to see how you look on the inside.”

The biopsy showed the large polyp was cancerous, but there was no evidence that it had spread. Although it had been caught early, it had to be surgically removed.

“The team at St Mark's Hospital almost had to persuade me that I had cancer. I was absolutely fine and had no signs or symptoms. I remember at the time thinking it was an inconvenience to have an operation,” said Mr Whitty. “But, of course, I did have the operation and on the day after surgery I was sitting up. In fact, I was out of bed most of the day. I only spent two days in hospital and when my wife and son came to collect me I walked out unaided.”

Bowel scope screening advances

Now St Mark's Hospital is piloting an even more advanced programme, called bowel scope screening. From July, 55-year-old men and women from Brent, Harrow and parts of Ealing are invited to have a free lower bowel check. The screening test, called flexible sigmoidoscopy, uses a flexible camera to spot early warning signs of cancer. Mr Whitty had a similar test that confirmed he had the disease.

Sarah Marshall, lead for the pilot programme, said: “The new bowel scope screening pilot programme is an extension of the original test that Mr Whitty had. It picks up any polyps, which are pre-cancerous growths in the bowel. Removing polyps prevents cancer from developing and treatment is as convenient as it was for Mr Whitty.”

For more information visit www.nwlh.nhs.uk/services/bowelcancer-screening/

Ambulatory emergency care unit

The ambulatory emergency care unit (AECU) provides urgent clinical care outside the traditional bed base across primary and secondary care, reducing bed occupancy, length of stay and improving quality of care.

As part of the length of stay review, the Trust recognised the need for change in the delivery of emergency medical care and developed the AECU using defined clinical pathways.

Key principles of the service:

- manage patients safely and appropriately without the need to stay in an acute in-patient bed overnight
- provide early access to consultant led decisions for assessment, diagnosis, observation and necessary intervention
- provide timely access to high quality same-day emergency care, including diagnosis, observation and treatment in a designated area

In the last six months the service has expanded and in collaboration with surgical and medical colleagues, in the next 12 months the service aims to:

- become an established alternative emergency pathway across North West London
- develop acute / sub-acute 'hot' clinics
- develop further pathways
- have a dedicated consultant clinical lead
- have direct access for the London Ambulance Service
- improve communication networks with primary care / CCG's
- introduce non-medical pathways (surgery / orthopaedics)
- schedule GP arrivals

Appendix A

Statement from our partners

DRAFT

Statement of directors' responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

<DATE>

Peter Worthington
Chairman

<DATE>

David McVittie
Chief Executive