The North West London Hospitals NHS
NHS Trust

Draft Quality Accounts 2009 – 2010

Statement from the Chief Executive

The North West London Hospitals NHS Trust aims for our hospitals - Northwick Park, St Mark's and Central Middlesex - to be the choice of hospitals for our local population, the people we serve. It is important to us that people have complete confidence that we provide the highest quality care for all patients.

I am pleased to introduce our first Quality Account following a successful year of improvements and quality initiatives across the organisation. The Quality Account includes information about the quality and safety of our services and our priorities for the coming year. In 2010/11, we will be doing more to improve not only the experience of patients in our hospitals, but to ensure we make changes to our services, where appropriate, to improve safety and outcomes.

The Quality Account has been approved by our Trust Board and I hope it helps our Board to continue to focus on quality improvement. The Quality Account has also been reviewed by LINKs and our Overview and Scrutiny Committees.

We would welcome feedback on the Quality Account. If you have any comments which you feel would be useful for next year's report, please contact the Communications Department communications@nwlh.nhs.uk or call 020 8869 2421.

Fiona Wise
Chief Executive

30 June 2010

Contents

Part 1

1.1 Current view of Trust's position

The Trust has made considerable progress over the past year with respect to improvements in quality and patient safety. We achieved an Excellent rating for Quality of Services for 2008/09 by the Care Quality Commission and have since been registered without conditions under the new framework for regulating standards in the NHS for 2009/2010.

Additionally, the Trust holds level 1 National Health Service Litigation Authority (NHSLA) Risk Management Standards for acute services with a plan to achieve level 2 within the next year. The Trust currently holds level 2 NHSLA for Maternity services with level 3 its goal for the coming year.

Our staff continue to rise to the challenge of increasing workloads and their commitment to patient safety is reflected in significant improvements for many key quality measures. In particular we have worked hard to build a culture of zero tolerance in actively reducing infection rates and our hospital standardised mortality rate remains one of the best nationally.

We do, however recognise that we still face many challenges and will seek to accelerate and build on the work already in place to reduce the number of complaints, improve response times and improve the experience of patients in our hospitals. While we have made some progress as a result of *We Care*, our patient experience programme, this has yet to be reflected in our results in national patient indicators such as the National Patient survey.

A key focus for the next year will be the continuation of our work to support clinical teams in reviewing and redesigning services in order to improve processes and embed quality.

Other priority areas for the coming year include the agendas for both Safeguarding Children and Safeguarding vulnerable adults and those with learning disabilities.

1.2 Priorities for improvement

The Trust has identified three key areas for quality improvement for 2010/11:

- To reduce our mortality rates
- To improve patient safety through reducing Healthcare Acquired Infections and increased incident reporting
- To improve the experience of patients in our hospitals by reducing numbers of complaints and improve results in patient experience indicators

Each of these priorities above with progress during 2009/10 and plans for 2010/11 are described in detail on the following pages.

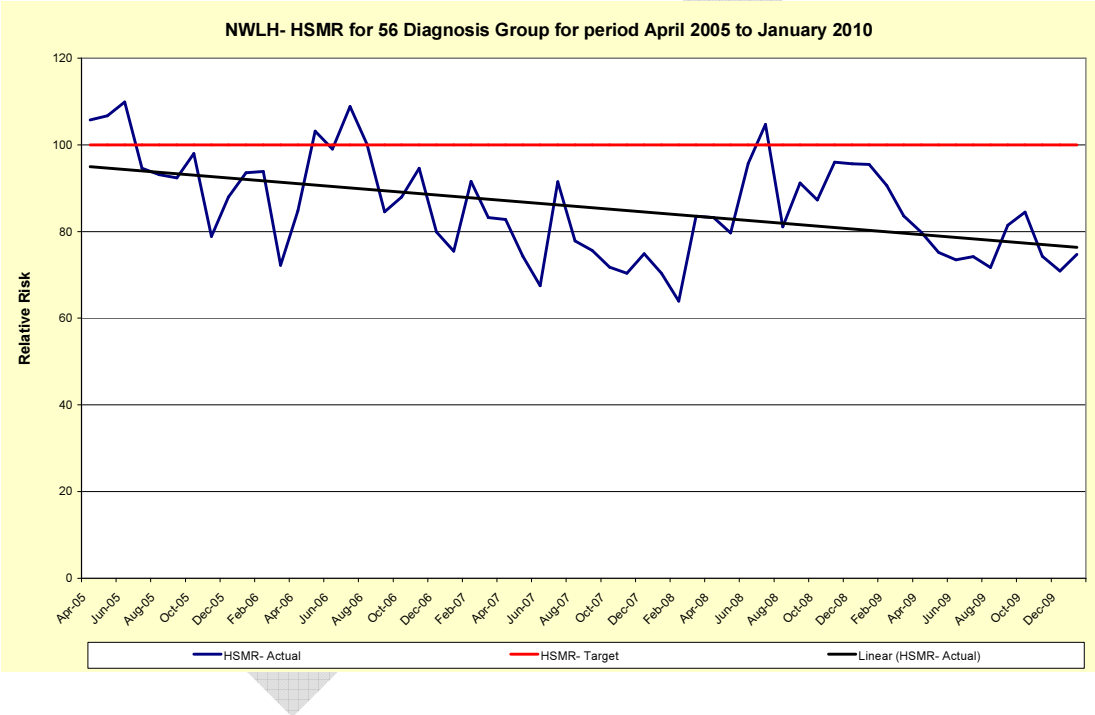
1.3 Priority one: Maintain and reduce our Hospital Standardised Mortality Rate (HSMR)

Current status
A key measure of safety, the Trust has an excellent record when it comes to patient mortality. Our mortality rates have received significant attention most recently as a result of the publication in the British Medical Journal of our research into the impact of "care bundles" or treatment checklists. These were developed by clinicians in the Trust and introduced to improve patient outcomes and allow easy monitoring of adherence to key pathways of care.

The eight care bundles currently in use are:

- stroke,
- diarrhoea and vomiting,
- ventilator-acquired pneumonia,
- MRSA,
- chronic obstructive pulmonary disease,
- central venous catheter insertion and
- surgical site infection

Our HSMR for 2009/2010 is 76 and is lower than the national average.



Planned Improvement Initiatives 2010/2011

The following care bundles are in development for implementation and roll out in 2010/2011:

- Falls
- Venous Thromboembolism **(**VTE)

The Trust is also continuing its development of a clinical safety dashboard across divisions. These look at key safety indicators specific to specialties. This follows the successful implementation of such a scorecard for maternity and, more recently, emergency surgery, both of which form part of the Trust's Safety, Quality and Performance report which goes to

the Trust Board each month.

Why are mortality rates important?

The HSMR is a measure of the number of deaths observed against that expected for a population such as ours and is a key indicator for the quality of care.

The prediction calculation takes account of factors such as age and sex of patients, their diagnosis, whether the admission was planned or an emergency and the length of stay. Standardisation of the ratio enables valid comparison between different hospitals serving different communities.

If a hospital has a HSMR of 100, it means the number of patients who died is exactly as would be expected taking into account the standardisation factors. A HSMR above 100 means more patients have died than would be expected; below 100 means fewer patients than expected died.

1.4 Priority two: Improvements in Patient safety

- **To further reduce Healthcare Acquired Infections (HCAI)**
- **Increase incident reporting**

Reducing HCAIs
Description

1. MRSA – The Trust has continued to make year on year improvements in the reported numbers of MRSA bacteraemia cases since 2005/06. All acute Trusts are required to make a 50% reduction over three years in the numbers of reported cases. The target for 2010/11 is 8 post 48 hour cases.

2. C difficile – There are two targets in relation to *Clostridium difficile:*

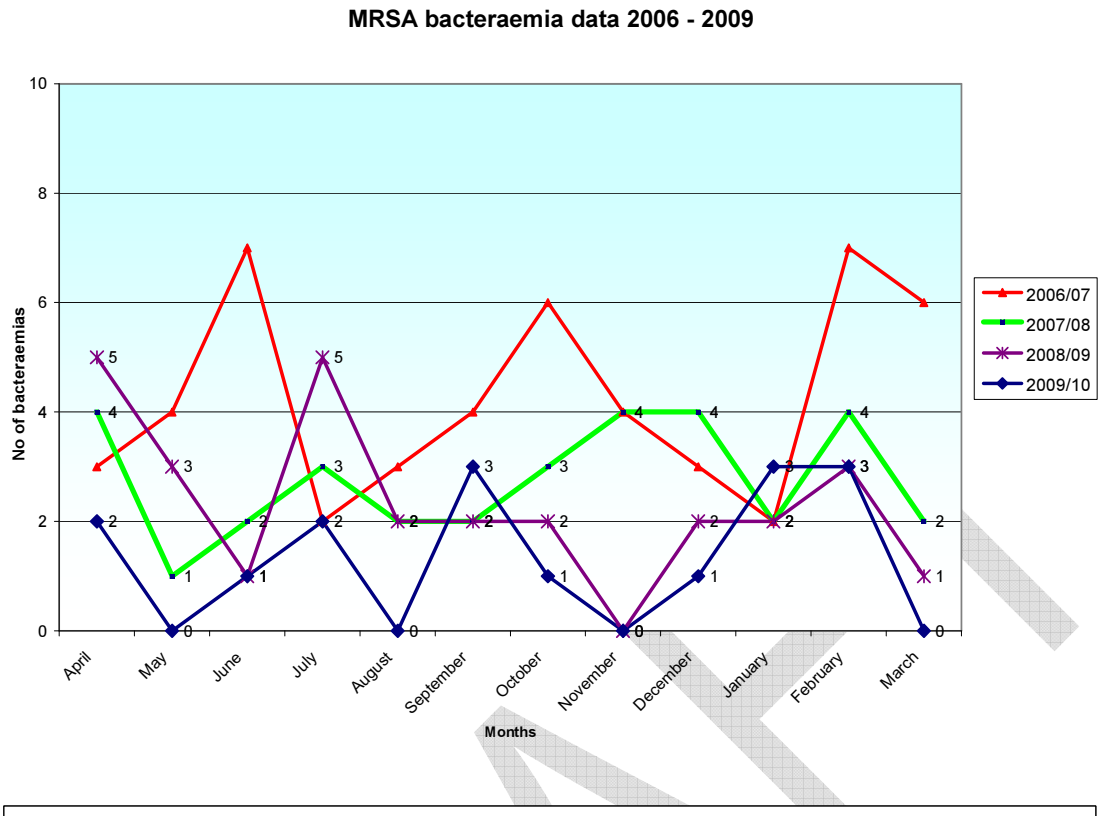
- A whole health economy target includes all positive specimens confirmed in the Trust laboratory.
- A local target relating to those cases that are directly attributable to the Trust i.e. those samples taken from patients post 48 hours of admission.

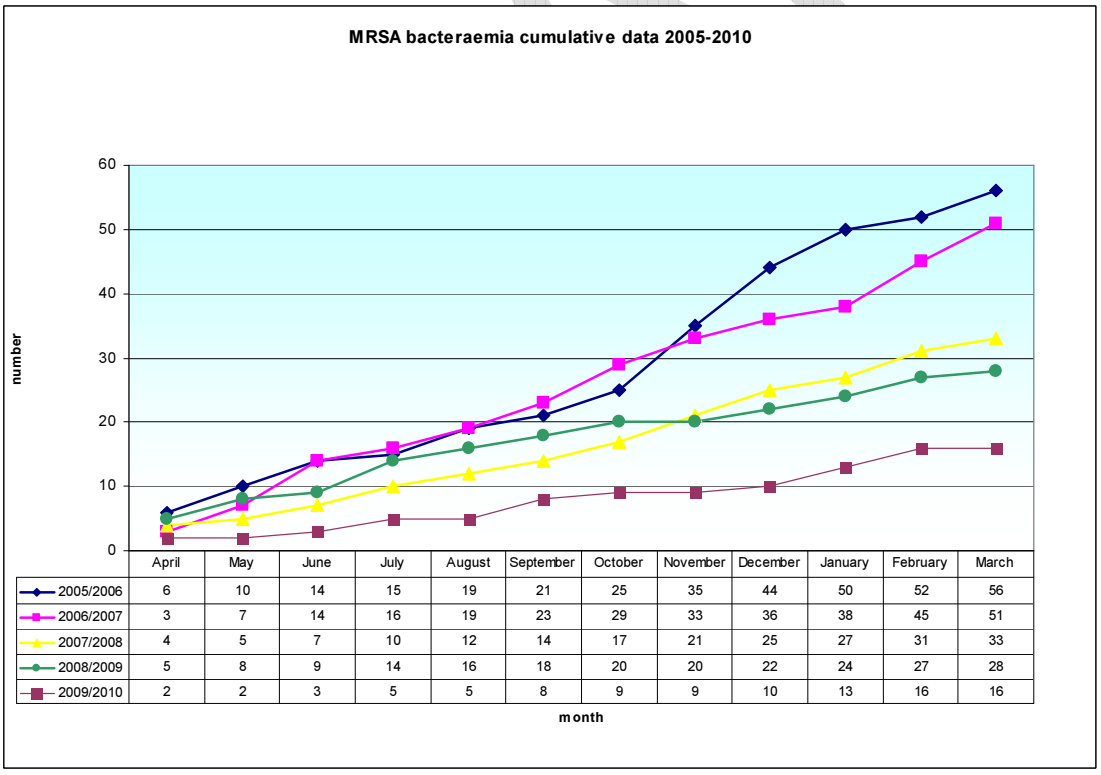
Current status

At the end of the year, the Trust reported a total of 16 MRSA bacteraemia cases. Only four of the sixteen cases were post 48 hours and therefore Trust attributable.

The Trust has performed significantly below both the local and national target for Clostridium difficile. The end of year position for post 48 hour cases were a total of 68.

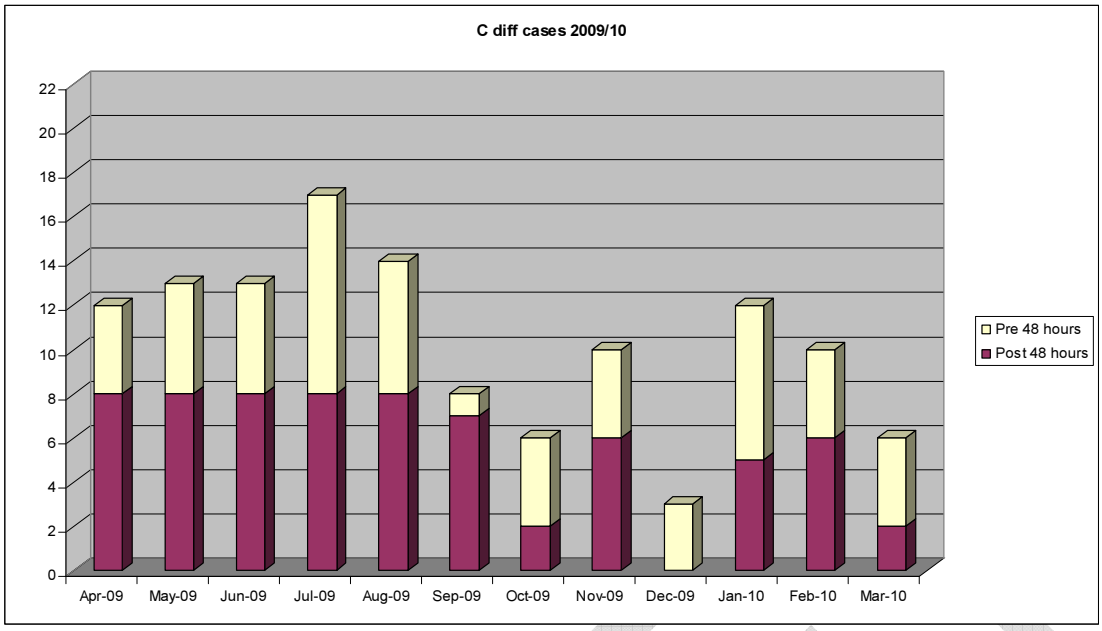
MRSA Bacteraemia

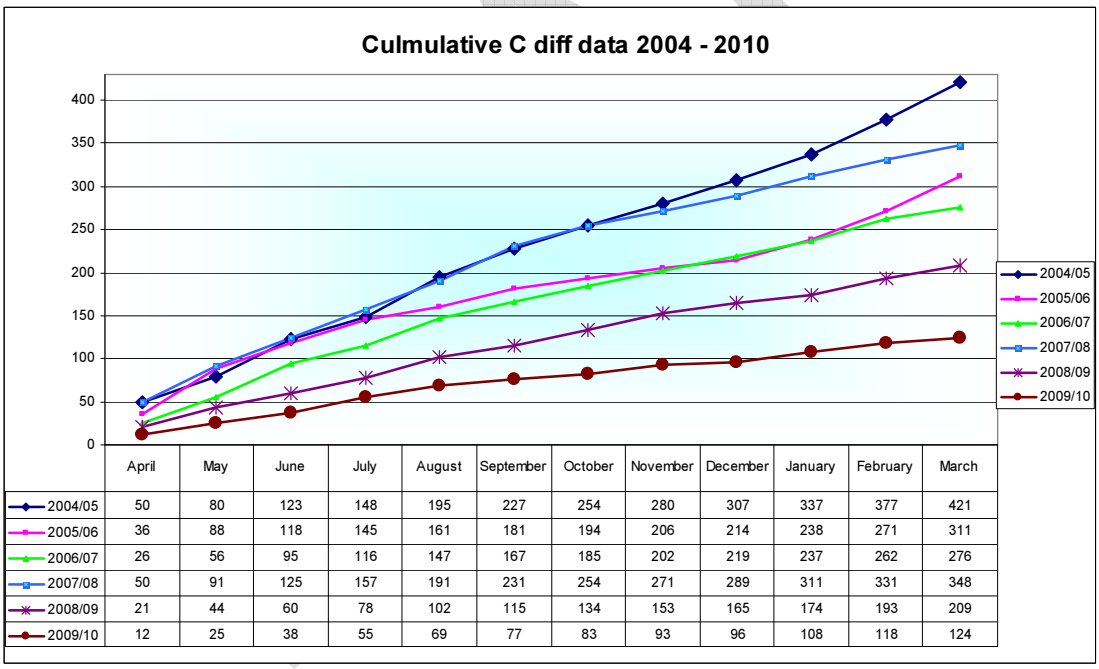




	April	May	June	July	August	September	October	November	December	January	February	March
2005/2006	6	10	14	15	19	21	25	35	44	50	52	56
2006/2007	3	7	14	16	19	23	29	33	36	38	45	51
2007/2008	4	5	7	10	12	14	17	21	25	27	31	33
2008/2009	5	8	9	14	16	18	20	20	22	24	27	28
2009/2010	2	2	3	5	5	8	9	9	10	13	16	16

C difficile





	April	May	June	July	August	September	October	November	December	January	February	March
2004/05	50	80	123	148	195	227	254	280	307	337	377	421
2005/06	36	88	118	145	161	181	194	206	214	238	271	311
2006/07	26	56	95	116	147	167	185	202	219	237	262	276
2007/08	50	91	125	157	191	231	254	271	289	311	331	348
2008/09	21	44	60	78	102	115	134	153	165	174	193	209
2009/10	12	25	38	55	69	77	83	93	96	108	118	124

Improvement Initiatives 2009/2010

- Maintained zero tolerance to all avoidable MRSA bacteraemia, in particular post 48 hour cases;
- Maintained 100% compliance in MRSA screening of relevant elective patients;
- Maintained compliance of screening of acute admissions
- Conducted root cause analysis in all post 48 hour *Clostridium difficile* cases;
- Continued to improve blood culture techniques; and
- Worked with Brent and Harrow PCTs to improve catheter care and reduce associated infections.

Planned Improvement Initiatives 2010/2011

- Maintain work and sustain progress made in 2009/10;
- To act on information obtained from root cause analyses to improve care and reduce infections related to urinary catheters and peripheral cannulae;
- Prevention and control of other resistant organisms e.g. ESBL; and
- Continue Trust prevalence surveillance project looking at HCAI related to the use of devices and antibiotic usage.

Increasing incident reporting

Description

To ensure increased incident reporting with quarter by quarter increases in incidents being reported via formal Trust systems.

Research indicates that Trusts that report incidents regularly suggest a stronger organisational culture of safety (National Patient Safety Agency-NPSA). The National Reporting and Learning System (NRLS) was established in 2003. It enables patient safety incident reports to be submitted from NHS organisations to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

Since September 2008, the NRLS has produced information for Trusts on the profile of incident reporting within their organisation as benchmarked against organisations of similar size.

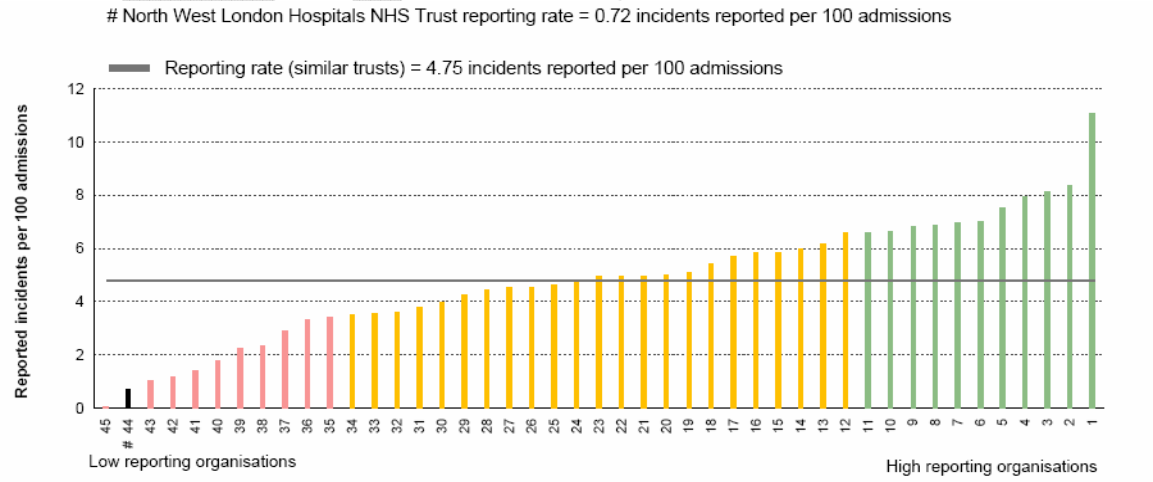
NWLH has been concerned that information related to the level of incident reporting within the organisation was low and has therefore made increasing of incident reporting one priority for the Patient Safety work across the organisation. This allows the Trust a better understanding of risks and areas for targeted work within the organisation.

Current status

The comparative reporting rate graphs below are produced by the NPSA and show an overview of the incident reporting by NWLH over time.
The data shows that the number of incidents reported per 100 admissions has increased:

- Apr 2008 – Sept 2008 – 0.72 incidents reported per 100 admissions
- Oct 2008 – March 2009 – 2.5 incidents reported per 100 admissions
- April 2009 – Sept 2009 – 4.4 incidents reported per 100 admissions

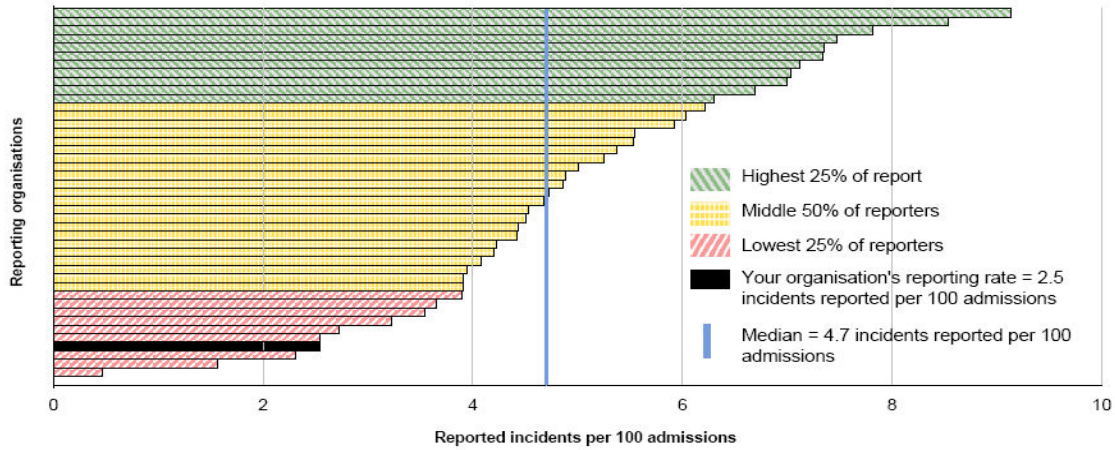
Incidents reported April 2008 – Sept 2008



Incidents reported Oct 2008 – March 2009

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (RLS) between 1 October 2008 and 31 March 2009. 1,211 incidents were reported during this period.

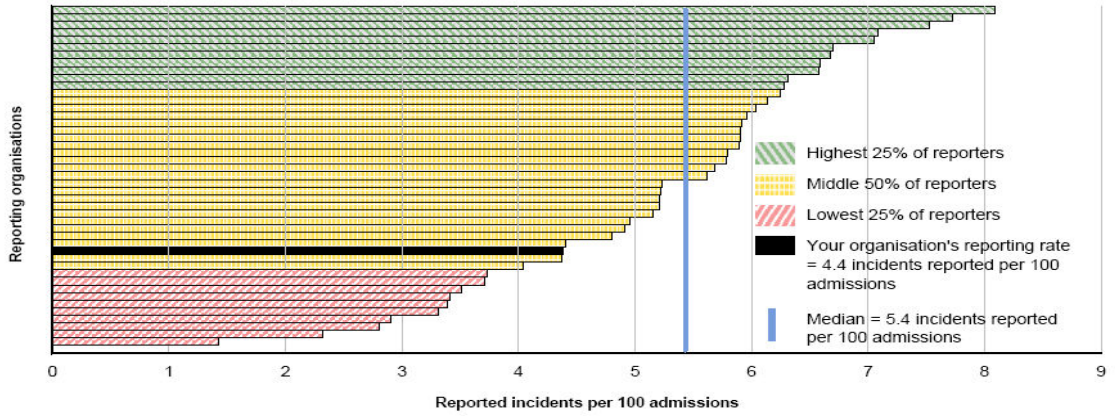
Figure 1: Comparative reporting rate, per 100 admissions, for 44 large acute organisations.



Incidents reported April 2009 – September 2009

The comparative reporting rate summary shown below provides an overview of incidents reported by your organisation to the National Reporting and Learning System (NRLS) between 1 April 2009 and 30 September 2009. 2,131 incidents were reported during this period.

Figure 1: Comparative reporting rate, per 100 admissions, for 46 large acute organisations.

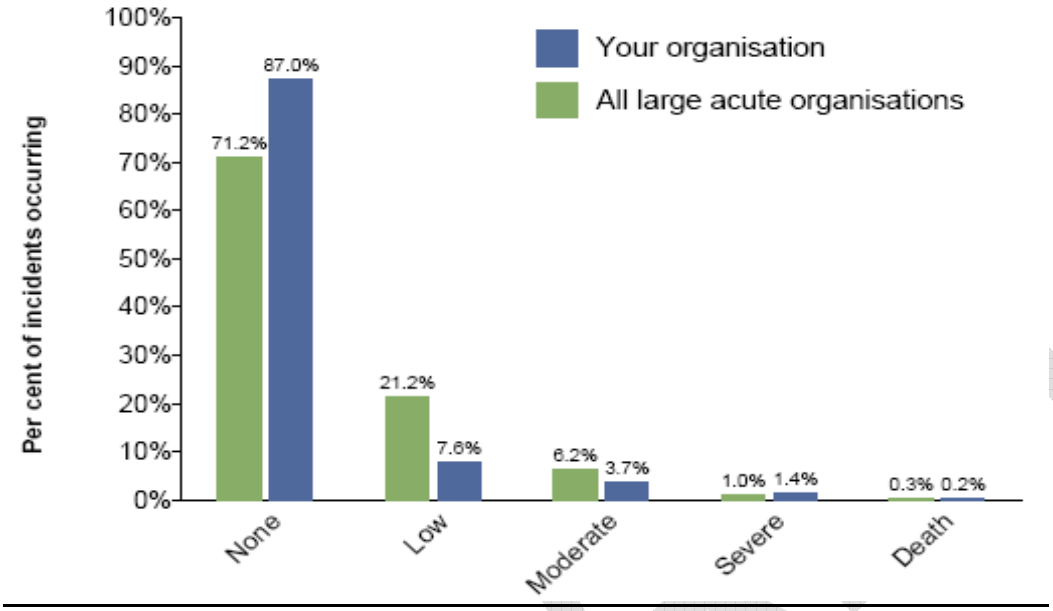


Incidents reported by degree of harm for North West London hospitals as benchmarked against other large acute organisations

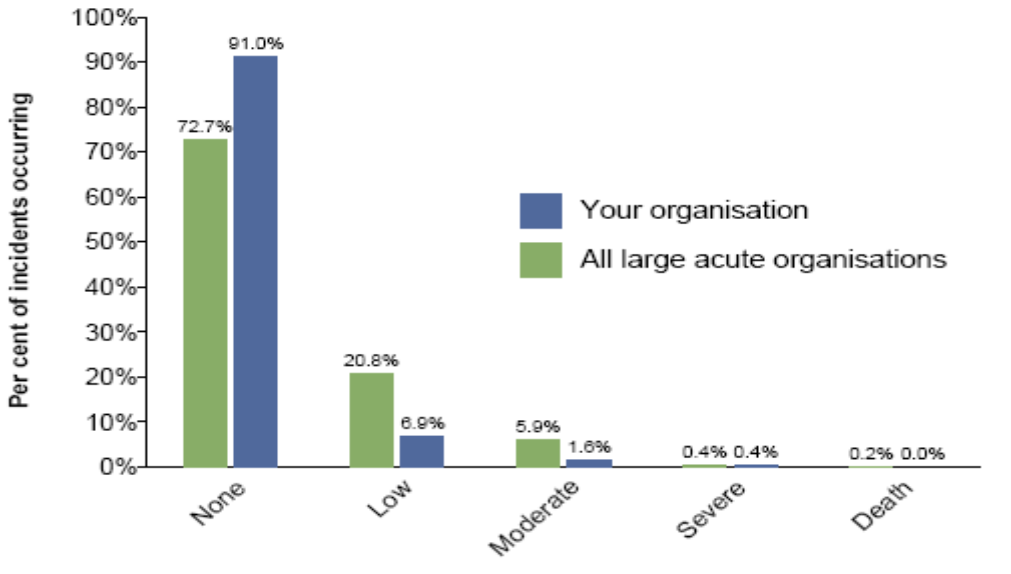
Degree of harm coded for incidents reported April 2008 – Sept 2008

Bench mark data unavailable

Degree of harm coded for incidents reported Oct 2008 – March 2009



Degree of harm coded for incidents reported April 2009 – September 2009



Current Improvement Initiatives 2009/2010

The Trust has moved to a web based on line incident reporting system using a Datix platform which allows easy access for all staff to report incidents immediately where they have access to a computer. The traditional paper based forms are still provided where staff have no computer access. An organisation wide training programme for the system has been completed. This system also provides a function whereby assigned managers are required to feed back on action taken as a result of an incident. Incidents graded 1- 3 are managed locally and any incidents coded as grade 4 or above are managed by the patient safety manager in collaboration with relevant clinical leads and managers.

A governance report is produced and reported quarterly to the Governance Compliance and Risk Committee. This looks at themes and trends, key patient safety indicators and lessons learned through incident reporting. A quarterly newsletter is produced for dissemination amongst staff in order to feedback on actions for incident reporting and hot topics nationally and locally.

Planned Improvement Initiatives 2010/2011

Efforts to detect adverse events have traditionally focused on voluntary reporting and tracking of incidents and errors. Public health researchers have established that only 10 to 20 percent of errors are ever reported and, of those, 90 to 95 percent cause no harm to patients. Therefore to supplement incident reporting systems the Trust has identified the need for a more effective way to identify events that do cause harm to patients in order to quantify the degree and severity of harm, and to select and test changes to reduce harm.

The Trust therefore will also be implementing the use of the Global Trigger Tools (GTT). The use of GTTs provides an easy-to-use method for accurately identifying adverse events (harm) and measuring the rate of adverse events over time. Tracking adverse events over time is a useful way to tell if changes being made are improving the safety of the care processes. The Trigger Tool methodology includes a retrospective review of a random sample of patient records using “triggers” (or clues) to identify possible adverse events.

1.5 Priority three: Improvements to the Patient experience

- **Reduce numbers of complaints and improve response times**
- **Improve scoring for national and local patient experience indicators**

Reducing complaints and improving response times

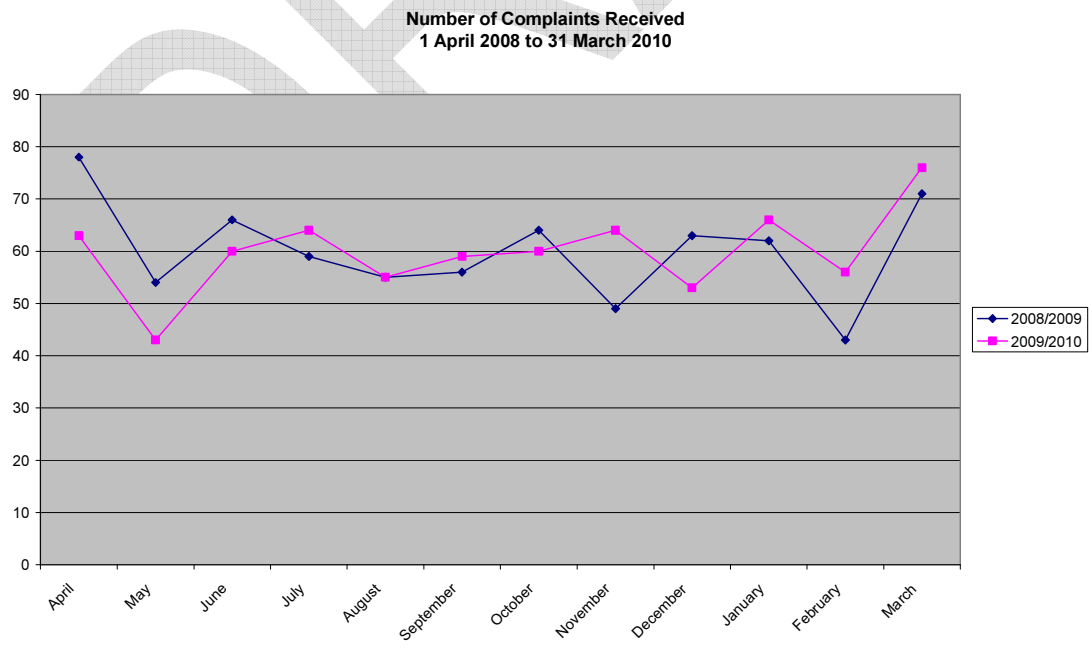
Description

It is important that as an organisation we learn from the experiences of our patients in order to continue to improve our services. The Trust is working to both improve responsiveness of the organisation to complainants and to reduce the number of complaints received through improving the patient experience and learning from issues that arise.

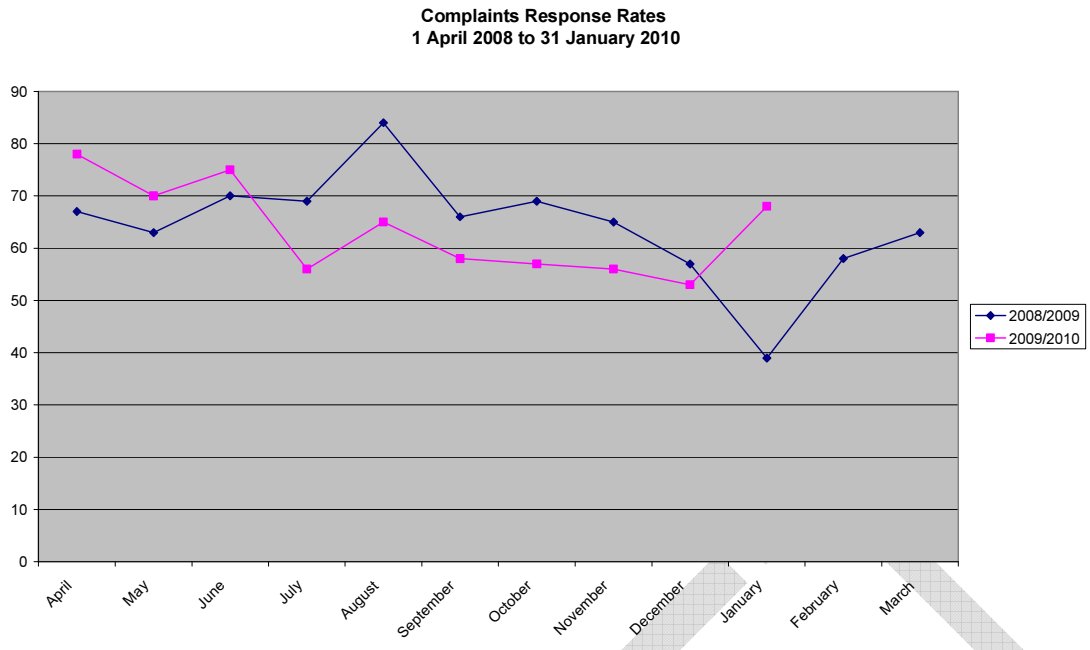
Current status

The Trust welcomes feedback from the people who use our services, and endeavours to learn from comments received, using complaints to improve patient service and care. During the period 1 April 2009 to 31 March 2010, the Trust received 719 formal complaints, which equates to approximately 60 complaints per month. As new complaint regulations came into operation on 1 April 2009, which allow for the time frame for responding to a complaint to be negotiated with the complainant and for a second date to be agreed with the complainant if the first response date is not met, it is not possible for an overall response rate for the year to be provided until the end of May 2010. However, at the end of January 2010, the cumulative response time for the year to date was that 64% of complaints had been responded to by the first agreed target date, with a further 11% being responded to by their second target date. It is felt that this response rate will be maintained or further improved upon.

The following graph shows the number of complaints received month by month from 1 April 2008 to 31 March 2010:



The following graph shows the complaints response rate month by month from 1 April 2008 to 31 January 2010:



Current Improvement Initiatives 2009/2010

- Complaints response times are included within divisional performance scorecards.
- Divisions are provided with data in relation to complaints received and response times on a weekly, monthly and quarterly basis. Further figures, information and data in relation to complaints are also provided on request to enable divisions to complete internal reports such as Clinical Governance presentations and performance scorecards.
- Training has been provided for groups and individuals in relation to the new complaints regulations introduced in 2009/10.
- A Complaints Improvement Action Plan has been developed in conjunction with lead investigators, and outlines the processes to be followed and the support that will be provided for lead investigators by the Patient Relations Team to help them provide high quality complaints responses in a timely manner.

Planned Improvement Initiatives 2010/11

- Further lead investigator training will be provided. This is intended to reinforce and embed previous training on new complaint regulations.
- Training will also be provided for staff on *statement writing*. This is designed to improve the quality of statements provided in relation to complaints and will facilitate the production of high quality, accurate complaints responses.
- The managers within the Patient Relations Team will provide bespoke training for individual Divisions at team and Clinical Governance meetings.
- It is planned that managers within the Patient Relation Team will be nominated links for specified Divisions, providing staff with support and information, and attending Clinical Governance Meetings.
- To strengthen the role of the Patient Advice and Liaison Officers (PALS), to ensure that wherever possible concerns are resolved early and at local level.

Improving the patient experience

Description

NWLH was rated in the bottom 20% of the Healthcare Commission's National In-patient Survey in 2008. Improving the patient experience is therefore one of the key Trust objectives.

Current Improvement Initiatives 2009/2010

The Trust implemented a programme for improvement entitled the "We Care" programme 2009/10 . The programme was designed to provide patients with a better experience of NWLH and sought to:

- Re-establish a culture of caring and compassion for patients in the busy ward environment; and
- Equip staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves.

Focus groups were held with a variety of stakeholders to ascertain what key elements were important in ensuring they had a good experience and would give them confidence in the staff caring for them. The findings demonstrated that patients wanted Trust staff to be compassionate / caring, consistent and better at communicating. The findings informed the multi disciplinary training (called the 3Cs) which formed the basis of the "We Care" programme.

The programme incorporates a range of initiatives, each with its own lead and action plan, aimed at providing the Trust with information to better understand how patients and their families really feel about the quality of the services they receive. The programme consists of the following components:

- Delivering the 3Cs training – *Compassionate care, Consistency & Communication;*
- Patient stories;
- Real time patient feedback;
- Patient surveys on discharge;
- Bereavement care;
- Mystery shopping; and
- Staff satisfaction survey

Planned Improvement Initiatives 2010/2011

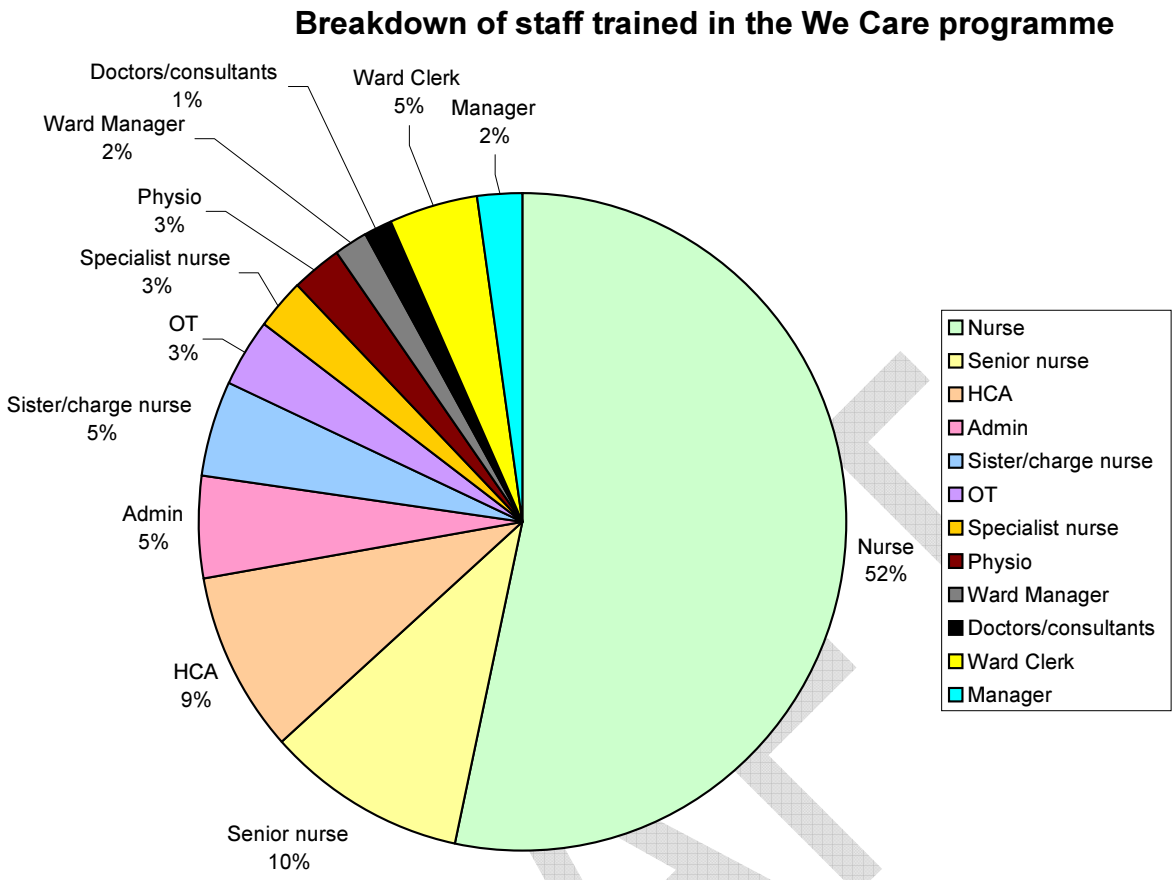
Delivering the 3Cs training – Compassionate care, Consistency & Communication

The training was designed and facilitated by an external consultant. The aims of the training sessions were to:

- Engage senior management and frontline staff
- Enable them to better understand the changing needs of patients
- Empower them to make the changes necessary to improve the patient experience;
- Help reenergised the workforce by ensuring that patients are more satisfied with their experience.

All staff attending the sessions completed a staff satisfaction survey pre and post training. Heads of departments received the results and took actions to improve staff morale. The staff survey is repeated bi annually to monitor staff morale.

The pie chart below provides a breakdown of all staff trained in the We Care programme.



Next steps

- Complete phase 2 of the 3C training (220 staff have attended to date);
- Share changes in practice and improvements from action plans with the wider team, organisation and all NWLH stakeholders;
- Engage more professions in the process particularly medical staff;
- Ensure systems in place to sustain change and maintain the momentum;
- Develop an educational module for staff, based on the 3C concept with Thames Valley University. This is planned to commence later in 2010 and will be available at Degree and Masters levels;
- Continue the staff survey on a regular basis; and
- Develop a new staff engagement strategy .

Patient Stories

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the process is that the content is led by the individual involved and so reflects the issues that they feel are important.

Patient stories can be carried out by all disciplines and themes raised are addressed at local and divisional meetings. Matrons have “buddied” up to take stories in each other’s areas.

Patient stories are now a standing item at all Trust Board meetings.

Next steps

- Extend training sessions to all staff; and
- Share results with a wider audience;

Use of real time Patient Experience Trackers (PETs)

In order to help evaluate the impact of the We Care programme, the Trust introduced Dr Foster Patient Experience Trackers (PETs) in 12 clinical areas.

The handheld trackers ask patients specific questions based on the 3Cs. Results are sent directly to the ward manager and staff are required to develop an action plan based on the findings. This information is displayed publicly so patients and staff can see the progress/improvements that are being made. It is hoped that the visibility of the actions highlights to patients that the Trust is open to feedback and keen to make improvements wherever possible.

The feedback is timely and enables the Ward Manager to pick up on issues quickly and share them with their team. The survey results are also reported to the Trust Board monthly as part of the Board Performance Scorecard. An excerpt is included below:

Clinical Quality- We Care	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Jan-10	Feb-10	Mar-10
Patient Experience- Dr Foster Trackers								
Staff looking after me had a caring and compassionate attitude	LR	G	80%	80%	84.9%	86.8%	83.5%	87.7%
Staff looking after me did things they said they would do	LR	G	80%	80%	82.7%	83.8%	83.0%	85.4%
I feel fully informed about what was happening with my treatment	LR	G	80%	80%	80.6%	83.0%	80.6%	79.5%
I was involved as much as I wanted to be in decisions about care	LR	R	80%	80%	79.7%	82.8%	79.8%	75.8%
Overall I was very satisfied with the care I received	LR	G	80%	80%	84.9%	87.9%	82.7%	87.8%
Environment								
% of patients in mixed sex accommodation	LR	G	<10%	<10%	4.6%	5.7%	5.4%	4.6%

Next steps

- Encourage staff to give the PETs to patients and relatives as often as possible to increase usage;
- Sustain the actions/improvements highlighted by the PETs;
- Explore other hand held devices and roll out the use to all departments; and
- Inclusion of results in divisional clinical scorecards

Patient surveys on discharge

The Trust has implemented a discharge survey given to all patients on their day of discharge. The survey includes questions regarding single sex compliance and are sent to NHS London who monitor compliance.

Next steps

- Ensure all patients complete the survey on their day of discharge
- Improve compliance with single sex accommodation

Bereavement care

The Trust appointed a Bereavement Co-ordinator in order to focus on the needs of patients and families. The postholder provides support and advice to bereaved families and helps them to navigate the end of life care pathway. The service has improved communication between staff and families and also the de briefing of staff in relation to themes from complaints. It has also facilitated more effective and efficient discharge from hospital for patients who wish to die at home.

Advice for bereaved relatives has been improved to include details of local bereavement services and advice on funeral arrangements. A sympathy card from the Trust is sent to all bereaved relatives.

There has been a 48% reduction in complaints received between 2008/9 and 2009/10 to date, as a result of the actions taken as part of the programme.

Next steps

- Continue to work collaboratively with external support agencies such as Cruse, to improve services
- Develop the information and resources on the web site

PEAT

This year's annual PEAT assessments took place in February, with teams comprising of representatives from Infection Control, Facilities, Modern Matrons, Dietetics, patient representatives and an external validator appointed by the Patient Safety Agency.

Overall there was an improvement on last year's outcomes, with particular emphasis on the following elements:

- Wayfinding at CMH
- Tidiness at ward level
- Condition of the overall environment
- Privacy & dignity
- Food service
- Information for patients

The feedback from the external validators was very positive and they were particularly impressed with the artwork on both sites, the investment that we have made in capital refurbishment works, the attitude of the staff in all the areas that we visited, the high impact hand hygiene signage, the outcomes of the Productive Ward project on Gladstone and the new wayfinding signage.

Next steps

We are implementing an integrated programme of infection control and PEAT audits, involving the above staff groups, to report to the Trust's Infection Control Committee on a regular basis.

Capital Programme

In addition to the "We Care" programme there were a number of improvements to the physical environment in 2009/10 which have improved the patient experience, including

- A new sub-regional Stroke Unit incorporating Hyper Acute Stroke Unit;
- A new Clinical Decision Unit at NPSM including the provision of separate bays/bathrooms in line with the goal of virtually eliminating mixed sex accommodation in the Trust;
- Transfer of the UCC at Northwick Park to co-locate in the A&E department in line with the development of Harrow PCT's polysystem model;
- An increase in ICU capacity at Northwick Park ;
- The first phase of an Estate Renewal Programme to improve the utilities, fire and other infrastructure of Northwick Park;
- Expansion of renal, eye and mental health services in conjunction with partner Trusts; and
- Opening of *The Square*, a new retail and coffee shop for staff, visitors and patients.

Next steps

Going forward, we plan to continue the investment programme in the Trust to:

- Enable ongoing improvements to key items of medical and other equipment;
- Continue the major investment programme to improve the Northwick site's core infrastructure services;
- Ensure that we focus capital spending on schemes which deliver the Trust's key objectives, including the development of NPSM as a Major Acute Hospital and CMH as a Local Hospital; and
- Ensure that where wards and departments are being refurbished, the development of appropriate same sex accommodation continues to be a priority.

Part 2: Stakeholder involvement – TO COME

2.1 Explanation of who we have involved – must include PCTs, LINKs, OSCs.

2.2 Statements provided from PCTs, LINKs, OSCs and explanation of any changes as a consequence.