

The North West London Hospitals



NHS Trust

# Quality Account

## 2011 – 2012

**North West London Hospitals NHS Trust  
Quality Account 2011 – 2012**

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## Who we are

The North West London Hospitals NHS Trust (NWLHT) manages Northwick Park and St Mark's hospitals 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 bowel diseases. This makes us one of the biggest and busiest NHS trusts in the capital.

We employ approximately 4,800 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 and Thames Valley University.

For more information visit [www.nwlh.nhs.uk](http://www.nwlh.nhs.uk)

## Part 1 Chief Executive Statement

**Narrative to be inserted on completion by CEO**

**Safeguarding Vulnerable Adults (SVA)**

**Narrative to be inserted quality related action and performance during 2011/12**

**Safeguarding children**

**Narrative to be inserted quality related action and performance during 2011/12**

**Maternity services**

**Narrative to be inserted quality related action and performance during 2011/12**

**Emergency Department (A&E)**

**Narrative to be inserted quality related action and performance during 2011/12**

## Part 2 Priorities for Improvement and Statements of Assurance

### Report on Quality Priorities 2011/12

In our 2010/11 Quality Account we outlined key priorities for quality improvement in the organisation. These were:

- **Priority 1** Improve overall patient satisfaction
- **Priority 2** Reduce the number of falls (and the 'harm' they cause) amongst patients while they are in hospital
- **Priority 3** Increasing the number of patients discharged on a Chronic Obstructive Pulmonary disease (COPD) "discharge care bundle" following an admission with acute exacerbation of their COPD

We agreed ways in which to measure our progress against our priorities and the information below describes how we have performed.

#### Priority 1 Improve overall patient satisfaction

- Improve Trust performance for eliminating mixed sex accommodation
- Improve performance against key performance indicators related to patient experience

#### Eliminating mixed sex accommodation

The NHS Operating Framework for 2011/12 required all providers of NHS funded care to confirm they are compliant with the national definition *'to eliminate mixed sex accommodation except where it is in the overall best interests of the patient, or reflects their patient choice'*.

During 2009/10 the Trust had found it was struggling to meet the targets to meet this requirement challenging and reported to the following breaches:

- 147 breaches - December 2010
- 141 breaches – January 2011
- 184 breaches – February 2011

Hence this became a key priority for 2011/12.

**2011/12 performance information under validation**

## **Improving performance against patient experience indicators**

This was a key improvement target during 2010/11 and whilst the Trust made progress in some areas this did not go far enough and it was, therefore, a key priority once again in 2011/12.

We particularly sought to make improvements on five core quality standard questions agreed as a standard across London and with our commissioners. These focused on responsiveness to the personal needs of patients and the questions were:

- Were you as involved as you wanted to be in decisions about your care and treatment?
- Did you find someone to talk to about worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Were you told about medication side effects to watch out for when you went home?
- Were you told who to contact if you were worried about your condition after you left hospital?

## **2011/12 performance information under validation**

### **Priority 2 Reduce the number of falls (and the 'harm' they cause) amongst patients while they are in hospital by:**

A patient falling is one of the most common patient safety incidents reported to the National Patient Safety Agency (NPSA) via its National Reporting and Learning Service (NRLS). It is a major problem in hospitals with approximately 152,000 reported in acute hospitals in England and Wales each year. Many of these falls can lead to serious harm and the NPSA estimates that there are over 530 patients every year who fracture a hip following a fall in hospital, and a further 440 patients who sustain other fractures.

Although the majority of falls result in no harm, even falls without injury can be upsetting and lead to loss of confidence, increased length of stay in hospital and increase the likelihood that someone will have to be discharged to a residential or nursing home care.

The Trust made this a key priority for 2011/12 aiming to achieve:

- A reduction in the total number of falls by the end of the year of 10%
- A reduction in the 'harm'\* caused to the patient as a result of those falls

\*Harm' here is defined as scoring 2 or above in the NPSA severity level table for falls. This includes categories of minor, moderate, major and catastrophic harm. More details can be found on the NPSA website: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

## **2011/12 performance information under validation**

**Priority 3 Increasing the number of patients discharged on a Chronic Obstructive Pulmonary disease (COPD) “discharge care bundle” following an admission with acute exacerbation of their COPD.**

COPD stands for chronic obstructive pulmonary disease and this is a term used for a number of conditions; including chronic bronchitis and emphysema. COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder to breathe. The word 'chronic' means that the problem is long-term.

The most common cause of COPD is smoking. Once you give up smoking, you gradually reduce the chances of getting COPD - and you slow down its progress if you already have it. Occupational factors, e.g. coal dust and some inherited problems can also cause COPD.

Symptoms of COPD vary depending on how bad it is, and how people have adapted to their problems. In mild cases, symptoms like a cough, phlegm and shortness of breath may only be present during the winter or after a cold. In more severe cases, you may be short of breath every day. Exacerbations are also known as flare-ups and are common in people with COPD, often leading to an admission to hospital.

During 2011/12 the Trust worked with partners in primary care to specifically improve the quality of care for patients admitted to hospital with an exacerbation of COPD.

The improvement target set was that, for a minimum of 75% of patients admitted with an acute exacerbation of COPD, during their admission / before their discharge, we completed our COPD Discharge Care Bundle.

We measured performance through two audits: one related to patients admitted in August 2011 and the other on patients admitted in February 2012.

The results of the August 2011 audit indicated a compliance rate of 76.6%.

**AWAITING Validation of Feb 2012 results**



## Priorities for 2012/13

The Trust continues to make progress to embedding quality improvement within the culture of the organisation and 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 Story” at the start of many Board meetings where Board members hear first hand from patients about their experience of using the services provided by NWLHT.

Additionally, we have taken into account feedback from our healthcare partners and taken account of the local Commissioning for Quality and Innovation (CQUIN) priorities and the national and regional picture. We have reviewed performance against our priorities for 2011/12 to decide if improvements and monitoring are sufficiently embedded and established within normal working.

Following review and discussions we have identified the following quality priorities for focus as we believe they significantly contribute to the safety, clinical effectiveness and patient experience agenda for 2012/13:

### **Priority 1 - Continued development and improvement of the patient journey and experience through accident and emergency (patient pathway):**

**Narrative to be inserted regarding 2012/13 quality related action and performance measures**

### **Priority 2 Further improve the quality of care for our vulnerable adults with dementia**

About 750,000 people in the UK have dementia – and this number is expected to double in the next thirty years. Dementia damages the structure of the brain and affects a person’s ability to think, use language, remember, understand and make judgments. It can change a person’s personality and make it difficult for them to control their emotions and behave appropriately in social situations.

Dementia usually affects people over the age of 60. It is very common, and one in every 20 people over the age of 65 has dementia, and one in five over the age of 80. In most cases, there is no cure for dementia, and symptoms get worse over time. Even so, it is important to get treatment so that a person can cope better with their symptoms and improve their quality of life. Getting help early can make a big difference to a person’s future because they have time to establish routines that could help them stay independent for longer.

The Trust therefore will make the assessment of dementia a key priority in 2012. Work will include:

- Identifying people with dementia – members of staff will ask members of the family or friends of a person admitted to hospital if the patient has suffered any problems with their memory in the last 12 months
- Asses people with dementia – if there is evidence to suggest a problem with their memory, that person will be given a dementia risk assessment
- Refer on for advice – a referral would be made for further support either to a liaison team, a memory clinic or a GP.

In measuring quality improvement the Trust will aim for 90% of admitted patients aged 75 and over, identified (through a mini mental state examination) as at risk of having dementia being referred for specialist diagnosis.

### **Priority 3 Improve access to emergency theatres for all specialities**

On comparing the amount of emergency surgery from 2009/10 to the present day, the Trust has had a 24.8% increase in volume. This had resulted in a lack of time and space and does not allow patients to have their operative procedure within an optimum time. We therefore need to make a change to the way we do things to avoid our patients staying in hospital longer than they should, which is not only costly but disruptive to patients' lives, delaying their recovery.

Additionally this potential delay in getting into theatre is a poor patient experience and could possibly adversely affect patient outcomes and lead to an increase in post-operative complications further adding to length of stay in hospital.

It is therefore the Trust's intention that all our emergency patients should receive their surgery within 24 hours of the decision to operate and as a consequence improve our patient experience and outcomes, reduce length of stay and therefore the related expenditure on bed days.

**Further narrative to be inserted regarding 2012/13 quality related action and performance measures**

### **Statements of Assurance**

During 2011/12 NWLHT provided and or sub contracted **XX** NHS services. The Trust has reviewed all the data available to them on the quality of care in **XX** of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents **XX** per cent of the total income generated from the provision of NHS services by NWLHT for 2011/12.

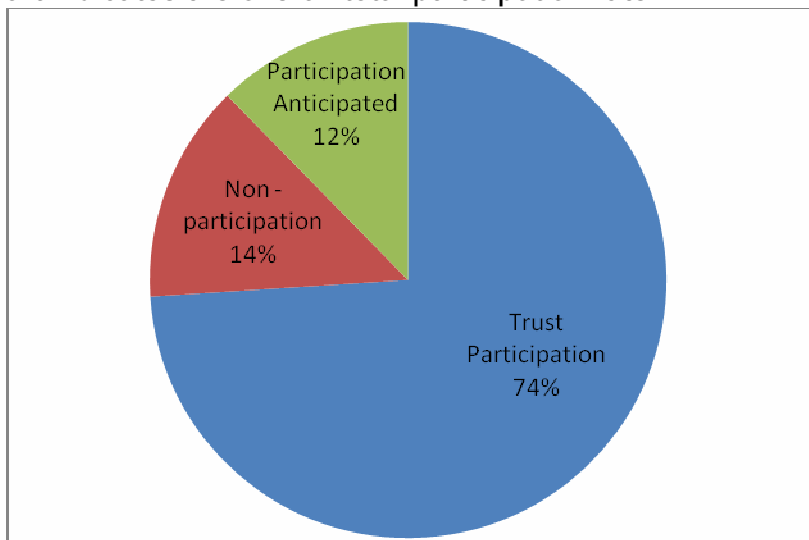
**Data validation in progress**

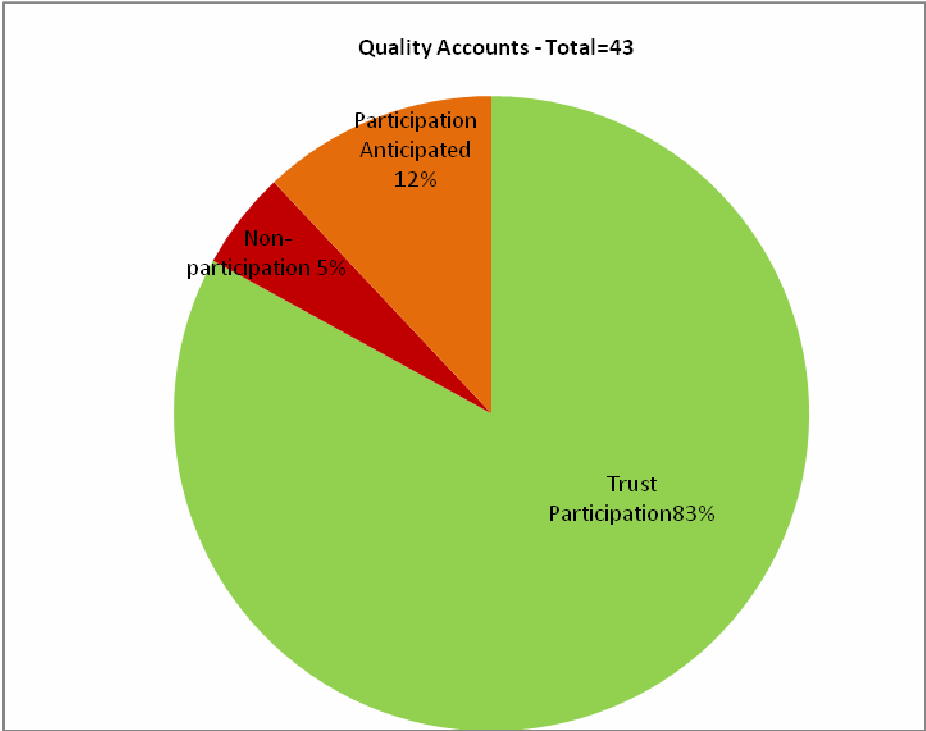
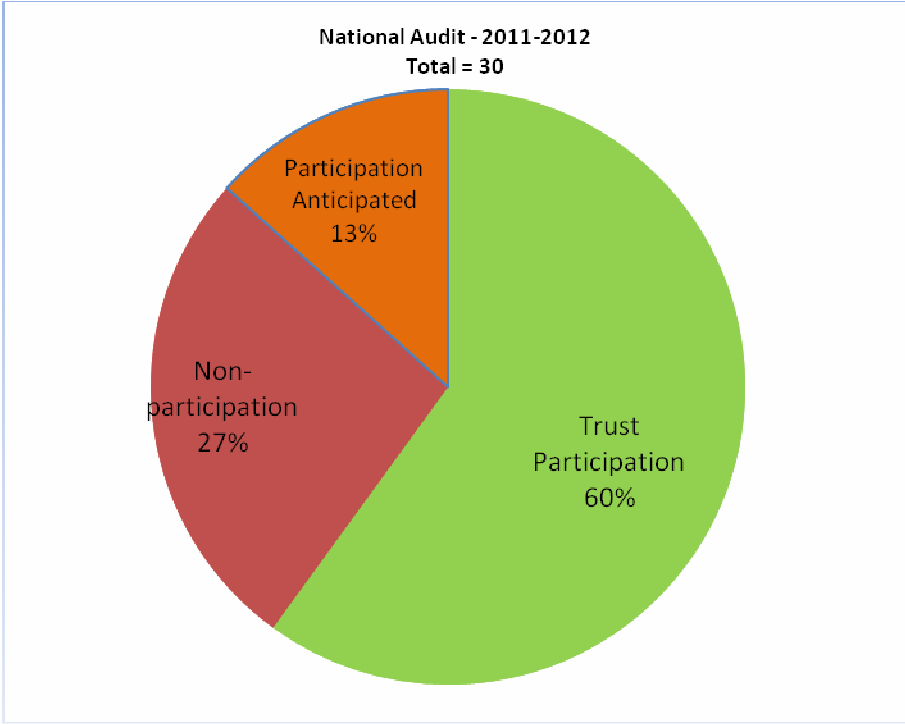
### **Clinical Audit**

During 2011-12, there was a total of 86 National/Quality accounts Audits eligible to NHS Trusts. Of the 86, 73 National/Quality Accounts audits were applicable to this Trust as a relevant service is provided by NWLH

<b>Total applicable to trust</b>	<b>N=73/86 [n/a 13 excluded from the calculation.]</b>
<b>Trust Participation</b>	N= 54
<b>Non – participation</b>	N= 10
<b>Participation Anticipated</b>	N= 9

Of the 73 Audits, 43 were Quality accounts audits and 30 National Clinical Audits  
Pie Chart indicates the overall total participation rate:





Name of Quality Account audits - 2011/2012	Participation
Perinatal mortality	✓
Neonatal intensive and special care	✓
Pain management	✓
Childhood epilepsy (Organisational)	✓
Childhood epilepsy (clinical)	✓
National Paediatric Diabetes Audit	✓
Emergency use of oxygen	✓
Adult community acquired pneumonia	✓
Non invasive ventilation - adults	✓
Pleural procedures	✓
Severe sepsis & septic shock	✓
Seizure management	✓
National Adult Diabetes Audit	✓
Heavy menstrual bleeding	✓
Ulcerative colitis & Crohn's disease (Clinical)	✓
Ulcerative colitis & Crohn's disease (organisational)	✓
IBD audit Biological	✓
National Parkinson's Audit	✓
Bronchiectasis	✓
Hip, knee and ankle replacements (National Joint Registry)	✓
Peripheral vascular surgery (Vascular Surgery Database)	✓
Carotid Intervention Audit	✓
National Lung Cancer Audit	✓
National Bowel Cancer Audit Programme	✓
Head & Neck Cancer	✓
National Oesophago-gastric Cancer Audit	✓
National Hip Fracture Database	✓
Severe trauma (Trauma Audit & Research Network)	✓
National Bedside transfusion	✓
National - Medical use of blood	✓
National Health Promotion in Hospitals Audit	✓
Care of dying in hospital	✓
Acute Myocardial Infarction & other ACS	✓
National Heart Failure Audit	✓
Acute stroke	✓
Cardiac arrhythmia /Cardiac Rhythm Management Audit	✓
Potential donor audit	✓
Adult critical care	Non - participation
Adult asthma	Non - participation
Paediatric pneumonia	Anticipated
Paediatric asthma	Anticipated
National Cardiac Arrest Audit	Anticipated
Elective surgery (National PROMs Programme)	Anticipated
Data Quality [MINAP]	Anticipated
Paediatric intensive care	N/A
Paediatric cardiac surgery /Congenital Heart Disease Audit	N/A
National Chronic Pain Audit	N/A

Intra-thoracic transplantation	N/A
Liver transplantation	N/A
Coronary angioplasty	N/A
CABG and valvular surgery	N/A
Renal replacement therapy (Renal Registry)	N/A
Renal transplantation	N/A
Prescribing in mental health services	N/A
National Schizophrenia Audit	N/A
<b>Name of National Clinical Audits - 2011/2012</b>	<b>Participation</b>
Human Recourses NICE National Audit (organisational questionnaire)	✓
National Diabetes Inpatient Audit – [bedside clinical information]	✓
2nd Multiple Sclerosis (organisational audit)	✓
Breast cancer Audit	✓
Urology Audit Section of Oncology: Complex operation audits: Prostatectomy; Cystectomy – for cancer; Nephrectomy (all performed whether for malignancies or not) – commenced January 2004.	✓
Abdominal Aortic Anurysm	✓
Limb Amputation audit (National Vascular Database)	✓
IUGA on-going audit	✓
Audit patient access to GUM clinics against national targets monthly. This goes to the Department of Health (DH)	✓
Survey of prevalent HIV infection- Health Protection Agency	✓
British Association for Sexual health and HIV 2012 Asymptomatic Screening re-audit	✓
Bisphosphonate Related Osteonecrosis of the Jaws	✓
Regional Audit of Implementation of NICE Guidelines for the removal of wisdom teeth	✓
Regional Audit Paediatric Network	✓
Consultant Sign off – [separate from the quality indicator reporting to DH]	✓
NHSP Data Quality Review (trends) NHSP Data Audit.	✓
Patient satisfaction relating to aetiological investigate-Review of parental satisfaction of children with long term hearing impairment	✓
Review of Asthma Deaths	✓
BAUS Section of Endourology: PCNL [prospective registry of all procedures]	Non - participation
BAUS Section of Endourology: PUJ obstruction – audit of management	Non - participation
BAUS Section of Endourology: Endoscopic treatment of UTCC	Non - participation
BAUS Section of Endourology: Urethroplasty	Non - participation
Section of Andrology and Genito-Urethral Surgery: Penile Curvature Surgery & Penile Prosthesis	Non - participation
Section of Female, neurological and urodynamic urology (FNUU):	Non - participation
Dementia Re-audit 2012	Non - participation
Theatre equipment national audit	Non - participation
British Society of Urogynaecology: Surgery for urinary incontinence submit audit data to specialist society database	Anticipated
Section of Female and Reconstructive Urology	Anticipated

Blood sampling/labelling information given to patients	Anticipated
COPD -discharge planning	Anticipated
Sudden Death audit	N/A

### Confidential Enquiries [100% participation rate]

NCEPODs - 2011/2012	Report
Surgery in Children Report - 'Are We There Yet?'	Trust is currently reviewing the recommendations from the report
Peri-operative Care Report - 'Knowing the Risk'	
NCEPODs - 2011/2012 – Current Studies	Participation
Cardiac Arrest	✓
Alcohol Related Liver Disease	✓
Bariatric Surgery	N/A
Subarachnoid Haemorrhage	N/A

### National Survey/ Regional study

2011/2012	Participation
Growth assessment on all children with food allergy in the U.K. (Great Ormond Street Hospital)	✓
National Survey London Paediatric Diabetes Survey	✓
Survey of IT re-survey lead by the NBTC on behalf of the CMO's National Blood Transfusion Committee	Non - participation

### Participation in national clinical audit and local learning and improvement

Our Accident and Emergency Department took part in a national audit of 'Feverishness in children 2010/2011' The audit criteria was based on the clinical standards for managing feverish children developed by consensus from representatives of the College of Emergency Medicine. The audit was led by this professional body.

Audit results showed positive outcome in most of the elements audited, i.e. the trust was above the national average in measuring and documenting Vital signs. In addition to this, the audit also indicated that there were elements that required long term improvements. Subsequently the Trust has put in place dedicated actions to ensure that patients continue to receive high quality care

Example of planned actions to be carried out over the coming years:-

- Education/Training programmes
- Advanced IT system to in co-operate additional clinical data to be collected for improving patient care.
- Develop local protocols to further improve the service across the Trust.

NWLHT continues to participate in National audits as a means to continue to improve its high quality care.

## **Research**

NHS clinical research is now monitored at a national level and the performance of the Trust is now available in a new format. The new Trust research activity league tables are available on the Guardian website <http://www.guardian.co.uk/healthcare-network-nihr-clinical-research-zone/trust-research-activity-league-tables> and indicate the numbers of studies open and the numbers of patients recruited into those studies.

The Trust has 65 studies open, recruiting 1,006 patients. We are therefore position 63 out of 396 for the number of studies opened and position 127 out of 396 for the numbers of patients recruited placing us as a mean in the top 25% of Trusts.

Participation in clinical research demonstrates NWLHT's commitment to improving the health and wellbeing and care we can offer to patients, while making a significant contribution to wider health improvement. Some examples of work undertaken in 2011/12 and the improvement for patients are shown below:

### ***Genito-Urinary Medicine***

Dr. Gary Brook's research work won him the first Trust R&D award for best research, based on the introduction of Electronic Patient Records into the GUM clinic, making us first in the country to go completely paperless,. The results of research show large increases in efficiency around patient recall if they have a Sexually Transmitted Infection. This shows that patients are treated on average 11 days sooner, generating big potential public health impacts and reduction in clinical complications. This work was also chosen by the journal Sexually Transmitted Infections for a press release and received international recognition after publication. A subsequent paper on the use of EPR to improve audit processes and record data has been published.

### ***Regional Rehabilitation Unit***

Research within the Regional Rehabilitation Unit has continued to be pivotal to the implementation of the National Service Framework for long term neurological conditions - in particular the demonstration of cost-efficiency of rehabilitation for highly dependent patients who offset the additional cost of long lengths of stay in rehabilitation through large savings in the costs of continuing care; and our work to evaluate and describe the needs of carers who look after adults with acquired brain injury.

The tools that we have developed to assess patients' needs for care and nursing in hospital and community settings (Northwick Park Nursing and Therapy Dependency Scores, the UK FIM+FAM, the Rehabilitation Complexity Scale) have been subjected to rigorous psychometric evaluation and are now widely taken up in clinical practice both in the UK and abroad.

### ***Radiology***

The Radiology Department have been promoting changes in service delivery through research. An example is the recent publication of "The CT Colonography Standards" which has allowed standardised practice, patient care and pathway implementation in CT Colonography to be circulated throughout the imaging community, which in turn will improve service delivery and patient experience.



### ***Haematology***

Over the last year, based on research within the Haematology Department investigators have represented the Trust at several international and European meetings in the management of patients with Myeloma and Waldenstrom's lymphoplasmacytic lymphoma. The expertise provided in patient management and guideline development at the Trust are extensive in particular, international guidelines on Kyphoplasty and management of spine disease in patients with Multiple Myeloma are being developed as a direct result of patient care guidelines locally at NWLHT and research done at NWLHT in conjunction with the Spine team at Royal National Orthopaedic Hospital, leading to improved quality of care for patients recognised at an international level. These guidelines will feed into NICE guidance.

### ***Sickle Cell***

Support for investigators involved in Sickle Cell Disease has led to psychological interventions including cognitive behavioural therapy and neuropsychological screening, which have been incorporated in recent national standards and guidelines for care in both children and adults. The need for these interventions were highlighted in previous research carried out within the Trust with Department of Health and Roald Dahl's Marvellous Children's Charity funding.

### ***Pathology***

Paul Tadrous's research into automated screening for acid-fast bacilli can reduce the costly consultant time requirements and may improve detection rates. In the Pathology Department there were 470 requests for ZN staining in 1 year. Given 15 minutes of consultant time to screen each slide, almost 120 hours of direct clinical care time (15 full working days) could be saved (in addition to the benefits to population health). The technology may also help improve Cervical and Bowel Cancer Screening as detailed in the publication. Tadrous PJ. Computer-assisted screening of ZN-stained tissue for mycobacteria: algorithm design and preliminary studies on 2000 images. *Am J Clin Pathol.* 2010 Jun;133(6):849–858.

### ***Clinical Genetics***

The Ehlers-Danlos Syndrome (EDS) diagnostic service, based at the North West Thames Regional Genetic Service (Kennedy-Galton Centre), provides a nationally funded source of clinical and scientific expertise for patients with hereditary disorders of connective tissue. The service is led by Professor Pope who has an international reputation in the field with multiple high impact peer reviewed publications, patient liaison (EDS support group UK) and expertise gained over 40 years of work with these patients. Through collaboration with colleagues at the Hammersmith Hospital, the EDS service plans use next generation sequencing technology to investigate the underlying genetic basis in patients with EDS, and other related conditions, in whom the molecular basis is currently unknown. This research is part of a wider study ('New sequencing technologies for investigation of genetic disease'), lead by Professor Tim Aitman for which research ethics approval is currently being sought. It is anticipated that this collaboration will translate into:

- Improved surveillance, management and outcomes for patients at risk of early onset stroke and bowel rupture;
- Expansion of the role of molecular genetic testing in general medicine (mainstreaming), increased diagnostic speed and subsequent management;
- Deeper understanding of the role of genetic predisposition to chronic pain and arthralgia, autonomic dysfunction and osteoporosis.

### **CQUINS (Commissioning for Quality & Innovation Scheme) for 2011/12**

The trust's CQUIN scheme comes from the government's commitment to support a continued shift in the NHS towards quality and to help produce a system which actively encourages a focus on quality improvement and innovation in its commissioning of services.

For 2011/12 the trust's scheme consisted of a total of six work streams (referred to as goals). Two of the work streams were national: that is they were mandatory and applied to ALL acute trusts providing services. Four of the work streams were local: that is they applied to the trust only and had been agreed between the trust and its local commissioners.

The work streams have required significant changes in the way staff work and in the way that services to patients are delivered. They have covered the following areas:

#### National goals:

- assessing adults admitted to our trust for their risk of forming a blood clot while in hospital or as a result of their stay in hospital
- capturing information on the experience of those who are admitted to our trust

#### Local goals:

- patients being reviewed by a consultant within 12 hours of their being admitted to the trust
- providing those admitted to the trust with an acute episode of their chronic obstructive pulmonary disease (COPD), with information to improve or continue their care once they have been discharged
- improving the 'end of life' care for patients admitted to the trust by implementing standards of care from the Department of Health's, National End of Life Care Strategy
- taking steps to reduce the number of falls (or at least the harm caused by the fall) by patients during their admission to the trust

For 2012/13 the Trust will again be involved in another CQUIN scheme. Full details are yet to be agreed but what is known is that there will be an additional two mandatory, national goals. These goals will involve work around:

- screening and identifying signs of dementia for patients admitted to the trust who are 75 years of age and over
- collecting information from patients admitted to the trust with regard to areas such as pressure ulcers, falls and urinary tract infections – this will allow the

same information to be collected (and then compared and shared) across the country

### **Care Quality Commission**

NWLHT is required to register with the Care Quality Commission (CQC). Our current registration status is fully registered, at all locations, without compliance conditions. The CQC has not taken enforcement action against the Trust during 2010/11.

Since the Dignity and Nutrition inspection of March 2011, reported in our last Quality Account, the Trust has been subject to the following CQC inspections and the findings have been as follows:-

#### **1. Full Review of Compliance – Central Middlesex**

**CQC Finding** - Central Middlesex Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

#### **Improvements suggested: Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Risk assessments of premises were conducted on a regular basis. Premises were generally suitable to work in and safe and accessible to patients and visitors. However, on the wards there was the potential for water from the shower area to splash and create a slippery toilet floor thus putting some patients at risk of falls.

#### **2. Full Review of Compliance - Northwick Park Hospital**

**CQC Finding** - Northwick Park Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

#### **Improvements suggested: Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Generally care and treatment were explained to people in a way in which they understood and suitable arrangements were in place for obtaining valid consent. However, in some instances documentation in relation to decisions not to attempt resuscitation of patients was incomplete. It was not clear whether patients or their relatives had been consulted on the decision taken.

#### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Patients were provided with information on the medication prescribed for them. Generally patients were protected against the risks associated with the unsafe use and management of medicines. However, not all medication had been stored safely in paediatrics. Expired medication was found in a drugs fridge and fridge temperatures were not monitored consistently on all wards. As a result patients could have been put at risk of receiving ineffective medication.

#### **3. Full Review of Compliance – Maternity Services- Northwick Park Hospital**

**CQC Finding** - Northwick Park Hospital was meeting all the essential standards of quality and safety.

#### 4. Inspection of A&E services – Northwick Park Hospital

The CQC carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 13 - Staffing

**CQC Finding** - Northwick Park Hospital was meeting all the essential standards of quality and safety.

#### 5. Full review of Compliance – St Marks Hospital

**CQC Finding** - St Mark's Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

##### **Improvements suggested:**

##### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

There were procedures in place for obtaining consent and acting in accordance with the wishes of the patient. However, in respect of Do Not Attempt Resuscitation orders an incomplete form may indicate that patient involvement had not taken place when the decision was made.

Overall we found that St Mark's Hospital was meeting this essential standard but, in order to maintain this, we suggested that some improvements were made.

#### 6 Inspection of services related to Termination of Pregnancy.

### **Info for insertion when report received from CQC**

#### **Data Quality**

Good quality information underpins the effective delivery of patient care; therefore improving data quality will support improvements in patient care and value for money.

NWLHT submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patients valid NHS number was –  
(APR \_ DEC)
  - o 94% for admitted patient care
  - o 96.7% for outpatient care
  - o 84.3% for accident and emergency care

### **\*\*TO BE CONFIRMED FULL YEAR\*\* Data validation in progress**

- Which included the patient's valid General Medical Practice was –  
(APR \_ DEC)
  - o 96% for admitted patient care
  - o 95% for outpatient care

- XX% for accident and emergency care

**\*\*TO BE CONFIRMED FULL YEAR\*\* Data validation in progress**

### **Information Toolkit Attainment levels**

NWLHTs Information Governance Assessment Report score overall score for 2011/12 was **XX% and was graded XXXXXXXX** using the Information Governance Toolkit grading scheme.

The Trust continues to work against its action plan for improving scoring against the requirements of the Information Governance toolkit.

**Data validation in progress**

### **Clinical Coding Error rate**

Clinical coding is a mechanism by which medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is one indicator of the accuracy of patients records.

During 2011/12 NWLHT the error rates reported for that period for diagnoses and treatment coding (clinical coding) were

#### **Admitted patients clinically coded data**

	2009/10 PbR		2010/11 PbR		2011/12 Audit scheduled for 20/2/12.	
	% correct	% incorrect	% correct	% incorrect	% correct	% incorrect
Primary diagnosis	98.1	1.9	94.8	5.2	Results will not be available until March / April 2012	
Secondary diagnosis	89.2	10.8	91	9		
Primary Procedure	92.1	7.9	94	6		
Secondary Procedure	89.2	10.8	91.5	8.5		

**Data validation in progress**

**\*\***

## Part 3 Quality Overview

### Performance against selected metrics

In selecting the metrics for our Trust we have chosen to measure our performance against indicators for patient safety, clinical effectiveness and patient experience. Staff experience indicators are also included in recognition of the important role our staff plays in delivering the quality and patient safety agenda.

### Safety and Clinical Effectiveness Indicators

Clinical Quality- CQUINS	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>National</b>																	
% of patients who had a VTE Assessment on admission	RS	G	90%	90%		63.1%	62.1%	63.1%	74.5%	75.1%	82.4%	84.2%	87.3%	89.9%	90.8%	91.8%	
<b>Local</b>																	
Rate of Inpatient Falls	CF	R	<3.00	<3.32	3.41	2.74	2.78	3.50	3.27	2.74	3.42	4.33	4.71	3.50	3.12		
<b>Clinical Safety</b>	<b>Exec Lead</b>	<b>RAG Status</b>	<b>Proxy target</b>	<b>YTD Target</b>	<b>YTD Actual</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	<b>Jul-11</b>	<b>Aug-11</b>	<b>Sep-11</b>	<b>Oct-11</b>	<b>Nov-11</b>	<b>Dec-11</b>	<b>Jan-12</b>	<b>Feb-12</b>	<b>Mar-12</b>
<b>Mortality Rate</b>																	
Summary Hospital-level Mortality Indicator (SHMI)	RS	N/A			59.1	60.1	56.6	57.2	56.8	59.6	64.6	59.2	62.5				
<b>Cleanliness- Environment Scores</b>																	
Central Middx Hospital - Very high risk Area	GM	G	98.0%	98.0%	98.6%	98.5%	98.6%	98.6%	98.6%	98.6%	98.6%	98.5%	98.6%	98.6%	98.8%	98.7%	
Northwick Hospital - Very high risk Area	GM	G	98.0%	98.0%	98.9%	98.9%	98.8%	98.9%	98.8%	98.7%	98.7%	98.7%	98.8%	98.8%	98.8%	98.9%	
Central Middx Hospital - High risk Area	GM	G	95.0%	95.0%	97.6%	97.7%	97.5%	97.6%	97.5%	97.6%	97.7%	97.7%	97.4%	97.6%	97.8%	97.7%	
Northwick Hospital - High risk Area	GM	G	95.0%	95.0%	98.0%	97.9%	98.0%	98.2%	98.4%	97.9%	97.6%	97.9%	97.8%	97.9%	97.7%	97.9%	
Central Middx Hospital - Significant risk Area	GM	G	90.0%	90.0%	97.8%	n/a	97.8%	97.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Northwick Hospital - Significant risk Area	GM	G	90.0%	90.0%	95.9%	95.6%	95.6%	96.1%	96.2%	97.6%	96.0%	95.9%	n/a	n/a	n/a	96.5%	
Central Middx Hospital - Low risk Area	GM	G	85.0%	85.0%	97.1%	n/a	97.1%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Northwick Hospital - Low risk Area	GM	G	85.0%	85.0%	91.4%	n/a	92.4%	n/a	n/a	90.0%	90.0%	n/a	n/a	n/a	n/a	n/a	
<b>Schedule 3 Indicators</b>	<b>Exec Lead</b>	<b>RAG Status</b>	<b>Actual Target</b>	<b>Proxy Target</b>	<b>YTD Actual</b>	<b>Apr-11</b>	<b>May-11</b>	<b>Jun-11</b>	<b>Jul-11</b>	<b>Aug-11</b>	<b>Sep-11</b>	<b>Oct-11</b>	<b>Nov-11</b>	<b>Dec-11</b>	<b>Jan-12</b>	<b>Feb-12</b>	<b>Mar-12</b>
<b>Infection</b>																	
MRSA bacteraemia reduction of incidences	FC	R	3	2	5	1	1	0	2	0	0	0	0	1	0	0	
C Diff reduction of incidences	FC	R	29	27	43	7	1	6	4	5	5	5	2	4	1	3	
<b>Women &amp; Children's</b>																	
Caesarean sections rate in line with agreed trajectory	RS	R	27%	27%	28.4%	32.6%	27.1%	30.5%	30.6%	30.8%	30.8%	31.2%	29.4%	27.7%	26.3%	15.3%	
No of women experiencing a 3rd degree tear, consistent with best clinical practice	RS	G	< 4%	< 4%	2.5%		3.0%	2.5%	1.9%	2.4%	2.6%	2.2%	3.5%	1.3%	2.1%	3.1%	
No of PP Haemorrhages, consistent with best clinical practice agreed	RS	N/A	Minimum	Minimum	2.9%	n/a	n/a	1.6%	3.3%	3.1%	3.5%	2.9%	3.0%	2.7%	4.0%	2.7%	

Acute Trust Performance Indicators	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>A&amp;E Clinical Quality Indicators- Core</b>																	
Unplanned re-attendance rate- CMH	RS / CF	R	<5%	<5%	5.59%	4.71%	6.37%	5.70%	6.08%	6.84%	8.02%	5.46%	6.00%	4.85%	3.76%	4.74%	
Unplanned re-attendance rate- NPH	RS / CF	R	<5%	<5%	8.95%	6.78%	6.95%	8.62%	11.20%	10.65%	8.88%	8.45%	9.96%	7.98%	9.27%	9.31%	
Total Time spend in A&E Department- Median- Admitted- CMH	RS / CF				3.45	3.42	3.42	3.41	3.39	3.47	3.48	3.49	3.45	3.44	3.47	3.50	
Total Time spend in A&E Department- Median- Non-Admitted- CMH	RS / CF				1.13	2.32	2.24	2.31	2.27	2.46	2.56	1.22	1.21	2.34	1.15	1.29	
Total Time spend in A&E Department- Median- Admitted- NPH	RS / CF				3.36	2.51	3.24	3.31	3.31	3.35	3.30	3.40	3.44	3.41	3.42	3.46	
Total Time spend in A&E Department- Median- Non-Admitted- NPH	RS / CF				1.33	2.04	2.16	2.19	2.23	2.31	2.33	1.42	1.45	2.48	1.40	1.29	
Total Time spend in A&E Department- 95th Percentile- Admitted- CMH	RS / CF	R	<=4hours	<=4hours	06:26	06:53	05:14	06:33	05:09	06:34	07:04	07:43	04:32	04:00	05:25	07:32	
Total Time spend in A&E Department- 95th Percentile- Non-Admitted- CMH	RS / CF	G	<=4hours	<=4hours	03:42	03:34	03:36	03:45	03:52	03:45	03:59	03:47	03:44	03:28	03:37	03:46	
Total Time spend in A&E Department- 95th Percentile- Admitted- NPH	RS / CF	R	<=4hours	<=4hours	09:39	09:34	08:48	09:31	09:48	07:38	07:35	11:24	10:42	09:15	09:10	11:22	
Total Time spend in A&E Department- 95th Percentile- Non-Admitted- NPH	RS / CF	G	<=4hours	<=4hours	03:57	03:53	03:51	03:52	03:52	03:55	03:54	03:57	03:58	03:59	03:58	04:43	
Total Time spend in A&E Department- Longest Wait- Admitted- CMH	RS / CF				21.35	11.31	15.08	15.19	16.02	19.43	20.08	18.06	14.38	11.25	15.02	21.35	
Total Time spend in A&E Department- Longest Wait- Non- Admitted- CMH	RS / CF				18.24	5.28	15.23	14.08	11.02	8.14	13.54	14.17	12.09	6.51	7.44	16.26	
Total Time spend in A&E Department- Longest Wait- Admitted- NPH	RS / CF				23.31	17.41	19.48	22.10	23.09	21.12	21.29	23.31	22.09	20.41	21.04	23.24	
Total Time spend in A&E Department- Longest Wait- Non- Admitted- NPH	RS / CF				22.56	14.50	16.17	18.05	15.47	16.03	17.27	22.03	18.31	18.17	22.56	20.45	
Left without being seen- CMH	RS / CF	G	<5%	<5%	3.96%	3.43%	3.86%	4.80%	5.01%	3.17%	4.63%	3.97%	3.84%	2.89%	3.39%	4.47%	
Left without being seen- NPH	RS / CF	G	<5%	<5%	3.21%	3.03%	2.50%	2.53%	3.43%	3.00%	3.04%	3.51%	3.77%	3.33%	3.08%	3.65%	
Time to Initial Assessment- Median- CMH	RS / CF				0.08	0.02	0.03	0.03	0.08	0.09	0.08	0.09	0.08	0.09	0.09	0.09	
Time to Initial Assessment- Median- NPH	RS / CF				0.12	0.05	0.05	0.06	0.09	0.10	0.12	0.14	0.16	0.16	0.15	0.18	
Time to Initial Assessment- 95th Percentile- CMH	RS / CF	R	<15min	<15min	00:44	00:25	00:30	00:31	00:50	00:43	00:43	00:52	00:41	00:39	00:45	00:45	
Time to Initial Assessment- 95th Percentile- NPH	RS / CF	R	<15min	<15min	01:06	00:49	00:45	00:45	00:48	00:47	01:03	01:11	01:23	01:14	01:28	01:27	
Time to Initial Assessment- Longest Wait- CMH	RS / CF				12.15	1.25	12.15	1.09	3.37	2.05	2.01	4.01	4.06	2.26	2.22	2.54	
Time to Initial Assessment- Longest Wait- NPH	RS / CF				21.34	8.56	21.34	8.14	3.36	3.56	4.58	11.21			6.03	11.18	
Time to Treatment- Median- CMH	RS / CF	R	<60min	<60min	01:01	00:56	00:55	00:43	01:03	01:21	01:27	01:09	01:02	00:46	00:45	01:00	
Time to Treatment- Median- NPH	RS / CF	R	<60min	<60min	01:23	01:17	01:06	01:16	01:14	01:13	01:24	01:24	01:33	01:32	01:36	01:38	
Time to Treatment- 95th Percentile- CMH	RS / CF				3.39	3.54	3.53	3.48	3.18	3.29	3.21	3.28	3.02	2.16	2.39	2.31	
Time to Treatment- 95th Percentile- NPH	RS / CF				3.29	3.26	3.27	3.30	3.27	3.00	3.25	3.31	3.39	3.44	3.35	3.42	
<b>A&amp;E Clinical Quality Indicators- Core</b>																	
Ambulatory Care- Cellulites and DVT- CMH	RS / CF																
Ambulatory Care- Cellulites and DVT- NPH	RS / CF																
Service Experience for A&E Services- CMH	RS / CF																
Service Experience for A&E Services- NPH	RS / CF																
Consultant Sign Off- CMH	RS / CF																
Consultant Sign Off- NPH	RS / CF																
<b>Stroke Care</b>																	
Patients that have spent more than 90% of their stay on a stroke unit	RS	G	80.0%	80.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	92.1%	98.9%	96.0%	94.0%		

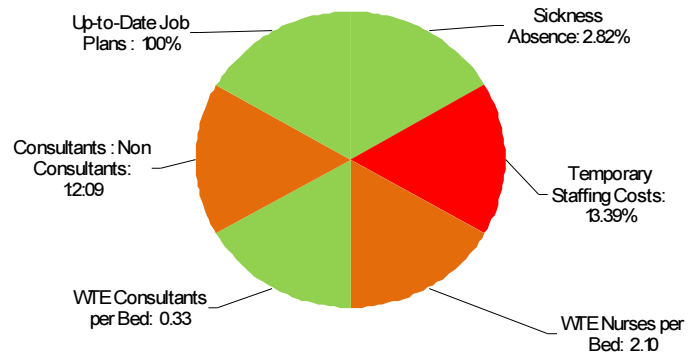
## Patient Experience indicators

Clinical Quality- Patient Experience		Exec Lead	2010	2009	2008													
<b>Patient Experience Questions- Comparison with other Trusts</b>																		
The A&E Department	CF		The Same	The Same	The Same													
Waiting Lists and Planned Admissions	CF		The Same	The Same	The Same													
Waiting to be admitted to a ward bed	CF		The Same	The Same	The Same													
The hospital and ward	CF		The Same	The Same	Worse													
Doctors	CF		The Same	Worse	The Same													
Nurses	CF		Worse	Worse	Worse													
Care and Treatment	CF		Worse	Worse	Worse													
Operations and Procedures	CF		Worse	Worse	The Same													
Leaving Hospital	CF		The Same	The Same	The Same													
Overall views and Experiences	CF		The Same	Worse	Worse													
<b>Patient Experience Questions- CQUINN Performance</b>																		
Were you involved as much as you wanted to be in decisions about your care and treatment	CF	R	62.1	65.3														
Did you find someone on the hospital staff to talk to about your worries and concerns?	CF	G	51.8	49.3														
Were you given enough privacy when discussing your condition and treatment?	CF	R	76.5	78.8														
Did a member of staff tell you about medication side effects to watch for when you went home?	CF	G	40.4	38.3														
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?	CF	R	66.9	69														
Aggregate Score	CF	R	59.5	60.1														
Clinical Quality- Patient Experience		Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>Meridian Patient Experience Trackers</b>																		
I found that there were members of the hospital staff that I could talk to about my worries and concerns	CF		TBC	TBC											92.86		78.65	
I was given enough privacy when discussing my condition and treatment	CF		TBC	TBC											87.50		86.98	
A member of staff told me about medication side effects to watch for when I went home	CF		TBC	TBC											86.61		74.48	
I was involved as much as I wanted to be in decisions about my care and treatment	CF		TBC	TBC											85.71		80.21	
I was told who to contact if I was worried about my condition or treatment after left Hospital	CF		TBC	TBC											82.14		76.04	
Clinical Quality		Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
<b>Complaints</b>																		
% of complaints acknowledged within 3 days of receipt	CF	G	90.0%	90.0%	91.3%	79.0%	96.0%	95.0%	92.0%	90.0%	91.0%	92.0%	93.0%	97.0%	99.0%			
% of complaints responded to within the agreed first target	CF	R	75.0%	75.0%	51.0%	52.0%	54.0%	55.0%	53.0%	59.0%	48.0%	42.0%	50.0%	50.0%	49.0%			

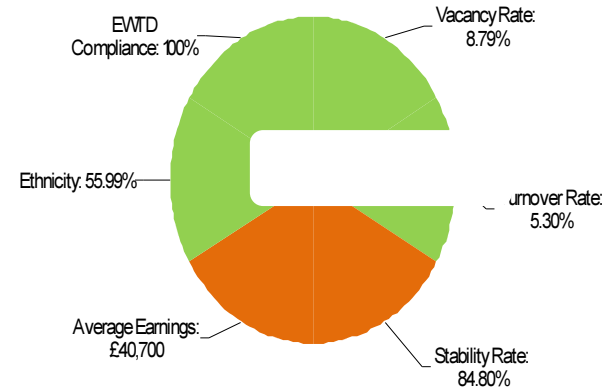
## Staff experience indicators



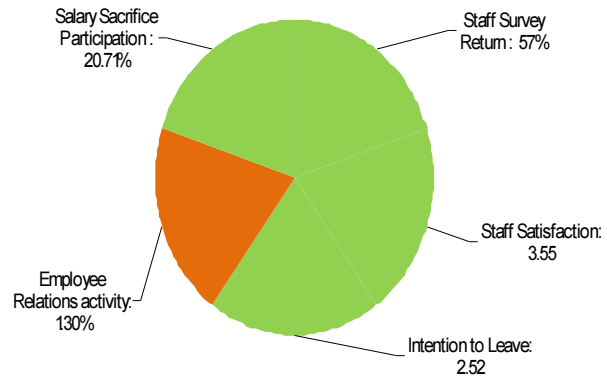
### Model Employer



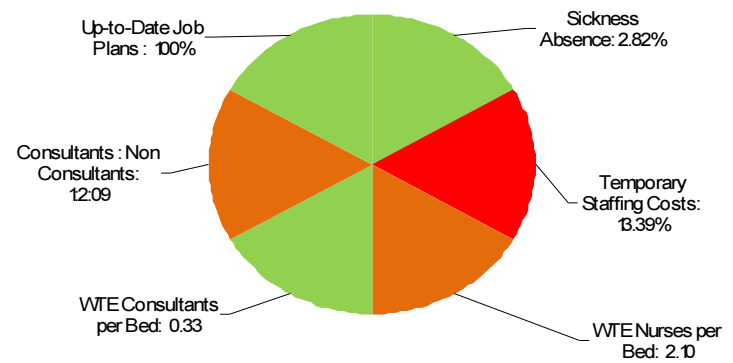
### Model Career



### Staff Engagement



### Productivity





## Trust Performance - Benchmarking data

Data validation in progress – benchmark data to be inserted when available



## **Part 4 Annex – Stakeholder Statements**

**Response of the Harrow Link**

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**Response of the Brent Local Involvement Network**

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**Brent Council's Health Partnerships Overview and Scrutiny Committee response to the North West London Hospitals NHS Trust Quality Account**

**Response on behalf of the Health Social Care Scrutiny Sub-Committee Harrow Council**

**COMMENTS FROM THE HEALTH AND ADULT SOCIAL SERVICES STANDING SCRUTINY PANEL, EALING COUNCIL**

## Glossary Acronyms?

NBOCAP	National Bowel Cancer Audit Project
HQIP	Healthcare Quality Improvement Partnership
DAHNO	Data for Head and Neck Oncology
NLCA	National Lung cancer Audit
NNAP	National Neonatal Audit Plan
BCIS	British Cardiac Intervention Society
MINAP	Myocardial Infarction National Audit Project
BASO	British Association of Surgery and Oncology
TARN	Trauma Audit Research Network
BAUS	British Association of Urological Surgeons
SINAP	Stroke Improvement National Audit Programme
AAA	Abdominal Aortic Aneurysm
IUGA	International Uro-gynaecological Association
SOPHID	Survey of Prevalent HIV Infections Diagnosed
BHIVA	British Human Immunodeficiency Virus Association
BASHH	British Association of Sexual health and HIV
QRT	Quality Rating Tool.
BRONJ	Bisphosphonate related osteonecrosis of the jaws)
NASH	national audit of seizure management in hospitals)
NIV	Non Invasive Ventilation
COPD	Chronic Obstructive Pulmonary Disease
NHSP	Newborn Hearing Screening Programme
BOS	British Orthodontics Society
QET	Quality Enhancement Tool.
HR NICE	Human Resources – National Institute of Clinical Excellence
(NaDIA)	National Diabetes Inpatient Audit