The North West London Hospitals NHS
NHS Trust

Quality Account
2010 – 2011

North West London Hospitals NHS Trust

Quality Account 2010 – 2011

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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 across 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

Part 1 Chief Executive Statement

Our vision at North West London Hospitals NHS Trust (NWLHT) is to deliver outstanding quality care to our patients. Our commitment to this goal is embodied in our Trust corporate objectives which place patient safety alongside patient experience at the heart of what we all do every day.

2010 has been a year of both progress and challenge and this Quality Account report contains just some examples of our success, challenges and goals on our quality journey.

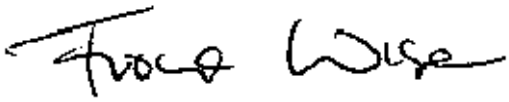
There are some quality measures of which we are particularly proud; these include our fantastic achievements in reducing infection rates for our patients. Also our research on treatment checklists (or care bundles) made worldwide news after it was published in the British Medical Journal online in April 2010. When these were first implemented within the organisation they resulted in a 15 per cent cut in patient deaths and since then our mortality rates have continued to be below the national average, with our continued good performance for Hospital Standardised Mortality Rates being cited in the Dr Foster Good Hospital Guide as one of the lowest in the country.

Additionally the Trust was designated a Hyper Acute Stroke Unit and the unit was finally opened in July 2010. This provides 50 operational stroke beds providing a 24/7 specialist service for the people of North West London and in a national report produced by the Royal College of Physicians was ranked in the top 25% for the UK.

While progress is clearly been achieved in many areas we still have some areas of challenge within the Trust and have described some of these within the priorities outlined for the year ahead. The Trust Board takes a keen interest in this work and will continue to support and monitor progress throughout the year.

We are also delighted that our service users and external stakeholders have taken an opportunity to comment on and shape our Quality Accounts and you can read their comments in Part 4 of this document.

In conclusion, I am delighted to present the North West London NHS Hospital's Quality Account for 2010/11 which I believe is a fair and accurate report on our quality and standards of care.



➢ Quality narrative

For North West London Hospitals the quality of patient care is of paramount importance and the Trust Board is committed to maintaining patient safety and quality of care at the top of its agenda. Whilst our key quality priorities for the coming year are reflected in Part 2 of this report, other specific areas of challenge and importance to the Trust will remain in high focus for 2010/11. These include our ongoing work in the following areas:

Equality and Diversity

- ***Equality*** *is not about treating everyone the same, it is about ensuring that access to opportunities are available to all by taking account of people's differing needs and capabilities.*

- ***Diversity*** *is about recognising and valuing differences through inclusion, regardless of age, disability, gender, racial origin, religion, belief, sexual orientation, commitments outside work, part-time or shift work, language, union activity, HIV status, perspectives, opinions and person values etc.*

North West London Hospitals NHS Trust believes in fairness, equity and above all values diversity in all dealings, both as a provider of healthcare services to patients and as an employer of the local ppoulation. The Trust is committed to eliminating discrimination on the basis of gender, age, disability, race, religion, sexuality or social class. We aim to provide accessible services, delivered in a way that respects the needs of each individual and does not exclude anyone.

In demonstrating these beliefs we aim to ensure we develop a workforce that is diverse, non discriminatory and appropriate to deliver modern healthcare. At NWLHT training on equality, diversity and human rights matters is mandatory for all of our staff and as a Trust we continue to embed equality and diversity values into every day practice, policies and procedures so equality and diversity practice becomes the norm for everyone.

To support this work the Director of Human Resources is nominated as the Trust's Executive Lead for equality, diversity and human rights. We also have an Equality, Diversity and Social Inclusion (EDSI) committee, chaired by a Non Executive Director. This committee consists of representatives from across the whole organisation, including clinical and non clinical staff, in addition to representation from other public sector organisations and third sector parties.

As an example of our commitment to equality and diversity the Trust supports an independent Black, Minority Ethnic (BME) Staff Support network and we are currently running a BME mentoring programme with a cohort of twenty mentees. A significant number of the mentors on the programme are Executive Directors and senior managers within the Trust. This programme has been very successful and we are delighted to have a waiting list of potential mentees for our next programme.

Safeguarding Vulnerable Adults (SVA)

A vulnerable adult is defined in 'No Secrets' (the Government's Guidance on Adult Abuse) as: -

'a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. One such group is people with community care needs. This group may include people with:-

- a learning / physical / sensory disability
- mental ill health or dementia
- frailty due to age
- acquired brain injury
- a drug / alcohol problem
- certain types of physical illness
- Many frail or confused older people are especially vulnerable

North West London Hospitals is committed to the protection of vulnerable adults. The Trust has an established Safeguarding Vulnerable Adults Board which oversees the development of procedures and practice reflecting pan London SVA procedures and sharing protocols with our stakeholders and partners. This Board is chaired by the Director of Nursing as the Trust's nominated executive lead.

On a day to day basis leadership for SVA is provided by Deputy Director of Nursing and the Matron for Older People who support older people and promote best practice among staff. This includes provision of a training programme for SVAs and people with a Learning Disability, which is provided as part of induction for all our staff and on our mandatory training programme.

The Trust continues to work with our partners to develop procedures for improving SVAs and we have effective links with Brent and Harrow Council and the Safeguarding Vulnerable Adult leads for NHS Brent and Harrow. A Trust representative sits on both Brent and Harrow Safeguarding Vulnerable Adults Boards and attends joint training events.

During 2011/12 we continue with our commitment to develop and improve the care we provide for patients with a learning disability. In 2010/11 the Trust began to specifically monitor and review complaints from learning disability service users and carers and this will continue in the year ahead. We also held a focus group session for carers of people with a Learning Disability. This provided the Trust with excellent feedback on how we might enhance our services, some of the key themes emerging were the importance of effective communication, the recognition of the support carers can provide and difficulties encountered around visiting times.

This information will be used to support the development of the Trust's Carers Strategy and will influence the development of a "Patient Passport" which is a key piece of work in 2011/12.

Safeguarding children

At NWLHT we are committed to the protection of children and work hard to ensure that children are cared for in a safe, secure and caring environment. To support this work we have a number of Safeguarding Children arrangements in place, these include:-

- meeting statutory requirements in relation to Criminal Records Bureau checks, meaning all our staff undergo a CRB check prior to employment. Those working directly with children undergo an enhanced level of assessment.
- ensuring we have policies and procedures which reflect national current recommendations to protect children.
- having a system by which we can follow up on children who miss an outpatient appointment within any speciality in the hospital. This contributes to ensuring their care and ultimately their health is not being affected. In addition, the Trust ensures it has systems in place to alert professionals to any child in our care for whom there are already known safeguarding concerns.
- we have a Safeguarding Children Board to oversee and monitor all related work. In particular it monitors the Safeguarding Children Training Strategy. This ensures all eligible staff have undertaken up to date, relevant Safeguarding Children training. Currently, given a target of 80% for all levels, the Trust has

    - 85% of all staff up to date with level one training.
    - 83% of relevant staff up to date with level two training.
    - 80% of relevant staff up to date with level three training.

The Director of Nursing is the Executive Director lead for Safeguarding Children and also chairs the Trust's Safeguarding Children Board. The Trust Board receives a bi-annual report on safeguarding children issues, with a yearly Trust Board update seminar and training session on all safeguarding issues.

To lead and support this work across the Trust we have nominated professionals. These are a named nurse, a named doctor and a named midwife for child protection. They undergo specific training and each has a clearly defined role and allocated time and relevant support to enable them to discharge their duties. These professional staff work in close liaison with other social and health care organisations. The Trust also currently employs the Designated Doctor for NHS Harrow.

Representatives from the Trust participate actively in Brent and Harrow's Local Safeguarding Children Boards and sub-groups. This allows liaison and communication with other representatives from health, social care, education and the police and ensures our front line staff are able to work together to protect children.

Maternity services

Maternity services in London face particular challenges due to a number of factors. In particular birth rates are rising in proportion to the population with the average annual increase in birth at 2% per year and a projected increase of 7% over the next 10 years. Therefore improving safety and quality of services is very important to us.

To assist us in this work the Trust participates in a standards and assessment scheme. This is run by the NHS Litigation Authority www.nhsla.com and is designed to:

- provide a structured framework within which Trusts can focus effective risk management activities in order to deliver quality improvements in patient care and safety
- encourage and support maternity services in taking a proactive approach to improvements
- provide assurance to the maternity service, other inspecting bodies and stakeholders, including patients.

During 2010/11 we successfully achieved Risk Management Standards for Maternity Services at Level 1and we are now working hard during 2011/12 to improve this position and enable successful assessment at Level 2 at the end of 2012.

As part of our quality improvement programme, the Trust was delighted to achieve recognition by UNICEF with a Baby Friendly Certificate at Stage 1 in 2009. Throughout 2010/11 we are have prepared for assessment against Stage 2 standards and this will take place in August 2011. If successful will be one of only four London Trusts with this quality standard.

We continue to work collaboratively with our service commissioners, local authorities and voluntary sector to implement the Healthy Child Programme (DOH 2009) to improve the health and wellbeing of children with a strong focus on prevention of illness in the first years of life. This will involve continuing to deliver “woman focused” maternity care within local Children’s Centres optimising health outcomes for mother and baby.

Some other priorities in our work plan for 2011/12 include development of a multi-lingual DVD showcasing our maternity services. It is hoped this will improve and increase access to services for women and is also being supported through the provision of multi-lingual Parenting Preparation classes within the community.

To promote compliance with the four national choice guarantees as outlined in Maternity Matters (DoH) a normal birth strategy is being developed to increase provision of home birth and utilisation of the midwifery led birth unit.

Finally, during the coming year we aim to enhance the environment for our users with the planned refurbishment of the antenatal clinic and postnatal ward. This work is being carried out in partnership with our service users through our Parent’s Partnership to ensure a welcoming family friendly environment.

Emergency Department (A&E)

During 2010/1, whilst meeting the 95% target for seeing patients within 4 hours of arrival in the A&E department, the Trust experienced deterioration in performance throughout the year and failed to achieve the local 98% target, with a final year end performance of 97%.

As a result the local health community which included the Trust, Harrow NHS Primary Care Trust (PCT) and Brent NHS tPCT invited a visit from the Emergency Intensive Support Team (EIST) of NHS London. The EIST are a group of experts with experience of improving emergency care pathways for patients across healthcare providers.

Within the Trust work had already started to understand the underlying causes for the deterioration in performance. The Trust sees some of the largest volumes of emergency activity across the North West London sector with a projected 170,000 A&E attendances this year. Therefore factors contributing to achieving the target proved to be complex and multi- factored.

The additional work of the EIST recommended a number of actions for the Trust as well as actions required within the community setting. One of the main outcomes from the EIST was the need for a “whole systems” approach requiring input from GPs, the ambulance service, the Trust and social services to achieve change and improvement across the whole emergency patient pathway.

Within the Trust we have developed a plan based on the key actions which aims to support this whole systems improvement in performance and our work streams are focussed on the following areas:

- the Emergency Department itself
- the flow of Inpatients
- Acute Assessment unit
- Inpatient General & Sub Specialty Wards
- Bed Management & Discharge Planning
- Whole System Escalation

To date we have made good progress in developing, sustaining and monitoring the improvement of our internal emergency pathways and this work is being overseen by our Emergency Care Programme (ECP) Board. The ECP board is accountable internally to the Executive committee and the Urgent Care Network externally.

Broader recommendations for the whole health system will be monitored via the Urgent Care Network which includes representatives from across the wider health community. These in turn will provide assurance to our Trust Board that the recommendations made by the EIST are being progressed.

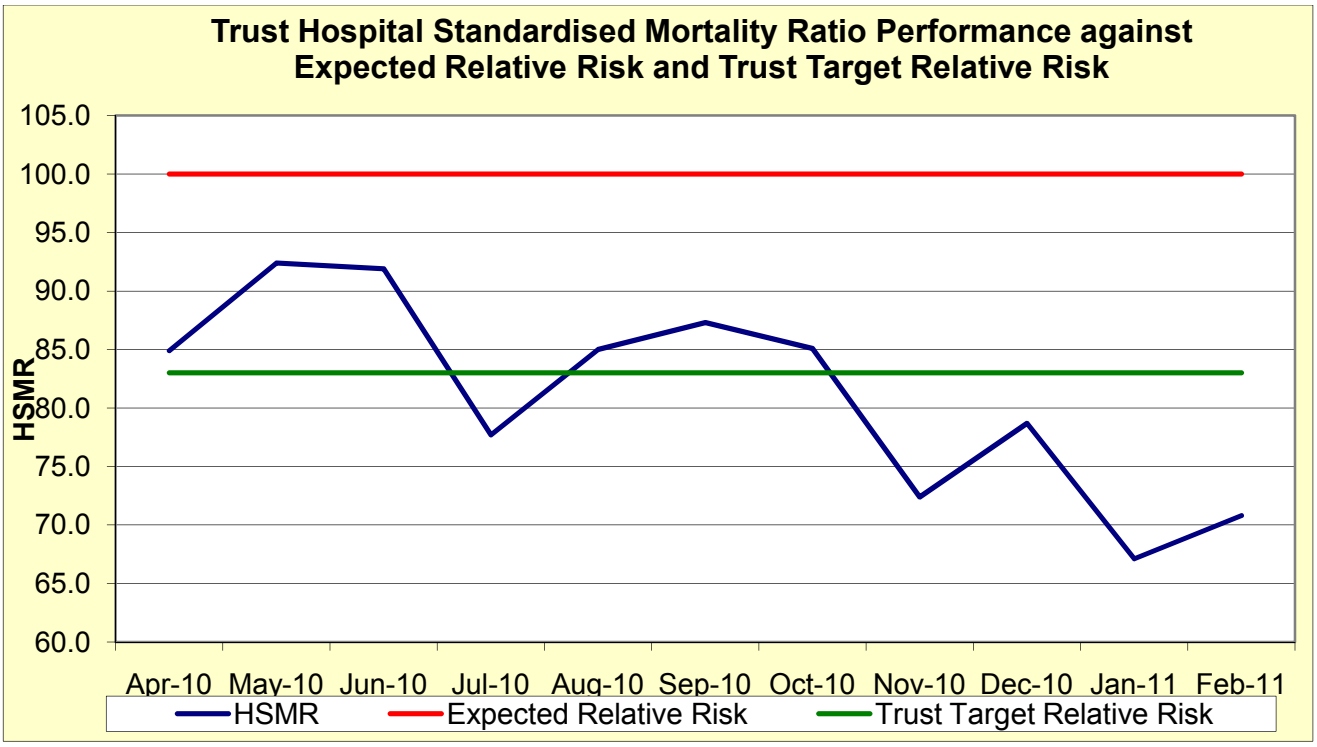
Part 2 Priorities for Improvement and Statements of Assurance

➢ Report on Quality Priorities 2010/11

In our 2009/10 Quality Account we outlined three key priorities for NWLHT. These were to:

- To maintain and 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 through reducing numbers of complaints and improve results in patient experience indicators

Priority 1 Maintain and reduce our Hospital Standardised Mortality Rate (HSMR)



The Trust's Hospital Standardised Mortality Ratio (HSMR) is an important indicator for the safety and quality of services we provide to our patients and we continue to be significantly below the expected relative risk for our type of organisation. This was recognised in the recent Dr Foster Good Hospital guide publication where we were highlighted as being amongst the best ten Trusts in London and the top twenty-six nationally.

The Trust remains committed to further improving our performance against this important quality indicator and our use of care bundles, instrumental in our performance to date, is being implemented as a quality tool across further clinical services and treatments in the Trust. The Trust Board takes a keen interest in monitoring this measure and it will continue to form part of the monthly Safety, Quality and Performance report to our Trust Board.

Priority 2 Improvements in Patient safety:

- to further reduce healthcare acquired infection (HCAI) and
- increase incident reporting

Reducing healthcare acquired infection

At the end of March 2011, the Trust reported a total of 4 MRSA Bacteraemia cases against a set target of no more than 8 cases. The Trust has demonstrated year on year improvements and its performance is now within the best quartile nationally.

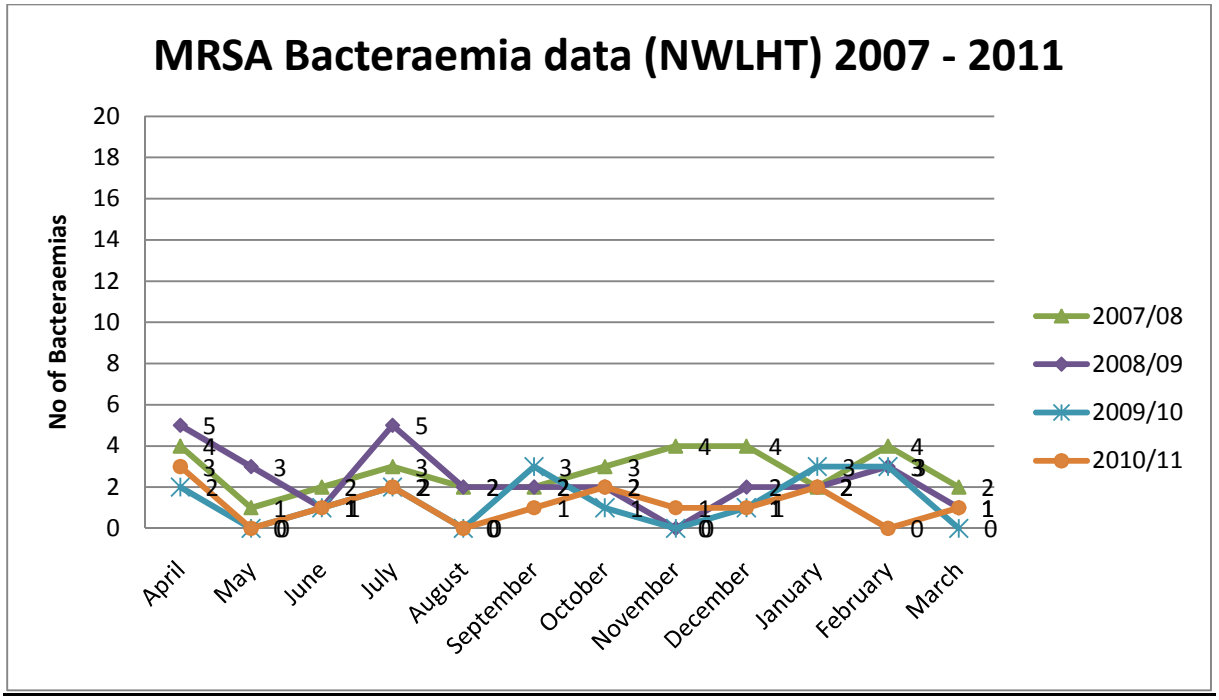
In relation to *Clostridium difficile* performance has also been good with cases significantly below both the local and national target. The end of year position recorded a total of 47 post 48 hour cases against a target of no more than 62 cases.

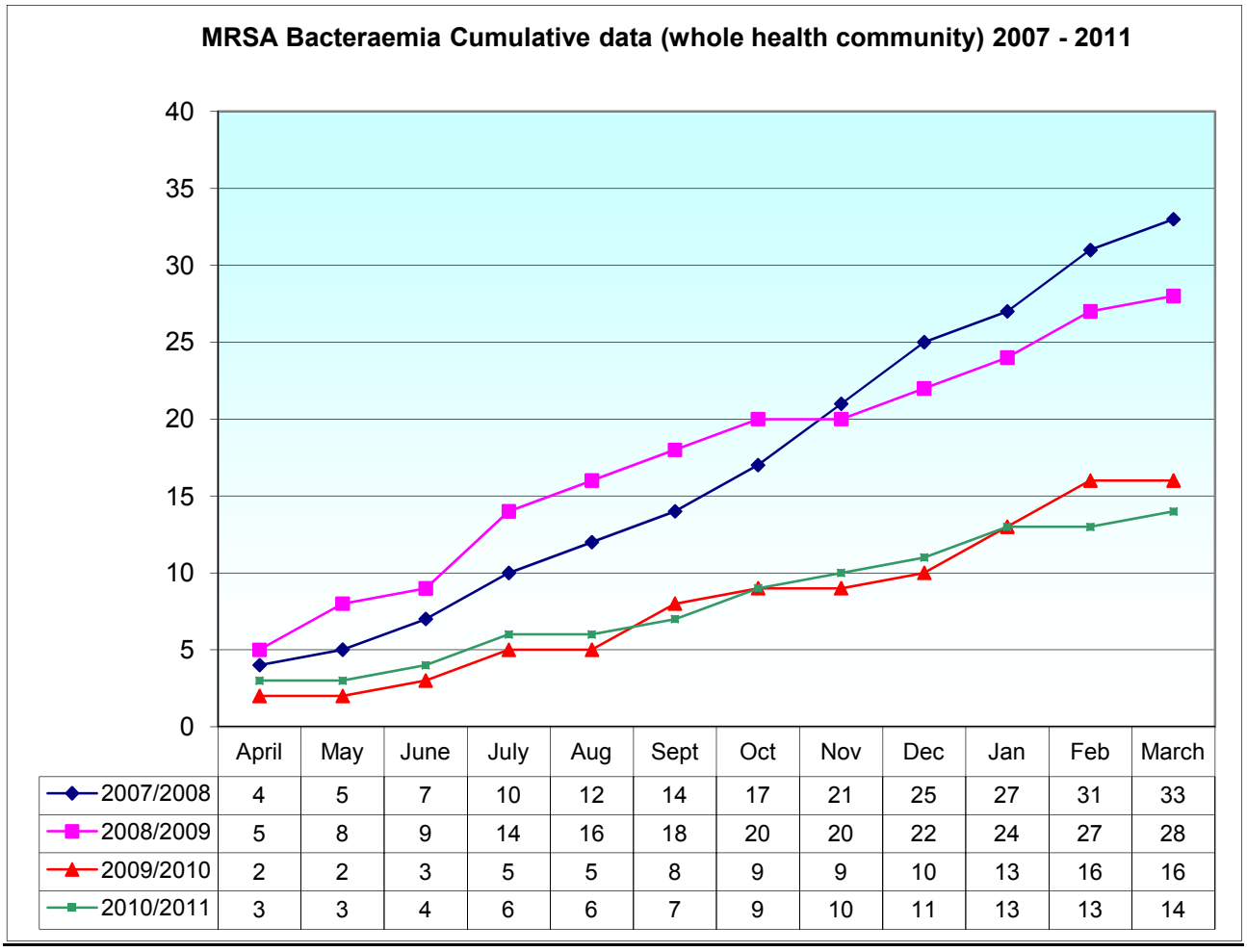
The prevention and control of healthcare associated infections continues to be the subject of increasing national prominence and remains one of the Trust's key objectives. Although not described in the key priorities section for 2011/12 below, infection prevention and control will remain under close scrutiny. The Trust believes that quality improvement work undertaken in 2010/11 is well embedded throughout the organisation and performance will continue to be monitored through national reporting requirements and our own key performance indicators. This work will remain at the heart of work overseen by the Trust Infection Prevention and Control committee which is chaired within the Trust by the Chief Executive and has membership including external stakeholders, partners and patient representatives.

In 2011/12 our aims are:

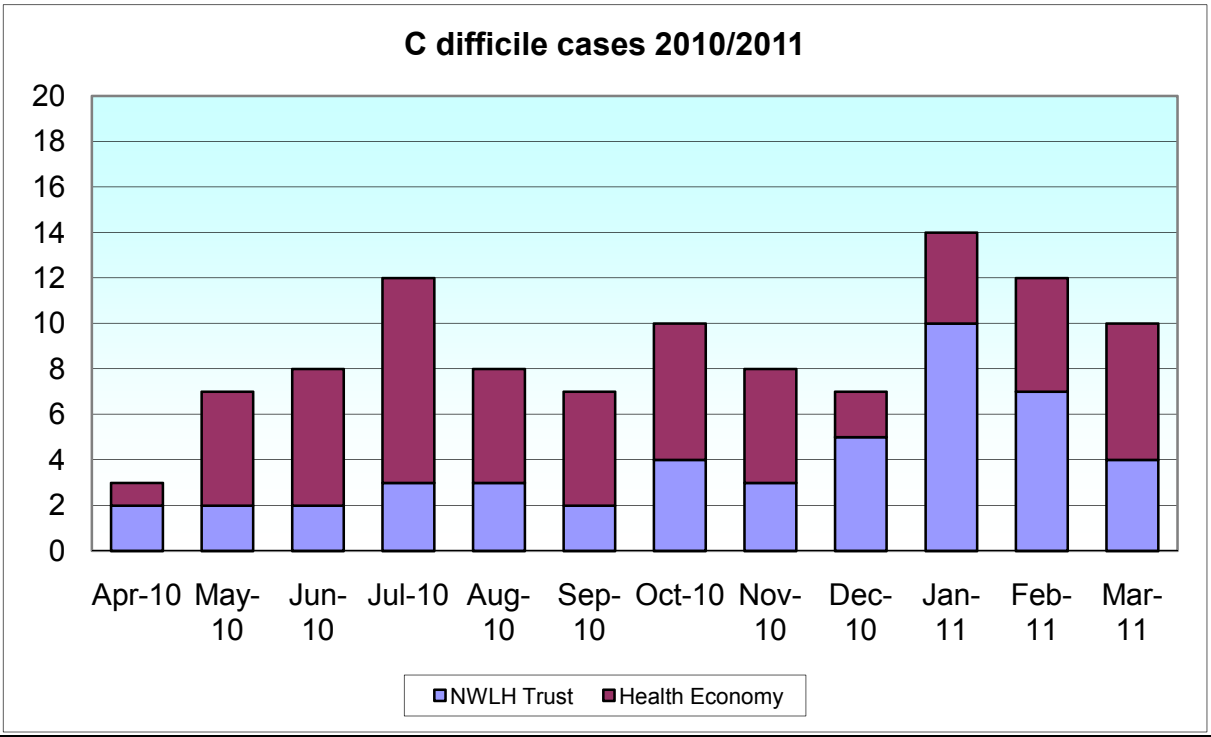
- To provide a safe environment for all patients, visitors and staff
- To ensure patients receive clean, safe optimal care
- To sustain and build upon the reductions seen in MRSA, *Clostridium difficile* and other newly emerging and resistant organisms.

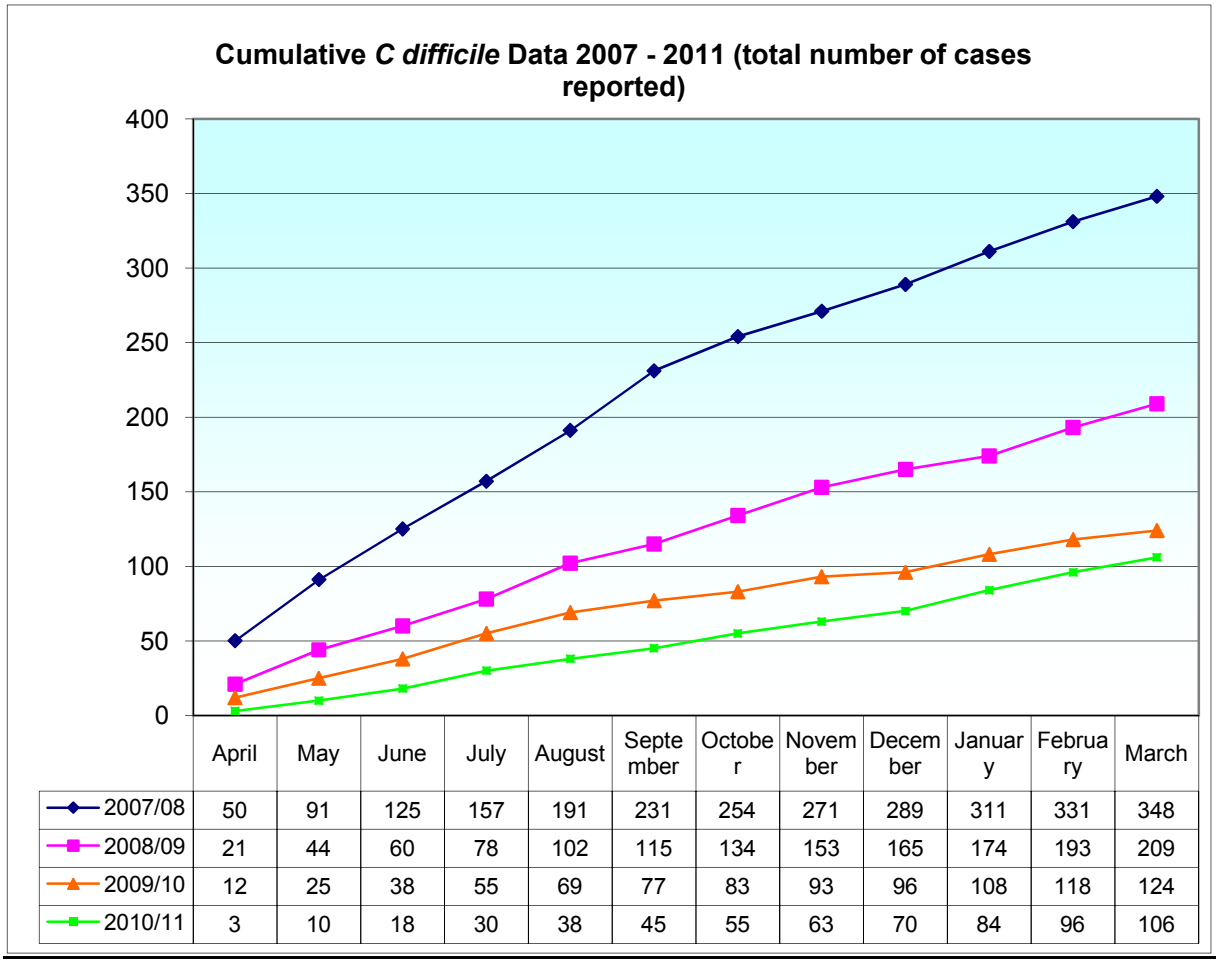
The graphs below show all cases confirmed in the laboratory, this includes both pre and post 48 hours.





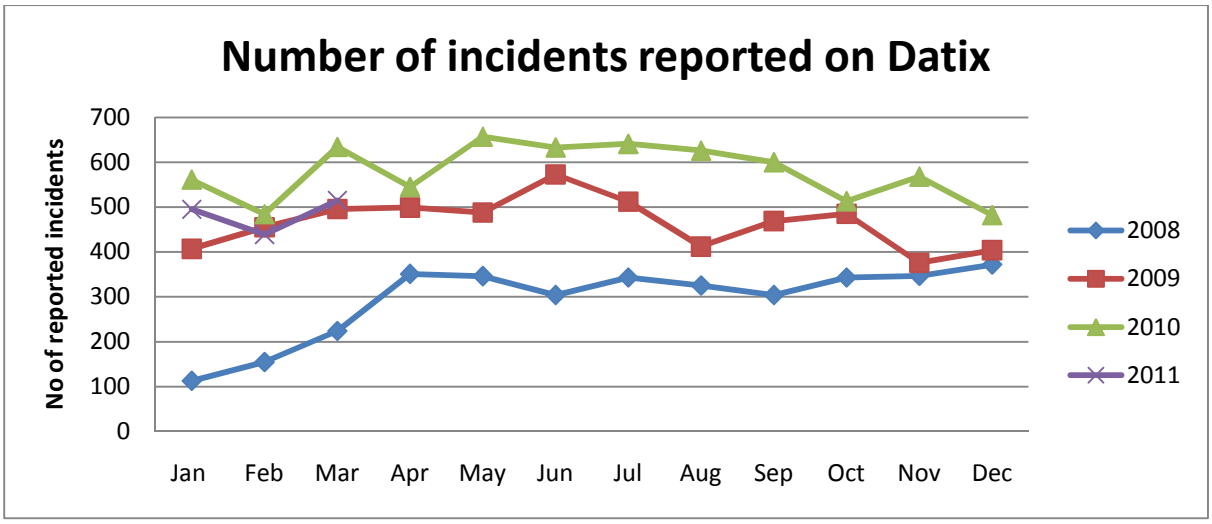
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2007/2008	4	5	7	10	12	14	17	21	25	27	31	33
2008/2009	5	8	9	14	16	18	20	20	22	24	27	28
2009/2010	2	2	3	5	5	8	9	9	10	13	16	16
2010/2011	3	3	4	6	6	7	9	10	11	13	13	14





	April	May	June	July	August	September	October	November	December	January	February	March
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
2010/11	3	10	18	30	38	45	55	63	70	84	96	106

Increasing incident reporting



The National Patient Safety Agency states that a high incident reporting rate is a mark of a 'high reliability' organisation. Research shows that trusts with significantly higher levels of incident reporting are more likely to demonstrate other features of a stronger safety culture.

The incident reporting rate for NWLHT was rated as one of the lowest within its category of reporting hospitals and therefore was selected and a key priority for improvement throughout 2010/11.

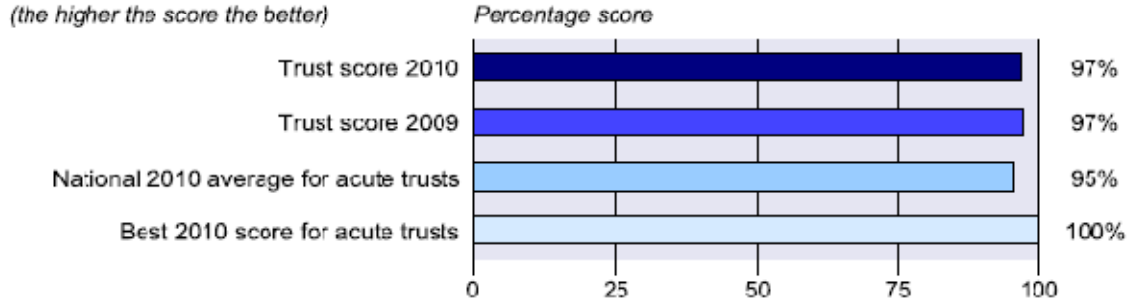
The Trust employed the following steps within its action plan to improve reporting rates within the Trust:

- Development of improved feedback mechanisms to staff on action taken as a result of the incident reported
- Ensuring that serious incidents are reviewed by a multi disciplinary team with a clear focus on learning lessons to support quality improvement
- Engaging with frontline staff to develop improvements locally
- introduced a web based reporting system to increase accessibility and make it easier to report incidents

The information shown in the graph above indicates an upward trend in the number of incidents and near miss events reported by our staff. This incident data is uploaded to the National Reporting and Learning System monthly as recommended by the National Patient Safety Agency.

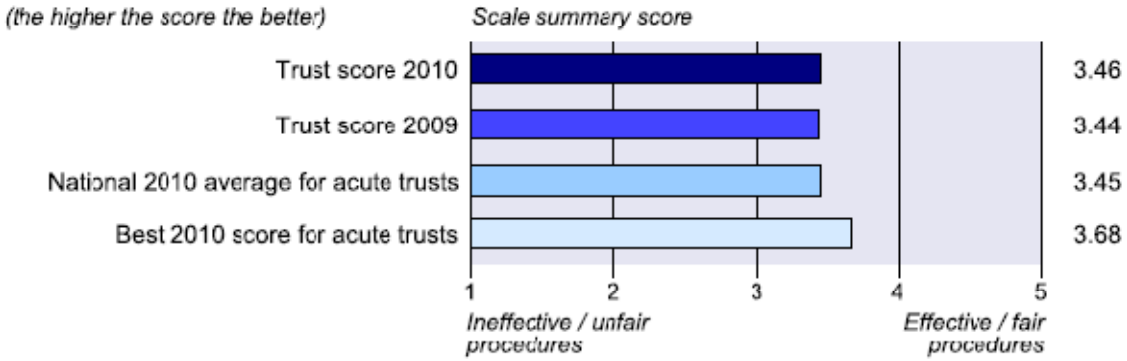
In addition the information provided through use of the National Staff survey in 2010 provides the Trust with further assurance that staff know how to raise an incident and feel safe to do so.

KEY FINDING 21. Percentage of staff reporting errors, near misses or incidents witnessed in the last month



97% of staff who had witnessed an error, near miss or incident in the last month said that they, or a colleague, had reported it. The trust's score of 97% was above (better than) average when compared with trusts of a similar type according to the National Staff survey.

KEY FINDING 22. Fairness and effectiveness of incident reporting procedures



Staff were asked questions to assess the culture of error and incident reporting of the Trust. In particular, the questions asked whether staff are aware of the procedures for reporting errors, near misses and incidents; to what extent staff feel that the trust encourages such reports, and then treats the reports fairly and confidentially; and to what extent the trust takes action to ensure that such incidents do not happen again.
Possible scores range from 1 to 5, with 1 representing procedures that are perceived to be unfair and ineffective, and 5 representing procedures that are perceived to be fair and effective. The trust's score of 3.46 was average when compared with trusts of a similar type according to the National Staff survey.

Mechanisms for the monitoring incident reporting information are well embedded within the Trust. The reporting indicator is overseen by our Patient Safety and Quality Committee which includes membership from external partners and patient representatives and is chaired by the Medical Director. In addition, this committee also use the information to identify any emerging themes and trends across the incidents and this assists in targeting further areas for quality improvement.

Priority 3 Improvements to Patient Experience

- Reduce the number of complaints and improve response times
- Improve scoring for national and local patient indicators

Reduce the number of complaints and improve response times

The Trust welcomes feedback from the people who use our services and endeavours to learn from any complaints we receive, using them highlight any areas aspects of services where we can make improvements to patient experience and care provided. Therefore, during 2010/11 the Trust selected the reduction in number of complaints and an improved response time as a key priority for the Trust.

During 2010/11, the Trust received 781 formal complaints, which is an average of 65 complaints per month, this is an annual increase of 61 complaints, equating to a 7.8% increase compared to last year. When the numbers of complaints is compared analysed against Trust activity, the rate for 2010/2011 has still remains below 1%.

The introduction of new complaint management regulations allows for negotiation between the complainant and the hospital regarding the time frame for responding to a complaint in the first instance and where this is not met a further second date to be further negotiated.

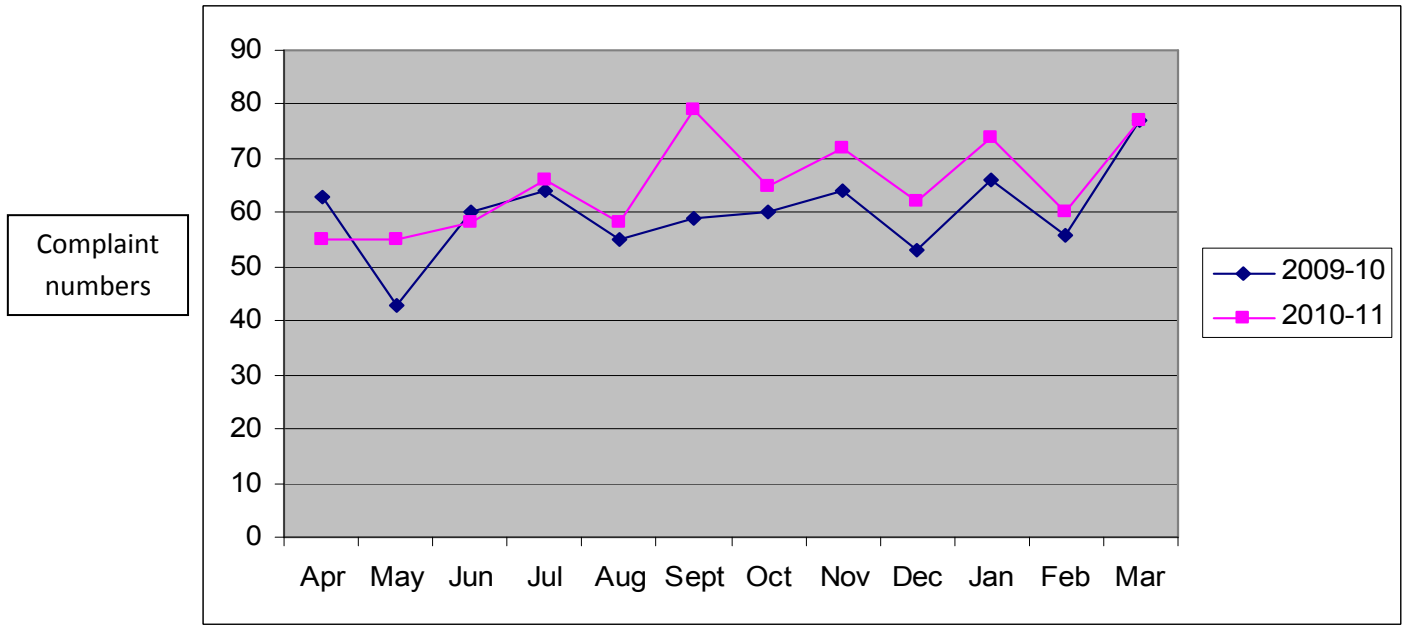
By the end of 2010/2011, the cumulative response time indicated 52% of complaints had been responded to by the first agreed target date. This is deterioration in performance against 2009/10 when the first response time was 64%. During 2010/11 a further 17% were responded to by their second target date. This gave the Trust an overall response rate for 2010/11 of 69%.

The Trust is disappointed that, despite developing an improvement action plan during 2010/11, the information as shown graphically below, indicates that the desired quality improvement has not been achieved. Therefore, a further improvement plan is to be implemented continuing through 2011/12 to an effort to achieve the desired performance against these indicators. This work includes:

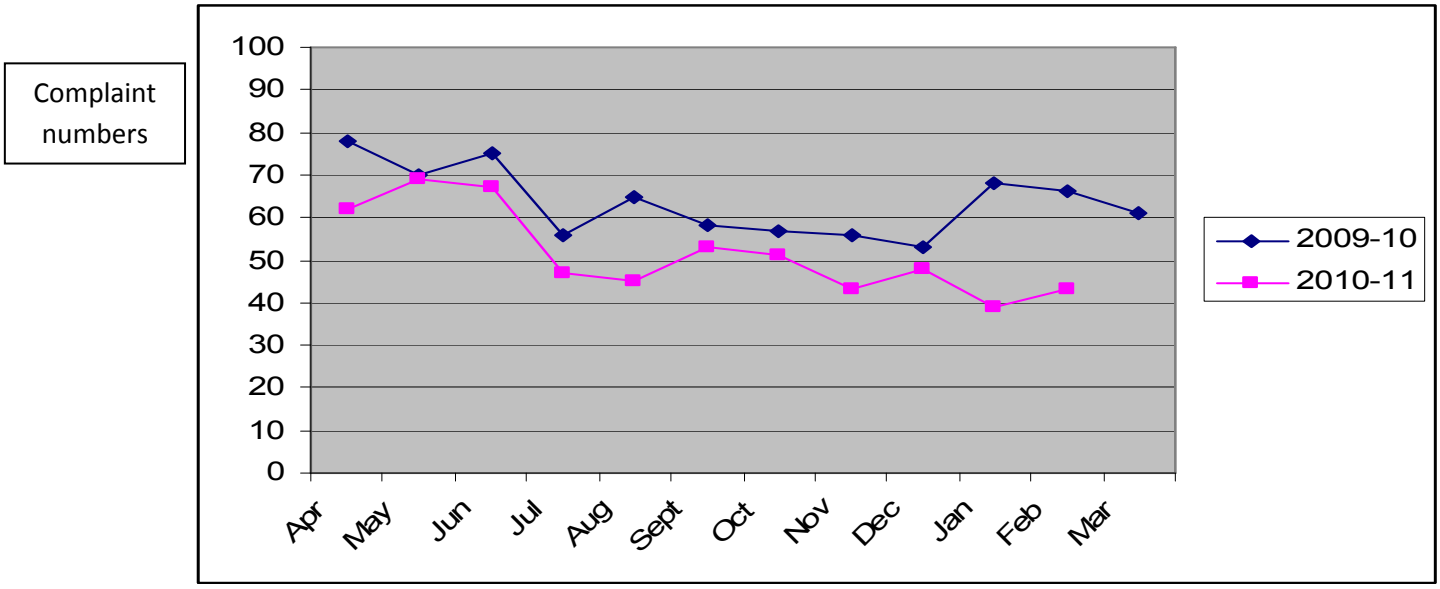
- more feedback for the local clinical and management teams, with performance against the complaints targets included in local divisional quality dashboards.
- greater monitoring of local improvement action plans as related to individual complaints to be monitored by the Trust's Patient Safety and Quality Committee
- provision of further training to lead complaints investigators and other managers to reinforce investigation methodology
- nomination of local divisional link staff to work alongside the Patient Relations team

The impact of the improvement plan will continue to be monitored by the Trust Board through a quarterly report from the Director of Nursing on Complaints management.

Graph to show comparative number of complaints for 09/10 and 10/11



Graph to show comparative complaint response rates 09/10 and 10/11



Improve scoring for national and local patient indicators

In our Quality Account for last year we described improvement of the patient experience as a key priority for 2010/11. The Trust was rated in the bottom 20 per cent of Trust's using the then Healthcare Commission's national inpatient survey of 2008.

The Care Quality Commission (CQC) National In patient survey 2009 results were published in May 2010. The Trust were disappointed that 2009 results were worse than the previous year, impacting on five of the ten question themes compared to four in 2008 as shown in the table below. This placed the Trust in the worst performing 20% of trusts in 45 out of 64 questions and in the intermediate 60% of trusts in the remaining 19 questions we were disappointed to not achieve any scores in the best performing 20% of trusts category.

For questions about:	**Score out of 10 for 2009**	**Comparison with other Trusts 2009**	Score out of 10 for 2008	Comparison with other Trusts 2008
The A&E department	7.1	The Same	7.6	The Same
Waiting lists and planned admissions	6.6	The Same	5.5	The Same
Waiting to be admitted to a ward bed	7	The Same	7.5	The Same
The hospital and ward	7.5	The Same	7.1	Worse
Doctors	7.9	Worse	8.2	The Same
Nurses	7.6	Worse	7.6	Worse
Care and treatment	6.9	Worse	7	Worse
Operations and procedures	7.7	Worse	8	The Same
Leaving hospital	6.4	The Same	6.3	The Same
Overall views and experiences	5.8	Worse	5.8	Worse

Results for NWLHT were based on 357 respondents, compared to 342 respondents in 2008. This accounts for 4.7% of our admissions for August 2009, and 0.4% of our admissions and 0.2% of individual patient contacts the Trust had in 2009-10.

In making this a key priority the Trust implemented a broad programme for improvement entitled the "We Care" programme which sought to re-establish a culture of caring and compassion for patients in the busy ward environment and equip our staff with the attitudes, behaviours and competencies required to care for and build trust with the widely diverse communities that the Trust serves.
This programme was underpinned by several initiatives which included:

- Delivering “3Cs training” – Compassionate care, Consistency & Communication
- The use of Patient Stories both at Trust Board and ward level
- Introduction of Real Time Patient Trackers to capture information on the patient’s experience as it happen so we could react in a timely manner.
- Increased use of other patient surveys, particularly on discharge
- Appointment of a bereavement co-ordinator
- Implementation of a Patient Environment Action Team work plan.
- Increased Capital programme spend to improve the environment.

The CQC have recently published the data related to the patient survey undertaken in 2010. This shows the Trust comparing worse than other Trusts in three categories rather than five and this is an improvement in performance. However, for us patient experience is of paramount importance and improvement of the patient experience remains a Trust key priority for 2011/12 as outlined in the next section of this quality account.

For questions about:	**Score out of 10 for 20010**	**Comparison with other Trusts 2010**	Score out of 10 for 2009	Comparison with other Trusts 2009
The A&E department	7	The Same	7.1	The Same
Waiting lists and planned admissions	6.1	The Same	6.6	The Same
Waiting to be admitted to a ward bed	7.2	The Same	7	The Same
The hospital and ward	7.7	The Same	7.5	The Same
Doctors	8.1	The Same	7.9	Worse
Nurses	7.8	Worse	7.6	Worse
Care and treatment	6.8	Worse	6.9	Worse
Operations and procedures	7.8	Worse	7.7	Worse
Leaving hospital	6.5	The Same	6.4	The Same
Overall views and experiences	6	The Same	5.8	Worse

Results for NWLHT were based on 333 respondents and accounted for 0.34% of our admissions during 2010/2011.

➢ Priorities for 2011/12

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 have introduced a "Patient Story" at the start of many Board meetings and the Board have welcomed the opportunity to hear first hand from patients about their experience of using the services provided by NWLHT.

An ongoing programme of "Director Walk the Floor" walkabouts continues in the Trust. This allows directors to connect with front line staff about issues related to quality and safety and actions undertaken as part of the initiative are fed-back to staff by the Chief Executive through weekly staff bulletins.

Throughout the year clinical divisions have been developing the quality and safety aspects of their performance dashboard of indicators and this has contributed to the discussion on emerging quality priorities for 2011/12.

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 2010/11 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 2011/12:

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 requires 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'*.

National reporting of unjustified mixing, in relation to sleeping accommodation, started on December 1st 2010, with monthly reporting. The Trust has found achievement this indicator challenging with the number of breached as follows:

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

Therefore for 2011/12 the Trust has decided elimination of these breaches will be a key priority. The Trust's Surgical Assessment Unit (SAU) has already been identified as the patient area where most breaches are occurring and there is a work plan in place to provide a same - sex assessment unit. The Trust therefore expects as part of key priority 1 to eliminate mixed sex accommodation and have

- all bays which are single sex with ensuite single sex toilet and shower rooms.
- all single rooms with ensuite or adjacent toilet and shower facility.
- medically fit patients transferred from critical care within 6 hours of decision to transfer.

To achieve this Trust action plan for improvement will ensure:

- Single sex accommodation is obligatory in all new & refurbishment programmes and service developments.
- 'Near real-time' patient feedback is extended to cover all clinical inpatient and outpatient areas and A&E and include questions about mixed sex accommodation
- Observations of care and audit are undertaken to ensure patients' dignity is maintained.
- There is a review of the Endoscopy Unit

<u>Improving performance against patient experience indicators</u>

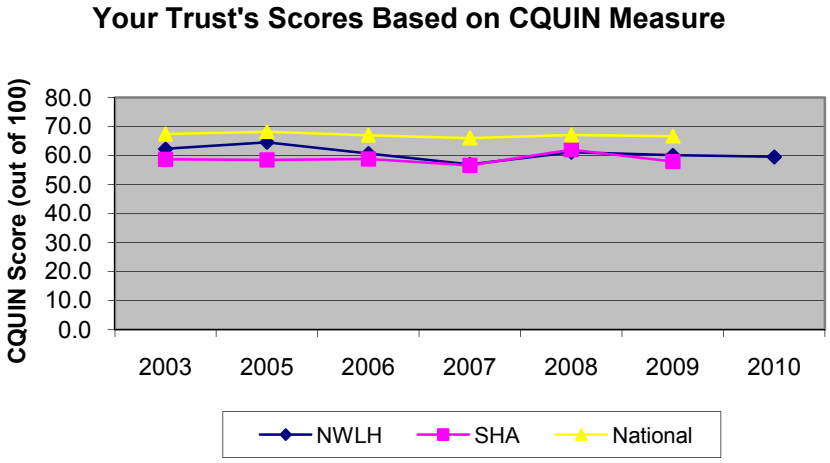
During 2010/11 improving patient experience was a key priority for the Trust and whilst we made progress in some areas we feel the improvement made did not go far enough. We have, therefore, made this a key priority once again in 2011/12. Our vision is that all our patients will describe their experience of care as positively as described recently by one of our in- patients:

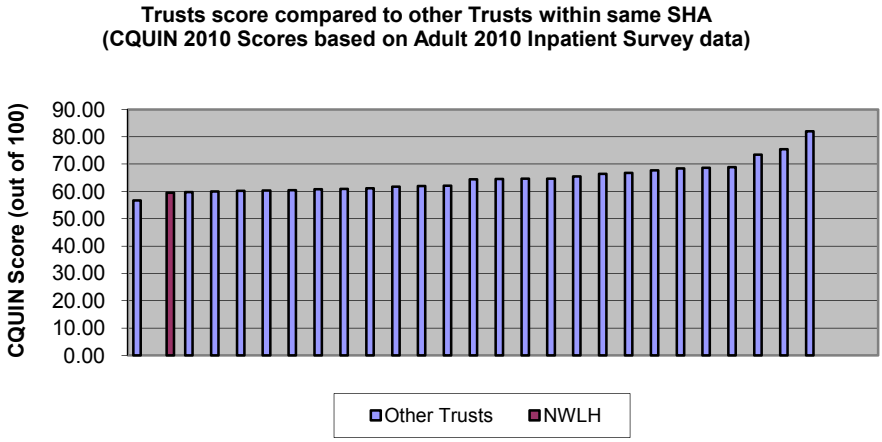
"the professional way you all carry out your duties is first class but what makes the difference is the love, care and compassion you show to those in your care."

We seek to continually improve the patient's experience, with a focus on the standards outlined in the national in-patient survey which includes five core quality standard questions agreed as a standard across London and with our commissioners. These focus on responsiveness to the personal needs of patients and the questions are:

- 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?

This graph shows information on the Trust's overall cumulative score for these five questions, comparing us nationally and across other hospitals in London (SHA).





The Trust overall score in 2010/11 for these five questions is 59.5/100 which still places us in the bottom 20% of Trusts. In 2011/12 we aim to improve this performance to a score between 64 – 70/100; this also meets the national stretch target guidance.

The Trust has reviewed its action plan of 2010/11 and updated it with further targeted work for 211/12. These actions are detailed on our Trust website www.nwlh.nhs.uk . Some of the specific actions to improve the five CQUIN questions include:

- Introduce all new staff to the 5 questions as part of our staff induction process to emphasise the importance we place on improving patient experience.
- Improve the patient information available to inform patients and their carer's about trust wide services, specific illnesses, investigations and treatment which will assist in empowering them to be more involved in decisions
- Roll-out the use of "Patient Passports" within care of the elderly services, for people with a learning disability and other patient groups as appropriate.

- Develop and implement a Carer's Strategy to support improved communication, care and discharge planning so as to involve patients' family and/or carers.
- Develop the role of ward and departmental based "dignity champions" responsible for ensuring all staff undertake dignity training and supporting the Trust's Dignity policy.
- Implement the Patient Environmental Action Team (PEAT) action plan
- Implement real time feedback across all wards to provide local information to inform local actions about what makes a difference to patients.
- Look at more ways to listen to patient, carer and visitor feedback, through increasing observations of care, using patient and carers stories, increase the variety of surveys we use and implementing 'Tell Us' events and focus groups.
- Further roll out of a Trust wide Collaboration for Leadership in Applied Health Research and Care for Northwest London (CLAHRC) medicine management project.
- Promote the availability of our pharmacy help – line.
- Review and re-launch a patient discharge checklist which is completed by staff in partnership with patients
- Strengthen our Customer Care Programme
- Establish a new patient experience improvement operational group to drive improvements in patients experience at the front line.

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 already has a Falls Prevention policy which aims to balance the need to reduce falls with the need to rehabilitate patients and allow them the right to make their own decisions about the risks they are prepared to take; therefore, we recognise achieving zero falls is not realistic. However the Trust will make 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*

To achieve this, the Trust aims to

- Improve incident reporting – ensuring the circumstances of falls are fully described on incident forms
- Carry out a more detailed analysis of report of falls to learn about contributing factors, from ward to board level
- create a falls prevention group looking at both clinical and environmental risk factors
- Implement a Falls risk assessment care bundle
- Improve guidance for our staff on how to observe, investigate, care for and treat patients who have fallen.

The targets for improvement are yet to be agreed with our commissioners but once set the Trust will assess improvement using monthly reported figures, with a baseline measured from last year. Other measures will include analysis of falls trends and actions taken as a result and the number of falls risk assessments completed and documented within 24 hours of admission.

This work will be overseen by the Patient Safety and Quality Committee and reported to the Trust Board in its Safety, Quality and Performance monthly report.

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.

For 2011/12 the Trust will work with partners in primary care to specifically improve the quality of care for patients admitted to hospital with an exacerbation of COPD. It is hoped to improve patient's understanding of the disease, thus reducing the chances of further admissions to hospital.

There are known actions that can be taken or considered to improve the management of patients with COPD. These include:

- referral of the patient to a smoking cessation service if a current smoker
- an assessment of patient suitability and/or enrolment into a pulmonary rehabilitation programme
- ensure that patients have access to appropriate education tools, written information, self management plans and rescue packs for any future exacerbations
- ensure that the patient understands their medications and have demonstrated good inhaler technique whilst on the wards
- ensure the patient has appropriate follow up once discharged from hospital.

These will be incorporated into a hospital discharge care bundle and the Trust aims to reach a target of 75% of COPD patients being discharged with a completed Discharge Care Bundle during 2011/12

➢ Statements of Assurance

During 2010/11NWLHT provided and or sub contracted 50 NHS services.

The Trust has reviewed all the data available to them on the quality of care in 50 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 83 per cent of the total income generated from the provision of NHS services by NWLHT for 2010/11.

Clinical Audit

During 2010/11, 81 national clinical audits and 3 confidential enquiries covered NHS services that NWLHT provides.

During that time the Trust was eligible for 75 and participated in at least 80% (60 of 75) of the national clinical audits. The Trust was eligible for two of the confidential enquiries and participated in both i.e. 100% during 2010/11.

The National clinical audits and national confidential enquiries the Trust was eligible to participate in during 2010/11 are as follows:

Clinical Audit

- **Trust eligible**

National Bowel Cancer Audit Project (NBOCAP)	Heavy Menstrual Bleeding audit
Head and Neck Cancer (DAHNO)	Epilepsy in children
National Lung cancer (NLCA)	Mastectomy & Breast Reconstruction
Oesophagogastric cancer Upper GI cancer	National Neonatal Audit Plan (NNAP) audit of neonatal unit care Neonatal Intensive Care Continuous
Adult Cardiac interventions (e.g. angioplasty opening up heart artery) (BCIS British Cardiac Intervention Society)	MINAP Data quality annual
MINAP clinical	Cardiac Ambulance Services
Heart rhythm management (pacing/implantable defibrillators)	National Diabetes Audit
Heart Failure	Dementia enhanced
National Joint Registry audit	Stroke Clinical (notes retrospective audit)
Inflammatory bowel disease Clinical	National Carotid Interventions audit (preventing stroke
Continence Care (Clinical/organisational)	National falls and bone health audit -
National Hip Fracture Database (Emergency Medicine)	BASO (British Association of Surgery and Oncology) Breast cancer Audit
TARN Trauma Audit Research Network. -	BAUS (British Association of Urological Surgeons) Urology Cancer Audit

SINAP (Stroke Improvement National Audit Programme) ongoing audit for 1st 72 hours -	AAA (Abdominal aortic aneurysm)
Carotid Endarterectomy audit	IUGA ongoing audit
Limb Amputation audit (National Vascular Database)	Renal colic in adults
Lower limb bypass audit (National Vascular Database)	Fever in children
CHIVA national perinatal audit - Audit of adherence to national standard HIV MTCT	Vital signs in majors and resuscitation areas
GUMAMM - Audit patient access to GUM clinics against national targets monthly.	BASHH (British Association of Sexual health and HIV)
BHIVA -Management newly diagnosed HIV.	Orthodontic Temporary Anchorage Device Audit - British Orthodontic Society
SOPHID (survey of prevalent HIV infection)	QRT Quality Rating Tool.
BRONJ (bisphosphonate related osteonecrosis of the jaws)	Emergency Oxygen audit (British Thoracic Society)
NASH (national audit of seizure management in hospitals)	COPD Audit (British Thoracic Society) -
Bronchiectasis Audit - (British Thoracic Society)	NIV adult- (British Thoracic Society)
2nd MS Organisational audit	NHSP Data Quality Improvement Project NHSP Data Audit.
Community Acquired Pneumonia	Depression
HIV commissioners Review of Multidisciplinary input for HIV infected children	Platelet audit
QET Quality Enhancement Tool. Self assessment tool completed by audiology services to assess standard of care provided	Mouth guard Audit BOS- Consultant Orthodontic Group
O negative Organisational audit	HR NICE National Audit (Organisational questionnaire) (implementation of NICE public health guidance for workplace by NHS Trusts)
Audit of O negative blood	NHSP QA .Data Quality Improvement Project NHSP Data Audit.
Familial Hypercholesterolemia	
Pleural Procedures	National Diabetes Inpatient Audit (NaDIA) Day collecting bedside clinical information on diabetes care and patient satisfaction.
Staging of Uterine Cancer	Adult Asthma Audit (British Thoracic Society)
Food and Nutrition Audit	National Cardiac arrest audit
Parkinson Disease	Middle ear surgery audit data primarily on myringoplasty - national middle ear surgery database overseen by ENT-UK.

- **Trust Participation**

National Bowel Cancer Audit Project (NBOCAP)	National Lung cancer (NLCA)
Head and Neck Cancer (DAHNO)	Mastectomy & Breast Reconstruction
National Neonatal Audit Plan (NNAP) audit of neonatal unit care Neonatal Intensive Care Continuous	Epilepsy in children
Heavy Menstrual Bleeding audit patient survey	Adult Cardiac interventions (e.g. angioplasty opening up heart artery) (BCIS British Cardiac Intervention Society)
MINAP clinical	Cardiac Ambulance Services
MINAP Data quality annual	Heart rhythm management (pacing /implantable defibrillators)
Heart Failure	National Joint Registry
National Diabetes Audit	Inflammatory bowel disease Clinical -
Dementia enhanced audit	National Carotid Interventions audit (preventing stroke)
Stroke Clinical (notes retrospective audit)	National falls and bone health audit
Continence Care (Clinical/Organisational) -	TARN Trauma Audit Research Network.
National Hip Fracture Database (Emergency Medicine)	SINAP (Stroke Improvement National Audit Programme) ongoing audit for 1st 72 hours
BASO (British Association of Surgery and Oncology) Breast cancer Audit	AAA (Abdominal aortic aneurysm)
BAUS (British Association of Urological Surgeons) Urology Cancer Audit	Carotid Endarterectomy audit
Limb Amputation audit (National Vascular Database)	IUGA ongoing audit
Lower limb bypass audit (National Vascular Database)	Renal colic in adults
Fever in children	CHIVA national perinatal audit - Audit of adherence to national standard HIV MTCT
Vital signs in majors and resuscitation areas	GUMAMM - Audit patient access to GUM clinics against national targets monthly.
BHIVA Management newly diagnosed HIV.	BASHH (British Association of Sexual health and HIV)
SOPHID (survey of prevalent HIV infection)	Orthodontic Temporary Anchorage Device Audit - British Orthodontic Society
QRT Quality Rating Tool.	NASH (national audit of seizure management in hospitals)
BRONJ (bisphosphonate related osteonecrosis of the jaws)	Emergency Oxygen audit (British Thoracic Society)
COPD Audit (British Thoracic Society)	NIV adult (British Thoracic Society) -
Bronchiectasis Audit (British Thoracic Society)	2nd MS Organisational audit
IT audit of IT re-audit lead by the NBTC	HIV commissioners review of

	Multidisciplinary input for infected children
Community Acquired Pneumonia	QET Quality Enhancement Tool.
NHSP Data Quality Improvement Project NHSP Data Audit.	Depression
O negative Organisational audit	Mouth guard Audit. BOS- Consultant Orthodontic Group
Audit of O negative blood	HR NICE National Audit (organisational questionnaire) (implementation of NICE public health guidance for workplace by NHS Trusts)
NHSP QA .Data Quality Improvement Project NHSP Data Audit.	Familial Hypercholesteraemia

Confidential Enquiries

- **Trust eligible and participation**
    - Peri-operative Care
    - Cardiac Arrest

Participation in national clinical audit and local learning and improvement

An example of some of the improvement to practice and healthcare as result of local learning related to participation in national clinical audit for stroke care during 2010/11 is described below.

The national stroke audit is organised by the Royal College of Physicians and measures the performance of all hospitals admitting stroke patients against national clinical guidelines and quality of care for stroke patients. This audit collects data on the whole stroke patient pathway, from admission to community rehabilitation. During this year the Trust achieved 100% for acute care standards with an overall score of 81.4%.

The Trust received top marks for patients' round-the-clock access to drugs which get rid of blood clots (thrombolysis), meaning our stroke patients get the drugs they need no matter what time of day or night they fall ill, this is important as the drug is most effective if given within three hours of a stroke happening .

During 2010/11 as part of this service we set up a seven day, one stop transient ischemic attack (TIA) clinic. A TIA or "mini-stroke" can be a warning sign that a significant stroke may soon follow. It is vital that high risk TIA patients can be managed as soon as possible and ideally within 24 hours. This is a substantial improvement on the previous weekly clinic we were able to provide and the clinic allows access for patients to be assessed a specialist stroke Consultant, who can arrange same day brain and carotid artery imaging, start treatment and offer secondary prevention advice.

The results of the stroke audit to the Trust are very important, they are what we use to benchmark ourselves against other hospitals in the UK. We are pleased with the results we have achieved but will want to improve for 2011/12 particularly in ensuring better access to long-term rehabilitation services for people who suffer a stroke in partnership with our primary care partners

Research

The number of patients receiving NHS services provided or subcontracted by NWLHT in 2010/11that were recruited during that period to participate in research approved by a research ethics committee was 896.

Participation in clinical research demonstrates NWLHT's commitment to improving the quality of care we offer and making a contribution to wider health improvement. Some examples of work undertaken in 2010/11 and the improvements for patients are described below:

Macmillan Cancer Team

The Trust has a large Macmillan specialist nursing team to support patients living with cancer. The team have utilised research opportunities in order to develop the profile of the team and to influence care for patients with cancer.
As result of this work the team have developed their specialist nursing service to support the introduction of an acute oncology service for patients within the Trust, this will improve the effectiveness of cancer related care delivered in our emergency services and has led to:

- Development of an electronic alert system which informs the cancer team when a patient with known cancer accesses our emergency or unscheduled care services.
- Development of management protocols to support our front line A&E staff on the management of emergencies which may result as a side effect of cancer or its treatment.
- For patients with breast cancer can we have also introduced access to a point of care via a "Key worker" when circumstances change and they require re-assessment.

Microbiology

The Trust's microbiology department have been involved in research examining the usefulness of adding amikacin (an additional antibiotic) to fluoroquinolone-based antimicrobial (normal antibiotic treatment) prophylaxis treatment for preventing infections associated with taking prostate gland biopsies.
Studies have shown following introduction of amikacin, the infection rate has been significantly reduced.

Haematology

Clinical trials using a RCHOP-14 day regime for younger patients has improved patient care for younger lymphoma patients. This regime allows a more intense treatment and so they complete their treatment in three months instead of five.

CQUIN

A proportion of NWLHT's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between the Trust and NWL commissioning partnership through the Commissioning for Quality and Innovation framework. This framework results in a continuing shift within 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 2010/11 the trust's scheme consisted of a total of nine goals or work streams. Two of those goals were national and so applied to all acute trusts providing services. Four were regional and applied to all acute trusts providing services in London and the remaining three were local and had been agreed between the trust and its local commissioners.

These goals have required some significant changes in the way services within the Trust are delivered and the way in which our staff work. Some of these quality improvements include:

- more patients are being assessed for their risk of forming a blood clot while in patients or as a result any stay in hospital and treated accordingly
- we carry out a regular evaluation of the Trust's 'rate of harm', which assesses the number and type of incidents possibly involving a patient during their admission to hospital
- we have established a second 'enhanced recovery' programme, for patients who are having total hip or total knee surgery, which enables patients to get back to their home more quickly following surgery
- we have made improvements to the information and timeliness of discharge summaries sent to GPs following an admission of one of their patients to hospital or a visit to accident and emergency
- more of our patients are being told by their clinical team, as part of their admission, a mutually agreed & planned day of discharge to help them plan and get home more quickly
- we are ensuring our staff have greater awareness and knowledge around the care of patients with dementia
- we have made savings, without compromising patient care, by ensuring that only those patients who need them are prescribed the more expensive type of statins
- we have bought an IT system for our accident & emergency department which will allow our staff to improve communication and data collection

The trust will have another CQUIN scheme in 2011/12. Details of this will be available on the Trust's web pages www.nwlh.nhs.uk once finalised

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.

During March 2011 the Secretary of State for Health proposed a review of the quality of care for older people in the NHS; this review was delivered Care Quality Commission. These reviews focussed on two main outcomes of the CQC essential standards of quality and safety:

- Outcome 1 – Respecting and Involving people who use services
- Outcome 5 – Meeting nutritional needs

NWLHT was reviewed by a CQC inspection team against these two outcomes in March 2011 and at the time of production of these accounts awaited a response from the CQC with respect to their findings.

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 will be taken the following actions to improve data quality:

- Implement the use of data quality indicators (KPIs) across the organisation that are feedback to local departments specific to the quality of the data they are responsible for recording
- Develop local Standard Operating Procedures, to supplement the corporate systems training provided, into areas where the KPIs indicate improvements are required
- Implement a schedule of audits, to be undertaken by the central clinical coding team, which will compare data stored electronically with what is recorded in patients' medical records.

NWLHT submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest publishes data. The percentage of records in the published data:

- Which included the patient's valid NHS number was –
    - 95.1% for admitted patient care
    - 96.7% for outpatient care
    - 84.3% for accident and emergency care

- Which included the patient's valid General Medical Practice was –
    - 96.4% for admitted patient care
    - 97.7% for outpatient care
    - 89.0% for accident and emergency care

- **Information Toolkit Attainment levels**

NWLHT's Information Governance Assessment Report score overall score for 2010/11 was 67% and was graded "Not Satisfactory" 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.

- **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 patient's records.

During 2010/11 NWLHT was subject to the Payment by Results clinical coding audit by the Audit Commission and the error rates reported in the latest Published audit for that period for diagnoses and treatment coding (clinical coding) were

- Primary Diagnoses Incorrect 5.2%
- Secondary Diagnoses Incorrect 9.0%
- Primary Procedures Incorrect 6.0%
- Secondary Procedures Incorrect 8.5%

This shows an improvement on 2009/10 when the data was as follows:

- Primary Diagnoses Incorrect 7.9%
- Secondary Diagnoses Incorrect 10.8%
- Primary Procedures Incorrect 7.9%
- Secondary Procedures Incorrect 10.8%

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	RAG Status	Proxy target	YTD Target	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
National- 20%													
% of patients having VTE Assessment on admission	R	TBC	90% by Q4	45.7%	57.4%	57.4%	57.4%	67.6%	65.0%	65.0%	66.0%	77.0%	77.0%

The Trust's performance against the VTE target is reported to the Department of Health. The performance throughout the year has improved to 77%; however this is below the quarter 4 target. A work plan is in place to further improve for 2011/12.

CQC National Priorities	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Hospital Acquired Infections																	
MRSA Bacteraemia- Trust- Post 48 Hours	FC	G	8	8	4	0	0	0	0	0	1	0	1	0	2	0	0
MRSA Bacteraemia- Health Economy	FC	N/A			10	3	0	1	2	0	0	2	0	1	0	0	1
Clostridium Difficile infection rate- Trust	FC	G	62	62	47	2	2	2	3	3	2	4	3	5	10	7	4
Clostridium Difficile infection rate- Health Economy	FC	N/A			59	1	5	6	9	5	5	6	5	2	4	5	6

Clinical Safety	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Mortality Rate																	
Hospital Standardised Mortality Ratio Performance	RS	G	<83.0	<83.0	81.4	84.9	92.6	91.7	77.7	85.0	87.3	85.2	72.6	79.0	65.3		
Cleanliness- Environment Scores																	
Central Middx Hospital - Very high risk Area	DM	G	98.0%	98.0%	98.6%	98.4%	98.5%	98.6%	98.6%	98.6%	98.6%	98.6%	98.7%	98.6%	98.7%	98.6%	98.7%
Northwick Hospital - Very high risk Area	DM	G	98.0%	98.0%	98.8%	98.7%	98.7%	98.9%	99.0%	98.9%	98.8%	99.0%	98.9%	98.7%	98.3%	98.8%	98.7%
Central Middx Hospital - High risk Area	DM	G	95.0%	95.0%	97.7%	97.9%	97.6%	97.8%	97.7%	97.6%	97.6%	98.1%	97.7%	97.6%	97.7%	97.6%	97.6%
Northwick Hospital - High risk Area	DM	G	95.0%	95.0%	97.8%	97.6%	97.8%	98.1%	98.1%	97.8%	97.5%	97.9%	98.0%	97.9%	97.8%	98.1%	98.2%
Central Middx Hospital - Significant risk Area	DM	G	90.0%	90.0%	96.9%	95.1%	96.3%	98.4%	96.3%	98.1%	N/avail	97.0%	N/avail	N/avail	97.2%	97.2%	98.3%
Northwick Hospital - Significant risk Area	DM	G	90.0%	90.0%	97.1%	N/avail	97.8%	97.0%	97.4%	96.5%	97.1%	96.8%	95.7%	95.9%	96.5%	96.1%	N/avail
Central Middx Hospital - Low risk Area	DM	G	85.0%	85.0%	94.2%	93.2%	92.3%	92.3%	96.7%	96.9%	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail
Northwick Hospital - Low risk Area	DM	N/A	85.0%	85.0%		N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail	N/avail

CQC National Priorities	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Access to Healthcare for people with a Learning Disability																	
Mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted	CF	N/A	N/A- Assessment of current Position only		3	Scoring System as spliulated two indicatoras below											
Does the trust provide readily available and comprehensible information regarding Treatment Options, Complaints Procedure and Appointments for patients with Learning Disabilities	CF	N/A	N/A- Assessment of current Position only		2	Indicator is scored against the following criteria: 1. Accessible information not provided, 2. Accessible information provided for one of the criteria, 3. Accessible information provided for two of the criteria, 4. Accessible information provided for all three of the criteria.											
Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including learning disabilities, relevant legislation and carers' rights?	CF	N/A	N/A- Assessment of current Position only		3	The Indicator is based on a scoring system of: (1) = Protocols/mechanisms are not in place, (2) = Protocols/mechanisms are in place but have not yet been implemented, (3) = Protocols/mechanisms are in place but are only partially implemented, (4) = Protocols/mechanisms are in place and are fully implemented.											
Protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities	CF	N/A	N/A- Assessment of current Position only		3												
Protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums	CF	N/A	N/A- Assessment of current Position only		3												
Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	CF	N/A	N/A- Assessment of current Position only		3												
Engagement in clinical audits																	
Each clinical directorate to participate in a national clinical audit study	RS		Yes	Yes	Yes												
Has Trust got a clinical audit strategy that addresses national priorities	RS		Yes	Yes	Yes												
Has Trust arranged suitable training for clinical staff in audit	RS		Yes	Yes	Yes												
Has Trust given clinicians enough time to participate in audit	RS		Yes	Yes	Yes												
Has Trust reviewed its audit programme to ensure meets national audit stds	RS		Yes	Yes	Yes												
Has Trust governance leads received assurance on implementation progress	RS		Yes	Yes	Yes												
Patient Experience																	
This is detailed elsewhere within the report as well as the Nursing Report	CF																
Participation in heart disease audits																	
MINAP fields completed	DM	G	>=90%	n/a	95.0%												
Participation in MINAP data validation	DM	G	YES / NO	n/a	YES												
Monthly data upload to CCAD Percutaneous Coronary Intervention database	DM	G	YES / NO	n/a	YES												
Percutaneous Coronary Intervention data completeness on CCAD - demographics	DM	G	>=90%	n/a	100.0%												
Percutaneous Coronary Intervention data completeness on CCAD - treatment	DM	G	>=90%	n/a	90.1%												
Participation in cardiac rythmn national audit	RS	G	YES / NO	n/a	YES												
Participation in congenital heart disease national audit	RS	N/A	YES / NO	n/a	Not Applicable												
Quality of Stroke Care																	
% of patients who spend => 90% of their time on a Stroke Unit	RS/DM	G	70%	70%	96.4%	91.0%	96.6%	97.1%	97.6%	96.4%	94.9%	98.9%	100.0%	100.0%	97.1%	98.1%	90.8%
Infant health and inequalities																	
% of women who are smoking at the time of delivery (Quarterly Performance)	DM	R	<=0% as compared with 2009/10			3.8%	5.0%	4.5%	3.8%	5.1%	3.4%	4.9%	4.4%	4.8%	5.7%	5.0%	3.4%
% of women who are Breast Feeding at the time of discharge (Quarterly Performance)	DM	G	>=-5% compared with 2009/10			78.5%	75.9%	80.5%	77.1%	82.3%	83.1%	85.3%	85.7%	86.6%	85.3%	84.8%	86.0%

Patient Experience indicators

Clinical Quality- Patient Experience	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Patient Experience Indicators																	
Emergency treatment	CF	A			7.1												
Waiting lists and planned admissions	CF	A			6.6												
Waiting to get a bed on a wards	CF	A			7.0												
The hospital and ward	CF	R			7.5												
Doctors	CF	R			7.9												
Nurses	CF	R			7.6												
Care & treatment	CF	R			6.9												
Operations and procedures	CF	R			7.7												
Leaving hospital	CF	A			6.4												
Overall experience	CF	R			5.8												

Clinical Quality- Complaints and Enviroment	Exec Lead	RAG Status	Proxy target	YTD Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Complaints																	
% of complaints acknowledged within 3 days of receipt	CF	G	90.0%	90.0%	90.2%	91.0%	87.0%	98.0%	97.0%	92.0%	93.0%	86.0%	96.0%	71.0%	90.0%		
% of complaints responded to within the agreed first target	CF	R	75.0%	75.0%	55.0%	62.0%	69.0%	67.0%	61.0%	45.0%	53.0%	51.0%	55.0%	48.0%	39.0%		
Enviroment																	
% of patients in mixed sex accommodation	CF	R	0%	0%		2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.2%

Staff experience indicators

20010/11 Workforce Indicators		March 2009 Position (reported to Board)	Current Month Position	2010/11 Target	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Data range across Trust	End of year position (annual figure)
Average Earnings	Total average earnings per directly contracted employee excluding bank, overtime and unsocial hours supplements etc but including London w eighting	Not Available	£40,500	<low er quartile in London	£40,000	£40,600	£41,000	£41,100	£40,800	£40,700	£40,700	£40,500	£40,600	£40,200	£40,500			Range: £23,300 for the Additional Clinical Services Staff Group to £78,800 for the Medical Staff Group (Jan 2011)	Not Available
Vacancies (gross)	Total number of budgeted posts not filled by a substantive employee as a percentage of total budgeted establishment	12.1%	6.9%	12%	10.7%	11.5%	11.5%	9.7%	9.3%	8.7%	7.1%	5.9%	5.6%	5.9%	6.7%	6.9%		Range: 1.1% in St Marks to 15.0% in Emergency Medicine (Feb 2011)	Not Available
Vacancies (net of bank usage)	Total number of budgeted vacancies not filled by a substantive or bank employee as a percentage of total budgeted establishment	Not Reported	-2.2%	6%	2.1%	2.1%	3.0%	0.7%	0.6%	-0.2%	-1.5%	-2.4%	-2.7%	-2.0%	-1.3%	-2.2%		Ranges: -14.2% in Elderly to 4.8% in Cancer (Feb 2011)	Not Available
Temporary staffing expenditure	Total temporary staffing expenditure as a percentage of total expenditure	12.6%	11.4%	9%	12.8%	12.8%	13.6%	12.0%	12.8%	12.7%	11.7%	12.3%	11.5%	10.5%	10.0%	11.4%		Data at disaggregated level not available	Not Available
Turnover (gross)	Total substantive leavers over a rolling 12 month period as a percentage of average number of staff in post in period	15.0%	9.2%	12%	10.6%	10.8%	10.6%	10.6%	10.9%	11.1%	10.6%	10.4%	9.8%	9.9%	9.4%	9.7%	9.2%	Range: 4.0% in Critical Care to 20.5% in Therapies & Rehabilatation (March 2011)	9.2%
Turnover (Voluntary)	Total substantive leavers that have left the Trust voluntarily over a rolling 12 month period as a percentage of average number of staff in post in period	Not Reported	6.8%		6.8%	6.5%	6.9%	6.9%	7.3%	7.7%	7.4%	7.3%	6.9%	7.3%	7.0%	7.3%	6.8%	Range: 2.2% in Critical Care to 16.6% in Therapies & Rehabilatation (March 2011)	6.8%
Turnover (Involuntary)	Total substantive leavers that have left the Trust involuntarily over a rolling 12 month period as a percentage of average number of staff in post in period	Not Reported	2.4%		3.9%	4.2%	3.8%	3.7%	3.6%	3.4%	3.3%	3.1%	2.9%	2.6%	2.4%	2.5%	2.4%	Range: 1.1% in St Marks to 6.0% in Pharmacy (March 2011)	2.4%
Sickness Absence (all staff groups)	Total number of FTE days lost through sickness as a percentage of total FTE days available	2.6%	2.5%	<= London Average	2.6%	2.4%	2.3%	2.3%	2.6%	2.4%	2.8%	3.2%	2.9%	3.3%	2.6%	2.5%		Range: 1.3% in Surgery to 4.6% in Womens (Feb 2011	2.7%
Sickness Absence (Nursing)	Total number of nursing & midw ifery FTE days lost through sickness as a percentage of total FTE days available	Not Reported	2.4%	<= London Average	2.9%	2.6%	2.0%	2.2%	2.7%	2.7%	2.9%	3.3%	2.8%	3.3%	2.4%	2.4%		Range: 0.9% in Nursing to 3.9% in Cancer & Clinical Haematology (Feb 2011)	2.8%
Sickness Absence (Medical)	Total number of medical FTE days lost through sickness as a percentage of total FTE days available	Not Reported	0.9%	<= London Average	0.8%	0.5%	0.6%	0.7%	0.8%	0.7%	1.1%	0.7%	1.2%	1.0%	0.9%	0.9%		Range: 0.2% in Head & Neck Surgery to 3.0% in Cardiology (Feb 2011)	0.9%
Appraisal		68.5%	60%*		73%													* Figure from staff attitude survey	60%*
EWTD Compliance	Total number of rotas that are EWTD compliant	77.0%	92.5%	100%	100.0%	100.0%	100.0%	90.6%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	92.5%	Data at disaggregated level not available	Not Available
Ethnicity	Total number of employees from a BME background as a percentage of all employees	55.5%	56.2%	+/- 12% of local population	54.7%	53.8%	55.5%	54.2%	54.4%	55.0%	55.6%	55.7%	55.8%	55.8%	55.9%	55.0%	56.20%	Range: 35.9% in Nursing to 74.1% in Elderly Care (March 2011)	55.25%
Statutory & Mandatory Training	Total number of people that have attended statutory and mandatory training that should have undertaken the training	60.0%	73.0%	>75%	72.0%	57.9%	67.5%	72.6%	75.8%	68.2%	74.3%	58.0%	68.0%	73.0%	61.0%	64.0%	73.0%	Range: 33% in Safeguarding Children Level 2 to 100% in Health & Safety	73.0%

➢ National targets and regulatory requirements

National Targets- Performance Indicators	RAG Status	Actual Target	YTD Actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Access Targets															
Maintain 4-hour maximum wait in A&E- NHS London Requirement	R	98.0%	97.0%	98.9%	98.6%	97.6%	97.3%	97.1%	97.2%	96.6%	96.5%	93.8%	95.2%	97.9%	98.0%
Maintain 4-hour maximum wait in A&E- Health Economy- 95% Q2 Target- Nat	G	95.0%	96.5%				97.3%	97.1%	97.2%	96.6%	96.5%	93.8%	95.2%	97.9%	98.0%
Access to genito-urinary medicine clinics	G	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancelled operations: % of elective patients cancelled on the day of surgery	R	<0.8%	1.0%	1.2%	1.1%	0.9%	0.9%	0.8%	1.0%	0.7%	1.0%	1.2%	1.4%	1.0%	0.9%
Cancelled operations: Patients not readmitted within 28 days	G	<=5%	2.8%	2.4%	4.8%	5.7%	0.0%	2.7%	0.0%	3.7%	0.0%	2.6%	6.4%	2.6%	2.8%
Delayed transfers of care to reduce to a minimal level	G	Not known	0.7%	0.4%	0.8%	0.7%	0.5%	0.8%	0.6%	0.7%	0.5%	0.9%	0.5%	0.8%	0.8%
Waiting time for rapid access chest pain clinic within 2 weeks	G	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Referral to Treatment Targets															
Referral to Treatment Target- Admitted- Median Wait (Weeks)	G	< 11.1 Weeks								6.0	6.3	5.3	7.0	5.0	4.9
Referral to Treatment Target- Admitted- 95th Percentile (Weeks)	G	< 27.7 Weeks								19.0	25.4	21.3	23.4	22.1	22.1
Referral to Treatment Target- Non-Admitted- Median Wait (Weeks)	G	< 6.6 Weeks								3.6	3.8	3.7	4.8	2.9	3.7
Referral to Treatment Target- Non-Admitted- 95th Percentile Wait (Weeks)	G	< 18.3 Weeks								15.4	15.6	15.3	15.9	15.7	15.6
Referral to Treatment Target-Incomplete Pathways- Median Wait (Weeks)	G	< 7.2 Weeks								5.9	6.6	6.8	7.7	5.9	6.9
Referral to Treatment Target-Incomplete Pathways- 95th Percentile (Weeks)	G	< 36.0 Weeks								23.9	25,5	24.9	28.3	29.2	31.4
Cancer Targets															
2 week GP referral to 1st outpatient appointment	G	93.0%	95.7%	94.5%	94.9%	96.0%	94.1%	95.3%	97.1%	97.0%	95.8%	95.1%	95.0%	96.1%	96.0%
31 day second or subsequent treatment (surgery and drug)	G	96.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day diagnosis to treatment for all cancers	G	97.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	98.5%	94.8%	97.1%	100.0%	97.7%
62 day referral to treatment from screening	G	90.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	94.1%	90.0%	88.9%
62 day referral to treatment from Consultant upgrade	G	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	G	85.0%	96.1%	95.2%	95.2%	100.0%	95.7%	95.4%	96.1%	95.1%	95.0%	94.7%	97.1%	97.4%	93.3%
Breast symptom - Two week wait	G	93.0%	97.4%	93.2%	99.0%	92.6%	93.6%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Hospital Acquired Infections															
MRSA Bacteraemia	G	8	4	0	0	0	0	0	1	0	1	0	2	0	0
Clostridium Difficle infection rate	G	62	47	2	2	2	3	3	2	4	3	5	10	7	4
Quality of Stroke Care															
% of patients who spend => 90% of their time on a Stroke Unit	G	70.0%	97.3%	91.0%	96.6%	97.1%	97.6%	96.4%	100.0%	98.9%	100.0%	92.1%	97.1%	100.0%	97.2%

Part 4 Annex – Stakeholder Statements

Response of the Harrow Link to North West London Hospitals NHS Trust Quality Account 2010/11

We support the need for more instant feedback on patient experience indicators as the poor level of returned surveys, in response to the national survey, does not appear to be reflective of the experience of the majority who attend the hospital for treatment.

As concerns are raised by LINk members about detrimental reports of maternity services in the local press, we welcome any reassurance about the safe environment and working practices of the maternity unit especially when staff are faced with unexpected, increased demand.

The analysis of over performance in the A&E is very welcome as patient concerns are reflected in comments about the business of the department, with patients commenting that they did not wish to 'ask' as nurses were so busy. We also note that the A&E department will need to be in a position to respond to recommendations of the ongoing Acute Medicine and Emergency General Surgery Review pan London.

While acknowledging the busy working schedules of key workers needed to investigate complaints, we welcome the initiatives of increased oversight of senior personnel to address the importance of the need for speedy responses and resolution of complaints. We welcome the attitude that it is everyone's responsibility in a department or ward to know about the content of a complaint and to deal with root causes.

➢ Glossary

Acronyms – Clinical Audit

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-gynacological 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