

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST

REPORT TO: External Services Scrutiny Committee

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and Quality

DATE: 17th April 2014

SUBJECT; Annual Quality Report (formerly Quality
Account)

Overview of current position in relation to Quality Report preparation

This information is provided to ensure the Committee is fully aware of the status of the Quality Report with regard to its preparation and its current presentation.

The current document is in draft format and will be finalised over the forthcoming weeks. The information that will need confirming and refining includes:

- Data on core and key quality indicators – this will require year-end sign off which will be confirmed and signed off at the Trust Board meeting at the end of April (all figures will need to be re-checked through the report). Figures currently provided are believed to be accurate (Part 2.2 – page 15).
- Information will be provided on the descriptions of the core quality indicators and actions being taken in relation to these (Page 16).
- Information will be provided on the reasons for the other health care indicator selection (Part 3 – page 33).
- Data on national and local audits – we are currently awaiting year-end data (Page – 25-29).
- Formatting and layout by the Trust's Communications Team

The final Report will be presented to the Trust Board meeting on 28th May. Formal responses to the report will need to be received by 14th May so that these can be received for the papers deadline date and can be included in the report for final presentation.

The Trust welcomes comments from the External Services Scrutiny Committee and looks forward to receiving the formal response statement.

Quality Report 2013-14

Improving your Local Hospitals – Our Report to You

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About the Trust's Quality Report

What is the Quality Report?

This is produced for the public by NHS healthcare providers about the quality of services they deliver. All NHS providers strive to achieve high quality care for all, and the Quality Report provides the Trust an opportunity to demonstrate our commitment to quality improvement and show what progress we have made in 2013-14. The Quality Report is a mandated document which is laid before Parliament before being made available on the NHS Choices website and our own website – (www.thh.nhs.uk).

What is included in the Quality Report?

The Quality Report is a mandated document that contains specific mandatory statements and sections. These statements cover areas such as our participation in national audits, research activity, and our registration as a healthcare provider with the Care Quality Commission (CQC).

There are also three areas that are mandated by the Department of Health (DH) which give us a framework in which to focus our quality improvement programme; these are patient safety, patient experience and clinical effectiveness. To identify the Trust quality improvement priorities and to reflect the priorities of our patients, the public, staff and the people we work with, there has been extensive consultation and engagement leading up to the development of this report.

Part 2 of the report highlights the Trust's quality priorities and includes:

- the areas identified for improvement in 2013-14
- what the priority was
- how we performed against the targets
- and what this means for our patients

There is also a section in Part 2 on the quality priorities that have been identified for improvement projects in 2014-15.

There is a useful glossary at the back of the report which lists the abbreviations and terms included in the document.

Executive Summary

This Executive Summary provides a very brief overview of the information contained within this year's Quality Report.

The Quality Report is a summary of our performance during 2013-14 in relation to our quality priorities and national requirements. The detail of our key quality achievements and improvements are outlined in the main body of the report. Overall the Trust has performed very well across a wide range of core quality indicators during this past year which has resulted in us achieving green status for governance with regard to Monitor's risk rating system. Particular successes include the reduction in the Trust's mortality rate, the reduction in Health Care Associated Infections and achieving Level 2 status in our recent NHS Litigation Authority risk management standards assessments for acute general and maternity care. To demonstrate progress against our quality priorities during 2013-14 (outlined below) we have included information that shows how clinical teams have changed the way they deliver care in order to improve the quality of services for patients in our hospitals. Even though all of our five priorities for 2013-14 have resulted in partial achievement overall, some elements of the improvement work have been fully realised and targets achieved. Finally we have set out our quality priorities for 2014-15 and the targets we aim to achieve.

Quality Priorities for Improvement 2013-14 – How did we do?

Quality priority	How did we do?
The First Contact Project – Improving the Outpatient Experience	Partially Achieved
Improving Peoples' Experience of Leaving Hospital / Improving Inpatient Care	Partially Achieved
Improving Emergency Care	Partially Achieved
CQUINS (Commissioning for Quality and Innovation)	Partially Achieved
Embedding our culture and values framework - CARES	Partially Achieved

Quality Priorities for Improvement in 2014-15 – What do we aim to do?

- Continuing to Improve the Outpatient Experience
- Continuing with the Improving Inpatient Care Project
- Improving patient safety in Emergency and Maternity Care
- Introducing and embedding patient care bundles/pathways
- Improve responsiveness to patient need

During 2013-14 the Trust has published a new Clinical Quality Strategy to support its delivery of high quality care over the next three years. The purpose of the new Strategy is to provide a structure for delivering quality governance to ensure on-going improvement in the quality and safety of patient care. The quality priorities outlined in this year's Quality Report reflect the clinical quality priorities outlined in our Strategy.

The mandated statements / sections within this Quality Report include information on our participation in national audits and our research activity during 2013-14. In addition, information is provided on our registration as a healthcare provider with the Care Quality Commission (CQC) and the result of our unannounced visit during 2013.

This Quality Report and the priorities for 2014-15 is presented as a result of consultation and engagement with our Foundation Trust members, our Governors, our staff, Healthwatch and our Commissioners.

Part 1: Statement from the Chief Executive

This Quality Report provides the Trust an opportunity to demonstrate our commitment to delivering high quality care to all. It outlines our quality improvement work and the progress we have made in 2013-14. I am extremely proud of our achievements and of the ongoing commitment from our staff in striving to continue to improve the care and services that we deliver. I know that what patients want is reassurance that they can trust their local hospital to provide reliable, high standards of care 24 hours, seven days per week. This Quality Report confirms our commitment to you in achieving this and to ensure that we always put our patients at the forefront of service development and improvement. In this report you will read of the extensive quality improvement work that has been taking place across our hospitals to support this ethos and the elements of clinical care and service delivery that we aim to further improve in order to provide the safe and high quality care that our patients expect and deserve.

Within North West London the '*Shaping a Healthier Future*'* (SaHF) programme outlines a five year strategy which places The Hillingdon Hospital site as one of the five major hospitals for providing a full range of 24/7 emergency care in the region. The programme is based on implementing the London Health Programme (LHP) quality standards for emergency care across all the major hospitals and in all specialties that take part in the provision of this service. The Trust has undertaken a self-assessment on its current position in relation to these standards and key actions are being driven forward as part of our clinical quality strategy. The SaHF programme also places an emphasis on the provision of a wider range of out-of-hours primary and urgent care, and we are working closely with our GP commissioners and other providers to ensure that across the healthcare community patient care is provided in the right place at the right time.

During 2013-14 there has been an increased focus on how we measure and monitor quality at the Trust. The Trust has considered and made reference to key NHS investigations and reviews, and in particular the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust where the standard of services put patients at risk. Not only was this a salutary reminder that things can go wrong when quality is not put at the heart of what we do but it has also served to focus us all on continuously striving to provide the safest possible care. Our new Clinical Quality Strategy outlines the learning and recommendations from the Francis Report and other key quality reviews; these underpin our key aims and objectives for quality improvement. In addition we have reviewed our current quality performance alongside national and regional quality data and referenced local feedback from both staff and patients in informing our new Strategy. We have also undertaken a thorough review of our governance structures and processes in relation to delivering a robust quality management system in accordance with Monitor's Quality Governance Framework.

We have performed very well on our quality performance during 2013-14 across a wide range of indicators which has resulted in us achieving green status for governance with regard to Monitor's risk rating system. Under the Care Quality Commission's new Intelligent Monitoring System of acute Trusts (where Trusts are assessed against 188 different indicators) we have been assessed as being in the lowest level of risk category (band 6) for two consecutive assessment periods. We have also achieved Level 2 status in our recent NHS Litigation Authority (NHSLA) and the Clinical Negligence Scheme for Trusts (CNST) maternity assessments which demonstrates the Trust has robust risk management processes in place which have been checked for compliance and that staff see it as one of their concerns to keep patients safe. In addition, the Trust was Highly Commended in the 2013 Dr. Foster Hospital Guide awards for the improvement in its performance for weekend emergency HSMR (Hospital

* <http://www.healthiernorthwestlondon.nhs.uk/>

Standardised Mortality Ratio). This is recognition of the good work that has been done to not only improve weekend mortality but importantly to maintain overall performance.

We have received over 14,000 patient responses to the Friends and Family Test (FFT) during 2013-14 with the majority of patients recommending our wards and emergency department to family and friends. Where problems were highlighted we have looked to address these. An example of this is our Comfort at Night programme, recognised as a very positive outcome on action taken as a result of feedback from the FFT.

Despite a very positive quality performance record for 2013-14, we are not complacent. Weaknesses in our systems are dealt with promptly and openly to ensure that better and safer systems of care can be developed. The aim of this report is not only to report on our achievements and the improvements we have made in the last year but to give a balanced view and to highlight the areas that we know we need to focus on to make our services even more safe and of a higher quality.

In developing our quality priorities for 2014-15 we have made reference to national best practice and reviewed our current quality performance in line with local, regional and national performance. The report is the result of consultation with a wide group of stakeholders, including our governors, commissioners, People in Partnership and our local Healthwatch.

I hope that this Quality Report provides you with a clear picture of how important improvement and safety are to us at The Hillingdon Hospitals NHS Foundation Trust.

I confirm that to the best of my knowledge the information in this document is accurate.

Yours sincerely

Shane Degaris

Chief Executive
The Hillingdon Hospitals NHS Foundation Trust

Signed.....

Date.....

Part 2 Review of Quality Priorities for Improvement

In this part of the report we tell you about the quality of our services and how we have performed in the areas identified for improvement in 2013-14. These areas are called our quality priorities and they fall into the three areas of quality as mandated by the Department of Health (DH): patient safety, patient experience and clinical effectiveness, and we are required to have a minimum of one priority in each area.

Firstly, the information below provides an overview of some of our key quality achievements in 2013-14. These are important for the public and our key stakeholders to know with regard to the assurance they provide on the quality of care and services at the Trust:

Key Quality Achievements during 2013-14



Achieved Level 2 accreditation for NHS Litigation Authority standards



Achieved Level 2 accreditation for Clinical Negligence Scheme for Trusts (CNST) for Maternity standards



Care Quality Commission - achieved Band 6 (lowest level of risk) in two consecutive assessments



Dr Foster Good Hospital Guide - Highly Commended for improvement on weekend mortality



Monitor- the Trust is rated green (no evident concerns) for its performance on quality



Trust ranked among best in London for patients on the fractured hip pathway

LOOKING BACK...

Part 2.1 Quality Priorities for Improvement 2013-14 – How did we do?

PRIORITY 1

The First Contact Project – Improving the Outpatient Experience

We said:

We would continue with the First Contact Project (improving the outpatient experience) to further embed the way patients are contacted and reminded about their appointments. The Call Management System (CMS) which was introduced in 2012 needed further development during 2013-14 to ensure we were getting our messages right for patients and we wanted to further centralise bookings of new and follow-up outpatient appointments across the Trust, having only partially achieved our plans during 2012-13.

How did we do? ☒ PARTIALLY ACHIEVED

Our aims included reducing the call abandonment rate for outpatient appointment queries to below 10%; we achieved a year end figure of 12%. We also wanted to ensure that 95% of calls would be answered within 60 seconds; we achieved 75% (percentage of calls answered within 2 minutes = 90%). We stated that we would aim to resolve more than 90% of the queries in the first contact with patients, with less than 10% of calls being transferred to other departments; we achieved only 55%. We also wanted to aim for a reduction in 'did not attend' rates (DNA) for outpatient appointments to a rate of 8%. At year end this is at 9.1% however since January 2014 this has been consistently below 9%.

During 2013-14 a working group has been meeting to facilitate this service development and add insight about the challenges patients face when booking outpatient appointments. The group have reviewed the quality targets concerning reducing the call abandonment rate, answering calls in 60 seconds and call resolution. Times that patients are more likely to contact the OAC were suggested and a system has been introduced which facilitates an escalation of staff to cover high call volumes. The opening times of the OAC were discussed and it was felt these offered patients choice and good accessibility.

For improving the target of where patients do not attend their appointment it was agreed that patients should have an option to cancel their appointment without being transferred to a call agent. Following the introduction during the latter part of 2013-14 of this streamlined cancellation service the DNA rate has fallen below the target of 8%. Furthermore in February 2014 work commenced to pilot an enhanced reminder service to one speciality and the impact is currently being tracked. Evaluation of this pilot will report on-going work in 2014. Also following feedback from patients the text message format was changed to include the speciality of the appointment.

In addition, an Electronic Document Transfer system (Docman) is being introduced which supports the delivery of clinical documentation securely between secondary and primary care in real time. The Electronic Document Transfer (EDT) Hub will be used to send clinical correspondence such as attendance notifications and outpatient letters from Q2 onwards.

What does this mean for our patients?

The outpatient pathway has been a key area of focus for the Trust over the past few years in really driving forward improvement around the patient experience and that the systems we have in place become much more efficient. The local outpatient experience survey demonstrates that patients are generally satisfied with the experience within the outpatient department with an overall satisfaction score of 87% across a range of indicators. We have heard through our local Healthwatch however that there are a number of elements in relation to the outpatient pathway that need to continue to improve, particularly in relation to the number of appointment letters that a patient may receive and the resolution of enquiries to the OAC. This is why this improvement work will continue as a priority into 2014-15 as identified by our FT members, our local Healthwatch and our staff.

PRIORITY 2

Improving Peoples' Experience of Leaving Hospital / Improving Inpatient Care

We said:

We would continue with the Leaving Hospital Project to further improve the patient journey through the hospital thereby decreasing length of stay and to ensure an improved experience for patients leading up to and including discharge from hospital. We advised that we had reviewed our goals and priorities and re-launched the project as "Improving Inpatient Care". Our aims were to enhance early assessments for elderly people and to reduce any unnecessary lengths of stay in hospital, as well as reducing readmissions. We said we would improve the discharge process by better co-ordination of teams and working closer together with doctors, nurses, pharmacists and therapists when reviewing a patient's needs before they leave hospital.

How did we do? ☒ PARTIALLY ACHIEVED

The Improving Inpatient Care Programme has continued to evolve and has been focussed on a number of key services that either avoid hospital admissions or reduce length of stay by ensuring comprehensive Consultant-led assessment at an early stage in the patient's pathway. Last year we also said that we would implement new electronic whiteboards to provide reminders of all patients' next steps for all teams who work on the wards. A new electronic white board system has now been implemented, with full roll out to every ward now completed. This has improved communication between all staff on the wards, improved the daily handover and now the staff can clearly see what each patient is waiting for, and act promptly to ensure minimal delays.

The ambulatory care service that has previously focussed on seeing and treating patients presenting with deep vein thrombosis has now expanded to include conditions such as community acquired pneumonia, kidney infections and pulmonary embolus. On average when compared with the previous year the service now treats an additional 200 patients per month.

The 'Home Safe' team has evolved from the acute care of the elderly service that was previously piloted in the emergency assessment ward and is working proactively with community services and Age UK to provide expert clinical review. The level of specialist input facilitates high quality patient discharge for the care of the elderly group. The 'Home Safe' team, led by a consultant geriatrician provide a high quality multidisciplinary care team review and provide individualised plans of care that may include referral to a variety of services both in and out of hospital.

Overall, length of stay has continued to reduce within the division of Medicine (0.7 days for 2013-14) and since the introduction of 'Home Safe' in January 2014, the average length of stay

for care of the elderly has fallen from 14 days to 11.5 days for two consecutive months. In January the 'Home Safe' team screened 139 patients, assessed 56 patients of which 33 patients were able to be sent home either with the inpatient home safe team (18) community home safe (6), Age UK (4) and falls assisted discharge pathway (5).

The specific goals we set for the project and the performance are outlined below:

Annual Quality Report Projects KPI Dashboard 2013-14	2012-2013	Year-to-date Performance	2013-14 Target
Reduce average length of hospital stay (LoS) by 12%, achieving average LoS of 3.5 days (national upper quartile level)	4	3.6 – Trust overall 3.5 – elective inpatients	3.5
Percentage of discharges leaving hospital before midday	29%	24%	40%
Earlier therapy and specialist review (numbers of patients)	N/A	321	400
Reduction in avoidable readmissions by 230 cases	3401	88 fewer YTD	3171

What does this mean for our patients?

Reducing the length of stay in hospital for our patients means that they spend less unnecessary time in hospital. The Home Safe project ensures there is a multidisciplinary approach to planning for discharge as soon as the patient is admitted. Going forward there are plans to expand the service to be able to offer 'Home safe' discharge from our specialty wards. This will mean that patients who have undergone surgery or who have had an extended length of stay in hospital will also be able to benefit from this innovative new service.

Although length of stay has achieved the target during 2013-14 we have not been able to improve further on patients leaving hospital before midday. Our local Healthwatch have advised us that they continue to receive this feedback and that this is a real concern for our patients, often waiting for medication or for community services to be organised resulting in discharges happening much later in the day. New initiatives to be explored in the forthcoming year include opening a medication dispensary on the new acute medical unit. This is expected to reduce the time that patients wait for their medications resulting in an increased number of earlier discharges per day.

The Trust will continue to work on ensuring earlier therapy and specialist review as we were unable to achieve the target that we had set for 2013-14; this is despite a significant amount of effort from our therapy teams to prioritise patient cases. The additional demand and activity that we have experienced during the winter months has presented a significant challenge for us in achieving this goal. Our Home Safe project which is one of our local CQUINs for 2014-15 will support this work.

Reducing readmission rates is a key priority for the Trust in achieving high quality care; readmission rates have remained static over the past three years: 7.5% in 2011-12, 7.8% in 2012-13 and 7.6% in 2013-14 (year to date). Despite aiming to reduce readmissions our current work-streams have not had a significant impact in 2013-14. A recent audit that was undertaken in partnership with Hillingdon CCG has revealed that there are further opportunities to improve the existing work-streams which include improving communication and documentation across primary and secondary interfaces. This work will be driven forward in 2014-15 as part of our clinical quality strategy and action plan.

We said:

We would improve emergency care by aiming to achieve key elements of the London Health Programme Emergency Care Standards. We advised that nationally there is evidence to show that there are significant differences in the mortality rates for patients admitted as an emergency during the week compared with patients admitted as an emergency at the weekend and that nationally, and in London, reduced service provision at weekends has been associated with a higher mortality rate.

We stated that as a Trust we are committed to achieving these quality standards and that we had already invested in additional senior doctor time, out of hours Monday to Friday and also at the weekends. Notably we had provided Consultant ward rounds twice a day on our medical emergency assessment unit.

The focus of work for 2013-14 was to ensure that there was a senior doctor (Consultant level) review within 12 hours of patients being admitted to the hospital and that we would aim to reduce the measure of mortality known as the Hospital Standardised Mortality Ratio to the London average and reduce the variation between weekday and weekend mortality. We also stated that we would improve participation of attending patients in the Friends and Family Test so that we could gauge better the patient's experience of emergency care.

How did we do?**Consultant review within 12 hours of decision to admit ☒ PARTIALLY ACHIEVED**

The Trust has made further investments into our emergency department and emergency assessment unit resulting in increased Consultant cover seven days per week. The rapid assessment service is now well embedded in the department and means that all emergency admissions benefit from an initial review by a senior doctor.

The January audit showed that 64% of patients were reviewed by a Consultant once admitted to the emergency assessment unit. This does not achieve the 90% target that we set ourselves for 2013-14. Additional investment in the consultant body in 2014-15 will enable further expansion of ambulatory care pathways and will ensure that the vast majority of patients are seen by a Consultant within 12 hours of admission. This will be a key focus in 2014-15 as part of the London Quality Standards recommendations and our local action plan.

Reduction of HSMR to London average ☒ PARTIALLY ACHIEVED

During 2013-14 Trust weekday and weekend mortality rates have reduced based on benchmarking data available from Dr Foster (historically re-based annually). The overall Hospital Standardised Mortality Ratio (HSMR) is currently lower than the national average for weekdays with statistical significance. HSMR is also lower at the weekends however for 2013-14 it remains slightly above the London average. The Trust is tracking the HSMR at specialty level within clinical divisions and is carrying out regular reviews of all deaths in hospital.

Participation of attending patients in the Friends and Family test ☒ ACHIEVED

We advised that we wanted to improve the participation in the Friends and Family test within the Accident and Emergency Department because participation had been disappointing at 8% for 2011-12. There has been significant improvement in this area where the Trust now has the second highest response rate of all emergency departments in London. Our overall response

rate for the period April 2013-Feb. 2014 is 19.8% against a national target of 15%. The Friends and Family Test reports a net-promoter score whereby the patient would either highly recommend or recommend the emergency department to their friends and family. The vast majority of comments are extremely positive (see page 38) and very importantly actions have been taken where there have been recommendations for improvement.

What does this mean for our patients?

We are committed to ensuring that the care we deliver to patients who are admitted as an emergency is of the highest quality in relation to patient safety, patient experience and clinical effectiveness. We have been commended by Dr Foster for our reduction in HSMR for weekend mortality; this means that our patients are receiving improved care throughout the week. We will continue to focus on this improvement work during 2014-15 in relation to implementing the London Quality Standards.

PRIORITY 4

CQUINS (Commissioning for Quality and Innovation)

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework is to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management. In 2013-14 there were 10 Acute CQUIN schemes agreed, six of which were locally derived by Hillingdon Clinical Commissioning Group. In 2012-13 the final % achievement was 73% and in 2013-14, whilst not a definitive percentage, **there is potential achievement of 80% demonstrating a material improvement year on year.**

How did we do?

☑ PARTIALLY ACHIEVED

CQUIN Targets for 2013/14	Achievement	Commentary
National Schemes		
Improving the experience of both patients and staff (measured using the 'Friends & Family' test)	100% achievement	
Promoting 'harm free' care for patients (as measured by the Patient Safety Thermometer)	Partial achievement	The Trust had a challenging target of 50% reduction in pressure ulcers (as measured by the Patient Safety Thermometer) for 2013-14 and started the year lower than the national average. The Trust achieved an overall year-end reduction of 37% but continues to see significant variation in the number of community acquired pressure ulcers and so will need to continue to work with community colleagues to best support and reduce these for 2014-15.
Improving services for patients with dementia	Partial achievement	As part of the 2013-14 Dementia CQUIN the Trust was required to provide complete monthly carers' surveys, implement staff training and to find, assess, investigate and refer 90% of elderly patients admitted through emergency methods. The Trust has achieved both the training and carers surveys but despite significant improvement of 70%, has been unable to achieve the 90% target.
Preventing blood clots	100% achievement	

Local & Regional Schemes		
'Home Safe' (enables patients to be safely discharged sooner from hospital)	100% achievement	
Consultant assessments within 12 hours of emergency admission	Not achieved	The Trust had a target of Consultant assessments within 12 hours of emergency admission however this has proved particularly difficult to achieve with performance of between 50 and 60%.
Electronic requesting for radiology and pathology	100% achievement	
Improving Colorectal services	Partial achievement	This included reducing wait times for colonoscopies, comprehensive post-operative assessment by a geriatric specialist, and GP education. The Trust was successful in all but the GP education element where a small take up by GP practices made the face to face element particularly challenging.
Improving communications between GPs and hospital consultants	Partial achievement	The Trust achieved its target to develop referral pathways with local GPs but did not fully achieve the target to provide an advice line service for GPs calling with condition-specific queries. 80% of calls from GPs were connected but the small volume of calls in some specialties meant that it was difficult to achieve the target of 92.5%. This CQUIN continues to have focus with roll out to additional specialties.
Reducing the length of time patients wait for treatment in A&E	Partial achievement	A&E Rapid Access and Triage was a success within the first three quarters, however the Trust was not able to sustain reduced waits over the winter months leading to partial achievement of the CQUIN of 75%.

What does this mean for our patients?

The CQUIN framework supports improvements in the quality of services and aims to provide better outcomes for patients. It enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. Having fully and partially achieved nine out of the ten CQUINS for 2013-14 will mean that the quality of our services and the care that we deliver to our patients will have improved.

PRIORITY 5

Embedding our culture and values framework - CARES

We said:

Our goal was to deliver the best possible experience to our patients and to our staff. We felt we could make real improvement in this area through embedding our culture and values framework, CARES (Communication, Attitude, Responsibility, Equity and Safety). Formally launched in May 2012 CARES provides clear core values supported by a framework that sets out the standard in terms of attitude and behaviours we expect from our staff. This supports our staff to deliver care with compassion as well as ensuring it is safe and effective.

How did we do?

Staff completing their Personal Development Review ☒ PARTIALLY ACHIEVED

During 2013-14 84% of staff have had a Personal Development Review, against the target of 90%. Whilst the target was not achieved this is a good return given the extension of the Talent Management (TM) process to around 500 staff, significantly larger than the previous year. The

TM process incorporates a more detailed review for each individual and as a result requires much more time with regard to preparation and for the conversations with the staff member. This has impacted on us delivering the 90% target.

Staff completing the Customer Care Training ☒ **PARTIALLY ACHIEVED**

The Customer Care Training was introduced to raise awareness of our CARES values to all of our staff so that they could understand the impact of their behaviours on patients and their colleagues. For 2013-14 33% of staff have completed the training against a planned target of 50%. We have not achieved our target because additional pressures during winter resulted in staff not being able to be released to attend training, therefore a decision was made to postpone sessions and re-start them in April 2014.

Learning from Complaints—improving behaviour and attitude ☒ **ACHIEVED**

We said that we would ensure that all complaints were addressed using the CARES framework and that we would make the framework an integral part of the investigation process to identify behavioural and attitudinal issues as well as the technical aspects so that we can learn from them. We also said that we wished to improve the result of the Communication, Involvement, Information and Compassionate Care questions in our local patient survey. There have been significant changes in our Complaints Management Unit team during this year; this has meant that the focus has been on ensuring that complaints are investigated thoroughly and within the agreed timescale. Many of our Senior Sisters and Matrons now successfully use the CARES framework when investigating and sharing the complaint with their teams. In this way they can bring the CARES values to 'life' encouraging individuals to evaluate whether they have demonstrated the expected attitude and behaviour.

Our key targets also included improvement in the Communication, Involvement, Information and compassionate care questions in our local satisfaction survey:

Performance Indicator	Target for 2013-14	Performance 2013-14
Communication, involvement and information – using the cluster of questions in the inpatient survey	Improve baseline (88%) result by 2%	89%
Compassionate Care – 'overall were you treated with kindness and understanding while you were in the hospital'?	Achieve 85%	96%

What does this mean for our patients?

Improvement in the patient experience indicators outlined above demonstrates that the measures we have put in place this year such as staff receiving feedback on CARES as part of their personal development review and the delivery of an extensive programme of customer care training has had a positive impact on staff attitude and behaviours. We will continue to deliver on improving staff attitude and behaviour in line with our CARES values in the forthcoming year; some of these work-streams are outlined in Priority 5 for 2014-15.

Part 2.2 Performance against Core Quality Indicators 2013-14

In this part of the report the Trust is required to report against a core set of national quality indicators to provide an overview of performance in 2013-14. The following page provides information which has been obtained from the recommended sources and are the most up-to-date figures available – to be confirmed for year-end data.

	2012/13 Performance	2013/14 Target	2013/14 Performance	London Trusts	National	Benchmark Source	Benchmark Period	Lowest Performing Trust	Highest Performing Trust
1: SHMI	0.9 (As Expected)	As Expected or Lower Than Expected	0.88 (Lower than Expected)	n/a	n/a	HSCIC	Jul-2012 to Jun-2013	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST 1.1563 Band 1 (Higher than Expected)	The Whittington Hospital NHS Trust 0.6259 Band 3 (Lower Than Expected)
2: the percentage of patient deaths with palliative care coded at <i>diagnosis</i>	19.80%	n/a	22.3%	tbc	19.8%	HSCIC	Jul-2012 to Jun-2013	TAUNTON AND SOMERSET NHS FOUNDATION TRUST 0%	EAST AND NORTH HERTFORDSHIRE NHS TRUST 44.1%
3: Emergency readmissions to hospital within 28 days of discharge from hospital: children of ages 0-15 [Standardised] (Crude)	[9.11%] (5.60%)	n/a	[8.28%] (6.28%)	[7.81%]	[10.01%]	[HSCIC] [PAS]	2011/2012 [Standardised] 2013/2014 [Crude]	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST 14.94%	AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (Plus 50 other Trusts) 0%
4: Emergency readmissions to hospital within 28 days of discharge from hospital: Adults of ages 16+ [Standardised] (Crude)	[11.88%] (7.55%)	n/a	[12.11%] (7.62%)	[12.17%]	[11.45%]	[HSCIC] [PAS]	2011/2012 [Standardised] 2013/2014 [Crude]	SHEFFIELD CHILDRENS NHS FOUNDATION TRUST 17.15%	QUEEN ELIZABETH HOSPITAL NHS TRUST (plus 45 other Trusts) 0%
5: Cdiff	23 cases (18.0 Cases per 100,000 beddays)	14 Cases (Absolute)	12 Cases (8.5 Cases per 100,000 beddays)	17.0 Cases per 100,000 beddays	17.3 Cases per 100,000 beddays	HPA	2012/2013	North Tees & Hartlepool had 61 Trust apportioned Cases (30.8 cases per 100,000 beddays)	Following Trusts had Zero Cases of Cdiff in 2012/2013 Alder Hey Children's Birmingham Women's Liverpool Women's Moorfields Eye Hospital Queen Victoria Hospital
6: VTE	91.9%	95.0%	95.2%	95.4%	95.8%	NHS England	2013/14 Q3	77.7% - NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	100.0% - BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST; QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST; ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS FOUNDATION TRUST; SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
7: PROMS (Health Gain), Groin Hernia, EQ-5D Index/VAS	0.119/-0.075		0.135/6.444	n/a	0.086/-0.883	HSCIC	Apr-Sep 2013/14	-0.033 NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	0.2 COBALT NHS TREATMENT CENTRE 0.179 HEART OF ENGLAND NHS FOUNDATION TRUST
8: PROMS (Health Gain), Hip Replacement, EQ-5D Index/VAS	0.396/12.992		0.458/15.571	n/a	0.447/12.397	HSCIC	Apr-Sep 2013/14	0.177 BMI ST EDMUNDS HOSPITAL 0.233 LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	0.724 FAIRFIELD HOSPITAL 0.628 THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST
9: PROMS (Health Gain), Knee Replacement, EQ-5D Index/VAS	0.267/4.827		0.246/1.625	n/a	0.339/6.503	HSCIC	Apr-Sep 2013/14	0.073 YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0.683 SPIRE WELLESLEY HOSPITAL 0.59 NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
10: Friends and Family Test question 12d – 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'	59% (46% agree 13% strongly agree)	n/a	62% (46% agree 16% strongly agree)	67%	n/a	Pickier Institute	2013	Mid Yorkshire Hospitals NHS Trust and North Cumbria University Hospitals NHS Trust (33% agree 7% strongly agree)	Salford Royal NHS FT 89% (42% agree 47% strongly agree)
11: Trust's responsiveness to personal needs of our patients	65%	n/a	66.4%	n/a	n/a	n/a	n/a		
12: Patient safety incidents – number and rate, within the Trust, and the number and percentage that resulted in severe harm or death	0.75%	n/a	1.0%	0.8%	0.8%	NRLS (Medium Acutes Only)	Oct-2012 to Mar-2013	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (4.8%)	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST (0%)

Supporting Information about the indicators required in accordance with the Quality Account regulations – to be completed once year end data confirmed

Indicator:

The Hillingdon |Hospitals NHS Foundation Trust considers that this data is as described for the following reasons -

The Trust intends to take/has taken the following actions to improve and so the quality of its services –

Definitions of the two mandated indicators for substantive sample testing by the Trust's auditors:

1. Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
2. C. difficile

Part 2.3

Our New Clinical Quality Strategy

The Trust has published a new Clinical Quality Strategy (2013-2016) to support its delivery of high quality care over the next three years. The purpose of the new Strategy is to help the Trust achieve its vision *'To put compassionate care, safety and quality at the heart of everything we do'*. The Strategy provides a structure for delivering quality governance to ensure on-going improvement in the quality and safety of patient care. It builds on the local and national context of service change that so critically affects quality of care for all its patients and ensures that the Trust's approach and commitment to high quality care is clearly defined.

The Strategy also outlines the responsibilities of its staff and it is supported by the Trust's culture and values framework, CARES (Communication, Attitude, Responsibility, Equity and Safety) which embraces a culture that empowers staff to report incidents and raise concerns about quality in an open, blame-free working environment. The Strategy will ensure that clinical quality governance and risk management are integrated into the Trust's culture and everyday management practice and that all members of staff are clear on their role and the drive to continually improve the quality of care.

In building its Strategy the Trust has considered the local and regional health economy and national contexts and has made reference to key NHS investigations, such as the Francis Report and the Berwick and Keogh reviews. The Trust has also reviewed its current position in relation to key quality and performance data alongside other acute providers in order to focus its priorities and to be in line with local, regional and national best performance. The priorities focus on those areas which are the most important based on a balance of greatest impact on patient care, national profile and public profile, as well as those where performance is below expected.

Key principles that support our Strategy and which have been key recommendations from national investigations include:

- Always putting the patient first
- Clearly understood fundamental standards of care and measures of compliance
- Openness, transparency and candour throughout our organisation
- Improved support for compassionate and committed nursing
- Strong and patient centred leadership
- Accurate, useful and relevant information

The Strategy will help to ensure that the ethos of a clinically led, quality and patient-focused organisation is strengthened and that the Trust Board is provided with robust and detailed information on quality so that it can be assured that the clinical quality agenda is being appropriately identified, assessed, addressed and monitored

The clinical priorities outlined in the Strategy reflect the quality priorities outlined in this year's Quality Report. The full Clinical Quality Strategy is available via our website at:

<http://www.thh.nhs.uk/patients/safety/index.php>

Quality Priorities for Improvement in 2014-15

In this part of the report, we tell you about the areas for improvement in the next year in relation to the quality of our services and how we intend to assess them. We call these our quality priorities and they fall into three areas: patient safety, patient experience and patient outcomes.

In arriving at these priorities, agreed by the Trust Board, there was a process of engagement with our Foundation Trust members, our Governors, our staff, Healthwatch and our Commissioners. In addition, the Trust triangulated data from several sources to identify themes and recurring trends. There has been active engagement during the past year of our local Healthwatch with regard to their presence on several of our Trust working groups; this has proved valuable in being able to hear on an ongoing basis the feedback it receives from people it engages with.

During the consultation period there was a strong opinion from our stakeholders that we should continue with some of our projects started in the previous year/s where further outcomes needed to be achieved to fulfil their potential. Hence the projects relating to an improved outpatient experience and improving inpatient care with effective discharge are being retained.

Quality Report 2013-14 Consultation

Respondent Category	Quality Priority Topic 2014-15
Patient Safety	
Staff	Implementing the Emergency and Maternity Care Standards Reduction in weekend mortality Improve pathways/bundles of care to provide reliable care Achieving reduction in patient harms. such as falls/pressure ulcers, associated with the Patient Safety Thermometer Improve staff / patient ratios Improving staff feedback mechanisms in relation to incidents
Healthwatch	Better support for patients discharged from Accident and Emergency Ensure proactive care ward rounds are happening as expected particularly in relation to continence care in inpatient areas and A&E
Governors & FT members	Better support for patients discharged from Accident and Emergency
GP Commissioners	Implementing the Emergency and Maternity Care Standards – especially senior clinician review 7 days a week
Patient Experience	
Staff	Improve responsiveness to need Improve learning from patient feedback Review of complaints management Improve staff / patient ratios Continuing with improving the outpatient experience Continuing with the improving inpatient care project (includes leaving hospital) – reduce length of stay
Healthwatch	Improvements in the outpatient appointment system/call management system - continuing with improving the outpatient experience Improvement in the management of letters for outpatient appointments Improve medical engagement/staff attitude – further work on CARES Look at other ways of getting patient feedback Display information on patient experience feedback on information boards on each ward/department Improve the participation in the Friends and Family Test in some areas Ensure new pathways of care include metrics on the patient experience
Governors & FT members	Improvements in the outpatient appointment system - continuing with

	improving the outpatient experience Improve medical engagement/staff attitude – further work on CARES culture and values Look at other ways of getting patient feedback Improvements in hospital patient transport Improving the hospital grounds
GP Commissioners	Achieving the A&E target
Patient Outcomes	
Staff	Improving admissions avoidance/ambulatory care pathway Implementing the Emergency and Maternity Care Standards Reducing number of readmissions Improving diagnostic reporting times Drive forward early supported discharge work streams Improve Dementia indicator – FAIR assessment
Healthwatch	Better support for patients discharged from Accident and Emergency Improvement in improving inpatient care work-stream to ensure actions are being progressed as planned Understanding outcomes for patients with regard to early supported discharge schemes
Governors & FT members	Better and quicker access for tests
GP Commissioners	Consultant access for GPs Achieving the A&E target

The Board has considered all of the suggestions put forward, and looking at key quality priorities for the Trust in relation to its new Clinical Quality Strategy, the priorities below have been recommended for inclusion in the Quality Report for 2014-15. These have been identified as falling under the three domains of quality as follows:

No.	Priority	Safety	Clinical Effectiveness	Patient Experience
1	First Contact – Continuing to Improve the Outpatient Experience		✓	✓
2	Continuing with the Improving Inpatient Care Project	✓	✓	✓
3	Improving patient safety In Emergency and Maternity Care	✓	✓	✓
4	Introducing and embedding patient care bundles/pathways	✓	✓	✓
5	Improve responsiveness to patient need	✓		✓

Further information on these priorities and what we will be measuring in 2014-15 can be found on the following pages.

PRIORITY 1

Accessible and Responsive Services - Continuing to Improve the Outpatient Experience

Why is this one of our priorities?

The Trust's outpatient productivity scheme has highlighted areas in appointment management (listed below) that would benefit from further service redesign. In addition, our patients are telling us that they continue to experience some difficulties with the booking of their appointments and communication with the hospital.

- The introduction of information software that assists in planning outpatient capacity to meet the referral demand.
- Management of appointment cancellations will move from the PAS team to the outpatient appointment centre (OAC). This will ensure greater scrutiny of appointment cancellations and challenge to specialities.
- Correspondence about appointments will be centralised to improve the accuracy and consistency of information given to patients.

How are we doing so far?

We recognise that there are still concerns from patients about their experience of the outpatient pathway even though we have made many improvements in the last few years. We have changed the way patients are contacted and are reminded about their outpatient appointments. We have reduced the call abandonment rate when patients are making calls to the OAC and very recently our DNA rate has reduced (please see Priority 1 for 2013-14). Continuing with this priority has come from a number of sources, including the public membership focus group and from our local Healthwatch.

Our aims for 2014-15:

The performance targets we will use to measure the impact of the changes and new initiatives are:

Percentage of clinics cancelled with six weeks' notice

Performance for 2013-14 shows that 2.3% of clinics were cancelled with less than six weeks' notice (average of 115 clinics per month). The target for 2014-15 is set at 1.5% (75 clinics per month); this will provide some tolerance for unexpected leave/urgent reasons.

Local Outpatient Experience Survey

To achieve an overall satisfaction target of 88%. Patient experience is monitored via a local survey on a quarterly basis. Patients are asked six questions covering staff attitude, communication about waiting times, respect and dignity and overall satisfaction. This target will enable monitoring of experience which is implicit across the different development areas. Current performance against the existing questions averages 87%.

PRIORITY 2

Continuing with the Improving Inpatient Care Project

Why is this one of our priorities?

Reducing the length of stay for inpatients has been a priority service improvement goal for a number of years. We know that the longer patients are in hospital, the more risks there are to

the patient, and fundamentally, we know people do not want to be in hospital. We want to remove all unnecessary waits and support our patients to return to their homes safely and be supported in the community as soon as clinically appropriate. The need for improvement in this area has been identified from a variety of sources including information from our local Healthwatch referencing patient feedback of lengthy delays on the day of discharge, priorities within our new Clinical Quality Strategy and the aim to work with our local health and social care partners in delivering integrated care pathways and more care in the community. In addition, Dr Foster Intelligence data shows the Trust to be an outlier in relation to its readmission rate.

How are we doing so far?

Following the successful introduction of our *Home Safe* project we want to make sure that the principles adopted for this project are shared in order to examine additional opportunities for early supported discharge schemes. We have implemented our leaving hospital principles across all of our wards and we have reviewed our goals and priorities. The overall objective of this programme of work is to ensure we provide an improved experience to all inpatients by improving the patient journey, timeliness of interventions and thereby decreasing their overall length of stay. Our performance for this past year is outlined under Priority 2 in the priorities for 2013-14.

Our aims for 2014-15 are:

Reducing readmissions

The rate of readmissions will be tracked per specialty and will be benchmarked against national figures for readmission rates. Specialties that are currently showing high rates of readmissions will be scrutinised in order to identify different pathways of care. The aim is to reduce readmissions in relevant specialties by 1%-2%.

Ambulatory care pathway

The aim is to see > 200 patients per month with the expectation that 80% - 90% of patients would be suitable to be treated via ambulatory pathways of care. The aim of developing this service further is to increase capacity and treat a broader range of conditions to include Deep Vein Thrombosis, Cellulitis, Pyelonephritis and Pulmonary Embolism. An important part of developing this service further will be to gauge the patient's experience of this type of service so that we can be assured that it is effectively meeting the needs of our patients.

Early Supported Discharge work-streams

The aim of this work-stream will be to assess in excess of 300 patients on the '*Home Safe*' pathway over a three-month period and to provide a comprehensive geriatric assessment for patients requiring multidisciplinary team input. In addition we wish to expand the service from the emergency assessment unit to incorporate patients who have had an inpatient stay on one of the specialty wards. Specific targets include:

- Achieve a reduction in length of stay of up to three days for patients over the age of 65yrs who are eligible for the '*Home Safe*' programme
- To monitor the patient experience of the Home Safe pathway as a key metric

Leaving Hospital Improvement Project, including discharge from A&E

- To aim to discharge at least 1 patient per day before 12.00hrs from each acute inpatient ward area (average of 7 -14 patients before midday).
- We aim to achieve a target of 72% of patients leaving hospital with a positive experience through the use of the Leaving Hospital questionnaire.

PRIORITY 3**Improving patient safety in Emergency and Maternity Care****Why is this one of our priorities?**

There is national and London evidence to show that there are significant differences in the mortality rates for patients admitted as an emergency during the week compared with patients admitted as an emergency at the weekend. Reduced service provision at weekends has been associated with this higher mortality rate. In response to the data, the London Quality Standards (LQS) were developed to try and describe what good care should look like and to ensure that there was a well-recognised minimum quality of care that patients attending an emergency department or admitted as an emergency should expect to receive in every acute hospital in London. Similarly, the maternity services' quality standards represent the minimum quality of care women who give birth should expect to receive. As part of the *Shaping a Healthier Future* (SaHF) programme there is proposed expansion of our maternity facilities to allow for an anticipated increase in births of up to 6,000 each year. This expansion in facilities will enable the Trust to make improvements in the models of care offered and to support the LQS, in particular by providing a dedicated midwifery-led unit to provide additional choice for women.

At the end of 2013 London's hospitals were asked to self-assess their progress towards meeting the standards and provide information on action taken in acute medicine and emergency general surgery services throughout 2012-13. The results from our self-assessment highlight our progress towards meeting the LQS, as well as the need to continue on the journey of improvement and investment. In addition, feedback from our staff and our commissioners highlights the need for us to drive forward this improvement work in 2013-14.

How are we doing so far?

We have already invested in additional senior doctor time, out of hours Monday to Friday and also at the weekends. Notably we have provided consultant ward rounds twice a day on our medical emergency assessment unit. This has ensured that our patients continue to receive care from our most senior doctors irrespective of the day of the week. We have found some elements of this work challenging however the Trust is fully committed to implementing the standards in a phased approach over the forthcoming years.

Our aims for 2014-15 are:

- Seven day working for Emergency Care with earlier senior decision-making seven days a week:
 - Achieve Consultant Physician presence at weekends in Medicine 12hrs/day
 - Patients seen by a Consultant within 12 hours within Medicine, Surgery, Paediatrics and Gynaecology
- Access to earlier multi-professional assessment and improvement to radiological diagnostics and reporting within specified timeframes

PRIORITY 4**Introducing and embedding patient care bundles/pathways****Why is this one of our priorities?**

Care bundles/pathways are tools that include a collection of healthcare interventions and that can be used to manage the quality of care that is delivered by standardising care processes. It has been shown that their implementation reduces variability in clinical practice and improves patient outcomes in the acute care setting. They promote more organised and efficient patient

care based on evidence based practice, whereby locally agreed standards help a patient with a specific condition or diagnosis receive a consistently high standard of care.

How we are doing so far?

The Trust has demonstrated good progress in this area in order to support high quality care introducing care bundles and improved clinical care pathways for a variety of diagnoses and care interventions. However there is more work to be done to ensure the well-recognised care bundles/pathways are truly embedded and that where there are gaps in consistency of approach to best practice for particular diagnoses that these are addressed.

Our aims for 2014-15 are:

- Implement the Acute Kidney Injury (AKI) Pathway, in line with a London wide AKI pathway and show some improvement
- Sepsis Care Bundle to achieve $\geq 70\%$ compliance
- FAIR assessment completed for $>90\%$ of elderly patients per quarter
- Achieve $\geq 90\%$ compliance with Falls Care Bundle
- To achieve a 20% reduction in falls without harm
- To achieve a 10% reduction in falls resulting in a fracture
- Catheter Care Bundle to achieve $\geq 95\%$ compliance
- Improvement against the NHS Safety Thermometer with focus on pressure sores – to realise a 25% reduction.

PRIORITY 5

Improve responsiveness to patient need

Why is this one of our priorities?

Patient experience is a recognised element of high-quality care and understanding and improving how patients experience their care is key to delivering high-quality services. Using a variety of different approaches and seeking feedback from different pathways will help staff to gain greater insight into our patients' perspective of their care. Key stakeholders (our staff, our Governors, Healthwatch) advise us that we need to ensure that there is focus on improving the patient experience further and that our services and how they are delivered are truly responsive to individual patient needs.

How we are doing so far?

The Trust participates in the annual national patient survey programme and in addition a number of local patient surveys have also been developed and implemented. The Friends and Family Test has also been fully rolled out to inpatient areas, the emergency department and maternity. This will be rolled out to Outpatients and Day care settings in 2014-15.

During 2013 our Complaints Management Unit has gone through an unsettled period with a change in management and support staff. With a substantive team now in place a number of changes have already taken place which includes more robust processes for managing open complaints and aiming to always contact the complainant by telephone to discuss their concerns and agree an appropriate time scale. In 2014-15 we aim to undertake a complaints review in line with the recommendations from *Designing Good Together (DGT): Transforming Hospital Complaint Handling* (2013) and develop a local action plan.

The Trust has always carried out an annual ward staffing review but the outcomes of these reviews have not generally been reported to the Trust Board. In addition, professional judgement has been the main approach used to inform the review. New guidance from the National Quality Board has set out a more robust approach to ensure that we have the right skills, in the right place at the right time. To improve 'Care at the Bedside' we will implement a quarterly cycle of acuity and dependency assessment with quarterly reports received by the Nursing and Midwifery Assembly and a bi-annual paper to the Trust Board setting out the outcome of a review of staffing levels and skill mix.

Our CARES (Communication, Attitude, Responsibility, Equity and Safety) values and associated behavioural framework were launched in May 2012. To raise awareness of the values and to help staff to understand their application a customer care programme was procured. The programme was developed using patient complaints, feedback from staff and incidents to ensure the scenarios included local issues that staff could relate to. The programme was introduced in June 2013 and so far 1087 staff members have completed the programme. We will continue to deliver Customer Care training to achieve 50% of additional staff to be trained and we will aim to incorporate the CARES behaviours as a weighted element of performance related pay progression and for this to be fully implemented by 2015-16. We will reward staff who demonstrate the expected behaviours through the Staff Awards Event, giving recognition to staff that do a good job. We will also introduce the Staff FFT questions to measure staff engagement levels as an indicator of their attitude towards the organisation.

Our aims for 2014-15:

- Improvement in baseline compassionate care indicator (baseline to be established calculated from Q1 result)
- Friends and Family Test - Q4 response rates >20% A&E / >30% Inpatients
- Friends and Family Test - March 2015 response rate >40%
- Improvement in the net promoter score of FFT for inpatient and A&E surveys

Our quality priorities will be monitored by the individual clinical and management teams, through their divisional performance reviews and quarterly through reports to the Board or Board Committee and the results will be reported in the 2014-15 Trust Annual Report.

Part 2.4 Formal Statements of Assurance from the Board

Information for our regulators

Our regulators need to understand how we are working to improve quality so the following two pages are specific messages they have asked us to provide:

Provision of NHS Services

During 2013-14 The Hillingdon Hospitals NHS Foundation Trust provided medicine, surgery, clinical support services and women's and children's NHS services. The Hillingdon Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by these relevant health services reviewed in 2013-14 represents 100% of the total income generated from the provision of the relevant health services by the Hillingdon Hospitals NHS Foundation Trust for 2013-14.

Participation in Clinical Audit

National Audits

During 2013-14, 29 national clinical audits and 3 national confidential enquiries covered NHS services that The Hillingdon Hospitals NHS Foundation Trust provides.

During that period The Hillingdon Hospitals NHS Foundation Trust participated in 86% of national clinical audits and 100% of national confidential enquiries for which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Hillingdon Hospital NHS Foundation Trust was eligible to participate in during 2013-14 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit	Participated	Cases submitted
Acute Myocardial Infarction & other ACS (MINAP)	Yes	100%
Adult Critical Care Case Mix Programme (CMP)	No	N/A
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	TBC – deadline 31/05/14
Diabetes (National Audit Diabetes Audit), includes National Diabetes Inpatient Audit (NADIA)	Partial	Participation in NADIA only. Confirming participation rate
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	100%
Elective Surgery (National PROMS programme)	Yes	Percentages unavailable, numbers are: Hip replacements - 255 Knee replacements – 297 Groin hernia – 138 Varicose veins – 10
Emergency Use of Oxygen (British Thoracic Society BTS)	No	N/A
Epilepsy 12 Audit (RCPH National Childhood Epilepsy Audit)	Yes	100%
Falls and Fragility Fractures Audit Programme	Yes	TBC – deadline 14/04/2014

including National Hip Fracture Database		
Head and Neck Oncology (DAHNO)	Yes	100%
Heart Failure (Heart Failure Audit)	Yes	TBC – deadline 02/06/14
Inflammatory Bowel Disease (IBD)	Yes	100%
Lung Cancer (National Lung Cancer Audit)	Yes	Expected 100%
Moderate or severe asthma in children (College of Emergency Medicine)	Yes	100%
National Audit of Seizures in Hospitals (NASH)	Yes	100%
Cardiac Arrest (National Cardiac Arrest Audit)	Yes	100% in hospital cardiac arrests. Trust needs to extend this to ensure we include pre-hospital cardiac arrests – this has been put in place from January 2014.
National Comparative Audit of Blood Transfusion - Audit of the use of Anti-D	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	Data submission ongoing
Hip, Knee and Ankle Replacements (National Joint Registry)	Yes	Hillingdon: 62% Mount Vernon Treatment Centre: 92%
Neonatal Intensive and Special Care (NNAP)	Yes	100%
Oesophago-gastric Cancer (National O-G Cancer Audit)	Yes	Expected 100%
Paediatric Asthma (BTS)	Yes	100%
Paediatric Bronchiectasis (BTS)	Yes	100%
Paracetamol overdose (CEM)	Yes	100%
Rheumatoid and early inflammatory arthritis	No	N/A
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Severe Sepsis and Septic Shock (CEM)	Yes	62%
Severe Trauma (Trauma Audit & Research Network, TARN)	Yes	22.9%
Clinical Outcome Review Programmes		
Maternal, New-born and Infant Clinical Outcome Review Programme ((MBRRACE-UK)	Yes	100%
Lower Limb Amputation (National Confidential Enquiry NCEPOD)	Yes	Data submission ongoing
Subarachnoid Haemorrhage (NCEPOD)	Yes	100%

Taking Actions

The reports of 12 (to be finalised) national clinical audits were reviewed by the provider in 2013-14 and The Hillingdon Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Audit	Actions
National Comparative Audit of Blood Transfusion – Blood Sample Labelling and Collection	<p>Frequency of training for staff on blood transfusion has been reduced from annually to every 2 years and this is now in line with recommendations from MHRA and NPSA. This will result in the Trust being better able to train all relevant staff within the new extended time period. Also training sessions have been increased in frequency and this has resulted in 78% of relevant staff now trained.</p> <p>The Trust Blood Transfusion Policy has been updated and now has zero tolerance for incorrect labelling. A process is being implemented where the Transfusion Practitioner receives a weekly report from the Pathology Lab on the number of incorrectly labelled samples, the areas and the</p>

	members of staff responsible. This will be investigated and staff reminded of the correct protocol and the importance of ensuring all information is completed and correct.
Oesophago-gastric Cancer (National O-G Cancer Audit)	Data to be added
Lung Cancer (National Lung Cancer Audit)	A spirometer is to be purchased in order to improve our figures regarding measurement of respiratory function
Cardiac Arrest (National Cardiac Arrest Audit)	Data to be added
National Diabetes In-patient Audit (NADIA)	Data to be added
Falls and Fragility Fractures Audit Programme including National Hip Fracture Database	Overall, the Trust performed well in this audit. One area for improvement was collection of follow up data once the patient has been discharged from hospital. A process has now been put in place where we are working with Hillingdon Community Rehabilitation Team to capture available follow up information and provide this back to the Trust for submission to NHFD.
Sentinel Stroke National Audit Programme (SSNAP)	Data to be added
Neonatal Intensive and Special Care (NNAP)	Neonatal Unit notes have been modified with a prompt for senior consultation with parents within 24 hours. The division is continuing to focus on improving breast feeding rates for all babies of all gestations. 'Hot on Cold Babies' is currently being promoted to prevent hypothermia in the new-born.
College of Emergency Medicine Renal Colic	After reviewing the results of the renal colic audit we identified issues regarding note keeping especially when it came to recording pain scores and adequate analgesia. To improve practice, on induction days junior doctors are educated by one of our consultants on the importance of adequate record keeping and the necessity to record and re-evaluate pain scores. The Accident and Emergency (A&E) Department Matron also has regular sessions with the nursing team during handovers and sisters' meetings reminding the nurses about the importance of pain score documentation and reassessment. An A&E Registrar and a Radiology Consultant are in the process of developing a renal colic pathway which will include a pain relief protocol. Once the pathway is ready a separate A&E renal colic pathway for patients over 65 years of age, which will include instructions regarding the exclusion of Abdominal Aortic Aneurysm, will be developed.
College of Emergency Medicine Fractured Neck of Femur	Data to be added
Alcohol Related Liver Disease: Measuring the Units (NCEPOD)	Some work was already being put in place for this group of patients including: an update to our nursing assessment booklet which now includes an alcohol assessment - this was put in place from July 2013; an Alcohol and Liver Disease study day took place on 28 th March 2014. The Trust is currently working with Central North West London Foundation Trust on the further implementation of the recommendations within this NCEPOD report.
Subarachnoid Haemorrhage: Managing the Flow (NCEPOD)	As a result of the recommendations within this NCEPOD report the Trust is in the process of reviewing and updating relevant clinical guidelines.

Local Audits

The reports of **tbc** local clinical audits were reviewed by the provider in 2013-14 and examples of The Hillingdon Hospitals NHS Foundation Trust actions to improve the quality of healthcare provided:

Clinical Record Keeping Standards Audit	During 2013-14 the Trust reviewed and updated our clinical record keeping standards and have agreed that audit against these will take place every six months. To improve record keeping standards stamps are being provided to help to clearly identify who wrote in the patient record, their designation and their bleep number. A small project group has been developed to improve standards within the division of Medicine - a teaching session to all foundation year doctors has been organised and posters are being produced promoting the Trust record keeping standards.
Re-audit of Staff Survey of Caring for Vulnerable Patients including those with a Learning Difficulty	Data to be added
Preventing Surgical Site Infection re-audit	Data to be added
Do Not Actively Resuscitate (DNAR) re-audit	To make sure we involve patients/families in the DNAR decision-making process we are in the process of producing a leaflet. This will help to inform them of the DNAR process and what discussions/decision will take place.
WHO Surgical Safety Checklist Audit	To raise continued awareness on the use of the WHO surgical safety checklist posters are displayed in Theatres. A teaching session took place in March 2014 at the theatre/anaesthetic departmental meeting which included WHO, Consent and Sedation. One of our anaesthetic consultants will be producing a presentation for e-induction and will include this in local induction packs for all staff (doctors, nurses and other theatre staff).
WHO Surgical Safety Checklist and SWAB Count in Maternity	Data to be added
Safe Sedation	A teaching session took place in March 2014 at the theatre/anaesthetic departmental meeting which included WHO, Consent and Sedation. The WHO checklist has been revised to include safe sedation elements.
Management of Intra-partum & Postpartum Sepsis	Data to be added
Paediatric Casualty Card Audit in Minor Injuries Unit (MIU)	A stamp has been purchased and is in use to provide proof that copies of all paediatric notes are sent to the Paediatric Liaison Health Visitor. Awareness has been raised and any necessary further training provided to ensure GP registration is checked electronically, this is then documented in children's notes – re-audit has shown 100% compliance.
Supporting Carers of People with Dementia	Data to be added
Mortality Audit Process	An initial mortality audit took place and was reported on in September 2013. Actions include the process where a list of National Early Warning Score (NEWS) calls is handed out at Medical hand-back meeting on Monday mornings so that patients who have needed urgent review out of hours are prioritised for review, by the appropriate teams. A further action includes nursing progress notes being recorded on the same progress sheets as medical entries. This will help medical staff to better monitor events relating to patients.

	In October 2013 the Trust introduced an ongoing Mortality audit to help to ensure we consistently provide high quality care for all patients who die in hospital. The first full report is going to our Quality and Risk Committee in April 2014.
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Participation in Research

Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving relevant NHS health services provided by The Hillingdon Hospitals NHS Foundation Trust in 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 650.

The Hillingdon Hospitals NHS Foundation Trust has a good research track record for a hospital of its size. We are continuing with our strategy to broaden our research portfolio and this has enabled us to offer a greater number of patients, from different clinical areas the opportunity to participate in research. This year we invested in a research nurse to support our Cardiologists and Diabetes Consultants as a means of increasing commercially funded and portfolio adopted research activity in these areas. This post is now fully funded by the commercial income it generates.

Participation in clinical research demonstrates The Hillingdon Hospitals NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. This allows our clinical staff to stay abreast of the latest treatment possibilities and active participation in research allows our patients access to new treatments that they otherwise would not have. With this in mind we aim to offer our patients the opportunity to participate in a wide range of clinical research projects. These studies are both funded by the pharmaceutical industry and by the Department of Health via the North West London Comprehensive Research Network (CLRN). We received £464,284 in 2013/2014 from the CLRN for this work.

The money generated from this research activity funds research nurses and data managers to support the clinicians in this work. The majority of our studies are National Institute for Health Research (NIHR) portfolio adopted multi-centre studies where we are acting as a recruiting site on behalf of the lead centre. Our research portfolio is a balance of observational and treatment studies across many clinical areas in the Trust including Cancer, Stroke, Haematology, Paediatrics and many of the General Medicine and Surgical Specialities. This year we plan to become more research active in Ophthalmology, Obstetrics and Rheumatology. We also support PhD and Masters Students from the local universities giving them access to our patients and staff for their projects.

During 2013-14 we had 63 open or follow-up studies. We recruited 639 patients into 40 NIHR Portfolio Studies, supported the repatriation of 10 patients recruited into treatment studies at other hospitals and supported 6 Masters or PhD student studies.

All of our research activity is scrutinised for quality and compliance to the standards expected by the Research Governance Framework. In addition we work to comply with the Department of Health NIHR objectives.

Lessons Learned from Serious Incidents

During 2013-14, the Trust reported nine Serious Incidents and two Never Events where panel investigations were conducted. Protecting patients from avoidable harm is something to which there is universal agreement and the Trust has clearly defined processes and procedures to follow to help avoid these events occurring. Lessons learnt as a result of the Serious Incidents include:

Area	Division	Summary
1:1 observation of patients with increased observation need	All divisions	Review of the Trust's 'Specialling' Policy on the 1:1 supervision of patients
Nursing documentation	All divisions	A patient specific risk assessment form, an individual patient care plan outlining level of observation and a behavioural monitoring chart included in the revised specialling policy
Availability of specialist nursing staff	All divisions	Recruitment - Registered Mental Health Nurses to the nurse bank
Specialist training for nursing staff	Medicine	Introduction of mental health training for nursing staff in A&E and the Emergency Admissions Unit (EAU)
Specialist psychiatric input	Medicine	Work with CNWL on raising awareness and availability of the psychiatric liaison service
Safety in A&E and EAU	Medicine	Environmental health and safety risk assessments completed
Managing Sepsis	All divisions	New sepsis care bundle created and launched. Full audit and review of the 'Bundle' undertaken
Managing the Deteriorating	All divisions	Reinforcing the 'Patient At Risk' policy – discussed at staff meetings and information provided within departments
Mortality Reviews	All divisions	Implementation of a robust mortality review process
Record Keeping	All divisions	Best practice training and medical notes audit programme
Specialist Referral Pathways and Processes	All divisions	Review of referral pathways and processes to ensure these are robust and gaps are identified
Escalating Concerns - medical management of a patient	All divisions	Importance of early escalation to highest level reinforced with staff where medical management issues cannot be resolved
Neurosurgical pathway to tertiary centre	Medicine	Involvement of tertiary centre to resolve issues associated with neurosurgical referral process and pathway
Clinical management/pathway for patients requiring limb amputation for non-vascular/trauma reasons	Surgery	Decisions on consultant responsibility, operation arrangements and availability of vascular services as part of NWL vascular network agreements
Clinical handover of care from the Intensive Care Unit	Surgery	Agreed protocol for handing-back the care of an ITU patient to the parent team communicated to consultants
Review of CT scans	C & CSS	Reinforced to all consultant radiologists that the review of CT scans should take place in multi planes
Discussion of emergency gastrointestinal cases	Surgery	Patients with an emergency acute gastrointestinal problem are discussed in an appropriate forum (x-ray/MDT meeting) regardless of the primary speciality of the admitting team
Care of the seriously ill woman in Maternity	Maternity	Training completed by all staff on the recognition of the seriously ill woman, including the completion of the Maternity Early Warning System (MEWS) chart and the escalation procedures
Mentoring of student midwives	Maternity	Ensuring the mentoring of students is to Nursing and Midwifery Council standards - mandatory training incorporates the responsibilities of the mentor
WHO Maternity surgical safety checklist	Maternity	WHO Maternity surgical safety checklist reviewed and strengthened and documentation standard improved
Maternity theatre processes	Maternity	Review of Maternity Theatre processes including pre, intra and post-operative procedure
Midwifery staff training in surgical competencies	Maternity	Clarity on training, responsibilities and accountability in relation to surgical/operative procedures
Review of surgical swabs	Maternity	Review of surgical swabs in maternity theatres/labour rooms
Patient advocacy	All divisions	Importance of patient advocacy in decision-making where mental capacity may be affected or a patient is vulnerable
Review of Safeguarding Policy	All divisions	To ensure there is clarity on the importance of escalation and 2 nd /3 rd opinions in relation to mental capacity assessments

Goals Agreed with our Commissioners (CQUINs)

A proportion of The Hillingdon Hospitals NHS Foundation Trust's income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between The Hillingdon Hospitals NHS Foundation Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Total income for 2013-14, conditional upon achieving quality improvement and innovation goals, is expected to be £2,748,928 (73% of potential available income) for National and Local schemes, and £234,314 (91% of potential available income) for Specialised Commissioning which includes 100% achievement of drugs QIPP at 1.1% of contract value.

In the previous year (2012-13) total income for National and Local schemes was £2,719,136 (73% of potential available income) and £78,858 (100% of potential available income) for Specialised Commissioning.

Actual achievement for 2013/14 schemes may possibly be higher subject to successful negotiation but this will not be known until towards the end of April. Further details of the agreed goals for 2013-2014 and for the following 12 month period are available electronically at: www.thh.nhs.uk.

Care Quality Commission Registration

The Hillingdon Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is that it is registered without conditions. The CQC paid an unannounced visit in October 2013 as part of their planned review of the Trust. The report issued from this visit stated the Trust is not fully compliant with the Essential Standards of Quality and Safety; one moderate staffing concern was raised and two minor concerns regarding cleanliness and infection control, and safety and suitability of premises. The Trust set out an action plan to close down the gaps in compliance and awaits further CQC inspection to review its compliance level. An action plan was submitted to the CQC and further updates on progress have been provided.

The actions taken include – for cleanliness and infection control: cleaners and cleaning supervisors have been reminded of the standards required and performance will be monitored through regular cleaning audits. The Waste Manager has ensured wards are reminded not to overfill clinical waste bins – monitored as part of the monthly audit process; a revised curtain changing template has been devised; increased auditing around cleaning medical equipment, checking protective covers on equipment, inspections around catheters and wound drains are carried out fortnightly. For safety and suitability of premises – all estates staff have been reminded of the safety standards required; the improved maintenance requirements have been carried out; regular environment audits occur e.g. PLACE (Patient-Led Assessment of the Care Environment) and mini PLACE, actions that arise from these are monitored by the PLACE group which includes estates and nursing staff.

For staffing: the staffing level and skill mix on each ward is being reviewed against best practice guidance and where required staffing mix realigned to reflect these recommendations. A bi-annual establishment review to ensure that the right people with the right skills are in the right place at the right time is now in place; acuity and dependency is reviewed using accredited tools and this information used when agreeing staffing establishment and skill mix; ward leaders have been appointed on each extra capacity ward along with a small team of substantive staff to form a core team of experienced nurses with additional nurses recruited from the nurse bank as

required. Staff are encouraged to escalate and report all occasions when staffing levels fall below the established profile using the Trust incident system.

Moving forward, the Trust's processes for CQC compliance will be internally assessed using both the established desk-top style review of outcomes, and a revised peer review process which will be based on different levels of review and frequency from daily ward based checks to monthly Executive/Non-Executive led Observations of Care ward visits and external peer review from another NHS Trust.

Apart from the unannounced visit in October 2013 there have been no other reviews or investigations by the CQC at this Trust during the financial year 2013-14. The Care Quality Commission has not taken enforcement action against the Hillingdon Hospital NHS Foundation Trust during 2013-14.

Data Quality

The Hillingdon Hospitals NHS Foundation Trust submitted records during April – January for 2013-14 to the Secondary User's Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 98.5% for admitted patient care
- 99.8% for outpatients care
- 96.7% for accident and emergency care

The percentage records in the published data which included the patient's valid General Medical Practitioner Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

These figures are based on the SUS DQ Dashboard released by the HSCIC covering the period Apr-2013 to Jan-2014. The Hillingdon Hospitals NHS Foundation Trust will be taking forward the following actions to improve data quality:

- The Trust will continue its Integration Engine programme to link disparate clinical systems across the Trust, enhancing the quality of electronic patient information.
- The Trust will continue to review and action data quality issues at the Trust's data quality meetings
- Daily data quality reports are published on the Trust's web based management information system for action and rectification

Information Governance Toolkit

The Hillingdon Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2013-14 was 81%, **graded as** and termed as unsatisfactory as one of 43 requirements relevant to the Trust remains at level 1; all the other scores are at level 2 or 3. The level 1 score relates to the fact that currently 70% of staff have undertaken their information governance training rather than the required 95% annually. An action plan is in place to drive compliance to the required level going forward.

Clinical Coding Error Rate

THHFT was not subject to the Payment by Results clinical coding Audit during 2013/2014 by the Audit Commission.

Part 3 Other Key Quality Information and Improvements we have made in 2013-14

In this part of the report we have included other key quality indicators which have been selected by the board in consultation with stakeholders, and those of national importance that patients will want to know about, with an explanation of the underlying reason (s) for selection – **to be included**. The indicator set includes patient experience, patient safety and clinical effectiveness indicators.

	2012/13 Performance	2013/14 Target	2013/14 Performance	London Trusts	National	Benchmark Source	Benchmark Period
1: In Hospital Standardised Mortality Ratio	96.7 (89.6 - 104.2)	<100	89.5 (80.3 - 96.6)	81.6 (82.1 - 97.4)	100	Dr Foster	Apr-Jan 2014
2: Readmissions to hospital within 28 days	105.2 (102.2 - 108.2)	<100	100.9 (97.1 - 104.9)	95.4 (94.8 - 96.0)	100	Dr Foster	Apr-2013 to Oct-2013
3: Non clinically justified single sex accommodation breach, rate per 1,000 finished consultant episodes	0.05%	0.0%	0.02%	0.50%	0.20%	NHS England	Apr - Feb 2013/2014
4: Cancer: Two week wait from GP referral to seeing a specialist (suspected cancer)/(breast symptoms)	97.9% 98.0%	93.0% 93.0%	98.0% 95.2%	95.0% 95.3%	95.6% 95.5%	NHS England	2013/14 Q3
5: Cancer: 31 day maximum wait from diagnosis to first treatment	99.2%	96.0%	99.3%	97.9%	98.3%	NHS England	2013/14 Q3
6: Cancer: 31 day maximum wait from diagnosis to subsequent treatment, drug or surgery	100.0% 100.0%	98.0% 94.0%	100.0% 100.0%	99.7% 95.8%	99.8% 97.0%	NHS England	2013/14 Q3
7: Cancer: 62-day maximum wait from referral by GP/screening service/consultant upgrade to treatment	93.5% 93.9% 98.6%	85.0% 90.0% 85.0%	89.6% 97.4% 96.6%	82.9% 93.1% 92.2%	85.8% 94.5% 92.1%	NHS England	2013/14 Q3
8: Referral to treatment waiting times - admitted	97.4%	90.0%	97.2%	90.6%	91.7%	UNIFY2	Apr-Dec 2013/14
9: Referral to treatment waiting times - non admitted	98.8%	95.0%	98.6%	97.0%	97.0%	UNIFY2	Apr-Dec 2013/14
10: Referral to treatment waiting times - Incomplete	97.3%	92.0%	97.4%	92.9%	94.3%	UNIFY2	Apr-Dec 2013/14
11: Fractured neck of femur emergency patients in theatre within 36 hours	88.4%	90%	91.9%				
12: Total time in A&E: 4 hours or less (All Types/ Type 1)	96.7% 94.6%	95.0%	96.0% 92.2%	95.5% 92.6%	95.7% 93.5%	UNIFY2	Apr - Feb 2013/14
13: Number of last minute elective operations cancelled for non clinical reasons	0.6%	0.8%	0.9%	0.8%	0.8%	NHS England	Apr-Dec 2013/14
14: Percentage of patients not treated within 28 days of having operation cancelled for non-clinical reasons	6.0%	0%	0.0%	5.5%	4.3%	NHS England	Apr-Dec 2013/14
15: Percentage of women in the relevant PCT population who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy	80.4%	95%	83.0%	77.0%	86.1%	NHS England	2012/2013 Q4
16: Percentage of women in the relevant PCT population who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy (excluding late Referrals)	93.2%	95%	98.5%	-	-		
17: Stroke patients: Percentage of Patients that have spent at least 90% of their time on the stroke unit	99.6%	80%	97.1%	94.3%	84.8%	NHS England	2012/2013
18: Stroke patients: Percentage of high risk TIA/mini stroke patients who are treated within 24 hours	100%	75%	100%	81.2%	74.0%	NHS England	2012/2013
19: MRSA	1 cases (0.8 Cases per 100,000 beddays)	0	1 Case (0.7 Cases per 100,000 beddays)	1.7 Cases per 100,000 beddays	1.2 Cases per 100,000 beddays	HPA	2012/2013
20: Inpatient Experience Programme (local survey results)	88%	88%	91%	n/a	n/a	n/a	n/a
21: Outpatient Experience Programme (local survey results)	87%	88%	87%	n/a	n/a	n/a	n/a
22: Maternity Experience Programme (Local survey results)	86%	87%	86%	n/a	n/a	n/a	n/a
23: Independent assessment of cleanliness of hospital* - Very High Risk areas - High risk areas	87%	95% 92%	94% 95%	n/a	n/a	n/a	n/a
24: Percentage of complaints responded to within agreed timescale	74.5%	90%	72.1%	n/a	n/a	n/a	n/a

During 2013-14 we have undertaken targeted work to reduce patient harms and we have achieved the following improvements to ensure that we keep our patients safe:

Patient Safety

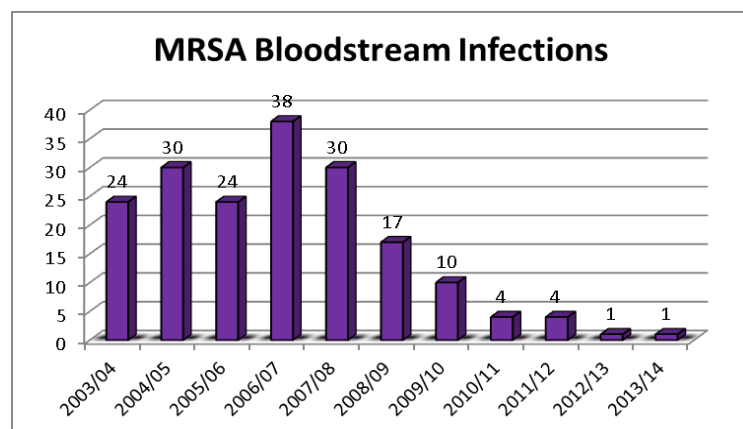


**Please note that the percentage shown is the overall percentage of harm free care, as measured by the Patient Safety Thermometer (PST), includes patients admitted into the Trust with pre - existing pressure ulcers, 'old' urinary tract infections (UTIs) in patients with catheters. Old UTIs are defined as those where treatment had started outside of the Trust and old VTE (defined as those where treatment for the VTE started outside of the Trust).*

Infection Control Prevention and Control

MRSA

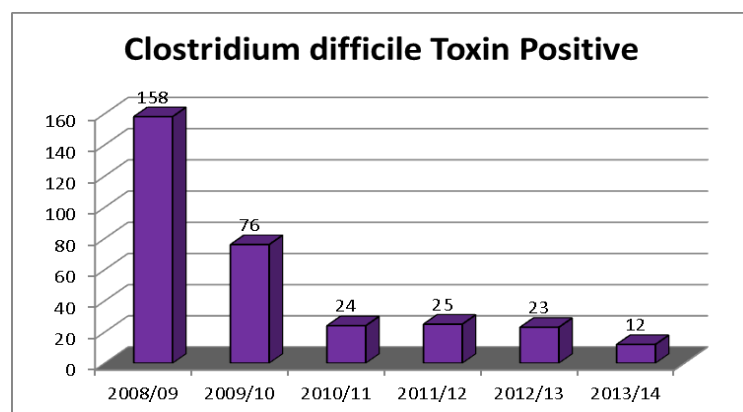
The Trust has sustained performance for a second year reporting only one MRSA bloodstream infection for 2013-14. Whilst this is over NHS England's zero tolerance approach with a zero target it is well within the Monitor compliance framework.



The one attributed case was complex with multiple admissions across two acute trusts over a five month period. Under the new MRSA infection review system the case ultimately lies with the organisation that has the most learning opportunities, and for this case it was the acute sector across two Trusts. Due to the constraints of the new process only one acute Trust can be recorded and this is the one where the blood culture was taken.

Clostridium difficile

2013-14 was a challenge for the Trust with regard to a substantial reduction in the C diff objective from the previous year's objective of 24 to just 14 cases. Having finished the previous year (2012-13) under the objective with 23 cases, achieving a reduction of nine further cases in one year resulted in a significant amount of attention. It was therefore a significant achievement to complete the year reporting only 12 cases. This is a 48% reduction in 12 months and a substantial accomplishment.



Work has also been ongoing on antimicrobial prescribing and this year the organisation further engaged senior colleagues with a "Start Smart Then Focus" action plan based on the Department of Health guidelines. Antimicrobial performance was also reviewed with a move from focusing on just 'restricted' antibiotics but to all other antibiotics and the compliance to policy by specialty. This will be reflected in audits undertaken by clinical teams in the next year.

The Trust had learnt through detailed investigation in 2012-13 that for the previous 23 cases some samples should not have been included for testing. This was either due to the patient taking laxatives or samples not taken early enough when admitted with diarrhoea. Ongoing work from 2012-13 has therefore focused in staff understanding when samples should be sent and clear involvement with the clinical team. A key development for this year has been a new 'Bristol Stool Chart'. This new chart now includes easy identification of those patients with a history of bowel surgery or chronic bowel condition as well as clear information on laxatives and their effectiveness. Using this new chart is now standard practice across the organisation and this has really supported clinical decision making.

Patient Experience - Listening to our Patients

We aim to be a listening and learning organisation, in which concerns that are raised by patients are understood, shared and responded to. Listening to feedback enables our staff to gain a real insight into the patient's experience of care. We use a number of different approaches, all of which provide us with information about what we are doing well and where we need to improve.

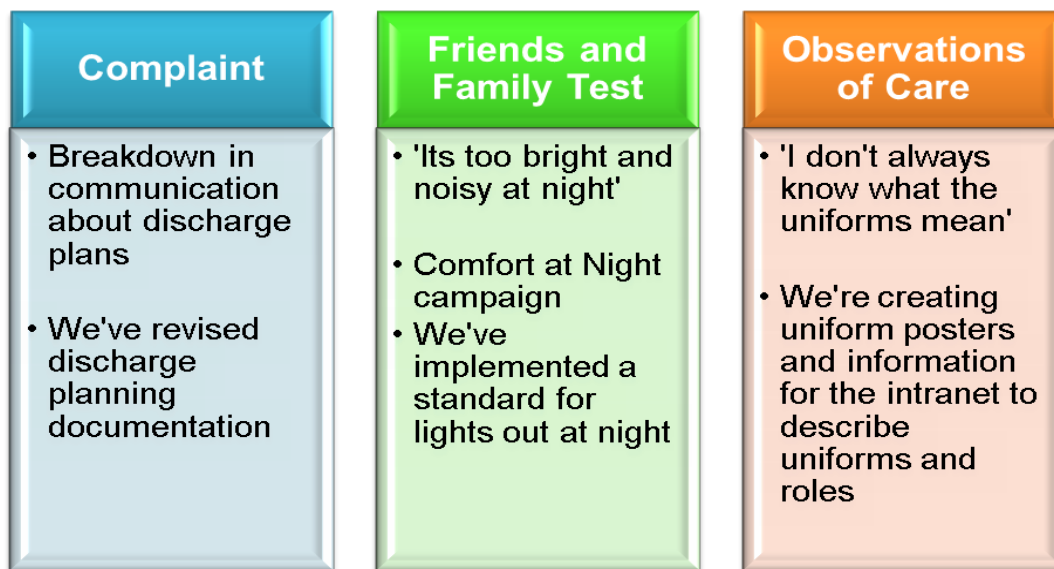
- National and local surveys
- PALS concerns
- Compliments/Complaints
- Friends and Family Test
- Observations of Care

What our patients have told us in our local surveys for inpatient care:



Source: Local inpatient survey 2013/14 year end results

How we have responded to patient experience feedback



National Patient Survey

A survey of inpatients is part of the annual mandatory survey programme for acute Trusts; this assists organisations to find out about the experience of patients when receiving care and treatment at their hospitals. Between September 2013 and January 2014, a questionnaire was sent to 850 recent inpatients at each trust. Responses were received from 344 patients that had been inpatients in July 2013 at the Hillingdon Hospitals.

Based on the patients' responses to the survey the Trust scored 'About the Same' as most other trusts that took part in the survey for all of the key grouped sections of the survey. The Trust has improved in 48 questions from the 2012 survey, and has seen significantly higher scores (improvement) in the following areas:

- Admission date changed by the hospital
- Feeling threatened whilst in hospital by other patients or visitors
- Response to the call bell
- Hospital staff discussing adaptations required at home after discharge
- Overall, experience was very poor..... very good (score 1 very poor to 10 very good)
- Saw or was given information about how to complain

There were no significant deteriorations from last year's survey however our scores were lower in seven questions:

- Privacy when being examined /treated in A&E
- Involved in decisions about care or treatment
- Anaesthetist explained how he/she would anaesthetise and control pain
- Involved in decisions about discharge
- Given enough notice about discharge
- Told about medication side effects when going home
- Given written and printed information about medicines

The Trust was worse than most other Trusts in only two questions:

- Privacy when being examined /treated in A&E
- Cleanliness of the room or ward

Historically, there has been a small year on year improvement in the question about cleanliness of the ward. It is disappointing that the result this year still places us in a position that is worse than most other Trusts. However, following cleaning services moving 'in house' there was a comprehensive review of cleaning schedules and frequencies across all areas of the Trust, with many areas having an increase in cleaning input hours. Unfortunately this took shape from mid-August 2013 and was refined through September and October onwards which was after the sample period for this survey.

The monthly cleaning audits, local patient satisfaction surveys and the Friends and Family Test feedback has all indicated a significant improvement in cleaning services since that time. The cleaning audits taking place have been showing an average score of 95% each month, which is in line with the standards expected in the National Standards of Cleanliness in the NHS.

The Board and the Trust's Experience and Engagement Group will be driving forward the improvements that we expect to see in all areas that are reflected in the National Patient Survey.

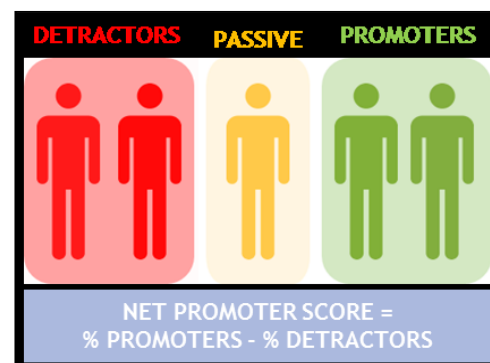
Friends and Family Test

The Friends and Family Test (FFT) provides a simple way of gathering feedback about patient experience to drive improvement. It is a simple standardised question which asks patients to consider their recent experience in the hospital and rate how likely they would be to recommend that particular ward, service or department to a friend or family member if they required similar care or treatment.

The patient can choose from six responses ranging from extremely likely to extremely unlikely, with a 'don't know' option for those who remain undecided. Most importantly we also ask patients a further question: what was good about your care, and what could be improved. The comments received help us to gain an insight into the experience and understand what really matters to patients and identify areas for improvement.

To calculate the results we use a Net Promoter Score. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience. From the answers given 3 groups of people can be distinguished. These are:

- Promoters - people who have had an experience which they would definitely recommend to others.
- Detractors - people who would probably not recommend you based on their experience, or couldn't say .
- Passive - people who may recommend you but not strongly.



This gives a score of between -100 and +100, with +100 being the best possible result.

The FFT has been implemented using a phased approach to implementing the FFT. This is illustrated below:



During 2013-14 over 14,000 patients completed an FFT survey.

Our March 2014 scores are set out below:

- The inpatient score was **71**, this is based on 557 responses
- The A&E score was **62**, this is based on 419 responses
- The maternity score was **67**, this is based on 231 responses

The overall trust score for March 2014 was 67.

Friends and Family Test

What patients have told us is good about their care

The midwives were polite and reassuring, if I had any worries or concerns they helped me through them.

Everything was perfect, the treatment and the information given by the doctor. I felt that I am in safe hands

Smiling, welcoming faces that are caring and provide personal care by listening and knowing the patient rather than treating me like a robot

What patients have told us could be improved

The only thing that could be improved is the slamming of the treatment room door, which shakes the whole ward. When you are trying to get off to sleep it is annoying

Action –

Our estates team have checked the door and made some adjustments to reduce the noise

It would be helpful if patients could be introduced to contacts when they come to the bedside

Action-

We are going to support a national campaign locally by encouraging our staff to start every contact with a patient by introducing themselves by name and role

My partner had to wait for an hour before being told where I had been moved to, after he was asked to leave whilst I was being examined

Action-

Staff have been reminded of the importance of keeping family members informed in these circumstances

Annex 1 Statements from our Stakeholders

Statement from Hillingdon Clinical Commissioning Group (CCG)

Statement from our local HealthWatch

Statement from External Services Scrutiny Committee

The Hillingdon Hospitals NHS Foundation Trust response to the consultation

The Hillingdon Hospital NHS Foundation Trust thanks all its stakeholders for their comments about the 2013/14 Quality Report.

Independent Auditor's Report to the Council of Governors of The Hillingdon Hospitals NHS Foundation Trust on the Quality Report

Annex 2 - Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2013 to May 2014
 - Papers relating to quality reported to the Board over the period April 2013 to May 2014
 - Feedback from the Commissioners dated /2014
 - Feedback from the Governors dated /2014
 - Feedback from HealthWatch dated /2014
 - The Trust's Complaints Report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28th May 2014
 - The latest national patient survey published 8th April 2014
 - The latest national staff survey 25th February 2014
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated /2014
 - CQC Quality and Risk Profiles dated from 1 April 2013 to 31 March 2014
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.gov.uk/sites/default/files/publications>)

The Directors confirm to the best of their knowledge and belief they have complied with the above requirement in preparing the Quality Report.

By order of the Board

..... Date.....Chairman

..... Date.....Chief Executive

Glossary

A	
Ambulatory Care Pathway	Allows patients who are safe to go home be managed promptly as outpatients, without the need for admission to hospital, following an agreed plan of care for certain conditions.
B	
Berwick Review	Commissioned following the Mid Staffordshire Hospitals enquiry and publication of the Francis Report. The review includes recommendations to ensure a robust nationwide system for patient safety.
C	
Call Management System (CMS)	A database, administration, and reporting application designed for complex contact centre operations with high call volume.
Care Pathway	Anticipated care placed in an appropriate time frame which is written and agreed by a multidisciplinary team.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. www.cqc.org.uk
Care Quality Commission (CQC) Intelligent Monitoring System	A form of monitoring to give CQC inspectors a clear picture of the areas of care that need to be followed up within an NHS acute trust. Together with local information from partners and the public, this monitoring helps the CQC to decide when, where and what to inspect. 160 acute NHS trusts are grouped into six priority bands for inspection based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 is the highest priority trusts and band 6 the lowest.
Cellulitis	Cellulitis is an infection of the skin and the tissues just below the skin surface. Any area of the skin can be affected but the leg is the most common site.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
Clinical Negligence Scheme for Trusts (CNST) – Maternity	Administered by the NHS Litigation Authority (NHSLA), provides an indemnity to members / their employees in respect of clinical negligence claims. Trusts are assessed on their level of risk management against detailed standards.
<i>Clostridium Difficile</i> infection	A type of infection that occurs in the bowel that can be fatal. There is a national indicator to measure the number of <i>C. Difficile</i> infections that occur in hospital.
Comfort at Night	This supports reducing disturbances at night and includes increasing staff awareness of the issue and changing staff attitude ensuring that essential nursing and midwifery standards are applied.
Commissioning for Quality and Innovation (CQUIN)	A payment framework enabling commissioners to reward by linking a proportion of the Trust's income to the achievement of local quality improvement goals.
Community Acquired Pneumonia	Inflammatory condition of the lung usually caused by infection and acquired from normal social contact (that is, in the community) as opposed to being acquired during hospitalisation
Compliance framework	The Compliance Framework sets out the approach Monitor uses to assess the compliance of NHS foundation trusts with their terms of authorisation and intervene where necessary.
D	
Department of Health (DH)	The government department that provides strategic leadership to the NHS and social care organisations in England. www.dh.gov.uk
Dr Foster	An organisation that provides healthcare information enabling healthcare organisations to benchmark and monitor performance against key indicators of quality and efficiency.

E	
Eighteen (18) week wait	A national target to ensure that no patient waits more than 18 weeks from GP referral to treatment. It is designed to improve patients' experience of the NHS, delivering quality care without unnecessary delays.
Electronic Document Records System	This helps the Trust to manage clinical records in electronic format making records management more efficient and ensuring patient records are more accessible to clinicians.
F	
FAIR assessment for dementia	Find, Assess, Investigate and Refer (FAIR) - The identification of patients with dementia and other causes of cognitive impairment that prompts appropriate referral and follow up after they leave hospital and ensures that hospitals deliver high quality care to people with dementia and support their carers.
Foundation Trust (FT)	NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They still provide and develop health care according to core NHS principles - free care, based on need and not ability to pay.
Friends and Family Test (FFT)	An opportunity for patients to provide feedback on the care and treatment they receive. Introduced in 2013 the survey asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment.
G	
Governors	The Hillingdon Hospitals NHS Foundation Trust has a council of governors. Governors are central to the local accountability of our Foundation Trust and helps ensure the Trust Board takes account of members and stakeholders views when making important decisions.
GP Commissioners	GP Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services.
H	
Health and Social Care Information centre (HSCIC)	The HSCIC is an Executive Non Departmental Public Body (ENDPB) set up in April 2013. It collects, analyses and presents national health and social care data helping health and care organisations to assess their performance compared to other organisations.
Healthwatch (Formally LINKS)	Healthwatch is a new independent consumer champion that gathers and represents the views of the public about health and social care services in England. http://www.healthwatch.co.uk
Hospital episode statistics (HES)	The national statistical data warehouse for the NHS in England. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations.
Hospital standardised mortality ratio (HSMR)	A national indicator that compares the actual number of deaths against the expected number of deaths in each hospital and then compares trusts against a national average.
I	
Indicator	A measure that determines whether the goal or an element of the goal has been achieved.
Inpatient	A patient who is admitted to a ward and staying in the hospital.
Inpatient Survey	An annual, national survey of the experiences of patients who have stayed in hospital. All NHS trusts are required to participate.
K	
Keogh Review	A review of the quality of care and treatment provided by those NHS trusts and NHS foundation trusts that were persistent outliers on mortality indicators. A total of 14 hospital trusts were investigated as part of this review.

L	
Local Clinical Audit	A type of quality improvement project involving individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team.
London Health Programme Standards	Programme to improve the quality and safety of acute emergency and maternity services based on achieving key standards of practice.
M	
Monitor	The independent regulator of NHS foundation trusts. http://www.monitor/nhsft.gov.uk
Multidisciplinary team meeting (MDT)	A meeting involving healthcare professionals with different areas of expertise to discuss and plan the care and treatment of specific patients.
Meticillin-resistant staphylococcus aureus (MRSA)	A type of infection that can be fatal. There is a national indicator to measure the number of MRSA infections that occur in hospitals.
N	
National Clinical Audit	A clinical audit that engages healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national audits are set centrally by the Department of Health and all NHS trusts are expected to participate in the national audit programme.
Never events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Trusts are required to report nationally if a never event occurs.
NHS Litigation Authority (NHSLA)	Established to indemnify NHS Trusts in respect of both clinical negligence and non-clinical risks. It manages both claims and litigation and has established risk management programmes against which NHS Trusts are assessed.
NHS number	A 12 digit number that is unique to an individual, and can be used to track NHS patients between organisations and different areas of the country. Use of the NHS number should ensure continuity of care.
O	
Operating framework	An NHS- wide document outlining the business and planning arrangements for the NHS. It describes the national priorities, system levers and enablers needed to build strong foundations whilst keeping tight financial control.
Outpatient	A patient who goes to a hospital and is seen by a doctor or nurse in a clinic, but is not admitted to a ward and is not staying in this hospital.
Overview and scrutiny committee (OSC)	OSC looks at the work of NHS trusts and acts as a 'critical friend' by suggesting ways that health-related services might be improved. It also looks at the way the health service interacts with social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of the area.
P	
PAS- Patient Administration System	The system used across the Trust to electronically record patient information e.g. contact details, appointment, admissions.
Pressure ulcers	Sores that develop from sustained pressure on a particular point of the body. Pressure ulcers are more common in patients than in people who are fit and well, as patients are often not able to move about as normal.
Priorities for improvement	There is a national requirement for trusts to select three to five priorities for quality improvement each year. This must reflect the three key areas of patient safety, patient experience and patient outcomes.

Pulmonary embolism (PE)	A blood clot in the lung.
Pyelonephritis	A kidney infection that can cause an unpleasant illness which is sometimes serious
R	
Re-admissions	A national indicator. Assesses the number of patients who have to go back to hospital within 30 days of discharge from hospital.
Root Cause Analysis (RCA)	A method of problem solving that looks deeper into problems to identify the root causes and find out why they're happening.
S	
Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. http://www.hscic.gov.uk/thermometer
Schwartz Round	This offers healthcare staff scheduled time to openly and honestly discuss the social and emotional issues they face in caring for patients and families.
Secondary uses service (SUS)	A national NHS database of activity in trusts, used for performance monitoring, reconciliation and payments.
Sepsis	A potentially fatal whole-body inflammation (a systemic inflammatory response syndrome) caused by severe infection.
Serious Incidents	An incident requiring investigation that results in one of the following: <ul style="list-style-type: none"> • Unexpected or avoidable death • Serious harm • Prevents an organisation's ability to continue to deliver healthcare services • Allegations of abuse • Adverse media coverage or public concern • Never events
Shaping a Healthier Future (SaHF)	A programme to improve NHS services for people who live in North West London bringing as much care as possible nearer to patients. It includes centralising specialist hospital care onto specific sites so that more expertise is available more of the time; and incorporating this into one co-ordinated system of care so that all the organisations and facilities involved in caring for patients can deliver high-quality care and an excellent experience.
Single sex accommodation	A national indicator which monitors whether ward accommodation has been segregated by gender.
V	
Venous thromboembolism (VTE)	An umbrella term to describe venous thrombus and pulmonary embolism. Venous thrombus is a blood clot in a vein (often leg or pelvis) and a pulmonary embolism is a blood clot in the lung. There is a national indicator to monitor the number of patients admitted to hospital who have had an assessment made of the risk of them developing a VTE

Languages/ Alternative Formats

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