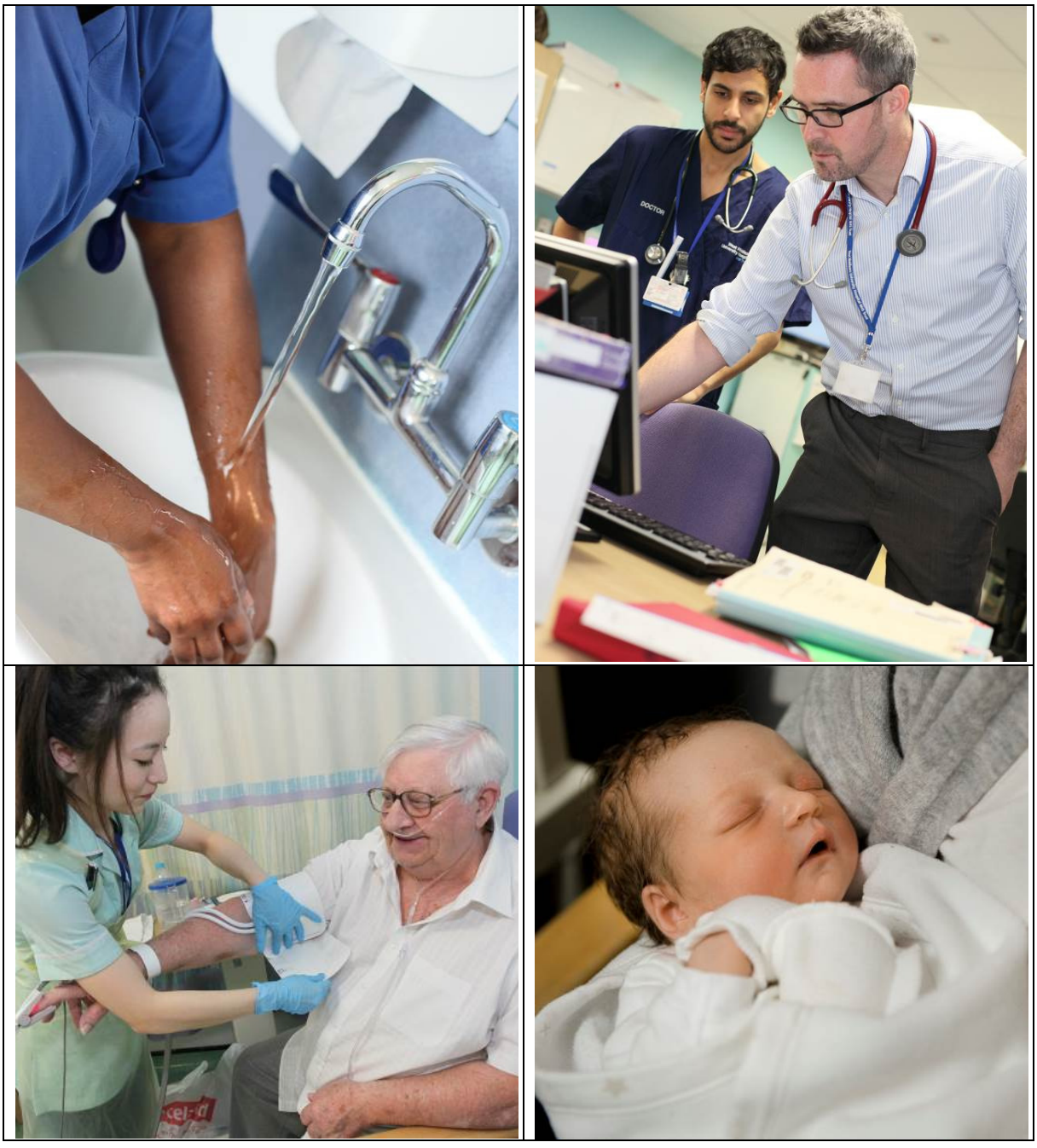
West Middlesex University Hospital NHS
NHS Trust

Quality Report
2013/14



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Introduction

This is our 5th Annual Quality Report (sometimes known as the Quality Account) which specifically reviews the quality of care and services provided by the West Middlesex University Hospital NHS Trust ('The Trust'). This document complies with the Trust's statutory duty under the Health Act 2009 and formally records the steps we have taken over the past year and will be taking over the coming year to ensure we maintain a strong focus on improving the quality of care and the services we provide to our local community.

Welcome by the Chief Executive

On behalf of our Trust, I am pleased to present this report which looks back at our quality achievements in 2013/2014 and sets out our quality priorities for 2014/2015. This document sits alongside our annual report, which I would encourage you to also read, as this will give you a fuller picture of our progress and plans for the future.

During 2013/14 we gathered views from patients, their representatives, Healthwatch, staff and commissioners (the NHS organisations who buy services from the hospital on behalf of our patients) about what is important to them. This information along with the nationally set priorities for the NHS has enabled us to set the quality priorities for the coming year. I would like to take this opportunity to thank everyone who has made a contribution.

It has been another busy year, with the Trust treating more patients than ever before. The vast majority of our patients have received safe and effective care within our target waiting times. At the same time we have continued our work to reduce inefficiencies and have invested in staff and facilities.

We achieved the highest standard for patient safety following a rigorous assessment by the NHS Litigation Authority (NHSLA), who provides indemnity cover for legal claims made against NHS organisations. West Middlesex became one of the few Trusts in England to have achieved NHSLA level 3 standards for both maternity services and acute services, providing assurance that we are providing safe and high quality care for our patients.

We are very proud of our reputation for providing high quality maternity care and have a very open and honest culture of reporting incidents when care does not go to plan. Being proactive in our approach to maintaining high standards of care, we commissioned an independent review of incidents which occurred between January 2013 and June 2013 as the number reported was higher than we would expect. The review concluded that the Trust's investigation process is open and honest but as with most reviews there is always room for improvement. We implemented immediate action to address staffing levels and bed capacity. Plans were also put in place to improve clinical leadership and to support staff competency. A detailed action plan was drawn up and is being closely monitored by the Trust Executive.

In November 2013, we received an unannounced but routine inspection from the Care Quality Commission - the independent regulator of all health and social care services in England - to check that we are meeting essential standards of quality and safety.

We were pleased that the CQC's subsequent report of their findings recognised the many good aspects of our care for patients and that the majority of feedback they received from people who use our service and their representatives was positive.

Ten key standards were assessed and the CQC found that we were meeting seven of these fully:

- ☑ Respecting and involving people who use services
- ☑ Care and welfare of people who use services
- ☑ Meeting nutritional needs
- ☑ Safeguarding people who use services from abuse
- ☑ Staffing
- ☑ Assessing and monitoring the quality of service provision
- ☑ Complaints

The Trust did not meet the standards in the following three areas, although the inspectors noted a variety of positive aspects but asked us to make some further progress around:

- Cooperating with other providers – the report highlights significant progress that has been made over the past year to improve the discharge arrangements for patients but we recognise the areas we need to improve and will continue to drive through changes that ensure we are meet this standard.
- Cleanliness and infection control – preventing hospital acquired infections is of great concern to our patients and consequently is a high priority for us. We acknowledge the areas highlighted in the report that require improvement and have robust plans in place to ensure we are fully compliant with this standard. Actions taken include improved communications with staff and patients when a patient requires isolation measures as a result of an infection.
- Supporting workers – the Trust has a strong track record in supporting our staff and plans are in place to strengthen the clinical supervision of nurses.

We take the recommendations very seriously and since the CQC inspection have developed action plans to address all the issues they raised. You can read more on the CQC website at www.cqc.org.uk

One of our focuses this year has been to further develop care pathways for elderly patients. The proportion of older people is increasing as life expectancy rises. Older people often have a variety of medical needs and we have been making a range of improvements in partnership with other health and social care organisations. We are proud of the work we have achieved on improving the care pathways which you can read more about in this report. With additional Department of Health funding we have upgraded the ward environment and now have a dedicated ward which is designed to support patients with dementia.

This year has seen the publication of a number of critical reports about the NHS and an increasing media focus on health care. Understandably, this can cause concern amongst the public as we all have a vested interest in the NHS. I would like to reassure you that we have studied these reports in detail and over the course of this year have been acting on the relevant recommendations to ensure we make further improvements in safety and the provision of care. Over the year, the Trust Board have received regular reports on what we are doing in response to the recommendations from the Francis Inquiry.

In response to an upward trend in mortality rates during 2012/13 we undertook an extensive review of hospital deaths to understand the key drivers and to inform next steps. Both the NHS Trust Development Agency (NTDA) and the local Clinical Commissioning Group have been engaged

in this work. A range of actions were put in place, including engagement sessions with senior clinical staff, further development of the out of hours support, including, Hospital @ Night and critical care outreach, standardisation and strengthening of morbidity and mortality meetings across the organisation and improved corporate governance oversight of the findings of these reviews. The Trust Board were kept regularly updated on mortality via the Trust's Integrated Board Report with more detailed reports being reviewed by the Clinical Excellence Committee, a sub-committee of the Trust Board.

It is always of great concern and disappointment when care is not provided to the standard that we aspire to deliver. Never Events are defined as 'serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. It is regrettable that during 2013/14 we reported 4 Never Events. Three of these incidents related to retained swabs following vaginal deliveries and one incident related to the mis-placement of a naso gastric tube. The investigation of these incidents was overseen by a panel of senior clinicians and managers. The third retained swab incident was chaired by a non executive director. Recommendations from each incident were developed into an action plan to prevent recurrence; the implementation of which is being overseen by the Clinical Excellence Committee.

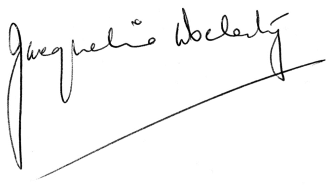
Over the past few years there has been an increasing drive towards greater transparency and openness, something that has been part of our own vision for many years. People can now access a wealth of information about their local health services and compare their performance.

It is now easier than ever for people to give feedback on their experiences of the NHS. The new Friends and Family Test has been a feature in 2013/14 and almost 8,000 patients have let us know whether they would recommend the hospital. Overwhelmingly, the response has been that they would, and the comments received are equally positive. The 2013 national inpatient survey was completed by only a small minority of patients (315 from a sample of 800 patients/38.2%) and the survey results indicate that we are not always getting things right for our patients. Over the coming year we will be analysing the results in conjunction with the national staff survey, so we can improve both the volume of responses and the experience of our staff and our patients.

We recognise the value of involving our local community in decisions about our services and priorities for improvement and always listen to the feedback we receive when things have gone well and what we could have done better. This feedback has played a key role in setting our priorities for 2014/15.

Quality improvement is an on-going cycle and we will continue with our aspiration to be a first class hospital for our community.

Finally, on behalf of the Board, I would like to thank our staff and volunteers for their continued dedication to improving quality and safety and without whom the improvements delivered this year would not have been possible. I confirm, in accordance with my statutory duty, that to the best of my knowledge the information provided in this Quality Report is accurate**.**



Jacqueline Docherty DBE
Chief Executive

Background to the Trust

Who are we?

We are a busy acute hospital in Isleworth, West London. We serve a local population of around 400,000 people in the London Boroughs of Hounslow and Richmond upon Thames and neighbouring areas. Our main commissioners of acute services during 2013/14 were Hounslow and Richmond Clinical Commissioning Groups. West Middlesex is the only acute Trust in the London Borough of Hounslow and is one of the principal acute hospitals serving the London Borough of Richmond. Neighbouring boroughs which contain acute hospitals include Ealing, Kingston and Hillingdon.

What we do?

Our core services include:

- Full emergency department service for major and minor accidents and trauma. The department is supported by a separate on site Urgent Care Centre.
- Emergency assessment and treatment services including critical care. The Trust is a designated trauma unit and stroke unit.
- Acute and elective surgery and medical treatments such as day and inpatient surgery and endoscopy, outpatients, services for older people, acute stroke care and cancer services.
- Comprehensive maternity services including consultant led care, a midwifery led Natural Birth Centre, community midwifery support, antenatal care, postnatal care and home births. There is also a Special Care Baby Unit.
- Children's services including emergency assessment, inpatient and outpatient care.
- Diagnostic services including pathology and imaging services.
- A wide range of therapy services including physiotherapy and occupational therapy.
- Education, training and research.
- Corporate and support services.

Clinical services are also provided in the community and we have a range of visiting specialist clinicians from tertiary centres who provide care locally for our patients. For a number of highly specialised services, patients may have to travel to other Trusts.

Our vision

To be a first class hospital for our community.

Our commitment to our community

We will provide high quality and safe care by;

- Delivering high standards of safety and cleanliness to patients, staff and visitors
- Supporting and developing staff to deliver safe and high quality care
- Working with educational institutions to deliver high standards of staff training and development
- Learning from the things we do well and improve the things that we do not do so well
- Encouraging and supporting research and innovation
- Taking pride in everything we do

We will be caring, respectful and welcoming by;

- Being kind and compassionate
- Being polite and courteous in our communications and behaviour
- Respecting our patients, stakeholders and colleagues
- Respecting individual differences and working together towards shared goals

We will be well organised by;

- Ensuring that our systems and processes support and deliver a good patient and staff experience
- Working with other healthcare organisations, local authorities, patient and community groups to improve pathways of care
- Communicating effectively to ensure patients and staff are clear about expected outcomes

We will listen and share information with you by;

- Providing accessible information that improves communication
- Involving patients in their care and treatment decisions and where appropriate their family and carers
- Being open and honest when giving and receiving feedback
- Encouraging the involvement of patients, public and staff in the development of services

Key facts and figures 2013/14

	2013/14	2012/13	+/- % change
Outpatient attendances	246,032	241,987	+1.67
Total A&E attendances	58,029	57,874	+0.27
Total UCC attendances	80,414	78,869	+1.96
Total patients A&E and UCC	130,901	126,259	+3.68
Inpatient admissions	45,974	45,025*	+2.11
Babies delivered	4,848	4,868	-0.41
Patients operated on in our theatres	10,210	9,962	+2.49
X-rays, scans and procedures carried out by clinical imaging	193,804	178,868	+8.35%
Number of staff, including our partners Bouygues Energies & Services	2,202	2,192	+0.46

*The figure published in the 2012/13 report (45,563) was an error.

Part 2 - Looking back at 2013/14

This section of the report reviews how we performed in the last year in relation to the priorities set in our Quality Report 2012/13.

We set the following priorities for 2013/14:

PATIENT SAFETY PRIORITIES

1. *Reduce the number of inpatient falls*
2. *Reduce the number of hospital acquired infections*
3. *Reduce the number of grade 3 & 4 hospital acquired pressure ulcers*

CLINICAL EFFECTIVENESS PRIORITIES

1. *To improve the end of life experience for patients and relatives*
2. *To provide effective hydration and nutrition*
3. *To ensure that lessons are learnt from serious incidents*

PATIENT EXPERIENCE PRIORITIES

1. *Improve the quality of discharge*
2. *Increase the use of the patient passport*
3. *Develop fundamental standards of care that are consistently adhered to by all staff to ensure the delivery of compassionate care*

How did we do in 2013/14?

PATIENT SAFETY PRIORITY 1
Reduce the number of inpatient falls

Trust lead: Director of Nursing & Midwifery

Why is this important?

Patient falls remain the largest number of reported inpatient incidents and therefore, continue to be a focus for us to improve patient safety. Falls can have a detrimental effect on the health and recovery of patients and can lead to prolonged stays in hospital.

What have we done in 2013/14?

The prevention and reduction of harm from falls is both a national and a local priority and is being addressed by our nursing, therapy and medical staff working together on a range of initiatives.

The Nursing and Midwifery Quality Steering Group was set up in October 2013 and monitors falls incidents and training compliance, enabling learning from good practice and providing support for areas where improvement is needed.

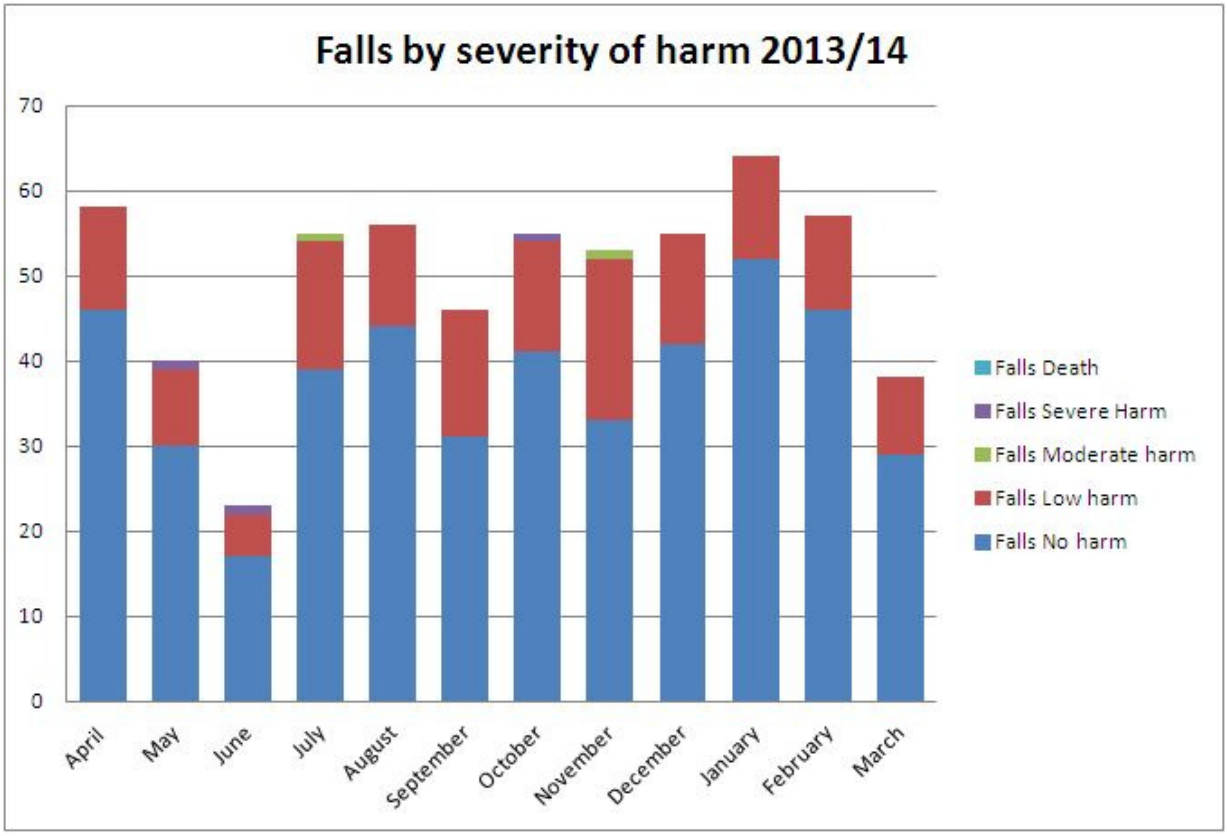
Red non-slip socks were introduced across the Trust during the year to support a reduction in the number of falls. Non-slip TED stockings (these are used to prevent blood clots following surgery) are being trialled in the surgical ward areas.

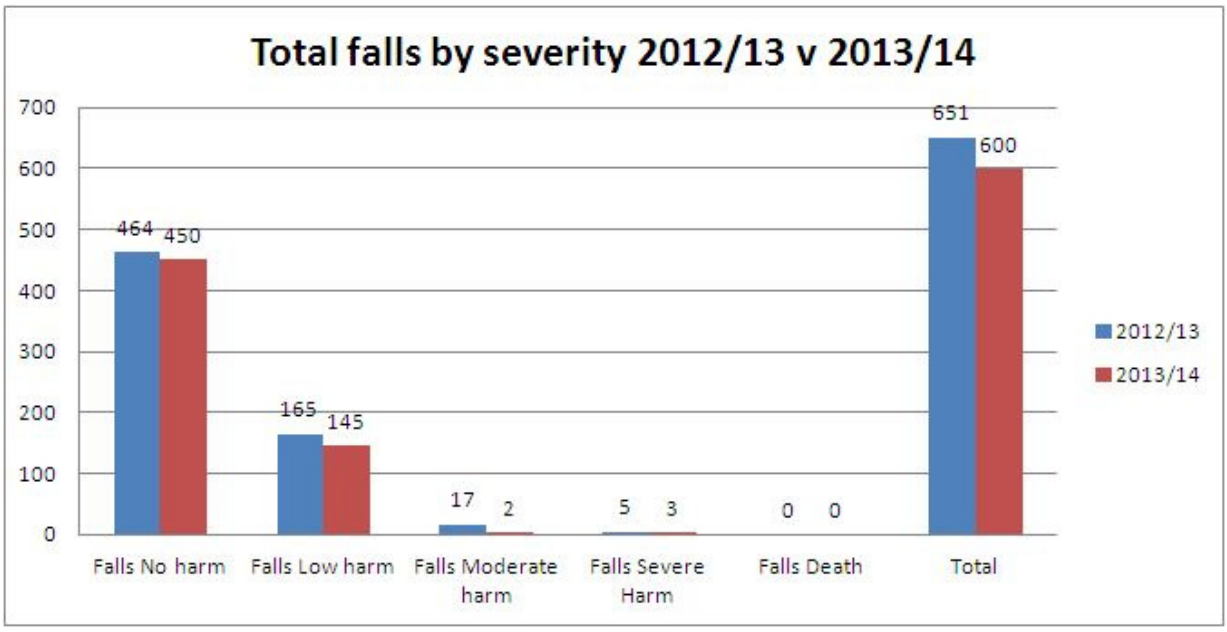
New National Institute of Clinical Excellence (NICE) guidelines on the Assessment and Prevention of Falls in Older People were issued in June 2013. These signal a new approach to understanding falls risk. Under these guidelines all people over the age of 65 and those between 50-64 with an underlying condition that puts them at greater risk should be considered at risk of falls. The Trust has responded to these guidelines by changing the falls risk assessment in our nursing documentation to reflect the new approach set out in the guidelines.

Falls awareness and prevention training has been delivered by therapy staff and there has been a good uptake with 69.7% of eligible staff being trained, although this is below the target of 80% which we set ourselves for this year. Alternative methods of delivering training are being explored to support an increase in training compliance over the coming year.

The Trust has purchased 10 hi-lo beds that are used for patients who are assessed as being at risk of falling. These beds can be lowered to almost floor level to prevent patients from falling out of bed.

Data is collated on a monthly basis to monitor the incidence of patient falls. The chart below shows the number of falls and severity of harm reported across the Trust between April 2013 and March 2014.





There was a decrease in the number of falls during 2013/14 (600) compared with 2012/13 (651); the majority of falls continue to result in no harm. Many of these falls are un-witnessed and happen in bathrooms and toilets. Therefore, a review of these areas has been undertaken and all areas now have grab rails and call bells in place. Identification of 'at risk' patients and prevention of falls remains a high priority for the Trust and this work will continue in 2014/15.

PATIENT SAFETY PRIORITY 2
Reduce the number of hospital acquired infections

Trust Lead: Director of Infection Prevention & Control

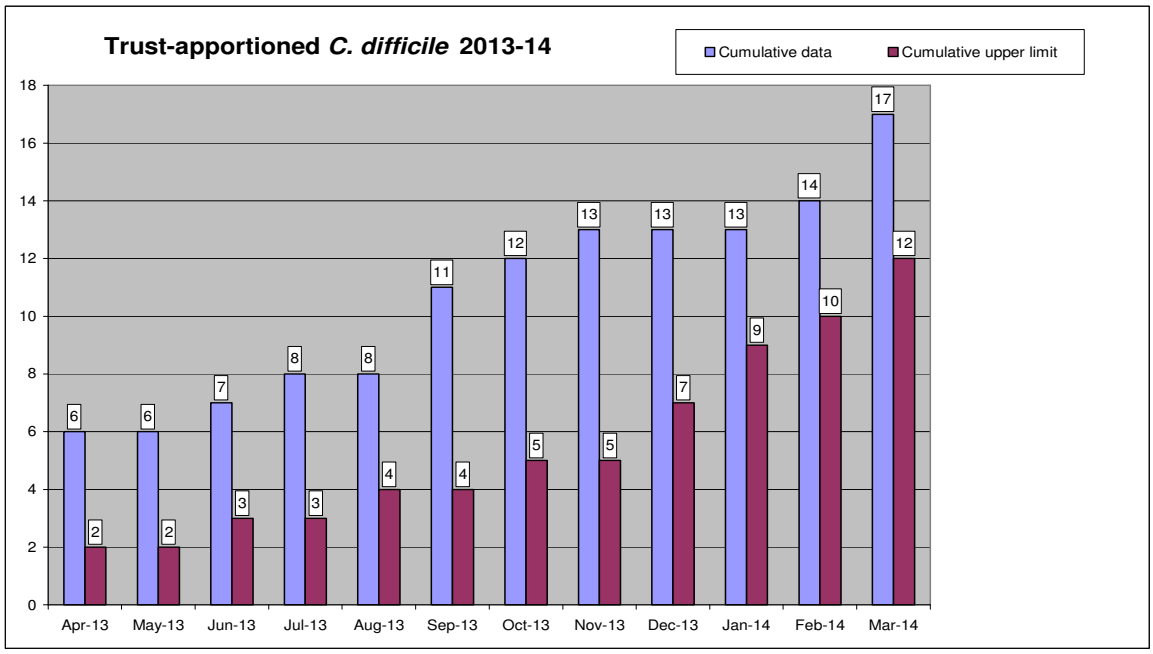
The reduction of hospital acquired infections remains a priority. The Trust is continuing to focus on reducing the incidence of hospital acquired infections through effective isolation of patients, effective hand hygiene, improved cleaning of both the environment and equipment, prudent use of antibiotics and the promotion of local ownership of audit results.

What have we done in 2013/14?

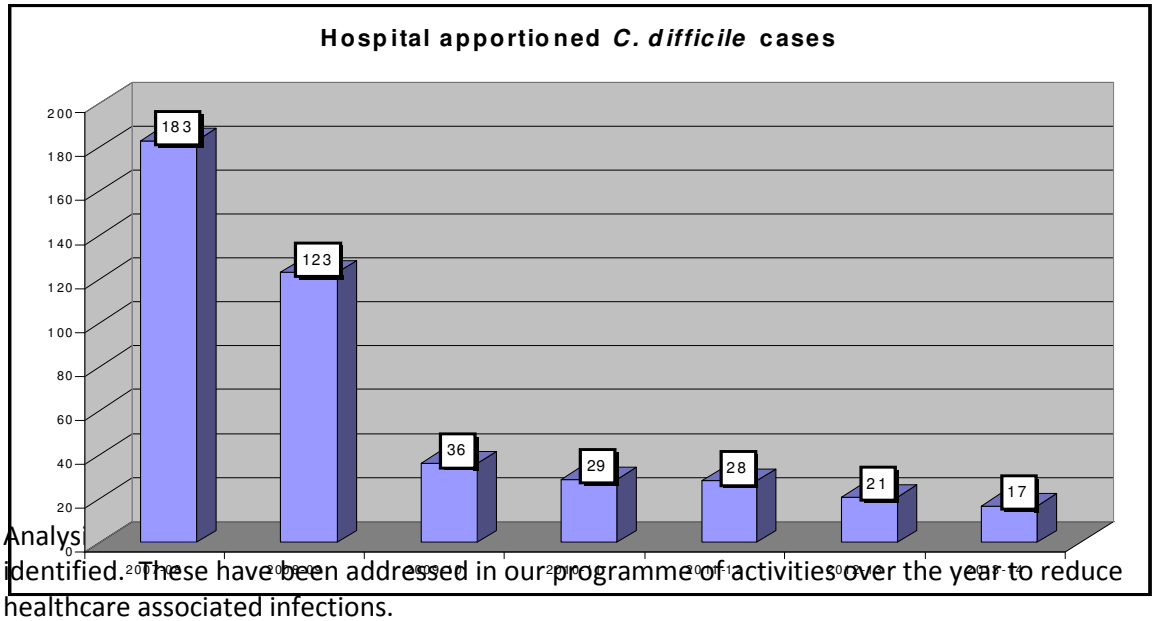
Over the year there were five cases of Trust acquired MRSA bacteraemia[1], the target set by NHS England for the year was zero. Three of the cases occurred on day 3 or more after admission, and two of the cases occurred before day 3 (in previous years the latter would have been considered to be a community acquired infection). Suboptimal line ("drip") care was identified as a major risk factor, and has been a particular area of focus over the year. Line care was associated with the infection in two of the five cases. The Trust has seen a year on year

[1] Trust-apportioned MRSA bacteraemia is defined as MRSA isolated from a blood culture specimen taken on day 3 or more after admission, where the day of admission is day one, or MRSA isolated from a blood culture specimen taken before day 3 where the bacteraemia is considered at a Post-Infection Review to be attributable to possible lapses in care at the Trust. Prior to 2013/14 the definition was: Trust-apportioned MRSA bacteraemia is defined as MRSA isolated from a blood culture specimen taken on day 3 or more after admission, where the day of admission is day one.

reduction in the number of reported cases of MRSAb but in common with the vast majority of hospitals in London the Trust did not achieve the target set for this year (only 2 out of 25 hospitals met their target as reported by the NHS Trust Development Authority). Below is a chart of Trust performance for Trust-apportioned *C. difficile*[2] cases over the year. The limit for the year was 12 cases, which was exceeded by five cases although this was a reduction on our 2012/13 performance (21 cases).



Cases of *C. difficile* have fallen year-on-year for the last 6 years.



Analysis of cases identified. These have been addressed in our programme of activities over the year to reduce healthcare associated infections.

[2] Trust-apportioned C. difficile infection is defined as where the patient shows clinical symptoms of C. difficile infection and the presence of C. difficile toxin is detected in a faecal specimen taken on day 4 or more after admission, where the day of admissionis day one.

Line care teaching of all relevant ward staff took place between April and June 2013, and this was reflected in the reduced numbers of MRSA bloodstream infections associated with lines, when compared to 2012/13.

Staff were advised that disciplinary action would be taken against staff who do not attend Infection Prevention and Control (IPC) training, which enabled the target of >95% staff trained to be achieved for the ensuing 5 months of the year.

The Lead Consultant Microbiologist for Antibiotics and the Antibiotic Pharmacist developed and introduced an e-learning training programme for antimicrobial prescribing, undertaken by junior medical staff prior to starting work at the Trust. The success has been seen in the high proportion of cases of both MRSA bloodstream infection and *C. difficile* cases, where the patients were prescribed appropriate antibiotics.

A comprehensive programme of audits (Department of Health High Impact Interventions) is in place to monitor compliance with hand hygiene, line and urinary catheter care and cleaning of equipment. Many of these audits are undertaken by ward staff, which enables prompt feedback locally when improvement is needed. Results are collated and fed back at monthly Divisional Quality and Risk meetings.

Audit of completion of the IPC risk assessment for patients admitted from the Emergency Department, and for patients transferred between wards, with feedback to staff, has resulted in improved rates of completion.

Cleaning remains high on the agenda, with assessment at Matrons' rounds and through Patient-Led Assessments of the Care Environment (PLACE) checks. A deep clean of key wards and clinical areas was completed during the summer of 2013.

Two presentations were given over the year at the Physicians' meeting to raise awareness of infections – on *C. difficile* on 5 November 2013, and on New Year's Resolutions (various infections) on 7 January 2014.

Each case of Trust-apportioned infection is assessed jointly by senior ward staff and the IPC Team using root cause analysis and the results are being used to develop a robust forward plan for prevention and control of infection in 2014/15. Infection prevention and control remains a high priority for the Trust and the plans for the coming year are outlined under the "Priorities for 2014/15" section later in this document.

PATIENT SAFETY PRIORITY 3
Reduce the number of grade 3 & 4 hospital acquired pressure ulcers

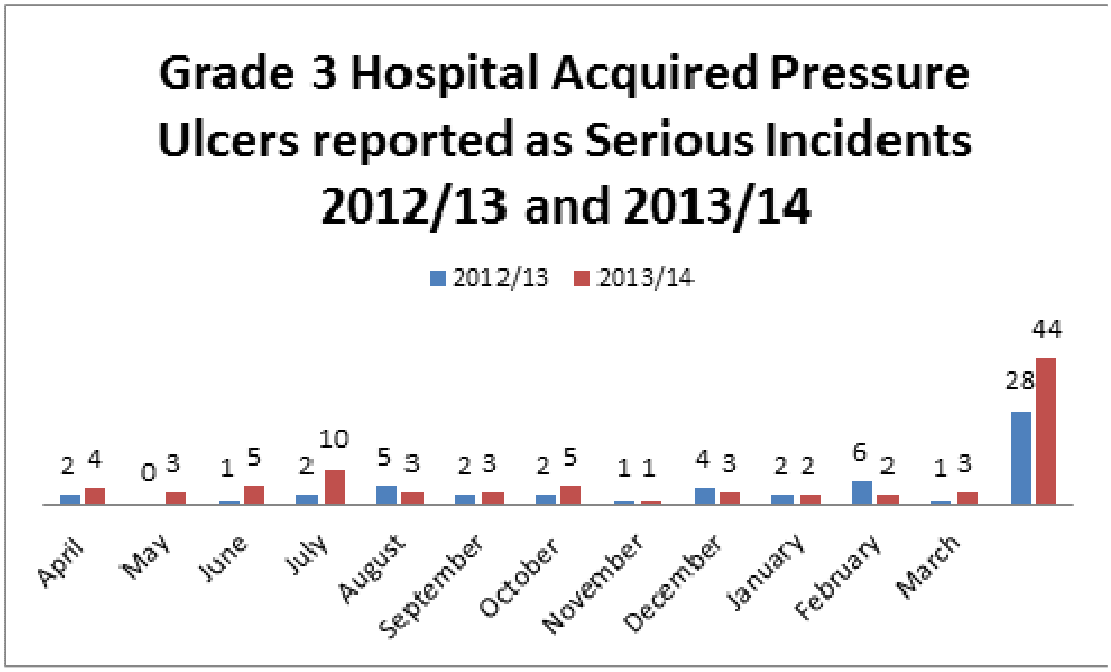
Trust Lead: Director of Nursing & Midwifery

Why is it important?
A pressure ulcer is an area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and/or a combination of these. Ulcers can be dangerous and painful for a patient, in part because broken skin can allow infection into the body. Pressure ulcers are an indicator of the quality of care and whether preventative care has been provided. Pressure ulcers are graded according to the severity of the wound. Grade 1 is the lowest grade and grade 4 is the highest.

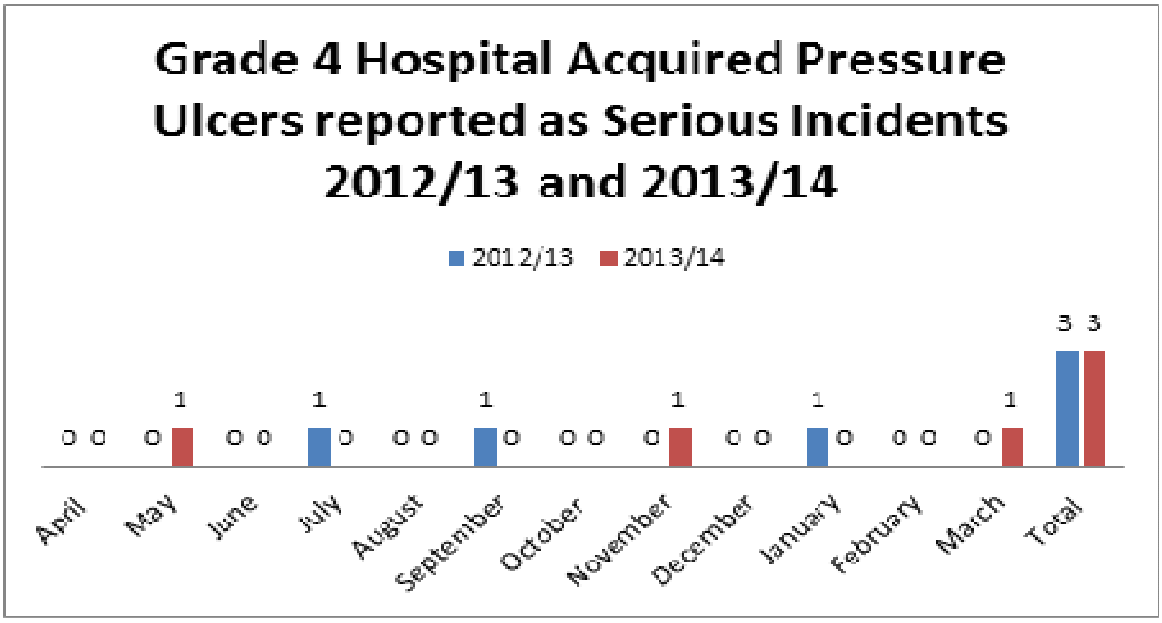
What have we done in 2013/14?
Our aim was to reduce the number of Grade 3 & 4 Hospital Acquired Pressure Ulcers.

Regrettably, in the first six months of the year there was an increase in the volume of Grade 3 Hospital Acquired Pressure Ulcers which were reported and investigated as Serious Incidents compared to the same period for the previous year. In the second six months of the year, the number of incidents was equivalent to the same time period in 2012/13.

During 2013/14 there were 16 more grade 3 pressure ulcers than the previous year which equates to a 57% increase as demonstrated in the graph below. The key themes of lessons learnt following the investigations highlighted the importance of documentation, assessment, compliance with comfort rounds and availability of specialist mattresses.



The volume of Grade 4 Hospital Acquired Pressure Ulcers remained static at a total of 3 compared to the previous year as demonstrated in the graph below.



There are numerous causes of pressure ulcer development. However, the provision of pressure relieving mattresses and encouraging patients to change position as a means of avoiding the deterioration or development of pressure ulcers is key to preventing further deterioration. Comfort rounds (regular reviews of patients by nursing staff) are considered to be key to reducing pressure ulcers as patients are encouraged to mobilise or change position on an hourly to two hourly basis or as needed. The comfort rounds are also designed to help patients maintain nutrition, hydration and pain relief, all of which contribute to the reduction in pressure ulcers.

Although the Trust has not managed to reduce the number of Grade 3 & 4 pressure ulcers in 2013/14 (47 incidents) compared to 2012/13 (31 incidents) we have taken a number of steps to drive forward an improvement.

1. The Nursing and Midwifery Quality Steering Group was set up in November 2013 taking over from the work of the Harm Free Care Steering Group. The focus of this steering group is to oversee key aspects that relate to the quality of care at ward level, including a focus on pressure ulcer prevention.
2. Ensuring compliance with Comfort Rounds.
3. An escalation process was introduced for requesting a pressure relieving mattress.
4. Monitoring of training compliance.
5. The Tissue Viability Team were transferred to an in-house service focusing on prevention and education.

CLINICAL EFFECTIVENESS PRIORITY 1
To improve the end of life experience for patients and relatives

Trust Lead: Director of Nursing & Midwifery

Why is this important?
Our aim is to provide sensitive, quality care for all dying patients, so that more people receive their choice of care and die in their chosen place.

The end of life care pathway, as set out in the national End of Life Care Strategy (Department of Health 2008) was developed to help anyone providing help and social care to people nearing the end of life. It aims to ensure that high quality, person-centered care is provided which is well planned, coordinated and monitored, whilst being responsive to the individual's needs and wishes. The care pathway comprises six steps;

1. Discussions as the end of life approaches;
2. Assessment, care planning and review;
3. Coordination of care for individual patients;
4. Delivery of high quality services in different settings;
5. Care in the last days of life;
6. Care after death.

Alongside all of these steps, attention also needs to be given to:

- Support for carers and families
- Information for patients and families
- Spiritual care for patients and families.

This priority was chosen in response to feedback from carers that their experiences of end of life care in hospital had not always been up to the standards that we aspire to deliver.

What have we done in 2013/14?

High standards of care have been achieved by a consistent palliative care presence on the wards and by maintaining a programme of formal and informal teaching across all ward areas.

Work on achieving this priority continues but progress has been slower than planned due to vacancies within the Palliative Care Team.

The introduction of the Coordinate My Care (CMC) system across all areas of the Trust is progressing well. CMC is a web-based tool that provides a shared space for healthcare professionals and patients where patients can express their wishes and preferences for how and where they are treated and cared for as they near the end of their life. The system is in use by Primary Care (GP's, LAS and Hospices) and Hospitals across NW London.

Following the publication of an independent report 'More Care Less Pathway' in July 2013 regarding the future of the Liverpool Care Pathway (LCP) (a care pathway for the dying patient), the Trust is now working with the national Palliative Care Group and the London Cancer Alliance (LCA) to develop a suitable alternative end of life care pathway. Until that work is completed the LCP will continue to be used but with close monitoring of its application for eligible patients. We anticipate that a new care pathway will be in place towards the middle of 2014.

Although there have been improvements since April 2013, there is still work required to ensure that this important aspect of care is appropriately managed. The end of life care group continues to meet on a monthly basis but plans for 2014/15 are to review the terms of reference and re-focus the work of the group to deliver the new national standards and set the priorities for the forthcoming year. Recruitment to the palliative care post continues to be a priority for the Cancer Team.

CLINICAL EFFECTIVENESS PRIORITY 2
Provide effective hydration and nutrition

Trust lead: Director of Nursing & Midwifery

Why is this important?
Effective nutrition and hydration is an essential element to enhance health, well-being, healing and recovery from illness. Ensuring that our patients have access to appropriate nutrition and hydration which takes into account individual need (nutritional, religious/cultural, difficulty in swallowing, etc) and that we provide support to them, are important elements of total patient care.

What have we done in 2013/14?
The Nutrition Steering Committee, a multi-professional group of nurses, speech and language therapists, dieticians, catering and facilities staff meet monthly to monitor and work together to ensure that patient nutrition and hydration needs are being met.

There is a rolling programme of mealtime observations undertaken by the Nutrition Steering Group supported by other Trust staff. The purpose of this activity to ensure that meals are being served according to protocol, the quality of the food and service is up to the required standard, patients are assisted to eat where required and that staff are observing protected meal time (when all non urgent work ceases on wards to enable staff to focus on patient feeding) rules. Reports from these visits are fed back to the ward, catering and facilities staff and action plans developed where necessary to address concerns.

In November 2013, Appetito took over the supply of patient meals to the Trust. The meals now come frozen which means that a larger number can be kept in stock and a greater variety offered to patients. Feedback from patients on the new food has been overwhelmingly positive.

Along with the new food supplier new menus were introduced and patients now have a greater variety and choice of meals. A fortified soup alternative was introduced at lunch time for patients who are unable to eat a main course and 'fork mashable' meals for patients who don't need pureed meals but can't manage regular food. Pureed meals now come in a more attractive format which resembles real food – i.e. pureed carrots come moulded in the shape of carrots.

There is a copy of the new menu at every bedside to encourage patients and families to meet the patients nutritional requirements.

Nutrition audits are completed on a monthly basis by the senior nurses who participate in the Clinical Thursday visits (a weekly event when senior nursing staff spend time on the wards). Feedback from these visits is given to both the ward manager and the matron for each individual ward. Any issues noted during this feedback are recorded on the Clinical Thursday issues log and the wards are required to take action to address the issue and then these actions are monitored on subsequent visits.

Red lids on water jugs have been introduced and are being used across the Trust. These are placed on the jugs where a patient requires help or reminding to drink, in a similar way that red trays are used for patients who require assistance with feeding.

A number of volunteers have been recruited to work within the older people's wards to assist patients at mealtimes. The kind of help that they might give includes preparing patients for mealtimes e.g. helping them to wash their hands or clear the table and to give assistance that a caring relative might offer e.g. cutting up food.

Overall, good progress has been made during 2013/14 to ensure that patients receive adequate hydration and nutrition, but we remain committed to sustaining these improvements during the coming years.

CLINICAL EFFECTIVENESS PRIORITY 3
To ensure that lessons are learnt from serious incidents

Trust Leads; **Director of Quality Improvement and Head of Integrated Governance**

Why is this important?
Learning from serious incident investigations is critical to the delivery of safe and effective healthcare across the NHS.

To avoid repeating mistakes, the Trust must learn from previous similar events. For effective learning to take place there must be efficient systems for communicating the outcome of investigations and team working to ensure the development of workable plans for improving safety.

What have we done in 2013/14?
During the year we have worked hard to strengthen the governance arrangements relating to serious incidents. A monthly serious incident report has been presented to the Trust Board, the Clinical Commissioning Group and the Clinical Quality and Risk Committee. The report includes trend analysis and the lessons learnt from the investigations. The Clinical Quality and Risk Committee affords the divisions with the opportunity to comment on compliance with the action plans.

If key safety issues need to be addressed, the patient safety forum, which is multi professional, commission key individuals to undertake an audit/review of practice and share the findings and recommendations at a subsequent meeting. Examples of further work that was undertaken during the year were a follow up audit of naso- gastric tube feeding practice and an audit of the early warning score (a tool used to identify changes in a patients condition) compliance.

The divisions now include serious incidents as a standing agenda item at the divisional quality and risk meetings where lessons learnt are shared with the multi disciplinary teams. The Maternity Risk Forum provides a valuable forum for the maternity risk team to share the lessons learnt from maternity investigations with the wider multi-professional team. Key learning is included in their regular newsletter.

Prior to submission the serious incident reports are reviewed and scrutinised by the Medical Director and Director of Nursing and Midwifery.

In 2012/13 were reported incidents in the following categories which did not reoccur in 2013/14:

- closure of the maternity unit
- allegation against a healthcare professional

The chart below indicates there has been an increase in the number of serious incidents reported in 2013/14. A large proportion of these were hospital acquired pressure ulcers (44 compared to 28 in the previous year).

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Total Serious Incidents 2012/13	4	6	7	6	7	10	11	5	9	9	10	9	93
Total Serious Incidents 2013/14	8	13	13	16	8	4	8	5	8	6	7	5	101

We recognise the importance of an open and transparent culture, where staff report incidents, and value the learning opportunities that they bring to prevent recurrences and support the delivery of the highest standards of care that we all want to deliver. We are disappointed that there have been areas where the learning has not been as robust as it should have been. We have already embarked on a programme of work to strengthen the learning culture. This aims to increase the involvement of front line staff in the investigation process, and ensure that feedback is shared across the organisation.

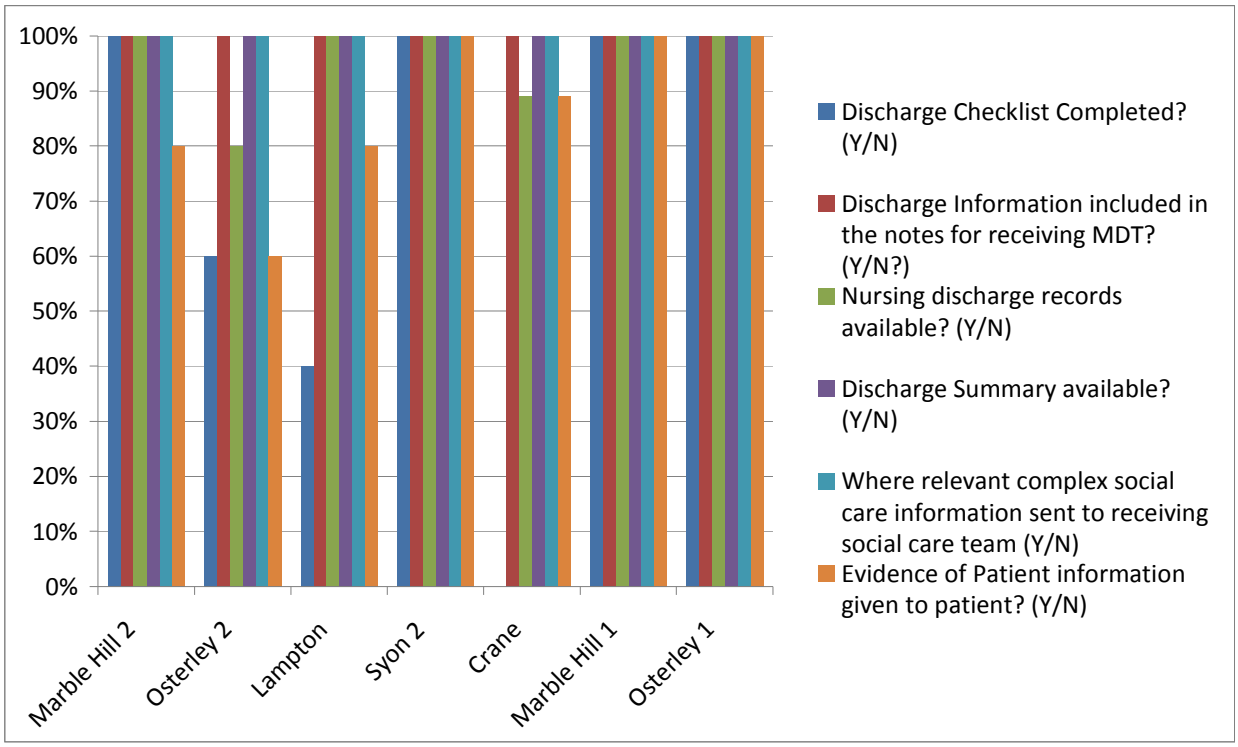
PATIENT EXPERIENCE PRIORITY 1
Improve the quality of discharge

Trust Lead: Head of Therapies

Why is it important?
The discharge of patients is one of the Trust's core activities and there continues to be considerable focus on this issue. By making discharge one of the Trust's priorities we will support improvements to this important aspect of patient care.

It is essential that the patient feels that they are informed about their discharge which is planned from the point of admission, to ensure that there is a seamless pathway into community services where this is required. It is also important to ensure we have excellent working relationships with all of our partner organisations to ensure that we work together in the best interests of the patient.

What have we done?
Over the last year we have continued working with both our community health partners and social care colleagues to develop robust communication and escalation processes to ensure patients are discharged in a timely and co-ordinated manner. We have revised our discharge policy and provided education to all staff regarding this. We have also produced information letters for patients outlining our respective responsibilities in terms of discharge planning. We are regularly auditing this to ensure that patients are being provided with this information. The results of which are shown below.



The results of our audits highlight that there are areas where we need to improve our compliance with providing patients with information about discharge. To do this we are working with our matrons to ensure patients are provided with information when they are admitted to hospital about their discharge arrangements.

We are meeting regularly with our social care colleagues to review patients who have been in hospital for over 20 days to ensure that plans are in place and patients do not remain in hospital if this is not the correct place for them to be.

The Care Quality Commission report from the unannounced visit in November 2013 recognised that progress has been made by the trust to improve patient discharge but equally there were areas where further work is required. In response, we have developed an action plan which includes the consolidation of new ways of working and a range of new initiatives. An A&E-based discharge support team provided by the Red Cross commenced in January 2014. This support service takes patients straight home from A&E and from medical wards, preventing unnecessary admissions and shortening stays in hospital. Patients referred to this service are those identified as not necessarily needing full care package support but who would benefit from some additional settling-in care, for example, transport home, checking heating and lighting services and that hot food is available. The Red Cross team are able to signpost patients who need more intensive support into other services. This service is funded by the commissioners and has been so successful it is being extended beyond the winter period until the end of June 2014.

In addition a new Pharmacy Discharge Team commenced in January 2014 which is directed specifically at supporting the ordering and dispensing of drugs to take home (TTA's) and avoiding unnecessary delays for patients.

We are pleased with the progress made over the past few years and confident that the plans we have will further improve the patient experience of discharge from the hospital.

PATIENT EXPERIENCE PRIORITY 2
Increase the use of the patient passport

Trust Lead: Deputy Director of Nursing

Why is this important?
The Patient Passport is a document which contains information about a patient helping us to tailor care to the individual. It contains information such as a the patient's likes/dislikes and how they lead their daily life.

These passports have been most commonly used by patients who have a learning disability or who have a diagnosis of dementia. However, this form of document could be used to support any vulnerable adult and adults with a chronic disease.

What have we done in 2013/14?
There has been active participation of both external organisations and carers in the development of information and raising awareness about patients requiring additional support and empathy. This has resulted in a positive response from staff as informal audits of patient health records and discussion demonstrates a growing awareness.

There has also been a very successful programme of training for staff, particularly within the Emergency Department, and this has raised awareness of the importance of the patient passport in delivering patient centred care. Carers and family members of passport holders have been engaged in training staff around the awareness of individual person centred need.

As part of the Trust open day in September a local advocacy group performed a play "Speak out Hounslow" to raise awareness about the patient passport. Access to patient passports is easily available for all staff via the Trust intranet. Currently passports can be scanned into the A+E Symphony (patient administration) system to reduce the reliance on paper systems. A method of "flagging" ward based patients using the passport scheme on the inpatient administration system (RealTime) is being considered.

The "This is me" passport issued by the Alzheimer's Society and used for patients with dementia will be incorporated with the learning disabilities passport to create a generic passport that can help enable the delivery of compassionate person specific care to people in all vulnerable groups. Development of the generic passport is progressing and this should be ready for rollout in 2014/15. The Butterfly Scheme (a simple and discreet way of identifying and alerting staff to patients with dementia, using blue paper butterflies on patient notes, above beds and on whiteboards) has been implemented and is being rolled out across appropriate inpatient areas to support sufferers of dementia. Patient information about the Butterfly scheme and "This is me" is available in the ward areas.

As a Trust we are committed to delivering individualised care that takes into account the specific needs of our most vulnerable patients, those who often are not able to speak out for themselves, with the development and greater use of both the patient passport and the Butterfly Scheme it is envisaged that we will be more able to achieve this aim.

PATIENT EXPERIENCE PRIORITY 3
Develop fundamental standards of care that are consistently adhered to by all staff to ensure the delivery of compassionate care

Trust lead: Director of Nursing & Midwifery

Why is this important?
The Trust is committed to delivering person centred healthcare. Ensuring that our patients feel cared about as well as cared for is essential. To enable us to achieve this we must develop and maintain standards of care that support and enable compassionate care.

What have we done in 2013/14?
Standards of care are monitored closely by the senior team through a variety of measures.

The Friends and Family test (F&FT) was implemented during 2012/13 for the general inpatient areas, with Maternity services joining the cohort in October 2013, and plans for outpatients and staff will be included from April 2014. Feedback has been positive with 94% of respondents stating that they would recommend this Trust to their friends and families. Wards are now displaying the F&FT boards "You said – we did" to showcase the results for their individual areas and demonstrate that we are listening and acting on the feedback.

Reinstatement of the F&FT Steering Group has had a positive affect and group members are now able to display results within individual ward areas, engendering a healthy competitive atmosphere amongst staff and a willingness to share good practice and learning.

The use of patient videos and stories to emphasise user and carer perceptions of their treatment has been well received by staff groups and they form the basis of on going learning within departments. Patient videos are regularly featured at the Trust Board and provide Board members with the opportunity to hear first hand from patients.

A new Patient Experience Project Manager has been in post from 1st April 2014; the post holder will be co-ordinating further work with patients during 2014/15 to audit the delivery of compassionate care.

Inclusion of the 6 C's (National Nursing Strategy, Compassion in Practice, Department of Health/NHS Commissioning) standards in staff recruitment and appraisals ensures that compassionate care is given a high profile. Compassionate care training is also covered within the medical and surgical divisions using patient stories and videos and with the help of a trainer supporting the Trusts 'Developing a Respectful Culture' programme.

'Back to the Floor Thursdays' are used as an opportunity for senior nurses to spend more time on the wards and focus on auditing clinical effectiveness, standards of care, patient experience and staff support. Feedback is then turned into action by the Matrons for each area. Executive and Non Executive Director walk rounds give staff the opportunity to discuss care standards with the senior team and for the team to identify issues around practice. All the issues identified by the 'Back to the Floor Thursdays' and walkrounds are captured on an 'issues log' and progress is monitored by the Nursing & Midwifery Board.

Part 2 - Looking forward to 2014/15

This section of the report sets out the Trust's quality improvement priorities for 2014/15. Some of the priorities (falls, hospital acquired infections and pressure ulcers, discharge, compassionate care & end of life care) have been rolled over from the previous year, 2013/14. Progress during the last year is reported in the 'looking back at 2013/14' section of this report.

In deciding what our quality improvements would be for 2014/15, we considered the wide range of feedback (via complaints, surveys and formal meetings) that our patients, their representatives including Healthwatch, commissioners and staff, have shared with us about what is important to them. In addition, we reviewed our performance; compared it with other NHS organisations and best practice; the results of national patient surveys and external inspections to help us identify where we need to focus our energies over the coming year.

Quality consists of three areas which are key to the delivery of high quality services:

- **Patient safety – how safe the care provided is**
- **Clinical effectiveness – how well the care provided works**
- **Patient experience – how patients experience the care they receive**

We have set the following priorities for 2014/15:

PATIENT SAFETY PRIORITIES	1. Reduce harm from falls in hospital. 2. Reduce the number of hospital acquired infections. 3. Reduce the number of grade 3 and grade 4 hospital acquired pressure ulcers. 4. Ensure staff are fully proficient in the care of patients with Naso-Gastric Tubes in place. 5. Reduce the number of urinary tract infections experienced by patients by implementing and monitoring a robust bladder care pathway.
CLINICAL EFFECTIVENESS PRIORITIES	1. To reduce and maintain the Hospital Standardised Mortality ratio below 90. 2. Improve the experience for cancer patients in terms of quality of care 3. Provide Holistic Needs Assessments (HNA) for diagnosed cancer patients. 4. To develop and embed a culture of learning from complaints and incidents. 5. To develop a supportive infrastructure to enable clinical supervision for front line staff.
PATIENT EXPERIENCE PRIORITIES	1. To improve the quality of the discharge process. 2. Implement standards of care that are consistently adhered to which enable the delivery of compassionate care. 3. To improve the end of life experience for patients and their relatives. 4. Act on feedback from patients and carers.

Details of each of these priorities including the actions planned and how we will monitor our progress throughout the year, are presented below.

PATIENT SAFETY

PATIENT SAFETY PRIORITY 1
Reduce harm from falls in hospital.

Trust Leads: Deputy Director of Nursing/ Matron for Older People

Why is this important?
The causes of falls are complex and many fold. Older people are particularly at risk of falling whilst in hospital as a result of their medical condition or problems with strength, mobility and memory or because of disorientation within the ward area.

Patient falls continue to make up the largest number of inpatient incidents. The following chart demonstrates the number of falls on site over a 3 year period.

2011/2012	2012/2013	2013/2014
591	651	600

The table clearly demonstrates an improvement during 2013/14.

Relatives and carers should expect that their family members are safe whilst within the hospital environment. Clearly any patient fall is of significance not only in relation to the patient experience but also because of the risk of an extended stay in hospital.

It is therefore our aim to reduce the number of all falls reported on the incident reporting system(DATIX) by 10% .

What are we going to do in 2014/15?
- The Nursing and Midwifery Quality Steering Group will monitor the number of falls across the organisation and enable informed changes in practice.
- Safety Thermometer data (a local improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care) will be made available and used at ward level so that all staff are aware of current position and the need for improvement.
- Ensure that good practice is shared across the Trust and areas of concern are supported to improve.
- Audit assessment and care plan documentation weekly on Clinical Thursdays.
- Review and ensure the availability of falls prevention equipment.
- Implement a traffic light system to ensure staff are aware of patient's current level of mobility.
- Ensure use of the safety cross (a visual chart used by ward staff to monitor falls so that causes are discussed and immediate action taken) at shift handover on wards in order to highlight the number of falls.
- Undertake a full review and audit of the current comfort rounds practice.
- Raise awareness of all staff on how to minimise the risk of falls; aiming to train as a minimum 80% of clinical staff involved in direct patient care.
- Specialist nurses and senior therapists will be required to deliver falls training.
- Reinstate Falls Link Nurse System**.**

How will we know how we are doing?
- The Trust will see a continuing trend of falls decreasing over the year.
- Staff will be more aware of falls risks and how to prevent them.

- Link nurse scheme will be up and running and this will have a direct impact on the numbers of patient falls.

PATIENT SAFETY PRIORITY 2
Reduce the number of hospital acquired infections

Trust Leads: Medical Director / Director of Infection Prevention and Control & Infection Prevention and Control Consultant

Why is this important?
Reduction of hospital acquired infections remains a priority for us because we know that infection is one of the issues that our patients are anxious about. Infections cause pain, dysfunction and distress in often frail and vulnerable patients, and contribute to longer stays in hospital.

Year on year, the Trust has seen a reduction in the number of hospital acquired infections and in 2014/15 we are determined to continue this improvement by reporting no cases of MRSAb (Meticillin resistant *Staphylococcus aureus* bacteraemia) attributed to the hospital and no more than 19 cases of *Clostridium difficile (C. difficile)* in patients who have been in hospital more than 72 hours.

It is also important to prevent new multi-antibiotic-resistant bacteria (germs that have developed resistance to certain antibiotics that normally kill bacteria) becoming established in the hospital.

MRSA bacteria access the bloodstream most commonly where there is a breach in the skin. Insertion of intravenous lines provides a route for the bacteria to enter into the bloodstream. Good care of lines at the time of insertion and while they remain in place is required to prevent bacteria from getting into the bloodstream.

What are we going to do in 2014/15?
In order to prevent MRSAb, we will focus on line care:

- We will appoint to a new role of Intravenous (IV) line practitioner with responsibility for ongoing training and technical support for front line staff.
- Promoting the use of long lines (mid-lines and peripherally inserted central catheters or PICCs).
- Education to improve insertion technique and use of Biopatches to protect the skin where the line is inserted.
- Education to ensure Visual Infusion Phlebitis[3] (VIP) scores are observed and recorded twice daily.
- Promotion of MRSA decolonisation (a precautionary treatment to reduce and possibly remove the MRSA bacteria from the skin and nose of the patient) for patients with long lines.

Following a visit from the Care Quality Commission in November 2013, a number of areas of practice will continue to be monitored to ensure compliance with local policy:

- Doors of side rooms are closed as appropriate.

[3] A monitoring tool used to review patients who have an intravenous line inserted.

- Correct use and disposal of Personal Protective Equipment (PPE), such as gloves and aprons.
- Correct use of sharps bins, in particular closure when full to the line.
- When patients are in an isolation bay, metal waste bins are used and placed next to trolleys.
- Bed space cleaning checklist is used.

The audit programme for cleaning will be enhanced, to include monthly audits of clinical areas, including mattresses, with the attendance of ward managers. A programme of e-learning on National Standards of Cleanliness will be rolled out for senior ward staff to enable them to assess standards of cleanliness within the clinical environment.

Spot inspections will be undertaken by members of the newly formed Staff & Patient Experience Committee. The format of these inspections will mirror the national PLACE (Patient Lead Assessment of the Care Environment) inspections.

Teaching on prudent antibiotic use and audits to ensure compliance with Trust antimicrobial guidelines will be part of the measures to control cases of *C. difficile*.

There will be zero tolerance for staff to address non-compliance with policies and procedures.

We will implement the National Toolkit on Carbapenem-Resistant Enterobacteriaceae (multi-resistant bacteria, which are newly emerging in the UK) to prevent their establishment in the Trust. This will involve development of a local policy, training of staff, screening of patients, and audit of progress.

How will we know how we are doing?

- Audits, including the "Clinical Thursday" audits, will be used to demonstrate that staff are complying with relevant policies, and practices.
- Safety walkrounds conducted by the Infection Prevention and Control Team, the Executive Team and the Patient Safety Team will be used to observe practice and identify barriers to compliance.
- There will be a reduction in the number of hospital acquired infections reported in the organisation.

PATIENT SAFETY PRIORITY 3
Reduce the number of grade 3 and grade 4 hospital acquired pressure ulcers.

Trust Leads: Deputy Director of Nursing/Matrons for Medicine, Surgery and Older People.

Why is this important?

Patients cared for by our hospital should not experience harm as a result of the care they receive. Pressure ulcers are, on the whole, preventable and every effort needs to be made to ensure that they do not occur. Identifying those patients who are at risk and taking precautions to protect skin integrity should be standard practice as should preventing those who already have tissue damage from experiencing further deterioration. Pressure ulcers can result in longer stays in hospital and exposure to increased risk of infection as well as a poor experience of care.

What are we going to do in 2014/15?

- Re-launch an updated Pressure Ulcer Management policy supported by a comprehensive training programme.
- The Nursing and Midwifery Quality Steering Group will monitor the number of pressure ulcers across the organisation which will enable informed changes in practice.
- Safety Thermometer data will be made available and used at ward level so that all staff are aware of the current position and the need for improvement.
- The Tissue Viability Team has been integrated within the hospital setting and will work proactively with wards to identify and prevent patients at risk from developing pressure ulcers.
- We will run a joint project with our mattress supplier who will fund a specialist nurs post to boost our tissue viability expertise on site. This project also includes a dedicated manager to ensure that mattresses are deployed 'at the right time' and to 'the right patient'.
- Deliver a training programme specifically targeted at areas where there is a higher than average incidence of pressure ulcers.
- Ensure pressure ulcer prevention training for all staff who deliver direct patient care, aiming for a minimum of 90% compliance.
- Ensure that current information on skin care and use of pressure relieving equipment is available in all ward areas.
- Review and ensure availability of pressure relieving equipment.
- Undertake a full review and audit of the current comfort rounds practice.
- Review skin care documentation for all ward areas.
- Audit assessment and care plan documentation weekly on Clinical Thursdays.
- Produce and distribute an information leaflet for patients.
- Reinstate Tissue Viability Link Nurse Scheme to produce champions at ward level.
- Explore with community partners the potential to establish a new post to support the management of patients between the community and the hospital with the aim of reducing the incidence of pressure ulcers.
- Review best practice from other organisations who have a better performance.

How will we know how we are doing?

- There will be a minimum of a 10% reduction in the incidence of hospital acquired grade 3 and 4 pressure ulcers.
- Staff will be trained and will be proficient in assessing the risk of pressure ulcers, how to prevent them and how to manage effective healing.
- Link Nurse Scheme will be up and running.
- Appropriate pressure relieving equipment will be available when it is required.

PATIENT SAFETY PRIORITY 4

Ensure staff are fully proficient in the care of patients with Naso-Gastric Tubes in place.

Trust Leads: Deputy Director of Nursing/Matrons for Medicine and Older People.

Why is this important?

Patients, who for a number of reasons, are not able to receive oral hydration and nutrition, need to be assured that if a naso-gastric tube is required, this will be undertaken in a safe manner and will not cause them harm. The insertion, checking and use of naso-gastric tubes

carries the potential of misplacement and subsequent feeding into the wrong place (the lungs) if not prevented; this can have fatal consequences. It is therefore essential that all possible steps are taken to prevent this occurrence and ensure that those who undertake this procedure are fully competent to do so and that there is appropriate documentation in place to support this practice. The Trust has reported 3 incidents over a 4 year period and we therefore want to ensure that further incidents are prevented.

What are we going to do in 2014/15?

- Undertake a review of current practice and guidance on the management of naso-gastric tubes to determine issues and risks.
- Develop an action plan to address areas highlighted by the review and ensure implementation of the actions. This will be overseen by the Clinical Excellence Committee.
- Develop a composite naso-gastric tube booklet bringing all documentation together.
- Audit naso-gastric tube placement and management on a monthly basis.
- Review naso-gastric tube training and competency programme.
- Develop a protocol to ensure that patients are adequately hydrated and medicated when it is not possible to use their naso-gastric tubes.

How will we know how we are doing?

- Data will support 100% compliance with correct practice for inserting, checking and use of naso-gastric tubes.
- Audit results will demonstrate that patients are appropriately nourished and hydrated at all times.

PATIENT SAFETY PRIORITY 5

Reduce the number of urinary tract infections experienced by patients by implementing and monitoring a robust bladder care pathway.

Trust Leads: Deputy Director of Nursing/Matrons for Medicine, Surgery and Older People.

Why is this important?

For a number of patients as part of their care it may be necessary to have a urinary catheter (a tube used to drain and collect urine from the bladder) inserted; this carries with it the risk of acquiring a urinary tract (where our bodies make and get rid of urine) infection. The longer the catheter remains in situ the greater that risk; therefore, catheters need to be removed when they are no longer required. To support the use and removal of urinary catheters and prevention of urinary tract infections a robust bladder care pathway will be developed using national best practice and will be implemented across the organisation.

What are we going to do in 2014/15?

- The Nursing and Midwifery Quality Steering Group will monitor the number of urinary tract infections across the organisation and enable informed changes in practice.
- Safety Thermometer data will be made available and used at ward level so that all staff are aware of the current position and the need for improvement.
- Nurses will be supported in the use of HOUDINI (a nurse led protocol for the removal of catheters) to remove catheters when they are no longer required.
- The catheter care pathway will be implemented.
- The use of the catheter care pathway will be monitored and audited.

- Training on the care of indwelling urinary catheters will be developed and delivered to all nursing staff with the aim of 90% compliance.

How will we know how we are doing?

- There will be a reduction in the number of urinary tract infections associated with urinary catheters. There will be a reduction from 22% of patients with positive blood cultures to under 17% and a reduction from 36% to under 30% of patients on antibiotics.
- There will be a reduction in the number of unnecessary catheters that are inserted and remain in situ. There will be a reduction from 24.5% of patients with a catheter to under 20%.
- Nurses will be confident in the use of HOUDINI.
- The catheter care pathway will be in place and in use.

CLINICAL EFFECTIVENESS PRIORITY 1
To reduce and maintain the Hospital Standardised Mortality ratio below 90.

Trust Leads: Medical Director/Divisional Directors

Why is this important?

The Hospital Standardised Mortality Ratio (HSMR) is a measure which compares mortality rates at The Trust with those seen at other similar hospitals across England. A value below 100 is better than average and values above 100 are worse than average.

It is important that our patients know that we monitor our mortality rate in relation to other hospitals, assess where we can make improvements and have robust processes in place to minimise mortality at the hospital.

What are we going to do in 2014/15?

We already have a system in place to review every death in the hospital on a monthly basis. A summary of the findings is presented to the Trust wide Mortality Review Group, chaired by the Medical Director, and a number of themes have been identified for action over the coming year.

Our first priority is to ensure we are able to identify patients whose health is deteriorating. This is done through use of early warning scoring systems, which assign a score for vital signs, such as pulse and blood pressure, which are outside the normal range. For adults we use the National Early Warning System (NEWS) and for children the Paediatric Early Warning System (PEWS). High score results are escalated to clinicians for a review of the patient – this will be a member of the regular medical team or an anaesthetist if the patient is very unwell. A programme of training is underway for qualified nurses and healthcare assistants to ensure they use the NEWS and PEWS scores correctly and take any required action as a result.

We are developing and implementing additional care bundles. These are lists of items that need to be in place for looking after patients with certain conditions or requiring certain treatments. Two key areas are;

- Sepsis (sometimes called blood poisoning), which can affect patients in all areas of the hospital, from those arriving at the Accident and Emergency (A&E) Department, through to post-operative patients and the elderly with chest or bladder/kidney infections.

- Non-invasive ventilation, which is used to support patient's breathing, but without the need for full intensive care treatment.
- Use of care bundles ensures patients receive consistent "gold-standard" treatment and make it easier to monitor that the correct treatment has been given.

Other processes which we will put in place to improve care are:

- Increasing the number of consultants so that surgical and sick medical patients can be reviewed each day of the week including weekends.
- Increasing the hours during which A&E consultants are present in the Emergency Department to include evenings and weekends.
- Standard procedures for handover of patients from A&E to the wards and from ward-to-ward.
- Improving processes to transfer patients to Imperial College Health NHS Trust hospitals (Charing Cross, Hammersmith and St Mary's Hospitals) for patients who need specialist care, such as vascular surgery (surgery of the blood vessels).

How will we know how we are doing?

- We will be auditing the processes listed above to make sure that they are in place.
- We will be monitoring the Hospital Standardised Mortality Ratio on a monthly basis to ensure it reduces and remains below 90.

CLINICAL EFFECTIVENESS PRIORITY 2

Improve the experience for cancer patients in terms of quality of care

Trust Leads: Macmillan Lead Nurse, Cancer & Palliative Care

Why is this important?

The annual cancer patient survey demonstrates that there are aspects of the patient experience that could be improved to provide a smoother pathway for patients diagnosed and treated at The Trust.

What are we going to do in 2014/15?

An action plan has been developed to address different aspects of the cancer pathway where patient experience is below expectation.

Adoption of Macmillan Values Based Standard® in two areas where the majority of cancer patients are admitted. The Macmillan Values Based Standard® is structured around eight behaviours that can be used as indicators of service quality. These behaviours are designed to effect positive change in staff/patient relationships, to drive up performance, especially in patient experience, satisfaction and outcomes and protect care rights.

We will examine the expectation of cancer patients and the staff caring for them and focus on information.

What information do we give?
When do we give information?
Where do we give information?
Who knows who is giving what information?

How will we know how we are doing?

- The annual national cancer survey will give us a snapshot of how we are improving. The work in the next year is more likely to have a greater impact on the 2015 survey and we are aiming to improve on our performance in all areas of the survey and in particular, that we are rated amber and above against each of the survey questions.
- Working with facilitators from Macmillan we will measure the progress of the work as changes are implemented.
- We will continue to get feedback from local patients through a variety of mechanisms.

CLINICAL EFFECTIVENESS PRIORITY 3
Provide Holistic Needs Assessments (HNA) for diagnosed cancer patients

Trust Leads: Macmillan Lead Nurse, Cancer & Palliative Care

Why is this important?

Research shows that people living with and beyond cancer often have ongoing needs following active treatment. Studies have also shown that the health and well-being profile of people with cancer is similar to those with other long-term conditions, including diabetes and arthritis.

Effective assessment and care planning to identify people's concerns and needs can lead to early interventions, diagnosis of consequences of treatment, improved communication and better equity of care. As such, everyone with cancer should be offered a holistic needs assessment (HNA) and a care plan.

The HNA and care plan ensure that the physical, emotional and social needs of our patients are met in a timely and appropriate way, and that resources are targeted to those who need them most. The information gathered from an HNA can also be shared with the multidisciplinary team (MDT) to improve a person's management and care.

What are we going to do in 2014/15?

- The Cancer Clinical Nurse specialist team will implement HNA's in their individual departments.
- HNA's will be completed within 31 days of diagnosis.

How will we know how we are doing?

- HNA activity will be captured on the Somerset Cancer Registry (a computer system used to manage cancer patients care) with a trajectory of at least 60% of patients receiving an HNA by January 2015.

CLINICAL EFFECTIVENESS PRIORITY 4
To develop and embed a culture of learning from complaints and incidents

Trust Leads: Associate Director for Patient and Public Involvement/Divisional General Managers.

Why is this important?

Improving the experience of those who use our services and ensuring their safety is an absolute priority for the organisation. Learning from complaints and incidents is essential for the

organisation to develop and continue to be a healthcare provider of choice for our local population.

What are we going to do in 2014/15?

- Divisions will monitor response times and ensure that complaints are being responded to within the timeframe agreed with the complainant.
- Work with staff to ensure a culture of reporting incidents is maintained.
- Continue to ensure that complaints and incidents are reviewed, addressed and changes implemented by the Divisions.
- Ensure that action plans are implemented and monitored on a timely basis.
- Provide feedback to reporters of incidents.
- Establish a new joint committee to oversee improvements in the staff and patient experience.

How will we know how we are doing?

- For all the 10 questions in the 2013 national inpatient survey where we scored significantly worse compared to the previous year, we will have improved our rating in the 2014 survey results.
- Complaints and incidents with similar themes will decrease.
- We will respond to a minimum of 80% of complaints within the timeframe agreed with the complainant.

CLINICAL EFFECTIVENESS PRIORITY 5
To develop a supportive infrastructure to enable clinical supervision for front line staff.

Trust Lead: Deputy Director of Nursing

Why is this important?
One of the areas highlighted for improvement during the Care Quality Commission's inspection in November 2013 was support for junior nurses; the organisation is responding to this need by setting up and implementing a scheme of clinical supervision for all front line staff. Supporting staff in this way will enable a more confident workforce who feel valued by the organisation and are more likely to continue to work for us. Creating a space for staff to reflect on practice will provide the opportunity for them to learn from experience and the potential to deliver better care to our patients.

What are we going to do in 2014/15?

- Consult with staff over different experiences of clinical supervision and what they feel will be workable in our organisation.
- Develop a model of clinical supervision that works for our organisation.
- Identify those who are suitable as supervisors and provide appropriate training.
- Enable staff to understand the benefits of clinical supervision and take up the opportunity to use this form of support.
- Embed clinical supervision as a part of the usual practice of the organisation.
- Audit staff and patient satisfaction to monitor effectiveness of this form of support.

How will we know how we are doing?

- A suitable model of clinical supervision for the organisation will be described.
- An adequate number of supervisors will be identified and trained.
- A system of clinical supervision will be in place and available to all staff who choose to use it.

- Front line staff will take up the opportunity for clinical supervision on a regular basis.
- Staff satisfaction will improve.

PATIENT EXPERIENCE

PATIENT EXPERIENCE PRIORITY 1
To improve the quality of the discharge process.

Trust Leads: Service Manager for Older People and Head of Therapies

Why is this important?
Ensuring safe, timely discharge is a priority for the Trust as it impacts on the experience of care for the majority of our patients. Delayed discharges expose patients to a greater risk of hospital acquired infections and other complications of being in hospital that can be harmful for patients and costly for the organisation. Working with community partners, particularly on complex discharges, is essential to achieve a smooth and seamless experience and prevent unnecessary re-admissions to hospital. Making sure that patients have good quality information on discharge improves communication, prevents anxiety and ensures a positive experience.

What are we going to do in 2014/15?
- Continue to work with community partners to streamline the discharge processes.
- Ensure that a realistic Expected Date of Discharge is set on admission.
- Ensure consistent discharge planning from admission.
- Deliver training to all staff involved in the discharge process to ensure correct use of discharge pathways.
- Audit compliance with pathways set out in the discharge policy.
- Work with colleagues to identify patients who can be safely discharged at weekends.
- Continue daily discharge meetings.
- Continue meetings with community partners to review patient pathways.
- Work with community partners to develop early supported discharge and out of hospital strategies and initiatives.
- Improve use of discharge summaries from the in RealTime computer system.

How will we know how we are doing?
- The length of time patient stay in hospital will be reduced and will be comparable to other hospital's whose performance is in the upper quartile.
- Complaints and incidents regarding discharge will decrease.
- Compliance with discharge pathways in the discharge policy will be improved.

PATIENT EXPERIENCE PRIORITY 2
Implement standards of care that are consistently adhered to that enable the delivery of compassionate care.

Trust Leads: Deputy Director of Nursing

Why is this important?
Utilising models of care that enable targets to be achieved and is task based (transactional care) and care that is individually tailored and seeks to know and understand each patient's needs, hopes and dreams (relational care) is essential if the organisation is committed to delivering person centred healthcare. Achieving a balance between both approaches to care are

important in making our organisation efficient in the delivery of care, making best use of our finite resources, and is sensitive to the diverse needs of individual patients. Ensuring that our patients feel cared about as well as cared for makes developing and maintaining standards of care that support and enable compassionate care a matter of priority.

What are we going to do in 2014/15?

- Review the ways that the 6Cs[4] are embedded in the organisation's structures and practices.
- Continue to use the 6Cs as part of the interview and selection process for all staff.
- Continue the 'Developing a Respectful Culture'[5] programme within the divisions.
- Audit patient's perception/experience of care and their involvement in care planning as part of the Clinical Thursday programme.

How will we know how we are doing?

Friends and Family Test response rates will increase to 30% by the year end.
National and local patient survey results will improve.
The numbers of staff taking part in the Developing a Positive and Respectful Culture Programme will increase by 10%.

PATIENT EXPERIENCE PRIORITY 3
To improve the end of life experience for patients and their relatives.

Trust Leads: Macmillan Lead Nurse, Cancer & Palliative Care/Head of Spiritual and Pastoral Care/General manager for Surgery

Why is this important?

There is only one chance to get end of life care right and for relatives and carers it is the thing they will remember from the experience of using our hospital. For patients we need to enable them to receive care and to be able to die in the place that they would want. For families we need to ensure that the care that their loved ones receive does not add to their grief but supports them. Communication and passing on appropriate information between different healthcare professionals both in the hospital and community setting is vital in ensuring the best possible experience.

What are we going to do in 2014/15?

- Work with other providers across London to develop end of life care protocols.
- Re-launch the End of Life Care multi-disciplinary group.
- Develop the use of Holistic Needs Assessments.
- Increase the use of the 'Coordinate my Care' programme.
- Deliver training for frontline healthcare staff on end of life care.
- Work with voluntary organisations to support patients wishing to receive care in their own homes.

[4] National Nursing Strategy for England, 6c's (care, compassion, competence, communication, courage & commitment)
[5] West Middlesex University Hospital NHS Trust change programme to improve the patient and staff experience

How will we know how we are doing?

- Patient and family satisfaction with end of life care will reflect positively from the implementation of the new end of life care protocol.
- Audit results will demonstrate that staff will feel confident in delivering good end of life care.

PATIENT EXPERIENCE PRIORITY 4
Act on feedback from patients and carers.

Trust Leads: Associate Director for Patient and Public Involvement/Patient Experience Project Manager.

Why is this important?

Gathering feedback from those who use our services is one of the ways in which we can monitor how the public view our organisation and what we do. It is also a means to highlight areas where we can improve and areas where we are doing particularly well. Gathering information and feedback is not effective unless we act on that feedback to improve services and respond to local need. Therefore, ensuring that feedback translates into action plans that are implemented and evaluated is vital in being a dynamic organisation that is responsive to our patients and their family's needs. By doing this we will continue to be a place that patients recommend to their friends and family.

What are we going to do in 2014/15?

- The newly appointed Patient Experience Project Manager will monitor feedback and identify themes.
- Work with divisions and departments to develop, implement and evaluate action plans.
- Friends and Family Test boards will be used to communicate with patients and the public regarding comments and actions.
- Increase the Friends and Family Test response rate to 30% by the year end.

How will we know how we are doing?

- Improved results in national and local patient surveys.
- Improved feedback in Friends and Family Test results.
- More patients and their families will choose to use our organisation for their healthcare.
- 100% of Friends and Family Test boards in inpatient areas will be in use.

Part 2 - Statements of Assurance from the Trust Board

During this section of the report we aim to provide information which is common across all NHS quality reports/accounts. These statements serve to offer assurance to the public that our organisation is:

- Performing to essential standards as well as going above and beyond this to provide high quality care.
- Measuring our clinical processes and performance; and
- Involved in national cross-cutting projects aimed at improving quality.

Review of services

During 2013/14 the West Middlesex University Hospital NHS Trust provided and/or sub-contracted four relevant health services.

The West Middlesex University Hospital NHS Trust has reviewed all the data available to them on the quality of care in all four of these relevant health services. These reviews covered the dimensions of clinical effectiveness, patient safety and patient experience.

These services covered the following specialities;

- 24 hour accident & emergency
- Acute Medicine
- Anaesthetics
- Audiology
- Common cancer care
- Cardiology (including diagnostic cardiology – ECG & ECHO & heart failure)
- Care of the Elderly
- Diagnostics including clinical imaging and pathology
- Colorectal surgery
- Dermatology including a community service
- Diabetes and Endocrinology
- Ear, nose & throat
- Haematology
- Gastroenterology
- Gynaecology
- General surgery
- Maternity & obstetrics
- Neurology
- Oral & maxilo-facial surgery
- Podiatry
- Paediatrics
- Sexual Health including a community service
- Stroke & TIA
- Respiratory
- Rheumatology
- Trauma & Orthopaedics
- Urology

The income generated by the relevant health services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of relevant services by the West Middlesex University Hospital NHS Trust for 2013/14.

Participation in Clinical Audit

The number of national clinical audits and national confidential enquiries which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts.

During 2013/14 29 national clinical audits and 3 national confidential enquiries covered relevant health services that West Middlesex University Hospital NHS Trust provides.

During 2013/14 West Middlesex University Hospital NHS Trust participated in 93% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. See note 6, page 38.

The national clinical audits and national confidential enquiries that West Middlesex University Hospital NHS Trust was eligible to participate in during 2013/14 are as follows:

National Audits
Acute coronary syndrome or Acute myocardial infarction (MINAP)
Bowel cancer (NBOCAP)
Cardiac Rhythm Management (CRM)
Case Mix Programme (CMP)
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)
Diabetes (Paediatric) (NPDA)
Elective surgery (National PROMs Programme)
Emergency use of oxygen (British Thoracic Society)
Epilepsy 12 audit (Childhood Epilepsy)
Falls and Fragility Fractures Audit Programme (FFFAP)
Head and neck oncology (DAHNO)
Inflammatory bowel disease (IBD)
Lung cancer (NLCA)
Moderate or severe asthma in children (care provided in emergency departments)
National Audit of Seizures in Hospitals (NASH)
National Cardiac Arrest Audit (NCAA)
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
National Comparative Audit of Blood Transfusion programme
National emergency laparotomy audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
Neonatal intensive and special care (NNAP)
Oesophago-gastric cancer (NAOGC)
Paediatric asthma (British Thoracic Society)
Paracetamol overdose (care provided in emergency departments)
Rheumatoid and early inflammatory arthritis
Sentinel Stroke National Audit Programme (SSNAP)
Severe sepsis & septic shock
Severe trauma (Trauma Audit & Research Network, TARN)
Confidential Enquiries
Child health clinical outcome review programme (CHR-UK)
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK)
Medical and surgical clinical outcome review programme: National confidential enquiry into patient outcome and death

The national clinical audits and national confidential enquires that West Middlesex University Hospital NHS Trust participated in during 2013/14 are as follows:

(see list below)

The national clinical audits and national confidential enquiries that West Middlesex University Hospital NHS Trust participated in, and for which data collection was completed 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.

National Audits	
	% of submissions
Acute coronary syndrome or Acute myocardial infarction (MINAP)	100%
Bowel cancer (NBOCAP)	100%
Cardiac Rhythm Management (CRM)	100%
Case Mix Programme (CMP)	100%
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	66% (see note below)
Diabetes (Paediatric) (NPDA)	100%
Elective surgery (National PROMs Programme)	100%
Emergency use of oxygen (British Thoracic Society)	100%
Epilepsy 12 audit (Childhood Epilepsy)	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	100%
Head and neck oncology (DAHNO)	100%
Inflammatory bowel disease (IBD)	100%
Lung cancer (NLCA)	100%
Moderate or severe asthma in children (care provided in emergency departments)	100%
National Audit of Seizures in Hospitals (NASH)	100%
National Cardiac Arrest Audit (NCAA)	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	100%
National Comparative Audit of Blood Transfusion programme	100%
National emergency laparotomy audit (NELA)	100%
National Heart Failure Audit	100%
National Joint Registry (NJR)	100%
Neonatal intensive and special care (NNAP)	100%
Oesophago-gastric cancer (NAOGC)	100%
Paediatric asthma (British Thoracic Society)	100%
Paracetamol overdose (care provided in emergency departments)	100%
Rheumatoid and early inflammatory arthritis	100%
Sentinel Stroke National Audit Programme (SSNAP)	100%
Severe sepsis & septic shock	100%
Severe trauma (Trauma Audit & Research Network, TARN)	100%
Confidential Enquiries	
	% of submissions
Child health clinical outcome review programme (CHR-UK)	100%
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100%
Medical and surgical clinical outcome review programme: National	100%

confidential enquiry into patient outcome and death	

Note: The Trust did not participate fully in the diabetes audits as the submission date was not met.

The reports of 17 national clinical audits were reviewed by the provider in 2013/14 and West Middlesex University Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided :
a) review national clinical audits relating to 2013/14 to identify and collate actions to be taken to improve the quality of healthcare provided.
b) publish the findings of our review in September 2014 in the Trusts Clinical Audit Annual Report 2013/2014.
c) the findings of our review relating to 2012/13 can be found here Clinical Audit Annual Report 2012/2013.

The reports of 54[6] local clinical audits were reviewed by the provider in 2013/14 and West Middlesex University Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided:
a) review local clinical audits relating to 2013/14 to identify and collate actions to be taken to improve the quality of healthcare provided.
b) publish the findings of our review in September 2014 in the Trusts Clinical Audit Annual Report 2013/2014.
c) the findings of our review relating to 2012/13 can be found here Clinical Audit Annual Report 2012/2013.

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

The number of patients receiving relevant health services provided or sub-contracted by West Middlesex University Hospital NHS Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 712.

Participation in clinical research demonstrates the West Middlesex University Hospital NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

West Middlesex University Hospital NHS Trust was involved in conducting 41 clinical research studies in Neurology, Neonatology, Infection, Urology, Cancer, Gastroenterology, Paediatric, Reproductive Health, Haematology, Respiratory, Cardiology, Rheumatology, Dermatology and Stroke during 2013/14. The improvement in patient health outcomes demonstrates the Trust's commitment to clinical research leads to better treatments for patients.

28 clinical staff participated in research approved by a Research Ethics Committee at the Trust during 2013/14. These staff participated in research covering 14 medical specialties.

In the last three years, 153 publications have resulted from our involvement in research and audits, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

[6] The number of local clinical audits is correct as at 10/06/14 but will increase once all the data has been collated. Full details will be published in the Clinical Audit Annual Report in September 2014.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

Every year West Middlesex University Hospital NHS Trust agrees a number of quality indicators with its commissioners. The indicators cover areas of patient safety, patient experience and clinical effectiveness.

A proportion of West Middlesex University Hospital NHS Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between West Middlesex University Hospital NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at www.west-middlesex-hospital.nhs.uk

The tables on the following pages detail the payment received by the Trust for the achievement against each of the indicators for 2013/14 and sets out the goals for 2014/15.

Nationally Agreed CQUIN Indicators

Description of CQUIN	Quality Priorities	Achieved (%)	Achieved (£000)	Total Value allocated to each CQUIN (£000)	Comments
Friends and Family Test	Patient experience	79%	£110	£140	Partial achievement - the response rate for Q1 was below the target of 15%
Improvement against the Safety Thermometer – Pressure Ulcer Prevalence	Patient safety	10%	£14	£138	Partial achievement - data collection continued through the year however we were not successful in reducing the prevalence of pressure ulcers.
All over-75 year olds will undergo three stages of dementia screening	Clinical effectiveness and patient safety	100%	£138	£138	Achieved in full
VTE Prevention	Patient safety	75%	£104	£138	Partial achievement - this target was reached for Q3 and Q4

Locally Agreed CQUIN Indicators

Co-ordinate my care	Clinical effectiveness and patient experience	100%	£51	£51	Achieved in full
Consultant cover at weekends. Now includes therapy provision at weekends.	Patient safety, clinical effectiveness and patient experience	100%	£194	£194	Achieved in full

Diagnostic cloud development	Patient safety and clinical effectiveness	100%	£127	£127	Achieved in full
System 1 in A&E and AMU	Patient Safety Clinical effectiveness	100%	£457	£457	Achieved in full
OP Turnaround in 5 days	Patient safety, clinical effectiveness and patient experience	100%	£236	£236	Achieved in full
7 day radiology working	Patient safety, clinical effectiveness and patient experience	100%	£287	£287	Achieved in full
Single Point of Access referrals	Patient safety, clinical effectiveness and patient experience	100%	£51	£51	Achieved in full
% reduction in length of stay for non elective admissions by Length of Stay LoS Band	Patient safety, clinical effectiveness and patient experience	30%	£222	£666	The Trust was unable to agree the matrix for this standard therefore this standard was only partially achieved.
MCAP	Patient safety, clinical effectiveness and patient experience	100%	£143	£143	Achieved in full This is a new one that was added late in the year so didn't feature in last years QA

For 2014/15 there are 12 CQUINS; 3 National and 9 Local.

Friends and Family Test	The Friends and Family Test will provide timely, granular feedback from patients about their experience both as inpatients and A&E attendances. The test is being expanded this year to include outpatient services and staff views.
NHS Safety thermometer	The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally. This is a continuation of last years CQUIN with the target continuing to be a 50% reduction in pressure sore prevalence
Improving Dementia Care	To improve the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers. This is a continuation of last year with the target being to achieve an average of 90% or greater in each element of the indicator. It also includes measuring carers

	satisfaction.
CAMIS feed	This is a technology solution to provide improved information direct to the GPs. Linking of Extension of SystmOne read functionality to wards and OPD in order for practices to be able to view eg OPD appointments and progress. To provide access to the general practice patient record to all relevant areas across the Trust (wards, pharmacy etc to aid decision making and support on-going mgmt. plans),
Ambulatory Emergency Care write access to SystmOne	This will allow the Trust to write clinical records directly in the GP records with the advent of the ambulatory emergency care service.
Diagnostic Cloud	Ensuring ordering tests and receiving results for primary care are almost exclusively done electronically to enable one patient has one diagnostic record across NWL . This will be undertaken through extending the work undertaken in 13/14 to allow the ordering of bloods, plain radiology in OPD 1-3 and 4-6.
Investigate clinical coding in SystmOne	This will prepare the ground for work in 15/16 through looking at what needs to be in place to translate ICD codes into those used in general practice
JAC Module	To provide an additional module to the existing pharmacy system to support the ordering and mgmt. of Homecare drugs. This will bring VAT benefits to the Trust and CCG and will be in line with other local providers The trust will also adopt a module for the JAC system to bring it into line with other local trusts enabling it to maximise efficiencies for Home Care drugs
MCAP	Full Implementation of MCAP across A&E and ambulatory emergency care service. This is a real time structured review tool (MCAP) that can help translate the best definition of 'right care, right setting' into the flow of patients.
Co-ordinate my care	This is an extension of last years CQUIN and includes roll out of training and improved usage of the system.
7 day diagnostics	Seven-day access to diagnostic services for both GPs and hospital services
Ambulatory Emergency Care	An ambulatory emergency care service co-designed between WMUH and the CCG and supporting admission avoidance

Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. They register, and therefore license, providers of care services if they meet essential standards of quality and safety. They monitor licensed organisations on a regular basis to ensure that they continue to meet these standards.

West Middlesex University Hospital NHS Trust is required to register with the Care Quality Commission and its current registration status is 'fully registered' with no conditions. The Care Quality Commission has not taken enforcement action against West Middlesex University Hospital NHS Trust during 2013/14. To find out more about the CQC visit www.cqc.org.uk.

West Middlesex University Hospital NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

On 21st and 22nd November 2013, the CQC made a routine inspection/visit to the Trust as part of their new annual scheduled inspection programme, to review the Trust's performance against the Essential Standards of Quality and Safety. The inspection focused upon 10 Outcomes. The assessment concluded that 7 of the standards were met and 3 standards required action to be taken:-

- **Outcome 1** (Respecting and involving people who use services). **This standard was met.**
- **Outcome 4** (Care & Welfare). **This standard was met.**
- **Outcome 5** (Meeting Nutritional needs). **This standard was met.**

- **Outcome 6** (Co-operating with other providers). **This standard required action to be taken.**
- **Outcome 7** (Safeguarding people who use services from abuse). **This standard was met.**
- **Outcome 8** (Cleanliness and infection control). **This standard required action to be taken.**
- **Outcomes 13** (Staffing). **This standard was met.**
- **Outcome 14** (Supporting workers). **This standard required action to be taken.**
- **Outcome 16** (Assessing monitoring quality of service provision). **This standard was met.**
- **Outcome 17** (Complaints). **This standard was met.**

The Trust action plan to address those recommendations, which were made against Outcomes 6, 8 and 14, was forwarded to the CQC in January 2014 and is being monitored by the Trust Clinical Quality and Risk Committee. Further details are in the CEO report on page 4 of this report.

Data Quality (NHS number and General Medical Practice Code Validity)

Good quality patient data underpins the effective delivery of patient care and is essential in helping us improve the quality of care. The Data Quality Group is chaired by the Head of Information and reports to the Trust's Information Governance Committee. During the past year we have made steady progress and we attained the national data quality standards as set out in the Information Governance Toolkit v11 (see below).

West Middlesex University Hospital NHS Trust will be taking the following actions to improve data quality.

- Giving smart card access to the national spine in A&E and other areas to improve accuracy of patient information at the point of registration.
- Stricter monitoring of NHS number compliance and addition work to trace missing number from the national spine.
- Identifying duplicate patient records and ensuring these are merged prior to patient attending their appointment.
- Daily monitoring of date of birth changes on the Patient Administration System and verifying these against the national spine.
- Improving the monitoring of the data quality elements of the IG Toolkit via the Data Quality & Standards Group.

West Middlesex University Hospital NHS Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:
99.05% for admitted patient care;
99.39% for outpatient care; and
96.28% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was:
97.4% for admitted patient care;
98.7% for outpatient care; and
94.0% for accident and emergency care.

Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment level assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes.

West Middlesex University Hospital NHS Trust's Information Governance Assessment Report overall score for 2013/14 was 76% and was graded green. Last year's score was 71%. For more information about the Information Governance Toolkit please visit Toolkit Assessments

Clinical Coding Error rate

West Middlesex University Hospital NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Part 3 – Other Information

National Quality Indicators

The following information details a core set of indicators which all trusts are required to report against. The data has been sourced from The Health & Social Care Information Centre (HSCIC) and is the latest nationally published data available for each of the indicators.

The nationally published performance data includes many types of organisations providing NHS care, including private providers and commissioners. We have taken the approach to compare all NHS acute trusts to ourselves. All data is reported as at 1st June 2014.

Summary Hospital-level Mortality Indicator (SHMI)	Trust	National average	Lowest scoring hospital	Highest scoring hospital
July 12 to June 13	95.69	100	62.59	115.6
October 12 to September 13	95.95	100	63.01	118.6

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;

The Trust has a case mix typical of a small District General Hospital and the number of deaths is as would be expected for the types of procedures carried out and age and ethnic mix of the local population. Although the Trust's mortality rate is "as expected" the SHMI has increased over the period described, and considerable analysis has been undertaken to understand the reasons. The main factors for this are that the Trust has a high proportion of emergency admissions (these patients are more likely to die than patients who are admitted for planned care) and a smaller proportion of patients in the local catchment area have access to hospice care than is seen nationally (so patients are more likely to die in hospital than in a hospice or at home). This in turn means that the Trust has been unable to reduce in-hospital mortality as much as other Trusts have done over this period.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:

- Improving the handover process for patients who are newly admitted and for those transferring between wards.
- Increasing the use of standardised care pathways.
- Increasing the proportion of patients who are reviewed by a consultant within 12 hours of admission.
- Increasing the hours during which a consultant is present in the Accident and Emergency Department.
- Review of deaths in all specialties within the hospital to identify ways to improve care.

Percentage of deaths with palliative care coded	Trust	National average	Lowest scoring hospital	Highest scoring hospital
July 12 to June 13	9.7%	20.1%	0%	44.1%
October 12 to September 13	12.1%	20.8%	0%	44.8%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;
The Trust is aware that its palliative care coding is at the low end of the spectrum nationally. This is due in part to low identification of patients who are having specialist palliative care, since one of the two Palliative Care Nurse Specialist posts for the Trust has been vacant for part of the year. In addition, adverse publicity in the press has led to lower usage of the Liverpool Care Pathway, and consequently lower levels of coding of patients having general palliative care.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:

- Targeted review of case notes to ensure palliative care coding is correct.
- Members of the Coding Team attend Specialty Morbidity and Mortality meetings to liaise with clinicians to improve the accuracy of coding.
- Senior medical staff are responsible for input to death certification and death notifications to GPs.

Patient Reported Outcome Measures

NB: The Trust does not perform varicose vein surgery.

Patient Reported Outcome Measures (PROMS) Groin Hernia Surgery		Trust	National average	Lowest scoring hospital	Highest scoring hospital
Finalised 11-12	Health Gain (EQ-5D)	61.4%	49.9%	30.8%	67.4%
	Health Gain (EQ-VAS)	42.4%	38.9%	20.5%	60.0%
Provisional 12-13	Health Gain (EQ-5D)	56.1%	50.2%	12.5%	82.9%
	Health Gain (EQ-VAS)	34.0%	37.7%	11.1%	66.7%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons; all patients undergoing this procedure are asked to complete a PROMS survey**.**

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by designating a senior nurse within theatres to improve the participation rates in the survey. In addition, a nurse led pre assessment clinic ensures that patients have adequate preparation and information before their operation which we believe will significantly improve the quality of patient experience.

Patient Reported Outcome Measures (PROMS) Hip Replacement Surgery		Trust	National average	Lowest scoring hospital	Highest scoring hospital
Finalised 11-12	Health Gain (EQ-5D)	82.9%	87.3%	73.3%	96.3%
	Health Gain (EQ-VAS)	74.4%	63.6%	44.3%	75.3%
	Oxford Hip Score	96.1%	95.7%	89.7%	99.5%
Provisional 12-13	Health Gain (EQ-5D)	94.3%	89.7%	63.2%	100.0%
	Health Gain (EQ-VAS)	65.5%	65.6%	37.5%	90.0%
	Oxford Hip Score	100.0%	97.1%	81.8%	100.0%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons; all patients undergoing this procedure are asked to complete a PROMS survey**.**

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by designating a senior nurse within theatres to improve the participation rates in the survey. In addition, a nurse led pre assessment clinic ensures that patients have adequate preparation and information before their operation which we believe will significantly improve the quality of patient experience.

Patient Reported Outcome Measures (PROMS) Knee Replacement Surgery		Trust	National Average	Lowest scoring hospital	Highest scoring hospital
Finalised 11-12	Health Gain (EQ-5D)	90.6%	78.4%	61.4%	92.9%
	Health Gain (EQ-VAS)	59.2%	53.8%	39.5%	73.1%
	Oxford Knee Score	90.3%	91.6%	74.4%	98.7%
Provisional 12-13	Health Gain (EQ-5D)	69.7%	80.7%	64.3%	100.0%
	Health Gain (EQ-VAS)	59.3%	55.0%	33.3%	91.8%
	Oxford Knee Score	89.8%	93.3%	66.7%	100.0%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons; all patients undergoing this procedure are asked to complete a PROMS survey**.**

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by designating a senior nurse within theatres to improve the participation rates in the survey. In addition, a nurse led pre assessment clinic ensures that patients have adequate preparation and information before their operation which we believe will significantly improve the quality of patient experience.

Age <16 readmissions within 28 days	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
Data for 2010/11 standardised to persons 2007/08	8.1%	10.1%	0.0%	16.1%
Data for 2011/12 standardised to persons 2007/08	7.8%	10.0%	0.0%	14.9%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;

The Trust seeks to ambulate children early to avoid long admissions and associated risks. The nature of paediatric illness is that a proportion will return with a change or reoccurrence in symptoms , or indeed a new illness. Therefore, it is an accepted practice that children will be discharged at the earliest opportunity with comprehensive safety net advice of when to re-attend hospital should the child's condition fail to improve or deteriorate. The Trust's readmission rate reflects this medical planning.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:

The published readmission rate is below the national average and is reflective of the practice of safety netting described above. The attending paediatric consultant would be aware of all general paediatric discharge planning and would ensure that children are not discharged too early to minimise the chances of readmission to hospital. The paediatric team are working collaboratively with midwifery staff in regards to post natal ward discharges to reduce the readmission rate for this cohort of patients.

Age 16+ readmissions within 28 days	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
Data for 2010/11 standardised to persons 2007/08	12.7%	11.4%	0.0%	22.8%
Data for 2011/12 standardised to persons 2007/08	12.4%	11.5%	0.0%	41.7%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;

The trend for adult readmissions across the Trust has been flat over the last 12 months. The majority of emergency readmissions are medical in nature with an emergency surgical readmission of 9.3%. Just under half of the emergency readmissions remain in the Clinical Decision Unit in the A&E Department and return home within 24 hours.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:
Identifying a cohort of patients clustered around pneumonia, COPD, respiratory infections, non malignant stomach and abdominal problems and non interventional cardiac conditions that are particularly at risk of readmission. The Trust will be working to improve patient information on new diagnosis for these patients and to build confidence to self-manage on discharge.

Trusts responsiveness to the personal needs of its patients	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
2011/12	60.3	67.4	56.5	85.0
2012/13	62.3	68.1	57.4	84.4

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;
The response rate for the Trust is within the median range but less than the national average which is disappointing. Much work has been done throughout the year to improve the patient experience but this has taken time to embed and is not reflected in this quarterly summary.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:
Improving the discharge process through improved senior clinical input, which involves greater patient input into decision making.
Clinical practice surveillance by the senior clinical team through the " back to floor Thursday" initiative. Audit of key practice issues and ward environment is fed back in a "live" manner to support learning and development. Patients are involved in giving feedback about the care they receive.

% of patients admitted that were risk assessed for VTE	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
January 2014	95.9%	96.1%	74.6%	100.0%
February 2014	95.3%	96.0%	77.0%	100.0%
March 2014	95.3%	96.0%	83.2%	100.0%
Quarter 4 2013/14	95.5%	96.0%	78.9%	100.0%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;
The Trust has met the required standard of >95% of patients risk assessed for each month of quarter 4 (January – March 2014). Staff have to record the data on the RealTime computer system, which enables day-to-day audit and feedback to staff on patients for whom the assessment is outstanding.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:
- Twice-daily extracts of data are made from the RealTime computer system, which enables day-to-day audit and feedback to staff on patients for whom the assessment is outstanding.
- Additional features in RealTime (handover, electronic discharge and prescriptions for medicines to take on discharge) were introduced in 2013, and wider use of the system has facilitated the process for VTE Risk Assessment.

- Performance of named clinicians is reported to the Patient Safety Forum & Clinical Excellence Committee.

Rate per 100,000 bed days for C.*difficile* reported within the Trust for patients ≥2 years old	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
April 11 to March 12	24.8	22.2	0	58.2
April 12 to March 13	16.9	17.3	0	30.8
April 13 to March 14*	12.2			

Internal Trust Calculation based on 2013/14 bed days

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;

The numbers of cases of *C. difficile* and the rate per 100,000 bed days has fallen year on year between 2007/08 and 2012/13 as a result of a number of measures:

- Restricted antibiotic policy and prudent antibiotic prescribing
- Enhanced daily cleaning and annual deep cleans of clinical areas
- Rapid isolation and investigation of patients with diarrhoea
- Strict adherence to hand washing, rather than the use of hygienic hand rub, when attending cases of diarrhoea
- Availability of hand wipes for patients prior to meals
- Training of staff and auditing of practice
- Root cause analysis of each case by senior medical and nursing staff caring for the patient, and development of an action plan to improve care.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:

There is a comprehensive action plan to continue and maintain the downward trend of hospital acquired infections. The details of our plans for the coming year can be found in the Looking forward to 2014/15 section of this report.

Number and % of patient safety incidents		Trust	Lowest scoring hospital	Highest scoring hospital
October 12 to March 13	Number	924	924	4517
October 12 to March 13	Rate per 100 admissions	4.1	4.1	17.5
April 13 to September 13	Number	908	0	51
April 13 to September 13	Rate per 100 admissions	3.89	3.9	17.1

Number and % of patient safety incidents that result in severe harm or death		Trust	Lowest scoring hospital	Highest scoring hospital
October 12 to March 13	Number	9	0	73
October 12 to March 13	%	0.9%	0.0%	4.5%
April 13 to September 13	Number	18	0	51
April 13 to September 13	%	2.0%	0.0%	4.0%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;
The Trust takes reporting of incidents very seriously and ensures staff are trained to report incidents promptly and fully. We recognise that we are low reporters of incidents and work is ongoing to improve the reporting of incidents specifically those that result in no harm to enhance the learning across the organisation. A flagging system is in place through the incident reporting system that ensures any incidents resulting in severe harm or death are immediately brought to the attention of the Integrated Governance team who invoke an investigation and report them as Serious Incidents as required, any immediate remedial action can then be taken.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:
*C*ontinuing to focus our priorities on patient safety. There are robust arrangements for the review of serious incidents which include regular reporting to the Trust Board, Patient Safety Forum and other appropriate committees which oversee issues relevant to the types of incident. During the coming year, the focus will be to develop an improved process of feedback to those reporting incidents and sharing the lessons learned more widely across the organisation through developing a culture where patient safety is improved by embracing wholeheartedly an ethic of learning.

Staff who would recommend Trust as a provider to friends and family	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
2012	61.0%	65.0%	35.0%	94.0%
2013	58.0%	67.0%	40.0%	94.0%

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;
The Trust actively participates in the national surveys.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:
Continuing with the staff engagement programme 'Developing a Positive and Respectful Culture', which aims to improve team working, communication and staff recognition. Progress is reviewed and monitored by the Trust's Patient Experience Committee. In June 2014, the Trust will be holding a workshop to review the patient and staff survey results as we believe that we can make greater progress if these two agendas are more closely aligned.

A&E Friends and Family test score	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
January 2014	55	57	0	92
February 2014	44	55	0	90
March 2014	68	54	1	90
April 2014	76	55	7	89

Inpatient Friends and Family test score	Trust	National Average	Lowest scoring hospital	Highest scoring hospital
January 2014	57	72	27	100
February 2014	59	72	18	100
March 2014	65	72	28	100
April 2014	56	73	33	100

The West Middlesex University Hospital NHS Trust considers that this data is as described for the following reasons;

Progress has been made to improve the patient experience, although not to as great an extent as achieved elsewhere nationally. We know that response rates are lower than seen nationally, and this is associated with a poorer result on the survey.

The West Middlesex University Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services by:

- Investment in a Patient Experience Project Manager Role initially on a 1 year fixed term contract started 1st April 2014. The Patient Experience Project Manager will work closely with all the clinical teams in terms of Friends and Family Test (FFT) and general patient experience initiatives.
- Undertaking a review of current FFT data collection processes. We are exploring other data collection methodologies that can be implemented to help improve the response rate and so the quality of our services. This process involves liaising with the trust's procurement department to explore alternative options for data collection.
- Reviewing the current FFT questionnaire for each of the areas taking the opportunity to collect additional quality feedback at the same time as the FFT questions. This will give the clinical teams more timely quality feedback allowing them to respond to this immediately.
- Continuing to provide monthly FFT feedback to the clinical teams with the support of the Patient Experience Project Manager. The clinical teams review this data and action is taken at ward/department level. FFT feedback is displayed on the dedicated FFT boards around the hospital.
- Reviewing the narrative FFT feedback from 1st April 2013 – March 2014 split by A&E and the inpatient wards in the aim to identify any common collective negative feedback and ensure action has been taken in all the areas to improve the quality of the patient experience.
- Piloting 'quality initiative boards' at ward/departmental level bringing together staff and patient feedback.

- Holding a staff and patient experience event in June 2014. This will bring together FFT, national inpatient survey and staff survey experiences together allowing for quality improvements for both staff and patients.
- Ensuring that both positive and negative comments are published on the local FFT boards to drive up the New Promoter Score.

Performance indicators

During 2013/14 we met some of the key standards that the Government and our commissioners (the NHS organisations that buy services from us on behalf of our patients) set for us, but did not achieve others.

Area	Performance indicator	Target 2013/14	Our performance 2013/14	Target 2012/13	Our performance 2012/13
Safety	MRSA bacteraemia cases	0	5	<=3	4
Safety	*Clostridium difficile* infection cases	<=12	17	<=23	21
Quality	Total time in A&E / UCC – (all types*) patients treated, admitted or discharged within 4 hours	>95%	97.4%	>95%	97.82%
Quality	Total time in A&E – (type 1*) patients treated, admitted or discharged within 4 hours	>95%	94%	>95%	95.45%
Quality	Patients with breast cancer symptoms waiting less than two weeks from referral	>=93%	96.9%	>=93%	97.92%
Quality	Cancer 2 week wait	>=93%	94.1%	>=93%	94.3%
Quality	31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group	 >=96% Surgery>=94% Drug>=98%	 99.6% 100% 100%	 >=96% >=94%	 99.8% 100% 100%

Quality	**62 days urgent referral to treatment for cancer:**				
	62 day standard – tumour	**>=85%**	**81.9% (see note 3)**	**>=85%**	**86.6%**
	62 day screening standard – tumour	**>=90%**	**60.0% (see note 3)**	**>=90%**	**73.7%**
	62 day consultant upgrade	**>=85%**	**92.9%**	**>=85%**	**90.4%**
Patient experience	**18 week referral to treatment times:**				
	Patients admitted to hospital	**>=90%**	**95.4%**	**>=90%**	**97.0%**
	Patients not admitted to hospital	**>=95%**	**97.1%**	**>=95%**	**97.7%**

Notes

1. ***Please see the details in part 2 of this report to see of how we have been fighting infections at the hospital this year***
2. ***The Annual Report provides details of the improvements to unscheduled care we are making.***
3. ***Due to the low volume of patients screened the Trust is exposed to high variation in performance resulting from single breaches when they occur***

You can find details of our current performance, updated on a monthly basis, on our website at www.west-middlesex-hospital.nhs.uk/about-us/

Criteria applied for the measurement of the indicators tested by PricewaterhouseCoopers LLP

Our external auditors PricewaterhouseCoopers LLP are required under the Audit Commission's 'NHS Quality Accounts Auditor Guidance 2013-14' to perform testing on two national indicators. A detailed definition and explanation of the criteria applied for the measurement of the indicators tested by PricewaterhouseCoopers LLP is included below.

Rate of Clostridium Difficile infections

The Trust uses the following criteria for measuring the indicator for inclusion in the Quality Account:

- The indicator is expressed as the rate of C Difficile infections per 100,000 bed days for patients;
- Infections relate to patients aged two years old or more;
- A positive laboratory test result for Clostridium Difficile recognised as a case according to the Trust's diagnostic algorithm;
- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and
- The Trust is deemed responsible in each case where the sample was taken on the fourth day or later of an admission to that trust (where the day of admission is day one).

The reported indicator for 2013/14 is presented on page 48.

Percentage of patient safety incidents that result in severe harm or death

The Trust uses the following criteria for measuring the indicator for inclusion in the Quality Account:

- The indicator is expressed as a percentage of patient safety incidents reported to the National Reporting and Learning Service (NRLS) that have resulted in severe harm or death;
- A patient safety incident is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare'; and
- The 'degree of harm' for patient safety incidents is defined as follows: 'severe' – the patient has been permanently harmed as a result of the incident; and 'death' – the incident has resulted in the death of the patient.

The reported indicator for 2013/14 is presented on page 49.

Annex

Statements from Clinical Commissioning Group, Healthwatch, Health & Well Being Board on this Quality Report

NHS Hounslow Clinical Commissioning Group

NHS Hounslow Clinical Commissioning Group (CCG) Quality, Patient Safety and Equality Committee have reviewed the West Middlesex University Hospital NHS Trust's Quality Account (QA) for the year 2013-14 with support from the North West London Commissioning Support Unit (CSU) quality, contracting and performance teams.

We have reviewed the content of the Quality Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair, robust, representative and balanced overview of the quality of care at the Trust. We have discussed the development of this Quality Account with The Trust over the year and have been able to contribute our views on consultation and content.

We have taken particular account of the identified priorities for improvement for the Trust and how this work will enable real focus on improving the quality and safety of health services for the population they serve. The priorities for quality improvements in 2013-14 are supported by Hounslow CCG.

The CCG have been pleased with the level of openness and engagement the trust have displayed throughout the year. It is good to see the trust building on the themes from previous years although in some areas for example patient experience we would have liked to have seen greater progress. Improving the quality of the discharge process is a priority for the CCG, our GP's and has been highlighted by various patient experience surveys as an area that can be improved. We are encouraged by the discussions we have had with the trust and would expect to see a measurable improvement over the course of this year.

In 2014-15, Hounslow CCG is expecting to see improvements in cancer screening, A&E waiting time performance, ambulance handover times and overall patient experience. The CCG will continue to work collaboratively with you to help shape how we move the quality agenda forward both from a commissioner and provider perspective. Given the publication of the Francis Inquiry and subsequent Berwick, Keogh and Cavendish reports clearly our agendas will continue to evolve further as we embed the recommendations.

We look forward to seeing the Quality Strategy and Clinical Strategy embedded in the Trust and how these will be reflected in the 14/15 Quality Account with timescales.

Hounslow CCG hopes that West Middlesex University Hospital NHS Trust has found these comments helpful and we look forward to continuous improvements and productive collaborative working in 2014-15.

Dr Nicola Burbidge
Chair
Hounslow CCG

Dr Annabel Crowe
Quality, Patient Safety and Equality Chair
Hounslow CCG

Healthwatch Hounslow

Introduction
Healthwatch Hounslow appreciates the opportunity to comment on the quality of services delivered by West Middlesex University Hospital for the year 2013-2014 and we welcome the opportunity to be involved in the setting of future priorities.

Patient Safety Priority 1
We commend the efforts of the hospital to achieve high standards of safety within maternity and acute services however we believe these high standards could be achieved for other lacking areas.
We appreciate the success in lowering patient falls and the continuous motivation to lower this further for the next year. However to aid further future falls it would be beneficial to know how many patients adhere to wearing red non-slip socks. It would also be helpful to know how this initiative is being promoted and encouraged amongst patients. Quantitative data on national patient falls would be useful as a means to compare improvements against other trusts.

Patient Safety Priority 2
It is encouraging that the hospital recognises there is still work to do to improve hospital acquired infections and have been honest, however it is disappointing to note that line care was a major contributory factor to these infections.

Clinical Effectiveness Priority 2
We appreciate the hospital catering to needs of various patients for food however we would welcome further information on how the temperature of the food is monitored according to patient needs. We were pleased to see the involvement of volunteers with the elderly however we would welcome more information about the suitability of volunteers working with the elderly.

Patient Experience Priority 1
We applaud the communication between the hospital and Red Cross which has led to an A&E based discharge support team however we would welcome some quantitative data to reinforce the usefulness of this initiative. We also would welcome the same in regards to the Pharmacy Discharge Team. It would also be helpful to have some figures on the readmission rates as a possible measure of success of these initiatives. We also believe to help improve discharges in the hospital a target should be set in which patients GP's receive their discharge letter, this may also prove as another valuable measure of improving the quality of discharges.

Priorities
We understand the priorities set for the upcoming year, however we believe it may be interesting to assess the awareness of these priorities among staff members. We would also welcome more measurable outcomes to assess the success of each of these priorities.
We are also concerned if the number of staff is adequate to fulfil these priorities and the increase in the utilisation of services such as x-rays, inpatient admissions. However we are aware that with increasing pressures on budgets increasing staff may not be an ideal solution, but the hospital may consider ways to increase productivity. We would also welcome an insight in to the key challenges the hospital face.

Indicators
We are were pleased to see that over 75 year olds underwent all three stages of dementia screening however we hope that other CQUIN indicators will improve. We also noted that majority of the local agreed QUIN indicators were met.
Would welcome friends and family test groups minutes or we would appreciate being there.
In conclusion, we applaud the trust for their continued efforts to improve services however we would encourage the hospital to make the accessibility of their Quality Report clearer to the general public.

Healthwatch Hounslow looks forward to continuing our relationship and working with WMUH.

Healthwatch Hounslow 22/05/14

Healthwatch Richmond upon Thames
Healthwatch Richmond welcomes this report and the opportunity to comment. We found that it has been written in clear English and did not obscure any bad results, although we would welcome further detail in some areas throughout the report.

The Account presents a mixed picture in terms of performance against last year's priorities. We feel that results could be more explicitly detailed throughout the report. Without quantifiable and measurable targets, particularly in relation to achievement against previous targets, it is difficult for us to understand and for West Middlesex University Hospital to demonstrate its own successes effectively.

There have been some visible improvements: it is encouraging to see that >95% staff are now trained in infection control, an improvement on the 2012-2013 report where we commented that this area was in need of attention. Measurable targets such as this highlight improvements year on year and produce quantifiable data in which the public can feel confident. It would be encouraging to see data like this across the report.

The number of incidents of grade 3 and 4 pressure ulcers is very concerning, having increased by 57% over the last year. Without explanations for this increase, it is difficult to ascertain whether the suggested improvements for the coming year will be effective in reducing pressure ulcers. However this target is an important inclusion for the coming year. We welcome the transparency West Middlesex have shown in relation to this issue and will be following its progress closely.

Our research suggests that Urinary Tract Infections and catheter care, notably training in the removal of catheters, is an area of concern for some patients. We were encouraged that the Trust has set a priority for this, although it was not entirely clear from the report why it had been included.

We were encouraged to note that the Trust have identified a target to improve patients' and relatives' experience of end of life care. Intelligence from Dr Foster shows that performance is below its expected range, which is consistent with the problems identified in staffing. Similarly we applaud the Trust's ambition in setting a challenging target for Hospital Standardised Mortality Ratio, which would take them from performing fairly poorly to a score that is better than average.

The Quality Account presents a significant amount of good work done in relation to improving the quality of patient experience, particularly regarding the introduction of the patient passport for vulnerable groups and improving the standards of care to ensure delivery of compassionate care. Reporting on patient reported targets, for example with discharge plans, would be welcome in this area.

Overall we were pleased to see that much has been achieved against last year's targets and we welcome the invitation to participate in the upcoming Compassionate Care audit in line with the target set for 2014/15.

Hounslow Health & Well Being Board
No statement has been submitted.

We would like to thank all the above organisations for their initial comments on this quality report. As a result of the comments received, we have amended the report to ensure that we provide adequate explanation of our performance, clarified some of the information and included robust comparisons of previous performance where data is available.

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)).

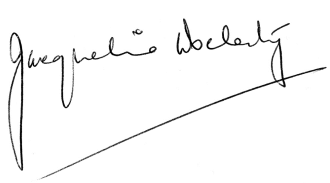
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

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

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

By order of the Board

Chairman,



Chief Executive,

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are engaged by the Audit Commission to perform an independent assurance engagement in respect of West Middlesex University Hospital NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators:

- Rate of clostridium difficile infections (page 48 of the Quality Account)
- Percentage of reported patient safety incidents resulting in severe harm or death (page 49 of the Quality Account)

We refer to these two indicators collectively as "the specified indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

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

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the information requirements prescribed in the Schedule referred to in Section four of the Regulations ("the Schedule");
- the Quality Account is not consistent in all material respects with the sources specified below; and
- the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the *NHS Quality Accounts - Auditor Guidance 2013/14* issued by the Audit Commission in February 2014 ("the Guidance").

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to June 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners NHS Hounslow Clinical Commissioning Group dated 04/06/2014;
- feedback from Local Healthwatch Hounslow dated 22/05/2014 and Richmond Upon Thames dated 29/05/2014;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 2012-13;
- the latest national patient survey dated 2013;
- the latest national staff survey dated 2013;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2014;
- the annual governance statement dated 04/06/2014;
- Care Quality Commission quality and risk profiles dated March 2014; and
- Care Quality Commission Intelligent Monitoring Report dated March 2014

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of West Middlesex University Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and West Middlesex University Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement in accordance with the Guidance. Our limited assurance procedures included:

- reviewing the content of the Quality Account against the requirements of the Regulations;
- reviewing the Quality Account for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties ;
- considering significant judgements made by the management in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof,

may change over time. It is important to read the Quality Account in the context of the Schedule set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by West Middlesex University Hospital NHS trust.

Conclusion
Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the requirements of the Regulations and the prescribed information in the Schedule;
- the Quality Account is not consistent in all material respects with the sources specified above; and
- the specified indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the Guidance.

PricewaterhouseCoopers LLP

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25 June 2014

The maintenance and integrity of the West Middlesex University Hospital NHS Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Your comments are welcome

We hope that you have found our Quality Report interesting and easy to read. We would like to hear what you thought of it, so please let us have your comments by using the contact details below. Please also let us know if you would like to get involved in helping us to decide our priorities for improving quality.

Would you like to stay in touch with the hospital by becoming a member and receiving our hospital newsletter, 'West Mid Matters'. If so, please contact us – your details will not be shared with anyone else.

Write to: Head of Corporate Affairs, West Middlesex University Hospital NHS Trust, Twickenham Road, Isleworth, Middlesex, TW7 6AF

Email: communications@wmuh.nhs.uk