

Quality Accounts

2012/2013



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//Statement from the chief executive

Providing high quality care for all our patients is central to everything we do at Imperial College Healthcare NHS Trust. It is right that we monitor and assess our performance in meeting this challenge and our fourth quality account sets out to do this.

The focus for 2012/13 was to make further improvements in patient safety, effectiveness and patient experience. Some priorities, for example, reducing the number of healthcare associated infections, are set nationally and others were agreed with our local primary care trusts who commissioned our services. We also developed a number of improvement priorities with our patients, staff, primary care colleagues, Local Involvement Networks (LINKs) and shadow members. Going forward we will continue this work with our partner clinical commissioning groups and Healthwatch (formerly known as LINKs).

Progress against performance has been regularly monitored by a dedicated delivery group and through reports to the Trust's governance committee and board.

There have been some notable successes in meeting the standards set for the year. Our mortality rates are amongst the lowest in the country, as evidenced in the fact we are in the top 20 performing trusts for Summary Hospital-Level Mortality Indicator (SHMI) ratios and categorised as 'lower than expected' when compared with other trusts. We have also continued to reduce the number of patient falls and healthcare associated infections (HCAs).

Over the past year, we have been inspected six times by the Care Quality Commission (CQC). Within the planned inspections, they reviewed our infection control practices on three occasions. They found the wards they inspected to be clean and that the trust had the right systems in place to prevent and control the risk of infection. The CQC inspection team found many examples of good practice in the care they observed our teams providing and did not require us to carry out any additional actions.

In developing priority areas for 2013/14 we have reassessed where we should focus based on new national priorities and feedback from members of the public, patients, LINKs and local authorities.

We have carefully considered the findings of the Mid Staffordshire NHS Foundation Trust Public Inquiry and as a result have developed plans to make sure our patients and their families receive safe compassionate care. We have already made progress with this and will continue our work during 2013/14.

Our focus for 2013/14 continues to be maintaining and improving the quality of care while becoming more efficient. Strong clinical performance, financial stability and strong governance systems are fundamental in delivering high quality care at the bedside and will accelerate our journey in achieving Foundation Trust status.

It is important to us that our quality accounts are accurate and accessible. I can confirm that to the best of my knowledge the information included in this document has been subjected to all the appropriate scrutiny and validation checks to ensure the data is accurate.

I hope that this document is user-friendly and informative and I would like to thank everyone who contributed in its development, including members of the public, LINks, Healthwatch, shadow members, local authorities and commissioner colleagues.

We will look to further our partnership working which we see as essential in ensuring we address the issues that matter most to the people we care for. If you would like to be involved in developing our quality accounts for 2014/15 please get in touch with us by emailing quality.accounts@imperial.nhs.uk.

A handwritten signature in blue ink, appearing to read 'Mark Davies', with a horizontal line underneath.

Mark Davies
Chief Executive
Imperial College Healthcare NHS Trust

//A guide to the structure of the report

The following report outlines targets the Trust board¹ have agreed for the coming year, 2013/14. It also summarises the Trust's performance and improvements against the quality priorities and objectives we set ourselves for 2012/13.

We have reported against the priorities, including explanations where we have not met our targets and how we are addressing those issues.

We have worked with stakeholders and staff to establish our priorities for the year ahead and have detailed our new priorities under the headings: patient safety; clinical effectiveness and patient experience. We have explained how we decided upon our priorities and how we will achieve and measure performance against them.

Finally, we have provided other information to review that is relevant to the overall quality performance of the Trust. We have published statements from Healthwatch, overview and scrutiny committees, commissioners and external auditors, submitted in response to these quality accounts.

¹ The trust board received the 2012/13 Quality Account and agreed targets for 2013/14 at its public meeting on 29th May 2013.

//Part one - About the Trust

Imperial College Healthcare NHS Trust

Imperial College Healthcare NHS Trust (the Trust) comprises of; Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye hospitals. We are one of the largest trusts in the country and are in partnership with Imperial College London.

We are committed to delivering world-leading clinical, acute hospital, and integrated care services and have developed five values that define what we stand for as an organisation and what we expect from our staff. We will:

- ▶ **Respect** our patients and colleagues
- ▶ Encourage **innovation** in all that we do
- ▶ Provide the highest quality **care**
- ▶ Work together for the **achievement** of outstanding results
- ▶ Take **pride** in our success

As an academic health science centre (AHSC) we provide major advancements in patient care, clinical teaching and scientific invention and innovation. We offer a comprehensive range of high-quality acute care to the population of north-west London in our five main hospital sites as listed above. In addition we have a number of renal satellite units that provide invaluable care for people with renal disease living in the community. Information about each site can be found on the Trust's website www.imperial.nhs.uk.

In 2012/13 the majority of our services were commissioned on behalf of our local population by Ealing Primary Care Trust (PCT), Hammersmith and Fulham PCT, Kensington and Chelsea PCT, and Westminster PCT. We also provide highly specialist care that is not available in all acute hospitals, and these services are commissioned to provide patient care in other parts of London and in some cases nationally. As of April 2013, our services are now commissioned by the clinical commissioning groups (CCGs) and NHS England.

During 2012/13, our clinical services were organised into six clinical programme groups (CPGs), with each containing a range of specialist services. In order to ensure the Trust's internal structure is the right shape to deliver clinical and operational excellence we conducted a review in the final quarter of 2012/13 on how our clinical divisions are organised. Following consultation with staff on the new structure the changes to our organisation are scheduled to take effect in the 2013/14 financial year. We are moving to a streamlined divisional model with consistent structures, roles and responsibilities for improved centralised reporting, and aligning better to the academic structures within Imperial College and the AHSC.

What are quality accounts and why are they important?

Quality accounts are annual reports to the public from NHS healthcare providers about the quality of services they deliver. Their primary purpose is to encourage boards and leaders of healthcare organisations to assess quality across all of the services they provide. The Trust is committed to continuously improving the quality of the services we provide to patients and the quality accounts are a report of:

- ▶ our priorities for the coming year 2013/14
- ▶ how well we performed against the targets we were set by the Department of Health, our local primary care trusts (PCTs) and those we set ourselves
- ▶ how well we performed against similar healthcare providers (where possible)
- ▶ where we need to focus to improve the quality of the services we provide

Quality for our patients

The Mid Staffordshire NHS Foundation Trust Public Inquiry has highlighted the importance of keeping our patients and the quality of care we provide at the heart of everything we do. We have considered the findings of the report and are committed to high quality patient focused care delivered by staff who are caring and compassionate. We have reflected these principles in these quality accounts.

This section provides a summary of our 2012/13 achievements which are outlined in more detail in part three of this report.

Delivering the highest quality of care has remained the top priority and focus for the Trust board. Between April 2012 and March 2013 we have completed 205,396 inpatient episodes of care, accounting for 413,404 bed days; we have also provided for 811,444 outpatient attendances. In summary we had a total of 1,016,840 patient encounters last year (excluding A&E attendees).

We had 280,017 patients attending our emergency departments.

We are committed to being one of the highest performing trusts in the country and have seen some significant achievements over the past year including:

- ▶ Maintaining compliance with the 16 essential standards of care as assessed by the Care Quality Commission (CQC)
- ▶ Achieving NHS Litigation Authority (NHSLA) risk management standards at level three (the highest level of assurance) for our acute service; and also for our maternity services through the Clinical Negligence Scheme for Trusts (CNST)
- ▶ Launching a new patient and carer experience strategy

- ▶ Improving patient safety by meeting patient assessment and treatment for venous thromboembolism (VTE) for over 90 per cent of our patients
- ▶ Reducing incidents of healthcare associated infection such as Methicillin-resistant *Staphylococcus aureus* (MRSA) to nine in 2012/13 compared with 13 in 2011/12; and *Clostridium difficile* (*C.difficile*) from 142 in 2011/12 to 86 in 2012/13
- ▶ Improving in the staff survey regarding appraisals and training, with areas to focus on for the next year including reducing work related stress

How we monitor and report on quality

The quality accounts delivery group meets quarterly throughout the year to monitor progress on the indicators. A scorecard is produced quarterly so our CPGs can monitor their performance and establish which indicators require further work. In 2012/13 the scorecard was reviewed by the quality and safety committee and reported to the governance committee and the Trust board.

Assurance and compliance

The Trust board is accountable for the systems of assurance, internal control and risk management and regularly monitors and reviews these at both Trust board level and via its committees. The chief executive is ultimately responsible for ensuring the Trust delivers a high quality service for all patients and for the delivery of and compliance with assurance, quality and performance targets.

This responsibility is delegated to the medical director and director of nursing for quality and governance, to the chief operating officer for operational performance and performance targets, and to the chief financial officer for financial targets.

Board engagement

The Trust board is actively engaged in reviewing the quality of our services. The chief executive and chairman take part in regular ward visits to meet staff and talk with patients. In addition, monthly leadership walkarounds assess the quality of our services and provide internal assurance that we are compliant with the essential standards of care. Throughout the year, teams consisting of executive directors, senior nurses, infection prevention and control, estates and facilities, maintenance, corporate services and operational managers visit all our sites to assess the environment and speak with staff and patients. Local and site action plans are developed and monitored as needed. Key themes and risks are reported through the quality and safety committee to the Trust board.

Our 'back to the floor Friday' initiative provides senior nurses, including the director of nursing, with protected time to work clinically and lead local audits. This has been an invaluable tool in driving the quality of care through senior nurse role modelling.

Trust board reports

The Trust board gains assurance on quality through a number of reports including:

- ▶ The monthly key performance indicators (dashboard) report
- ▶ Quarterly quality and safety reports including the quality account indicators and regulatory assurance including compliance with external regulators
- ▶ Patient experience/patient feedback
- ▶ Board visits to wards
- ▶ Patient complaints

Actions for 2013/14

- ▶ To remain focused on delivering a high quality of safe and compassionate care for our patients and their families
- ▶ To continue to make the Trust a great place to work and to attract a highly skilled workforce
- ▶ To submit an application for Foundation Trust status
- ▶ To embed a proactive risk management strategy
- ▶ To review the organisational structure to strengthen leadership and governance arrangements
- ▶ To embed the non-executive directors quality walkarounds to ensure we learn and use their feedback and observations in a meaningful way

//Directors' statement

The Trust's directors are required under the Health Act 2009 to prepare quality accounts 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, the National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulations 2011).

The quality accounts have been prepared in accordance with Department of Health guidance and present a balanced picture of the Trust's performance over the period covered. The performance information reported in the quality accounts is reliable and accurate.

The content of the quality accounts is consistent with internal and external sources of information including:

- ▶ Feedback from NHS Central London, West London, Hammersmith and Fulham, Ealing and Hounslow Clinical Commissioning Groups (CCGs)
- ▶ Feedback from Healthwatch on behalf of Hammersmith & Fulham, Westminster and Kensington & Chelsea Local Involvement Networks (LINks)
- ▶ Feedback from local authority overview and scrutiny committees
- ▶ The national inpatient survey 2012
- ▶ The national staff survey 2012
- ▶ The head of internal audit's annual opinion April 2013
- ▶ CQC Registration 'without conditions' across all Trust sites
- ▶ CQC Quality and Risk Profile March 2013
- ▶ CQC inspection reports and improvement action plans
- ▶ NHSLA Risk Management Standards for Acute Trusts Level 3; Maternity Risk Management Standards Level 3
- ▶ External audit reports presented to the audit committee April 2012 to March 2013
- ▶ Internal audit reports presented to the audit committee April 2012 to March 2013
- ▶ Mortality rates provided by external agencies (Health & Social Care Information Centre and Dr Foster)
- ▶ Trust board minutes and papers including reports on patient safety and service quality, patient experience, and performance presented to the Trust board April 2012 to March 2013, and made available to the public through the Trust's website.

There are proper internal controls over the collection and reporting of the measures of performance included in the quality accounts, 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 accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

Although the Trust has continued to perform well in terms of clinical outcomes for patients with cancer, our performance in terms of patient experience and waiting times, coupled with problems around data recording, were simply not acceptable. As previously reported in the 2011/12 quality accounts, the Trust took a reporting break in January 2012 for data relating to the 18 week referral to treatment (RTT) target time and waiting times for cancer including two week waits and diagnostics. We began reporting again in June 2012 (for two week wait and diagnostic targets) and July 2012 (for the 18 week referral to treatment target).

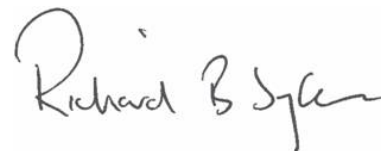
The Trust is now following a comprehensive cancer action plan and new systems and processes have been put in place. A Trust-wide cancer leadership team has been assembled, led by the chief operating officer, with the patient experience aspects led by the director nursing, both supported by senior nursing and other colleagues in clinical and non-clinical roles. Since taking these steps, our cancer performance has been steadily improving month on month with a target to deliver against all eight national cancer standards by the end of the 2012/13 financial year – which we achieved in March 2013. However, we cannot be complacent and the continued improvement of our cancer services remains a major goal for the Trust over the coming year.

The directors have reviewed the quality accounts and confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality accounts. At the Trust board meeting held on 29 May 2013, the authority of signing the final quality accounts document was delegated to the chief executive and chair.

By order of the Trust board



Chief Executive
14 June 2013



Chairman
14 June 2013

//Part two - Priorities for quality improvement in 2013/14

How we decide on our priorities

Our priorities are developed in consultation with members of the public, shadow Foundation Trust members, Local Involvement Networks (LINks), local authority overview and scrutiny committees, PCTs, and clinical and management staff across each of the Trust's service delivery areas.

Based on feedback received during this engagement process, we have made some changes to our format and have agreed our priorities for 2013/14. The Trust board considered the proposals and agreed the priorities for 2013/14, which are set out in the section below.

Progress against these priorities will be measured and reported through the monthly quality and safety scorecard, based on the indicators from the quality accounts so our staff can be more involved in measuring their performance and help us track how well we are doing against our improvement targets. We will also review the scorecard quarterly at the governance committee, and provide exception reports to the Trust board, with progress reports made available on our website.

We have made every attempt to write our quality accounts in a way that is accessible to patients, the public and our staff. If you are interested in being involved in the development of our quality accounts in the future please contact Stephanie Harrison-White via email Stephanie.harrison-white@imperial.nhs.uk or by telephone on 020 3312 3288.

Summary

The tables overleaf summarise our priorities and objectives for 2013/14. Please refer to the glossary for an explanation of all clinical terms.

Priority quality indicators – 2013/14

PATIENT SAFETY	
Indicator and rationale/aim	Proposed target measure
<p><i>To be compliant with the venous thromboembolism (VTE) CQUIN</i></p> <p>VTE CQUIN</p>	<p>VTE - to meet the two new CQUIN indicators for 2013/14. These are:</p> <ul style="list-style-type: none"> - Proportion of adult inpatients that have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool – target >95%
<p><i>To ensure high performance against the Safety Thermometer</i></p> <p>To deliver 95% harm free care to our patients by reducing the number of falls, pressure ulcers and catheter related infections, as evidenced by the Safety Thermometer</p>	<p>Falls - to reduce low and minor harm falls (per 1,000 bed days) by 10%</p> <p>Pressure ulcers - to reduce the total number of grade 1 & grade 2 pressure ulcers (per 1,000 bed days) by a further 10%</p> <p>Urinary catheter related infections - to continue to submit the Safety Thermometer data and to monitor our performance against peer trusts</p>
<p><i>To reduce healthcare associated infections</i></p> <p>To reduce the number of <i>C. difficile</i> infections</p> <p>To reduce the number of hospital associated MRSA blood stream infections (BSI's)</p>	<p>C.difficile - to achieve the Department of Health target of less than 65 cases in the Trust during 2013/14</p> <p>MRSA BSI's - the Trust's aim is to meet the national directive to have a zero tolerance for all healthcare associated MRSA Blood Stream infections (BSI's) across the NHS</p>
<p><i>To be 90% compliant with the Trust policy for anti-infective prescribing</i></p>	<p>To be 90% compliant with the three aspects of the policy, those being:</p> <ul style="list-style-type: none"> - A reason for starting the antibiotic clearly documented within the patients' medical notes/drug chart - A stop/review date on the drug chart to optimise duration of therapy - Antibiotics are prescribed in line with the Trust antibiotic policy or approved by specialists from within our infection teams

Indicator and rationale/aim	Proposed target measure
<p><i>To create a culture of openness and learning</i></p> <p>Patient safety incidents to support learning and improvement*</p>	<p>To be 10% above the national average for reporting patient safety incidents</p>
<p><i>To promote patient safety</i></p> <p>Patient safety incidents resulting in severe harm or death*</p>	<p>To be 10% below the national average for reporting patient safety incidents resulting in severe harm or death</p>
<p><i>Dementia CQUIN</i></p> <p>We want to increase the awareness of dementia and ensure that relevant patients who are admitted as an emergency are screened for dementia and have access to specialist assessments as needed.</p>	<p>To be 90% compliant with this CQUIN</p>
CLINICAL EFFECTIVENESS	
<p><i>To remain better than the average for mortality rates as measured by Summary Hospital level Mortality Indicator (SHMI)*</i></p> <p>Mortality is an important indicator to provide assurance to the public on the effectiveness of clinical care.</p>	<p>To be in the top ten trusts in the country for below the national average for mortality rates as measured by the Summary Hospital level Mortality Indicator (SHMI)</p> <ul style="list-style-type: none"> - Publication of SHMI value and banding - Percentage of admitted patients whose treatment included palliative care - Percentage of admitted patients whose deaths were included in SHMI and treatment included palliative care (context indicator)
<p><i>To reduce the number of readmissions to hospital within 28 days of discharge</i></p> <p>Emergency readmissions may be inconvenient and distressing for patients and could indicate a patient had been discharged too soon. We want to reduce the number of unnecessary readmissions</p>	<p>To remain below the national average for emergency readmissions to hospital within 28 days of discharge</p>
<p><i>To increase patient satisfaction as measured by Patient Reported Outcome Measures (PROMs)*</i></p> <p>To increase our participation rates to above 80% for all PROMs* with the aim of using this information to understand our patients' views.</p>	<p>All sites and all PROMs (groin hernia surgery; varicose vein surgery, hip replacement surgery and knee replacement surgery) to be above 80% participation rate</p>

PATIENT EXPERIENCE

Indicator and rationale/aim	Proposed target measure
<i>To improve patient satisfaction with waiting times to be seen in outpatient clinics</i>	To reduce the number of patients waiting over 30 minutes
<i>To improve responsiveness to inpatient needs*</i> Although this has improved slightly, we are performing about the same as other trusts and would aim to be one of the best performing trusts	To improve on last year's score and to be one of the best performing trusts
<i>To have caring and compassionate staff</i> Although this has improved slightly, we are performing about the same as other trusts and would aim to be one of the best performing trusts	To improve on last year's score and to be one of the best performing trusts.
<i>To remain above average for staff who would recommend the Trust to friends/family needing care*</i> Staff demonstrate that they care about their patients by showing kindness towards them	To monitor patient experience of care and compassion from nurses and midwives and to agree a target once baseline data has been collected
<i>Family and friends test – patient perspective*</i> We aim to provide the highest quality of healthcare. This indicator will tell us if we are getting it right. We will ask patients in adult inpatient and A&E departments: 'How likely are you to recommend our ward/A&E department to friends/family if they needed similar treatment or care?'	Initially to achieve the minimum Department of Health target of 15% response rate

*Department of Health indicator

//Part three - Review of our services in 2012/13

This section provides details of our priorities for patient safety, clinical effectiveness and patient experience and our results against the targets set. Data is generally produced quarterly and this will be represented in the tables below as Q1; Q2 etc. We have added a RAG (RED-AMBER-GREEN) rating to the data to highlight if we have met our target or not; therefore the final column will be coloured. Where possible we have included national comparative data. The data is presented using different measurements; these are identified for each individual indicator.

Patient safety priorities

Venous thromboembolism (VTE)*

The trust considers that this data is as described for the following reasons: we have continued to remain above our target of 90 per cent of all inpatients having been assessed for a VTE within 24 hours of admission and that patients receive the appropriate treatment as indicated by this assessment.

During 2012, we had a NHS Litigation Authority (NHSLA) level three assessment that included VTE risk assessment and procedures to be followed if a VTE was suspected. This included an assessment of live health records and we were found to be compliant with this standard. As a result of this assessment the Trust is updating its current guidance to bring it together into one document, which is based around the NICE guidance for VTE.

What is a VTE? Thrombosis is a blood clot within a blood vessel. It happens when a blood clot forms and blocks a vein or an artery, obstructing or stopping the flow of blood. A blood clot can occur anywhere in the body's bloodstream. There are two main types; venous thromboembolism (VTE) which is a blood clot that develops in a vein and arterial thrombosis which is a blood clot that develops in an artery.

VTE also formed part of the NHS Safety Thermometer in 2012/13 and the monthly spot check audits have shown high levels of harm free care.

VTE results 2012/13

Indicator	Q1	Q2	Q3	Q4	Target
Inpatients assessed for VTE	91.10%	91.11%	91.13%	91.83%	90%
National average comparator	93.4% (Range 80.8-100%)	93.4% (Range 80.9-100%)	94.1% (Range 84.6-100%)	Not published	

Action

The Trust has taken action to improve performance in this area and our VTE task force continues to carry out weekly audits of individual ward and CPG rates of VTE assessments.

To support VTE management, NICE have published Clinical Guideline 92: “Venous Embolism Reducing the Risk” and Clinical Guideline 144: “Venous Thromboembolic Diseases”. The Department of Health framework “Commissioning for Quality and Innovations” (CQUIN) links the uptake of risk assessment with payments.

The VTE indicator will remain for 2013/14 and we are currently awaiting guidance on the national CQUIN target.

*Department of Health indicator

To ensure high performance against the Safety Thermometer: reducing harm from pressure ulcers, falls and catheter related urinary infections

What is the safety thermometer? The NHS safety thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. The safety thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time. In this report, the safety thermometer records pressure ulcers, falls and catheters with urinary tract infections. We have measured our venous thromboembolisms (VTEs); using the CQUIN data

Falls*

The trust considers that this data is as described for the following reasons: we have continued to remain below the national average rate of reported falls, that being 5.6 per 1,000 bed days. We have also met our target of having fewer than nine cases per year where falls have resulted in severe harm (Trust data).

We have also submitted data to the Safety Thermometer National tool. The Safety Thermometer Tool measures Falls in a different way. The Trust is required on one day each month to record the number of patients in the Trust who at the time of the audit had had a fall resulting in harm in the days leading up to the audit.

The Safety Thermometer results show that the range of the national average of falls with harm was 0.91 - 1.29 per cent and the Trust's range was 0.08 - 0.37 per cent, confirming that the Trust was better than most other NHS trusts.

What are slips, trips and falls? Across England and Wales, approximately 152,000 falls are reported in acute hospitals every year. A significant number of falls result in severe or moderate injury. Patients of all ages fall. Certain risk factors are more common in younger people (including trip hazards, faints, fits, acute illness, recovery from anaesthetic) but falls are most likely to occur in older patients, and they are much more likely to experience serious injury (NPSA 2007). The causes of falls are complex and older hospital patients are particularly likely to be vulnerable to falling through medical conditions including delirium, cardiac, neurological or muscular-skeletal conditions, side effects from medication, or problems with balance.

*Department of Health indicator

The 2012/13 NHS Litigation Authority (NHSLA) level three assessment included falls risk assessments being carried out and appropriate care plans being put in place to reduce the risk of falls. We were found to be compliant with this standard.

Falls results 2012/13

Indicator	Q1	Q2	Q3	Q4	Target
Remain below the national average of reported falls	3.98	3.65	3.54	3.75	Below 5.6 per 1000 bed days
To reduce the number of patient falls that result in severe harm	0	0	0	0	<9 cases

Action

The Imperial College Healthcare NHS Trust has taken the following actions to continue to improve this score and so the quality of its services by using nursing forums to promote best practice in falls treatment and management and monitoring falls by the number, type, severity of harm and location in order to learn from them and share this information with clinical teams. We review our compliance with our falls care plan through our ‘back to floor Friday’ audit schedule and have achieved 90 per cent compliance with this.

Pressure ulcers*

The Imperial College Healthcare NHS Trust considers that this data is as described for the following reasons: we have reduced the number of pressure ulcers to less than our agreed maximum number of 22 per year at grade three or four. This is an indication of the severity of the pressure ulcer with three and four indicating more damage (see glossary) (Trust data).

We have also submitted data to the Safety Thermometer national tool. The Safety Thermometer tool measures pressure ulcers in a different way. The Trust is required on one day each month to record the number of patients in the Trust who at the time of the audit, had had a new pressure ulcer in the days leading up to the audit.

What is a pressure ulcer? Sometimes known as bedsores or pressure sores, are a type of injury that affect areas of the skin and underlying tissue, caused when the affected area of skin is placed under too much pressure. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. Healthy people do not get pressure ulcers because they are continuously adjusting their posture and position. However, people with health conditions that make it difficult for them to move their body often develop pressure ulcers. In addition, conditions that can affect the flow of blood through the body, such as diabetes, can make a person more vulnerable to pressure ulcers.

The Safety Thermometer results show that the range of the national average of new pressure ulcers was 1.17 – 1.70 per cent and the Trust’s range was 0.28 – 0.89 per cent, confirming that the Trust was performing better than most other NHS trusts.

Pressure ulcer results 2012/13

Indicator	Q1	Q2	Q3	Q4	Total	Target
To reduce the number of pressure ulcers graded 3 or 4 to an agreed target	3	4	7	4	18	< 22 per year

Action

The Trust has taken the following actions to improve this rate, and so the quality of its services by ensuring that a thorough investigation of all pressure ulcers is undertaken using the pressure ulcer toolkit. Learning has been shared between the CPGs to support improvements in clinical practice. We audit our mattresses each year and replace those mattresses that no longer provide sufficient pressure relieving support. Last year we replaced 345 mattresses. We also use our risk assessment tool to identify those patients who require specialist mattresses and we order these in for patients in the wards and for those in critical care areas.

*Department of Health indicator

Urinary catheter related infections*

The Trust considers that the data is as described for the following reasons. We intended to start collecting data on urinary tract infections by developing our systems to record this data. We did not intend to have reached a position whereby we could report against progress in reducing urinary catheter related infections. We did find that we had more people that had urinary catheters than the national average reported. On average we had between 17-22 per cent of patients who had a urinary catheter compared with the national average of 13-15 per cent.

The Safety Thermometer tool measures the total number of people with a urinary catheter at one time (as above) and the number of people with a urinary catheter who developed a new urinary tract infection in the days leading up to the audit.

The Safety Thermometer results show that the range of the national average of patients with a urinary catheter and a new urinary catheter was 0.45 – 0.72 per cent and the Trust's range was 0.08 – 0.62 per cent, confirming that the Trust was performing better than most other NHS trusts.

Whilst we were below average for the number of patients with urinary catheters who developed a new urinary tract infection (as defined by the Safety Thermometer tool), we were above average for the number of patients with a urinary catheter. This may be a result of the specialist urology and critical care services we provide and is something we will investigate further.

Action

The Trust will continue to submit Safety Thermometer data related to urinary catheters and urinary tract infections over the next year and to compare ourselves against peer NHS organisations.

*Department of Health indicator

What is a urinary tract infection? A urinary tract infection, or UTI, is an infection that can happen anywhere along the urinary tract. Urinary tract infections have different names, depending on what part of the urinary tract is infected.

They are caused by bacteria entering the urethra and then the bladder which can lead to infection. People are at increased risk of urinary tract infections if they are diabetic; older; have a urinary catheter (a tube inserted into the urinary tract to drain the bladder); have kidney stones; are immobile or have had surgery.

To reduce the risk of healthcare associated infections

Clostridium difficile* (C.difficile)

The Trust considers that the data is as described for the following reasons: we have continued to reduce the total number of *Clostridium difficile* cases per year. We had 86 confirmed cases of *C. difficile* in 2012/13.

Over the last five years we have reduced the number of patients acquiring *C. difficile* and the 86 confirmed cases in 2012/13 is a further reduction from the 132 cases in 2011/12.

The number of cases of *C. difficile*, as a rate of patients admitted to our hospitals per 10,000 bed days, is 2.02 cases and per 100,000 bed days 20.2 cases (using 2010/11 bed days data, supplied By Health Protection Agency).

What is *Clostridium difficile*? *Clostridium difficile* is an anaerobic bacterium that can live in the gut of healthy people where it does not cause any problems, as it is kept in check by the normal bacterial population of the intestine. However, some antibiotics used to treat other illnesses can interfere with the balance of bacteria in the gut which may allow *C. difficile* to multiply and produce toxins that damage the gut. Symptoms of *C. difficile* infection range from mild to severe diarrhoea and more unusually, severe inflammation of the bowel. Those treated with broad spectrum antibiotics, with serious underlying illnesses and the elderly are at greatest risk – over 80 percent of *C. difficile* infections reported are in people aged over 65 years. The bacteria can also be spread on the hands of healthcare staff and others who come into contact with patients who have the infection or with environmental surfaces contaminated with the bacteria or spores.

National comparative data (by bed days) for 2011/12 and 2012/13 have not yet been published.

Over the past year, the Care Quality Commission (CQC) has reviewed our infection control practices in three of their planned inspections. They found the wards they inspected to be clean and that the Trust had the right systems in place to prevent and control the risk of infection.

The CQC inspection team found many examples of good practice in the care they observed our teams providing and did not require us to carry out any additional actions.

*Department of Health indicator

C.difficile results 2012/13 (Trust data)

Indicator	Q1	Q2	Q3	Q4	Total	Number set by DH
To reduce the number of C.difficile cases as set by the Department of Health (DH)	23	20	23	20	86	110 cases per year

Action

The Trust has taken the following actions to continue to reduce this rate and so the quality of its services.

In collaboration with our pharmacy department we continue to promote best practice in responsible effective prescribing and reviewed practice at clinical ward level to identify any areas for further training. In the autumn of 2012 we launched the 'Start Smart Then Focus' initiative. This is a national campaign to support effective management of patients requiring antibiotic treatment.

We are committed to continuing to reduce the number of cases of C.difficile infections by ensuring that when patients clinically require antibiotics they receive the correct type, for the most appropriate period of time to treat their infection and that these medications are reviewed and given according to the Trust antibiotic policy. The infection control team also work closely with the operations team and ward staff to ensure that patients with infectious diarrhoea are cared for in the correct care environment to minimise the spread of infection.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Blood Stream Infections (BSI)

The Trust considers that the data is as described for the following reasons: we have continued to reduce the total number of MRSA BSI cases per year. In 2012/13 there were eight cases of MRSA BSI's attributable to the Trust, which is below the target set by the Department of Health of nine. This shows that cases of MRSA BSI's at the Trust have fallen

What is MRSA? Methicillin Resistant *Staphylococcus aureus* (MRSA) is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems. It can cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure. If the bacteria enter the body illnesses which range from mild to life-threatening may then develop. Most strains are sensitive to the more commonly used antibiotics and infections can be effectively treated. MRSA was one of the original 'super bugs' and was first identified in the early 1960s. It is a variety of *Staphylococcus aureus* that has developed resistance to methicillin (a type of penicillin) and some other antibiotics that are used to treat infections.

from 13 in 2011/12. National comparative data has not yet been published

MRSA BSI results

Indicator	Q1	Q2	Q3	Q4	Total	Number set by DH
To reduce the number of MRSA cases as set by the Department of Health (DH)	1	1	2	4	8	9 cases per year

Action

The Trust has taken the following actions to improve this rate and so the quality of its services, by continuing to deliver the actions from the infection prevention and control implementation plan and the delivery of a Trust-wide programme of aseptic non touch technique (ANTT) training and competency assessment. We deliver competency based training in how to insert intravenous devices in order to minimise infection. Standard packs for intravenous devices remain in place so that staff can easily access everything that is required to insert the devices in one go and minimise infection risks. We have also introduced competency based training in how to take blood culture samples from patients and how to reduce the risk of infection while doing this, while minimising any issues which could impact on the quality of testing from these samples. This enables us to make a correct diagnosis and provide the correct treatment.

The Trust's aim is to meet the national directive to have a zero tolerance for all healthcare associated MRSA BSI's across the NHS.

To ensure compliance with the Trust policy for anti-infectives

The Trust considers that the data is as described for the following reasons: we looked at three parts of anti-infectives prescribing, including having a reason for starting the antibiotic clearly documented within their medical notes/ drug chart; a stop/review date on the drug chart to optimise the duration of therapy; and that anti-infectives were prescribed in line with the Trust’s antibiotic policy or approved by a Trust infection specialist.

What are anti-infective agents? Anti-infective agents include anti-bacterials, anti-fungals and anti-virals. These agents are often referred to collectively as antibiotics. They are extremely important and potentially life-saving therapies. However, if they are used inappropriately and excessively, drug resistant organisms can emerge, and patients are at an increased risk of developing a more resistant strain of an infection or *C. difficile*

These three parts were chosen as they are considered to be the most important aspects of using anti-infective medications. The inappropriate use of such medications can increase the risk of infection or reduce their effectiveness in treating an infection.

Results

We set our own 2012/13 target of 90 per cent compliance for each of the three areas. We conducted two Trust wide audits at six monthly intervals and have reported them as audit 1 and audit 2 (see below). The Trust made significant progress with 91 per cent of our prescriptions having a documented reason for starting anti-infective medications; and 91 per cent for prescribing in line with the Trust antibiotic policy or having prescriptions reviewed by an infection specialist. Although the stop or review date target was not met, the 74 per cent achieved for 2012/13 was an increase from 38 per cent in 2011/12.

Average compliance with anti-infective policy - results 2012/13

Indicator	Audit 1	Audit 2	Target
To ensure we are compliant with the anti-infective policy	81%	89%	90% compliant with policy

Action

The Trust has taken the following actions to improve our practices in prescribing anti-infectives. We have:

- ▶ launched the Department of Health ‘Start Smart Then Focus’ initiative which aims to encourage regular review of patients who are taking antibiotics
- ▶ reviewed various anti-infective policies

- ▶ updated our Trust antibiotic application for smart phones to facilitate access to our policies

Our anti-infective prescribing is monitored and reviewed at regular intervals by the Trust infection prevention and control committee, antibiotic review group and pharmacy department. These groups engage with clinical and managerial teams to promote best practice.

We are committed to making improvements in this important area and will continue to monitor this as part of the 2013/14 quality accounts in our priority to reduce healthcare acquired infections.

Reporting of patient safety incidents

This year is the first time that data related to patient safety incidents resulting in severe harm/death has been required to be included within the quality accounts, alongside comparative data where possible, from the Health and Social Care Information Centre. The National Reporting and Learning Service (NRLS) was established in 2003 and enables patient safety incident reports to be submitted to a national database. Although it is not mandatory, it is common practice for NHS Trusts to report patient safety incidents under the NRLS' voluntary arrangements.

As there is not a nationally established and regulated approach to reporting and categorising patient safety incidents, different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation which may result in the classification being changed. This change may not be reported externally and the data held by a trust may not be the same as that held by the NRLS. Therefore, it may be difficult to explain the differences between the data reported by the trusts as this may not be comparable. We are changing our processes to make sure where possible, the two datasets match. We can assure you that the differences between the datasets do not affect our delivery of patient care or our learning from patient incidents

Results

Quarter 4 of 2012/13 was the first quarter we were above our target average for patient safety reporting rates of 6.9 per 100 admissions and we must work to ensure that this trend continues. The 'major' (severe) and 'extreme' (death) incidents are reported as a percentage of the overall incidents reported, therefore, it is hoped that these proportions would continue even if our overall reporting rates increased.

Patient safety incident reporting - results 2012/13

During the data period April 2012 - March 2013, a total of 12,241 patient safety incidents were reported.

Indicator	Q1	Q2	Q3	Q4	Average	Target
To remain above average for patient safety reporting rates per 100 admissions	6.05	6.52	6.66	6.91	6.5%	>6.9 per 100 admissions
To remain below the peer average for incidents graded as extreme (death)	1 (0%)	4 (0.1%)	5 (0.2%)	8 (0.3%)	0.1%	<0.1 % of average patient safety incidents reported for the Trust graded as extreme (death)
To remain below the peer average for incidents graded as major (severe)	5 (0.2%)	2 (0.1%)	0 (0%)	7 (0.2%)	0.1%	< 0.5% of average patient safety incidents reported for the Trust graded as major (severe)

Action

The Trust has taken the following actions to improve patient safety and the quality of our services:

- ▶ By meeting with the CPG quality & safety coordinators to facilitate improvement in reporting and to encourage feedback to all staff on key themes and trends
- ▶ Ensuring all staff receive appropriate training in the use of the Datix system and are encouraged to report
- ▶ Ensuring each ward has incident reporting and learning from incidents on the ward meeting agenda as well as their CPG quality & safety meeting agendas
- ▶ Using incident reporting information to investigate links with failure to rescue
- ▶ Linking incident trends and themes to service improvement

We are focusing on learning from patient safety incidents and have seen real changes to practice as a result. For example, in the maternity unit we now photograph any women with potential skin damage on admission to enable us to accurately track if the pressure damage is increasing or healing. We will expand this section in next year's accounts to share more learning from patient safety incidents.

Case study: leadership walkaround

Improvements in patient care are being made by regular visits to assess the quality of our services. Along with representatives from infection prevention and control, nursing, estates and maintenance, corporate services, and operational managers we have visited all areas of the Trust including our main sites and satellite units. We work together to review the quality of patient care, the hospital environment, and listen to patient and staff views on what it is like to be a patient in our hospital and what it is like to work here.

Teams review each other's wards and clinical areas to ensure we are meeting essential standards. We talk with patients to find out if they are comfortable, feel they are being treated with dignity and respect and if they are happy with the service we provide. We talk with staff to find out about their awareness of policies and how they feel about working at the Trust. We look at the environment and identify any areas for improvement.

Immediate verbal feedback is given to staff on the ward so that actions can be taken to make any necessary improvements and to thank staff when things have worked well. We also collate all actions from each visit to ensure we follow through to make progress. Our actions are monitored through follow up walkarounds.

Kathryn Jones, deputy director of nursing, said: "Being part of a leadership walk-around means that by working closely with colleagues and by reviewing areas together, issues can be picked up and resolved quickly".

"Taking time out to meet and talk to staff and patients and to be part of this programme helps to keep me focused on what matters most to the people in our hospitals."

Lesley Powls, head of nursing CPG 3, added, "They provide an invaluable opportunity for senior leaders to experience what our patients and staff experience, and to ensure as an organisation we can make sustainable change based on this."

Clinical effectiveness priorities

To remain better than the national average for mortality rates as measured by the Summary Hospital Level Mortality Indicator (SHMI)

The Trust considers that the data is as described for the following reasons: the national average is calculated at 100 (with a range of 68-115) and the Trust is substantially below this at 75.8, indicating that we are in the top three trusts in the country, with a '*lower than expected*' SHMI during the period October 2011-September 2012 (last published data). The SHMI compares the number of patients who died at a trust, with the number that would have been expected to die, given the characteristics of the patients treated there. The categories used by the SHMI to describe the mortality ratios are: 'as expected', 'higher than expected' or 'lower than expected'.

One of the characteristics that are measured is the 'palliative care' indicator. This tells us the percentage of patients who died that were recorded as palliative care at diagnosis or speciality level. At our Trust, 33 per cent of patients who died were recorded as being palliative care patients. This number reflects the specialities that we have at the Trust and is comparable to similar NHS trusts.

What is SHMI? The SHMI is a national way of measuring mortality. It includes deaths related to all admitted patients that occur in all settings – including those in hospitals and those that happen 30 days after discharge. This measurement takes into account factors that may be outside of a hospital's control, such as those patients receiving palliative care.

NHS trusts are required to examine, understand and explain their SHMI and to report against the following in their quality accounts:

- publication of the SHMI value and SHMI banding for the Trust
- the percentage of patients admitted to a hospital within the Trust whose treatment included palliative care treatment

Action

The Trust has taken the following actions to continue to improve this rate and so the quality of its services, by continuing to focus on our failure to rescue work to improve the recognition and escalation of the deteriorating patient. We have introduced the NEWS tool (that is the National Early Warning Score) and have set up a task force group to monitor, develop and support this work. We are committed to reducing our failure to rescue incidents and anticipate this will positively impact further on our mortality rates.

Professor Nick Cheshire, medical director, said: “Using the SHMI data confirms what other less wide measures such as Hospital Standard Mortality Ratios have been telling us for a few years now – Imperial College Healthcare NHS Trust has one of the best mortality rates in England. The challenge is for us to deliver these excellent outcomes whilst ensuring we deliver a first rate experience for every patient and their families.”

To reduce the number of emergency readmissions to hospital within 28 days of discharge*

The Imperial College Healthcare NHS Trust considers that the data is as described for the following reasons: we met our target to reduce our number of emergency readmissions to hospital within 28 days of discharge in 2012/13. This has been further broken down to those aged 0-14 years, with an average readmission rate over the year of 4.42 per cent and for those aged greater than 15 years, it was 6.87 per cent. When compared with our peer comparator group as presented by Dr Foster, we are slightly above the average readmission rate (peer comparator average = 6.53 per cent), although according to the statistical analysis this is not a significant difference.

This is a complex measure as it includes all emergency readmissions within 28 days of discharge and will include those that may be unrelated to the previous reason for admission. This can make the measure more difficult to interpret as it is not necessarily an indicator that the patient was discharged too early. However, this is a useful parameter as an indication of trend.

What are emergency readmissions?
Emergency readmissions are unplanned readmissions that occur within 28 days after discharge from hospital. They may be inconvenient and distressing for patients. Sometimes it is not possible to prevent emergency readmissions as the patient's clinical needs may have changed or unforeseen circumstances may have occurred within the community.

*Department of Health indicator

Results

The number of emergency readmissions to hospital within 28 days of discharge – results 2012/13

Indicator	Q1	Q2	Q3	Q4	Target
To reduce the number of emergency readmissions to hospital within 28 days of discharge age 0-14 years	4.73%	4.46%	5.08%	3.43%	
To reduce the number of emergency readmissions to hospital within 28 days of discharge aged > 15 years	6.88%	6.79%	6.83%	6.93%	
To reduce the number of emergency readmissions to hospital within 28 days of discharge	6.68%	6.57%	6.71%	6.59%	National average not available but peer comparator reported as 6.53%

Action

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by having daily readmissions reports that are circulated to each CPG for their ongoing monitoring and action. We have established a Medicine CPG Discharge Partnership Group to work with internal and external stakeholders to support effective discharge and reduce unplanned readmissions.

To increase patient satisfaction as measured by Patient Related Outcome Measures (PROMs)*

The Trust considers that the data is as described for the following reasons: we have met the participation rates of 80 per cent for three of the PROMs, these being hip, hernia and knee surgery. We have not met our target for vein surgery. The data is difficult to interpret due to the way in which it is calculated by the Department of Health. The denominator, that is the number by which the total number of responses is divided by, is based on last year's data. The total number of responses is based on this year's data. Therefore, if last year there were 10 cases, the denominator would be 10. If this year there were 20 cases, this would mean there could be more responses than there were cases (based on the fact that the number of cases is from last year's data) and, therefore, the actual result may be greater than 100 per cent (see the example below):

What are PROMs? PROMs measure quality from the patient perspective. They cover four clinical procedures - hip replacements, knee replacements, hernia and varicose veins. PROMs calculate the health gain after surgical treatment using surveys carried out before and after the operation. PROMs are measures of a patient's health status or health related quality of life at a single point in time. They provide an indication of the outcomes or quality of care.

$20/10 \times 100 = 200$ per cent based on 20 responses (as different year, therefore the actual number of cases has increased to 20, but the denominator is based on last year's data and is therefore 10).

In relation to the varicose veins PROMs data, we did not have as many operations this year as last year which (due to the way the denominator is calculated) reduces the percentage score. We also have a pilot study currently being conducted to look at new ways for patients to complete the questionnaires. This involves the questionnaires then being manually uploaded into the national database and we believe there is a time lag with this and therefore, not all of the PROMs have been included in our national data. We will follow this up and anticipate we should see an increase in this data.

We have identified an area of poor compliance in relation to the groin hernia PROMs in the past quarter and are working with the relevant executive team to address this.

*Department of Health indicator

PROMs participation rates - results 2012/13

Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total	Target
To increase PROMs participation rate for hernia surgery	53.33%	140%	121%	46%	90.08%	Above 80%
To increase PROMs participation rate for hip surgery	111.00%	120%	151%	91%	118.25%	Above 80%
To increase PROMs participation rate for knee surgery	177.00%	246%	186%	167%	195%	Above 80%
To increase PROMs participation rate for vein surgery	54%	75%	64%	33%	56.5%	Above 80%

Action

The Trust has taken the following actions to improve this percentage by raising the profile of PROMs completion across the Trust and working with the research team to ensure that all PROMs are uploaded onto the national reporting system. The Trust will also now focus on looking closely at the clinical data itself to identify any learning or areas for improvement. We are also working closely with the new PROMs provider to look at how the denominator score is calculated.

Patient experience priorities

To reduce delays in outpatient clinics by the end of the year

The Trust considers that the data is as described for the following reasons: we have not been able to report against our target as the National Outpatient Survey was not undertaken in 2012/13. We have however, continued to survey local views across our outpatients clinics and review our results using the Trust's own I-track system, asking the question 'how long after the appointment time did the appointment start?'

It is anticipated that the National Outpatient Survey may be conducted in 2013/14 and we will report against this in our next quality accounts.

To improve the patient experience related to discharge

The Trust considers that the data is as described for the following reasons: we have part met our target of 75 per cent compliance with each aspect of the discharge policy (see box below). Our average score was 75 per cent.

Discharge policy:

- ▶ Anticipated date of discharge as early as possible in the patient pathway
- ▶ Discharge plan in patient notes
- ▶ Appropriate discharge plan followed
- ▶ Patient and GP were given a copy of electronic discharge communication (EDC)

Results

We carried out an audit of inpatient records in February 2013 and audited records of those patients who had been discharged at the time of the audit. We found that we were compliant with three of the five key aspects and not compliant with two (see table overleaf).

We note that although we need to continue working to improve this compliance rate, we have made improvements since last year and are committed to continuing this. The table shows that we have improved from 74 per cent to 88 per cent in terms of each patient having an anticipated day of discharge (ADD). Although we need to continue to improve our documentation, we have seen a significant improvement from last year when 41 per cent of patients had a documented plan of discharge in their records compared to 65 per cent in 2013.

Patient experience related to discharge - results

The table overleaf highlights the results from the 2012/13 audit. We have also included results where similar data has been collected in past audits. NR = not recorded.

Indicator	2011	2012	2013	Target
All patients have an ADD	66%	74%	88%	75%
Patients are informed of their ADD	NR	NR	57%	75%
A patient centred discharge plan is in the notes	46%	41%	65%	75%
An appropriate discharge pathway is followed	NR	NR	74%	75%
A copy of EDC to patient	NR	NR	79%	75%
A copy of EDC to GP	NR	NR	81%	75%

We have decided for 2013/14 that we will replace this indicator with caring and compassionate staff, as this was noted to be a major concern from the Mid Staffordshire NHS Foundation Trust Public Inquiry. We will however, continue to monitor this as part of our on-going audit programme.

Action

The Trust has taken the following actions to improve its services and so the quality of its services, by sharing these findings with our CPG heads of nursing and require that each CPG develops action plans. These are reported to and monitored by the quality accounts delivery group.

There are examples of good practice in the Trust such as the discharge partnership group that has been set up in CPG1 and has expanded to include a wider membership with local external stakeholder engagement.

Case Study: 72 hour post discharge phone call for COPD patients

Staff telephoned our COPD patients 72 hours after they have been discharged. They ask patients specific structured questions about how they feel, the treatment they are receiving, contact they have had with the community teams and how they feel the discharge process went.

Patient feedback:

- ▶ 'I feel happier after being reassured'
- ▶ 'I felt cared for by the nurse calling me'
- ▶ 'I felt supported'
- ▶ 'It was good to know that somebody else was looking out for me without feeling I needed to call 999'

Staff feedback:

- ▶ 'I felt like I was making a difference'
- ▶ 'I felt good that I was able to identify vulnerable patients'
- ▶ 'Knowing I was able to be a part of readmission avoidance made me feel I was doing my job'
- ▶ 'It was nice to know although the patient was no longer in acute care, I could still be a part in their care'

To improve the responsiveness to inpatients' needs*

The Trust considers that the data is as described for the following reasons: we have met our targets for this section. We have measured these indicators in two different ways. Three of the indicators were also measured using our I-Track system. This is a questionnaire the Trust has agreed to implement to measure patient experience. A sample of our patients is also sent a survey from the Department of Health to complete, referred to as the National Patient Survey. We have included both sets of data where possible.

*Department of Health indicator

One of patients who was receiving care at Hammersmith Hospital, told us:

"I recently spent four days in Hammersmith Hospital under the endoscopic/gastroenterology teams, staying in Christopher Booth Ward. I felt that the treatment I received exemplified the very best that could be expected from our national health service.

"In particular, I found the manner in which I was treated was excellent - I was always kept informed of what was happening with my treatment and why any (inevitable) delays in my appointments were occurring. I was treated by all the staff I came into contact with - the consultants, doctors, nursing staff, porters, catering and cleaning staff - in a way that made me feel genuinely valued and cared for. Critics of the NHS should be invited to spend time at the Hammersmith to discover why so many of us defend our universal health system."

Responsiveness to inpatients – results 2012/13

Indicator	Q1	Q2	Q3	Q4	Target
Were you involved in decisions about your care? (I-track results)	87.56	88.31	89.26	88.48	>87.13
Were you involved in decisions about your care? (from NIS**)	7.0/10				Range: 6.3-8.7
Did you find someone to talk to about your worries and fears? (I-Track results)	80.11	81.46	82.67	81.67	>80.30
Did you find someone to talk to about your worries and fears? (from NIS**)	4.9/10				Range: 4.2-7.8
Were you given enough privacy when discussing your condition or treatment? (I-Track results)	92.15	92.38	93.19	92.78	>91.86
Were you given enough privacy when discussing your condition or treatment? (from NIS**)	9.5/10				Range: 9.1-9.8
Did a member of staff tell you about the side effects of your medications before you went home? (from NIS**)	5.2/10				Range: 3.4-7.5
Did hospital staff tell you who to contact if you were worried about your condition after you left hospital? (from NIS**)	7.5/10				Range: 6.6-9.5

** National Inpatient Survey

Action

The Trust has taken the following actions to continue to improve these scores. We have been and continue to closely monitor our reporting and include these measures as part of the compliance monitoring of the Trust's patient & carer strategy. In addition, we intend to continue work around patient discharge, including information given to patients.

Patient quote from the kidney and renal transplant services:

“Every single person from the porters right up through to the consultant gave me tremendous confidence they knew exactly what they were doing. If there were any problems they would be able to deal with them and they were very, very kind and very thoughtful.”

To remain above the national average for staff who would recommend the Trust to friends/family needing care*

The 'family and friends' test in the National Staff Survey is captured under question 12d and states that 'if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. In 2012, 69 per cent of staff strongly agreed or agreed with this statement against the national average of 60 per cent. This is comparable to the Trust's score last year of 70 per cent.

*Department of Health indicator

Staff survey results – recommend as a place to work/receive treatment

Indicator	National average for all acute Trusts	Imperial College Healthcare NHS Trust 2012
Recommend as place to work/receive treatment	60%	69%

Action

The Trust intends to take the following actions to improve this rate and so the quality of its services, by sharing the findings with each CPG to ensure we have local ownership and engagement of staff. A detailed action plan will be developed and 'signed off' by the Trust board in May 2013. We have already seen improvements in the quality and quantity of staff appraisals, but will continue to work on this in the next year.

Patient quote about our audiology services:

"I have been a patient of the audiology clinic for eight years and have always received the most efficient, courteous and prompt service that I could wish for. All the staff are kind and professional and very thorough."

Quality statements

Statements of assurance from the Trust board

During 2012/13 the Trust provided and/or sub-contracted 75 NHS services.

The Trust has reviewed all the data available on the quality of care in 75 of these NHS services.

The income generated by the NHS services reviewed in 2012/13 represents 73 per cent of the total income generated from the provision of NHS services by the Trust for 2012/13.

Review of data on quality of care

The Trust's performance against national priorities for 2012/13 is shown in appendix one.

In January 2012 the Trust board took the step to approve a reporting break for data relating to the 18 week referral to treatment (RTT) time target and waiting times for cancer including two week waits and diagnostics.

An independent waiting list clinical review group was established to conduct an extensive patient level review of whether any harm had occurred in identified groups of patients. The group was made up of senior clinicians external to the Trust working in partnership with senior clinicians and managers from the Trust.

The waiting list clinical review group developed the framework for the review and was confident to report that no patient was identified as suffering harm due to a delay in treatment. The review found that no patient died as a result of an extended delay on the waiting list.

Alongside the clinical review, the reporting systems used within the Trust were rebuilt to accurately reflect patients' waiting times. Following positive assurance from the NHS Intensive Support Team (IST), reporting for cancer including two week waits and for diagnostics recommenced in June 2012 and for the 18 week referral to treatment (RTT) target in July 2012.

Since reporting resumed the Trust has:

- ▶ Met the six week diagnostic test standard each month (since June 2012)
- ▶ Steadily improved performance against the eight national cancer standards, from June 2012 when just three of eight standards were achieved to achieving all eight in March 2013
- ▶ Improved RTT performance from July to November 2012 when all three standards (admitted performance, non-admitted performance and incompletes) were achieved at aggregate Trust level. Since November the three standards have been achieved each month at the aggregate level and by more specialities each month. In March 2013, only three specialties were failing any of the three standards

Feedback from the IST was that they were particularly impressed with the comprehensive approach we had taken to testing our processes/reports and the standard of documentation of our technical processes is now amongst the best in the NHS. To mitigate data quality risks for reported referral to treatment pathways, the Trust has invested in additional pathway validation staff. The Trust has also invested in a new cancer information system to ensure that it is compliant with new national cancer reporting requirements.

Participation in clinical audits

During 2012/13, the NHS services that the Trust provides were covered by 41 national clinical audits and seven national confidential enquiries.

During that period the Trust participated in 97.6 per cent national clinical audits and 100 per cent national confidential enquiries of the national clinical audits and national confidential enquiries that we were eligible to participate in. The remaining national audit which was not fully participated in (National Pain Database) has been addressed for immediate action and future participation.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2012/13 are listed in appendix two, along with details of those the Trust did take part in. Some audits listed in the Department of Health 'List of national clinical audits for inclusion in quality accounts 2012-13' were not active during the year.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2012/13, are also listed in appendix two 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.

The reports of 13 national clinical audits were recorded as being reviewed by the provider in 2012/13. The Trust continues to follow up the reports from all relevant national audits to identify how we make improvements. The reports were as follows:

National clinical audit
Bronchiectasis
Carotid Interventions (CIA)
Coronary Angioplasty
Diabetes (Paediatric) (NPDA)
Heart Failure (HF)
Hip Fracture Database (NHFD)
Paediatric Asthma
Paediatric Intensive Care (PICANet)
Pulmonary Hypertension
Vascular Surgery (VSGBI Vascular Surgery Database) (NVD)
Care of Dying in Hospital (NCDHAH)
CONFIDENTIAL ENQUIRY – NCEPOD Bariatric Surgery
CONFIDENTIAL ENQUIRY – NCEPOD Cardiac Arrest

Many of these audits demonstrated effective care, with no actions being required. The Trust intends to take the actions listed to improve the quality of healthcare provided.

National Clinical Audit	Description of actions
Hip Fracture Database (NHFD)	Weekly site meetings started to examine weekly performance data. Commencement of monthly reporting of mortality data.
Paediatric Asthma	Work to be undertaken to increase awareness in the Trust of the asthma discharge checklist and promote usage
Pulmonary Hypertension	Ensured future data collection and audit participation through fresh resource allocation.
Vascular Surgery (VSGBI Vascular Surgery Database) (NVD)	Minor coding training corrections enacted.
Care of Dying in Hospital (NCDAH)	Embedded use of Liverpool Care Pathway (LCP) at HH site. Training on LCP usage being enhanced at CXH.
CONFIDENTIAL ENQUIRY – NCEPOD Bariatric Surgery	All relevant recommendations of the published NCEPOD report have been implemented.
CONFIDENTIAL ENQUIRY – NCEPOD Cardiac Arrest	A programme of implementation of all applicable recommendations is being addressed through failure to rescue implementation.

The reports of 87 completed local clinical audits were reviewed by the provider in 2012/13 (out of 267 local clinical audits registered in 2012/13 or carried over from 2011/12) and the Trust records all recommendations which it intends to implement to improve the quality of healthcare provided. By the end of 2012/13, 54 of the 87 completed local clinical audits had been recorded as implemented with a total of 99 recommendations. It should be noted most of the planned implementation of recommendations for local clinical audits completed in 2012/13 will be on-going into 2013/14.

Local Clinical Audit	Implemented actions
Atrial fibrillation ablation (Re-audit)	Disseminated the results and information to colleagues in primary care as well as referring District General Hospitals.
	Internal feedback given to the Electrophysiology department.
	Re-auditing undertaken following improvement in the design of audit tool.
Discharge from PICU/PHDU	Communicated to all PICU doctors that the discharge letter must accompany the patient on discharge.
	Crosschecks of drugs listed on discharge letter against the drug chart introduced.
	Launched a discharge information/expectation pack for reference.
	Standardised the essential ICIP printout required for internal patient discharges.
	Introduced use of double sided printing
Failure to rescue (CPG1)	Re-audited all wards in CPG1
Safeguarding children NSF	Amendments made to the inter-agency form
	Copies of the previous Inter-agency form destroyed.
	Focussing on ethnicity and language when training
	Training introduced on the use and completion of the Inter-agency

Local Clinical Audit	Implemented actions
	<p>form for both nurses and doctors in CPG5.</p> <p>Training introduced on the use of the Inter-agency form in the A&E department since the majority of referrals originate from there.</p>
GP referrals to Paediatric Allergy OPD	<p>Informed future 'choose and book' template and referral letter templates.</p> <p>Used information to underpin education within the integrated care pathway project.</p>
Immunisation status documentation in Children's Ambulatory Unit at Hammersmith Hospital	<p>Offered to administer any missing immunisations on ambulatory unit, including BCG and Mantoux.</p>
Trust Documentation Audit 2011/12 - Re-audit	<p>Opportunities for improving the quality of documentation enacted by senior healthcare professionals, via action planning.</p> <p>The importance of good documentation practice was emphasised to all clinicians.</p> <p>The results of this audit were raised at Clinical Risk Committee and the method assessed and discussed</p>
Operative vaginal delivery (October 2011)	<p>Presented audits at the MDT audit meeting.</p> <p>Re-audited to ensure compliance was sustained.</p>
Oxytocin use (October 2011)	<p>Reminded and encouraged staff to document reason for delay from decision to start Oxytocin infusion via the CNST Rolling Action Plan.</p> <p>Reminded clinical staff to perform and document abdominal palpation prior to commencement of Oxytocin, via the CNST Rolling Action Plan.</p>
Major obstetric haemorrhage (October 2011)	<p>Maintained ongoing continuous audit of this criteria.</p>
Induction of labour (October 2011)	<p>Presented audit findings at MDT meeting and re-audited.</p>
VTE (October 2011)	<p>Midwifery and obstetric staff have taken responsibility for completing the assessment form upon each admission, with special emphasis at booking and on antenatal admissions.</p> <p>Staff reminded of the need to improve on the compliance of performing VTE risk assessments for women at risk of VTE.</p> <p>The new VTE form is now filed in the same place in the notes and completed at booking.</p>
HDU / Recovery / Severely Ill Patient (November 2011)	<p>Fedback to the consultant meeting the need for frequent medical reviews of these women and all reviews to be documented in the notes as per guideline.</p>
Unexpected term admission to SCBU (November 2011)	<p>Communicated the outcome of the annual audit in the final audit report in all clinical areas.</p> <p>Ensured staff are communicated with about the outcome and learning points from SI investigations.</p>
Perineal care (November 2011)	<p>Reinforced with staff the requirement and relevance to document the criteria for this standard.</p>

Local Clinical Audit	Implemented actions
Vaccination status of local paediatric population	<p>Encouraged documentation in notes as part of the training programme when new doctors and pharmacists start.</p> <p>Encouraged parents to bring in red books, especially in outpatient appointments or elective admissions.</p> <p>Recommended writing in notes if a red book is unavailable at the time of clerking or drug history taking and encouraging this to be followed up.</p>
Fetal blood sampling (December 2011) Re-audit	Reminded staff to record intrapartum events that effect the FH on the CTG, such as FBS.
VBAC (December 2011)	<p>Discussed with VBAC midwives the need to document method of monitoring as an individual plan.</p> <p>Introduced use of the standardised counselling proforma.</p>
Pre-existing diabetes (December 2011) Re-Audit	Informed staff of the annual audit findings which demonstrate good standards of care.
Follow up of conservatively treated St IA1 cervical cancer	Continued with the current policy in treatment of cervical lesions.
Eclampsia (2011-12)	Communicated audit and recommendations to staff in the final audit report.
Declining blood products (2011-12)	<p>Patient information group updated leaflets.</p> <p>Audit results discussed at the community midwives meeting.</p> <p>Ensured CERNER will have this option of recording patient information.</p> <p>Included a reminder at the community midwives meeting the importance of documenting leaflets given to women.</p>
Shoulder dystocia (2011-12)	Reminded staff to complete all aspects of the proforma in the notes.
Grade 1 LSCS (2011-12)	Changed categories of Caesarean Sections on CMiS.
Severe PET (2011-12)	Communicated audit and recommendations to staff in the final audit report.
Repatriation of stroke patients from London HASUs to St Mary's Hospital Stroke Unit (re-audit)	<p>Pan-London transfer proforma including all documentation has been suggested in pan-London guidelines, with particular emphasis on medical handovers as a means of maintaining patient safety.</p> <p>Suggested changes to details of pan-London guidelines Bamford classification vs NIHSS Follow-up arrangements (responsibility of receiving hospital).</p> <p>Facilitated safe transfer using a pan-London contact list Including details of all HASUs and SUs, with phone numbers and bleep numbers updated regularly.</p>
Drug allergy in childhood - penicillin (Audit and Survey)	<p>High risk patients are now cohorted and have skin prick testing and specific IgE testing prior to a graded in hospital penicillin challenge.</p> <p>Patients with a history suggestive of a low risk of reacting to penicillin now have a graded penicillin challenge in hospital without prior testing.</p> <p>Presented to BSACI Annual meeting July 2012.</p>

Local Clinical Audit	Implemented actions
Pressure ulcer management in A&E departments 2012/13	<p>Audit results disseminated to service leads, Unplanned Board and QSPEC.</p> <p>Risk assessment information now included in staff handover.</p> <p>Service leads have sourced photographic equipment for A&E Charing Cross Hospital.</p> <p>Staff have attended tissue viability rolling training programme, commencing 16th January 2013.</p>
Management of diabetic ketoacidosis in Charing Cross Hospital A&E	New departmental guidelines for the management of DKA created.
Gastric ulcer follow-up compliance	Clear definition of lesions agreed, including need for repeat endoscopy to be identified at time of procedure.
VTE assessment in stroke wards at Charing Cross Hospital	Presented at MDT training session.
Symptomatic intracranial haemorrhage in patients treated with alteplase 2012/13	<p>Continued prospective auditing of sICH as an adjuvant to the current monitoring systems of rt-PA use at Imperial Stroke Centre.</p> <p>Prospective data benchmarked against the previous 12 months as well as the SITS-MOST study incidence of sICH.</p>
VTE risk assessment 2012/13	Ongoing weekly audits on all three sites have continued.
Trust's quality account antibiotic indicators of correct use in paediatrics	<p>Education to junior doctors at induction about the inclusion of stop/review date and indication on the drug chart at the pharmacy section of their induction begun.</p> <p>Reviewed the Paediatric Antibiotic Guideline to include more indications if appropriate.</p> <p>Presented the audit at the Paediatric Audit afternoon to the general paediatric team.</p> <p>Presented the results to senior consultants.</p>
Domestic violence: Maternity project	Developed and implemented social risk assessment tool for use at antenatal booking.
Colonoscopy and flexible sigmoidoscopy (2012-13)	<p>Disseminated guidelines for endoscopic procedures to all defined referral pathways. Specific discussions conducted with the GI Surgical Unit as to defining the criteria for routine and urgent referrals.</p> <p>Further discussions conducted with the colorectal team regarding recommendations for urgent Vs elective procedures.</p> <p>Implemented a stricter policy in vetting surveillance colonoscopies.</p>
Paediatric patient acuity audit – Grand Union Ward	Reviewed staffing levels on less demanding day shifts as a trial initiative.
Newborn infant physical examination standards	<p>Consultant radiologists informed re Hip Audit results for further action.</p> <p>Reinforced timing of baby check in Induction.</p>
HTA GQ8: Risk assessments of practices and processes	SOPs without a risk assessment section are now reviewed.
The use of blood products on the neonatal unit 2012/13	<p>Awareness given of Trust Transfusion Guideline to all new medical staff.</p> <p>Re-audited to look at monitoring during blood transfusions and compliance to Trust guidelines – “Prospective Blood Transfusion Audit – use of blood products and monitoring”.</p>

Local Clinical Audit	Implemented actions
Medical note keeping audit	Structured instruction section added to the operation sheet, which will allow great detail to be recorded and be used as part of the handover.
Interdepartmental patient transfer 2012/13	Imaging lead nurse took findings to Back to Floor Fridays and reminded ward staff that all sections of the Transfer form should be completed.
Does the parenteral nutrition (PN) practice within the Neonatal Units at Queen Charlotte's & Chelsea Hospital and St Mary's Hospital meet local and national standards	Documentation of purpose of TPN encouraged amongst key staff members.
Medical record keeping on the Stroke Unit at Charing Cross Hospital	Increased number of patient labels printed. Presented findings to MDT. Reiterated importance of good medical record keeping.
Oncology patients case notes	Photocopy of Profile A placed in the plastic wallet.
Two week timeline from diagnosis to patients discussed in the Oncology MDT Meeting.	All details now included on the MDT sheets in order ensure accurate data collection for the oncology databases. The patient list is now kept updated for future use and includes if there was a delay in diagnosis.
VTE in Orthopaedics 2012/13	Created local guidelines - VTE prophylaxis for inpatients, VTE prophylaxis on discharge. Re-audited, with a longer snapshot.
Fetal blood samples taken in labour	Reminded staff to record intrapartum events that affect the FH on the CTG, such as FBS.
Maternal obstetric haemorrhage	Maintaining ongoing continuous audit of this criteria.
Audit of health visitor referrals from A&E	The details relating to the missing forms are now communicated to the liaison health visitor to enable further review and scanning to take place.
Outcomes in patients referred to colposcopy with borderline changes in glandular cells	Wide variation of outcomes and sensitivity of diagnosis throughout London units communicated.
CNST Audit Plan 2012/13	Trust achieved plan and Level 3.
Prolonged Jaundice Clinic - efficacy of early referral	Questionnaire given to health visitors and GPs in order to seek their opinion and recognise what they already know about prolonged jaundice clinic. Introduced use of the GP newsletter to promote prompt referral of babies to this service.
Audit trauma calls St Mary's MTC (re-audit)	A&E SHO now part of Trauma Team. Orthopaedic SHO continues to attend all trauma calls.

Participation in research and clinical trials

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 25,677.

Participation in clinical research demonstrates the 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 possible treatment possibilities and active participation in research leads to successful patient outcomes.

CQUIN framework & data quality (goals agreed with commissioners)

A proportion of the Trust's NHS income in 2012/13 was conditional on achieving quality and innovation goals agreed between the Trust and its main commissioners.

Further details of the agreed goals for 2013/14 can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131988 and details of last year's CQUINs can be found in the Trust board performance reports as part of the Trust board papers on our website.

Care Quality Commission (CQC) registration status

The Trust is required to register with the CQC and its current registration status is 'registered without conditions' at the following sites:

- ▶ Hammersmith Hospital
- ▶ Queen Charlotte's & Chelsea Hospital
- ▶ Western Eye Hospital
- ▶ St Mary's Hospital
- ▶ Charing Cross Hospital
- ▶ Renal satellite Units²

The Trust is subject to periodic reviews by the CQC to confirm that we are delivering care in accordance with the essential standards of quality such as privacy and dignity, food and nutrition. During 2012/13 we had four planned reviews at Western Eye, Queen Charlotte's & Chelsea, and Hammersmith hospitals, as well as St Charles & Hammersmith Renal Satellite units. The CQC's assessment of the Trust following these reviews was that we were meeting all the essential standards of quality and safety reviewed.

² These consist of: Brent Renal Centre, Ealing Renal Satellite Unit, Hayes Renal Centre, Northwick Park Renal Centre, St Charles Hammersmith Renal Centre, Watford Renal Centre, West Middlesex Renal Centre

We had a responsive review at St Mary's Hospital in response to concerns arising from Never Events. We were found to be compliant with the essential standards of care that were reviewed during this review.

The CQC carried out a follow up inspection as part of the national nutrition and dignity work at Charing Cross Hospital during 2012/13. We were found to be compliant with the essential standards reviewed.

The CQC has not taken enforcement action against the Trust during 2012/13.

During the planned review at Queen Charlotte's & Chelsea Hospital, the CQC included outcome 13: staffing, to ensure the Trust had implemented actions arising from a responsive review in 2011/12. The CQC confirmed that they were happy with our progress and were assured that we were compliant.

Statement on data quality

The Trust continues to improve its data quality and has introduced a robust governance structure for monitoring and improvement. Data quality indicators are reported to the Trust's management board and are also included within the Trust's monthly CPG performance scorecards to ensure data quality governance is aligned with the Trust's performance management framework.

An operational data quality group, which has representation from all service areas, looks in detail at a number of data quality indicators and monitors the progress of improvement. There are a total of over 200 data quality indicators in use across the Trust, which are available via a data quality dashboard tool 'Cymbio'.

Access to Cymbio is via the Trust's intranet site and is promoted regularly to staff through internal communications and training sessions. New data quality indicators continue to be developed in response to user requirements.

NHS number and general medical practice code validity

Note the data below is subject to change. Year-end data was not available at the time of producing the quality account.

The Trust submitted records during 2012/13 to the Secondary Users Service for inclusion in the Hospital Episode Statistics.

The percentage of records in the published data to month eleven of 2012/13 (latest available) that included the patient's valid NHS number	The percentage of records in the published data which included the patient's valid general medical practice code	Actions the Trust will be taking to improve data quality
96.4% admitted patient care	100% for admitted patient care	<ul style="list-style-type: none"> - Continue to implement the Trust's NHS Number Strategy, including a particular focus on NHS number compliance in A&E datasets - Implement the new data quality strategy - Increase the number of data quality indicators included in CPG performance score cards for review and performance management
98% for outpatient care	100% for outpatient care	
77.7% for accident and emergency care	98.5% for accident and emergency care	

Information governance toolkit scoring

The Trust's information governance assessment report overall score for 2012/13 was 72 per cent and was graded 'satisfactory'.

This improvement from unsatisfactory last year was largely due to the implementation of pseudonymisation, data flow mapping and the achievement of the 95 per cent target that all staff complete annual mandatory information governance training.

The improvement in performance of training was due to the development, implementation and delivery of new in-house on-line training that achieved a compliance rate of 98 per cent against the target of 95 per cent.

Clinical coding quality

The Trust was subject to the Payment by Results audit by the Audit Commission during 2012/13. The error rate in admitted patients ranged from 5.7 per cent (in two spells in obstetric medicine and two spells in urological and male reproductive procedures and disorders that changed the payment received by the Trust) to 9.4 per cent (three spells in cardiac procedures that affected the price). The performance of the Trust, measured against the proportion of spells with an incorrect payment, would place the Trust better than average compared to last year's national performance for clinical coding in obstetrics medicine and urological and male reproductive procedures and disorders and worse than average for cardiac procedures but not in the worst 25 per cent of trusts compared to last year's national performance. The audit report acknowledges that that the audit sample was targeted and small and may not be representative of all activity at the Trust.

Outpatient data covering endocrinology and medical oncology outpatient attendances was also audited and in the sample audited, there were no spells with an error that affected the price. The performance of the Trust, measured against the number of attendances changing payment due to errors in attendance details would place the Trust in the best performing 25 per cent of trusts compared to the last time the Audit Commission undertook a national audit of outpatient data (2008-2010).

In the sample audited for accident & emergency attendances, 8.2 per cent of attendances (14 attendances) had a coding error affecting the price. The audit report did not provide any performance comparison for this area.

The highest level - attainment level three - was reached for clinical coding quality under the national information governance assessment report in 2012/13:

- ▶ Primary diagnosis coded correctly = 96%
- ▶ Secondary diagnosis coded correctly = 92.2%
- ▶ Primary procedure correct = 95.6%
- ▶ Secondary procedure correct = 90.2%

//Current view of the Trust's position on quality

During 2012/13 we continued in our commitment to making quality central to all we do. We provided services that met Care Quality Commission (CQC) essential standards, reported and learnt from patient safety incidents, reviewed the Mid Staffordshire NHS Foundation Trust public inquiry report and have produced an annual report that promotes openness, transparency and a duty of candour.

All of our inpatients have been cared for in single sex accommodation and we have maintained one of the lowest mortality rates in the country.

Working as an academic health science centre (AHSC) with our academic partner Imperial College London, we have harnessed clinical care, innovative practice, research and development.

We have been successful in securing new developments to improve healthcare, the following are key examples:

Patient and public involvement

In July 2012 the Trust launched a patient & carer experience strategy. The strategy was developed in close collaboration with key external stakeholders and comprises of three sections; our patient experience objectives; the patient experience charter; and plans for delivery and monitoring of the strategy. The stakeholder group were asked to identify the most important factors that would lead to a good patient experience. These factors were then translated into nine common themes and were cross referred with the NICE framework for patient experience to ensure that there was a good correlation with agreed national best practice.

Since the launch of the strategy, much of the focus in the Trust has been to measure the compliance of the inpatient wards against the patient experience charter and the underpinning actions.

Friends and family test

The Trust also launched the national friends and family test (FFT). We now include the FFT as a stand-alone survey for inpatient wards and accident and emergency departments. Measurement of the FFT scores began in March 2013. Going forward, this will be used as a key measure of patient experience with all wards expected to achieve a target level.

Involving patients in developing our services

A further area where we have developed significantly is involving patients both in their direct experiences of our services and helping the Trust in shaping and developing services. A good example of this type of approach has been the introduction of the Macmillan Values Based

Standards across some of our cancer inpatient services³. Through this initiative we have been working directly with patients to obtain their views about the services. The re-design approach also involves having similar discussions with staff and bringing both perspectives together to identify new methods and ways of working that will contribute to a better patient experience. We hope to further develop and expand this approach in 2013/14.

Trust clinician named as national clinical director for obesity and diabetes

The Trust was delighted by the appointment of Dr Jonathan Valabhji, lead clinician for diabetes at the Trust, as national clinical director for obesity and diabetes at NHS England. He took up this post in April 2013 and will report to NHS England's medical directorate, informing national policy and strategy for healthcare and providing in-depth information about care.

Speaking after his appointment, Dr Valabhji said:

“As clinicians we spend most of our working lives trying to do our best for the person in front of us. The prospect of making a difference at a population level is a fantastic opportunity and a great privilege.”

Commenting on Dr Valabhji's appointment, Mark Davies, chief executive of the Trust, said:

“I would like to take this opportunity to congratulate Jonathan on his appointment as national clinical director. This is a testament to the excellent work Jonathan has performed in the battle against diabetes, and the leadership he has shown both at this Trust and around the country.”

Improvements to our cancer services

The Trust appointed a new deputy medical director and director of cancer, Dr Chris Harrison. Chris has a background in public health medicine and was previously medical director at The Christie NHS Foundation Trust, the largest specialist cancer centre in Europe.

Chris joins our Trust-wide cancer leadership team working with staff to improve patient experience and performance.

³ In 2009 Macmillan Cancer Support commissioned work to research and develop a standard for cancer care services, expressing human rights principles as specific behaviours. The standard has been developed through an 18 month engagement process with over 300 healthcare staff and people living with and affected by cancer across the country.

Investing in our cancer teams – training opportunities

‘**SAGE and THYME**’ is a foundation level workshop, teaching a memorable and structured approach to talking with people who are worried and stressed.

This nine-step tool for health and social care professionals is an evidenced-based tool for health and social care workers and others involved in the most basic emotional support of distressed people.

“(Staff)...who have participated in the SAGE and THYME seminars, report increased confidence in their ability to assess and support distressed people with cancer and other serious illnesses.” (Connolly, M et al 2009)

Improvements to our maternity services

The maternity service at Queen Charlotte’s & Chelsea Hospital has recently opened a new purpose built two-bedded high dependency unit (HDU). This unit will provide support for women requiring level 1 and level 2 care and will be led by the HDU midwife specialist.

In addition, the Trust received £370,000 in government funding in January 2013 to upgrade maternity facilities for our patients at Queen Charlotte’s & Chelsea and St Mary’s hospitals.

Training facilities have also been improved. The maternity unit now has a new training room complete with hi-tech equipment including an interactive manikin. The simulator allows obstetric emergencies to be managed on the manikin in the clinical setting. Unannounced emergency training drills are performed in the clinical setting ensuring staff skills are refreshed and rehearsed on a regular basis.

The director of midwifery, Jacqueline Dunkley-Bent, has focused on the ongoing developments and improvements of the maternity services in close partnership with the maternity services liaison committee and support from the local communities and stakeholders. Their collaborative work has been very much appreciated over the past year.

Stroke services

The Trust’s hyper-acute stroke unit at Charing Cross Hospital was ranked as the best amongst 150 stroke units in the country according to the Royal College of Physicians’ quarterly Stroke Improvement National Audit Programme (SINAP) in November 2012.

Dr Arindam Kar, hyper-acute stroke unit lead at the Trust said:

“Most of our patients are returning home with less disability than ever before and our stroke thrombolysis rates and mortality rates are amongst the best in the country. With the introduction of newer cutting edge technologies, we expect to be able to provide even more improvements to the quality of care that our patients receive.”

Research

It has been another year of success and achievement for research at the Trust. Our research strategy is driven in close collaboration with Imperial College London through our academic health science centre (AHSC) partnership.

Following the largest single award for biomedical research in the country, we have completed the first full year of work in the new National Institute for Health Research (NIHR) Imperial Biomedical Research Centre (BRC). More than 600 individual research projects were active during 2012/13, and more than 250 new experimental medicine studies were approved. Our NIHR-supported clinical research studies recruited 10,000 patients in 2012, and a further 37,000 volunteers participated in the Cohort Study on Mobile Communications (COSMOS) which aims to identify if there are any health issues linked to long-term mobile phone use.

Imperial Clinical Phenotyping Centre

One of the key BRC-funded initiatives is the Imperial Clinical Phenotyping Centre. The new centre based at St Mary's Hospital and directed by Professor Jeremy Nicholson, brings together a unique collection of state-of-the-art technologies that analyse the chemical make-up of a tissue or body fluid sample to provide rapid diagnostic information. The profile of chemicals present in a sample provides a read-out of the patient's disease classification and severity. This information can inform doctors how the disease will progress in an individual patient or how the patient is responding to a particular therapy.

MRC-NIHR Phenome Centre

In 2012, Professors Jeremy Nicholson and Paul Elliott, in collaboration with colleagues at King's College London and major instrument suppliers, received a £10million award from the Medical Research Council (MRC) and NIHR to establish the MRC NIHR Phenome Centre. Closely linked to the work of the BRC and the Imperial Clinical Phenotyping Centre, the MRC NIHR Phenome Centre will provide researchers from across the UK with the analytical technology they need to study the links between a person's metabolism, their environment, and the diseases they develop. In the long-term this will lead to better diagnostic tests and tailor-made drugs for individual patients.

The centre is a partnership between industry, research funders and our researchers. In addition to the grant, there are significant contributions of staff, equipment, and technical support from the Waters Corporation and Bruker Biospin GmbH. Both companies will work with the centre to develop the technology and establish a major training centre.

Public showcase of research

On 1 November 2012, the NIHR Imperial BRC opened its doors to patients, healthcare professionals, students and members of the local community, providing an opportunity to explore the variety and breadth of translational research being undertaken in the BRC.

Visitors had the chance to partake in hands-on displays that included liver monitoring, DNA extractions, neurological visual tasks, handling a biopsy gun and the operation of a robotic system used in surgical procedures. The event was also attended by our partners from the Royal Brompton and Harefield NHS Foundation Trust Cardiovascular and Respiratory Biomedical Research Units, and colleagues at the North West London Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

Attendees were invited to tour the purpose-built NIHR/Wellcome Trust Imperial Clinical Research Facility and witness first-hand the instrumentation and techniques employed there. A lively forum also took place including panellists representing Imperial College London, the Trust and the NIHR, which considered how to increase the opportunities for patient involvement in research and the research process.

Rare diseases and the NIHR BioResource

The Trust is playing an active role with other Biomedical Research Centres and Units in the establishment of the NIHR BioResource, a national initiative which will provide considerable new capacity for the carrying out of new clinical research studies. The BioResource will contain biological samples and associated clinical information from thousands of patients and healthy volunteers. It will initially focus on exploring the genetic causes of rare diseases, with a view to diagnosing these conditions at an earlier stage and then tailoring treatment for patients.

In 2012/13 the Trust also received funding to develop systems and processes to support the sharing of electronic patient data. This will benefit research and widen participation in clinical studies by making it easier to identify patients with common conditions and characteristics.

//Statements from stakeholders

Imperial College Healthcare NHS Trust Quality Accounts 2012/13

Response from Healthwatch Central West London



Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to comment on the Imperial College Healthcare NHS Trust (ICHT) Quality Account (QA) 2012-13. Under the provisions of the Health and Social Care Act, Healthwatch CWL replaced the Local Involvement Networks on April 1 2013. The work of the Hammersmith and Fulham, Kensington and Chelsea and Westminster LINKs has therefore informed the majority of this submission.

We would like to thank ICHT for continuing to engage with us over the last financial year and we would like to congratulate the Trust on their strong performance on mortality rates, single sex provision, pressure ulcers. We welcome the improved accessibility of the Quality Account for 2012-13 and suggest diagrams showing the structure of the Trust's new divisions, and how Imperial College Healthcare Research informs the work of the NHS Trust could assist further.

Trust response

The Trust notes the suggestion of adding in diagrams of the new divisional structure. As this comes into effect after the publication of these accounts, the new structure will be included next year and will be available for the public to review on our website.

We look forward to working with the Trust to implement the recommendations of our recent report on the patient experience of dignity in care and discharge from the Charing Cross site. Our report identified a number of areas requiring further development including the implementation of 'protected' mealtimes, improved communication with patients, discharge planning and dementia care. A recent visit to St Mary's Hospital identified communication with the hospital pharmacy as a further barrier to effective discharge from that site. It should be noted that a number of these concerns were also highlighted by the CQC Inpatient Survey 2012⁴.

Trust Response

The Trust welcomed the report regarding Charing Cross Hospital and was pleased to see that the report identified a number of areas where Charing Cross Hospital is performing well. We will address the CQC 2012 inpatient survey results during 2013/14.

⁴ <http://www.cqc.org.uk/survey/inpatient/RVJ>

Anecdotal evidence received by Healthwatch CWL also suggests the maternity experience at Queen Charlottes and Chelsea Hospital could be improved and we are pleased the Trust is taking steps to address this.

The management of waiting lists and the resulting impact on patient care was a significant concern highlighted in our statement on the QA 2011-12. Whilst we welcome the implementation of the full range of recommendations from the clinical and governance reviews and the improvements in cancer waiting lists, we remain concerned about the administration of cancer and orthopaedic pathways. Our concerns were also echoed by the findings of the Cancer Patient Experience Survey 2011/12⁵. Further to our correspondence, we are pleased the Trust has attended our meetings to update us on the remedial action underway.

Trust response

The Trust remains committed to continuing our work through the Trust-wide cancer leadership team, led by the chief operating officer, as set out in the main body of our quality accounts.

‘Shaping a healthier future’ will have a significant impact on our members and local residents. Our formal response to that consultation⁶, included the need to ensure services at Charing Cross Hospital in particular are optimised until such a time as the Out of Hospital strategy has been fully implemented locally.

We are concerned about the impact on Urgent Care and Accident and Emergency Departments in the interim. On a recent visit to the Urgent Care Centre in St Mary’s, capacity was an issue. At times the Centre is being used inappropriately, the volume of demand is increasing and there are two different IT systems for capturing patient data. Healthwatch Central West London plans to prioritise unscheduled care as part of our 2013/14 work programme. We also look forward to working with key stakeholders on any re-development of services on the Imperial sites.

Trust response

The work that Healthwatch does to improve the quality of healthcare in the local area is important and helps us to ensure that patients at our hospitals are treated with the highest standards of care, dignity and respect.

Finally and in light of the recent Francis report, Healthwatch CWL would welcome quarterly monitoring data on compliments and complaints. We are keen to ensure local complaints mechanisms are accessible for all. We also want to ensure staff training incorporates key learning to support an open and transparent culture that puts patients first.

Trust response

We would welcome the opportunity to work with you and share our vision on how we manage and monitor complaints. The Trust board now receives regular feedback about formal complaints and compliments in the form of patient stories.

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126880/Cancer-Patient-Experience-Survey-National-Report-2011-12.pdf

⁶ <http://www.lbhflink.org/files/2012/10/HFLINKStatementSAHF081012.pdf>

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Date: 30 May 2013

Response from Health, Environmental Health and Adult Social Care Scrutiny Committee, Royal Borough of Kensington and Chelsea and Adult Services and Health Policy & Scrutiny Committee, Westminster City Council

Response to Quality Account 2012/2013

Introduction

We welcome the opportunity to comment on the Imperial College Healthcare Trust's (ICHT's) Quality Account 2012/2013. Our respective Councils each have a good working relationship with the ICHT. The Trust is key to acute health provision in the tri-borough area, with St Mary's, Charing Cross, Hammersmith, Western Eye and Queen Charlotte's & Chelsea Hospitals. Our analysis is limited to the information given by the Quality Account and that which is provided by the Trust in publicly accessible information.

Performance

Imperial has seen improvements but is still considered to have performance problems in several areas.

We are pleased to note:

- The Trust is broadly a high performing organisation in respect to clinical effectiveness.
- From Dr Foster, the overall 3 year mortality Hospital Standardised Mortality Ratio compares the actual number of deaths in a Trust against the expected number over the last three years. Imperial College Healthcare NHS Trust performs well (71.46), compared to the national average (100). Separately, the Health and Social Care Information Centre have confirmed Imperial College Healthcare NHS Trust as having 'lower than expected' mortality ratio over a two year period.⁷
- The long list of actions the Trust has carried out to improve overall quality: Safety, Clinical Effectiveness and Patient Experience in 2012/13.
- Following external assurance from the NHS Intensive Support Team from July 2012 the Trust *resumed reporting* on 18 week referral to treatment times, with June performance reported on the 18th July. This brought the reporting break to a close.⁸
- The delivery of single-sex accommodation with zero breaches in the last year.

We note:

- In the CQC survey: Accident and emergency 2012⁹ and Imperial College Healthcare NHS Trust¹⁰ scored on 'overall view of experience' 'about the same' (compared with other Trusts).

⁷ HSCIC (24 Jan 13): Hospital mortality: report shows trusts with persistently high or low ratios over two year period
<http://www.ic.nhs.uk/article/2503>

⁸ CEO report - ICHT Board meeting 18 July 2012

http://www.imperial.nhs.uk/prdcons/groups/public/@corporate/@communications/documents/doc/id_035789.pdf

⁹ CQC (6 Dec 12): Accident and emergency 2012

- We note the improvement and the work still needed on cancer waiting times. As of Month 8 (reported on 30 January), Imperial were meeting the target for Cancer Referral to Treatment Two Week Waits for initial appointment - 94.4% (target 93%). However, they were short on three of the eight national standards for cancer waiting times: (1) Patients who are referred as urgent patients under the 2-month referral-to-treatment (62 day) - 77% (target 85%); (2) Patients are being treated within 62 days after Cancer Screening - 84.6% (target 90%); and (3) Patients receive their first definitive treatment within one month (31 days) of cancer diagnosis - 93.6% (target 96%).¹¹ As of today, the Trust's latest performance shows further improvement as the Trust is now meeting seven out of the eight national targets. The target where Imperial continues to underperform is the '62 day wait for first treatment' standard, however, the Trust continues to maintain the trajectory regarding the delivery of all standards by March 2013.
- The Trust's score for "Staff recommendation of the Trust as a place to work or receive treatment" (Key finding 24) in the NHS staff survey 2012¹² was 3.7 (for comparison Chelsea and Westminster Hospital NHS Foundation Trust was 4.02 [the higher the score the better]).

We are disappointed to note:

- MHP Health Mandate has published an overall assessment of NHS hospital quality in England, based on "what matters most to people". Imperial College Healthcare NHS Trust came 112th out of 146 Trusts.¹³
- All the standards not met by Imperial's hospitals in NHS London Health Programmes "Quality and safety programme - Audit of acute hospitals". At Charing Cross Hospital standards 1, 2, 3b, 4, 5, 6, 10, 11 (surgery), 12, 13, 14, 15, 17, 18, 20 (surgery), 21, 22 (surgery), 23 and 24 were not met.¹⁴ At Hammersmith Hospital standards 1, 2, 3b, 4, 5, 6, 10, 12, 18, 23, 24 and 27 were not met.¹⁵ At St Mary's Hospital standards 1 (medicine), 2, 3b, 4 (medicine), 5 (medicine), 6, 10, 12, 17b, 18, 20, 23 and 25 were not met.¹⁶ (For a local comparison at Chelsea and Westminster only standard 20 was not met.¹⁷)

<http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/accident-and-emergency-2012>

¹⁰ CQC: People's experiences of Imperial College Healthcare NHS Trust accident and emergency services

<http://www.cqc.org.uk/survey/accidentemergency/RVJ>

¹¹ ICHT Board (30 Jan 13): Performance

<http://www.imperial.nhs.uk/aboutus/ourorganisation/boardmeetings/papers/index.htm?mtgDate=01/30/2013>

¹² People Management (4 Mar 13): NHS staff survey finds rising engagement levels

<http://www.peoplemanagement.co.uk/pm/articles/2013/03/nhs-staff-survey-finds-rising-engagement-levels.htm> NHS Staff Survey - 2012 Full Results <http://nhsstaffsurveys.com/cms/>

¹³ MHP Health (13 Mar 13): Revealed the best NHS hospitals according to the public's priorities

<http://www.mhpc.com/health/revealed-the-best-nhs-hospitals-according-to-the-publics-priorities/>

¹⁴ Charing Cross Hospital Report - Audit visit July 12

<http://www.londonhp.nhs.uk/wp-content/uploads/2013/02/Charing-Cross-Hospital-Quality-Safety-Audit-Report-FINAL.pdf>

¹⁵ Hammersmith Hospital Report - Audit visit July 12

<http://www.londonhp.nhs.uk/wp-content/uploads/2013/02/Hammersmith-Hospital-Quality-Safety-Audit-Report-FINAL.pdf>

¹⁶ St Mary's Hospital Report - Audit visit September 12

<http://www.londonhp.nhs.uk/wp-content/uploads/2013/02/St-Marys-Hospital-Quality-Safety-Audit-Report-FINAL.pdf>

¹⁷ Chelsea and Westminster Hospital Report - Audit visit September 12

- The Trust has been notified by the CQC that its performance in regard to neonatal mortality appeared to be higher than expected – a data review has been completed and a review of this year’s activity commissioned.¹⁸ We Trust that the situation will be resolved promptly.

Trust response

The Trust has benchmarked itself against comparable specialist neonatal units worldwide and found that we compare favourably with these. We provide specialist care for tertiary referred neonates and specialise in neonatal sepsis; therefore we have a disproportionately high number of critically unwell neonates and comparisons with other smaller units is difficult to interpret. We are committed to improving the quality and outcomes of the care we deliver and will continue to monitor this.

- ‘External Governance Review of the Breakdown in Reliability of Performance Data for Waiting Times’¹⁹ said there is strong evidence that, by mid-2011, the accuracy of the performance data and reports for 18 week RTT, diagnostics and cancer was very poor. The causes of the poor quality of the data and reports on performance on waiting time standards for 18 week RTT, diagnostics and cancer were: lack of standardised processes rigorously applied; poor computer systems; inadequate internal reports for managing waiting lists; weaknesses in knowledge, expertise and engagement; and, weaknesses in management. It appears that between 2008 and mid-2011 the Trust lost management grip of delivery of waiting time standards.

Trust response

The Trust has worked to address data quality concerns related to 18 week referral (RTT) time target and waiting times for cancer including two week waits and diagnostics. An independent clinical review was conducted which concluded that no patients were identified as suffering harm due to delay in treatment.

The reporting systems used within the Trust have been rebuilt to accurately reflect patients’ waiting times and the Trust recommenced reporting for cancer including two week waits, and diagnostics recommenced in June 2012 and for the 18 week referral to treatment (RTT) time target in July 2012.

Since reporting resumed the Trust has:

- *Met the six week diagnostic test standard each month (since June 2012)*
- *Steadily improved performance against the eight national cancer standards, from June 2012 when just three of eight standards were achieved to achieving all eight in March 2013*

<http://www.londonhp.nhs.uk/wp-content/uploads/2013/02/Chelsea-Westminster-Hospital-Quality-Safety-Audit-Report-FINAL.pdf>

¹⁸ ICHT Board (30 Jan 13): Care Quality Commission Clinical Alert: Perinatal Conditions

http://www.imperial.nhs.uk/prdcons/groups/public/@corporate/@communications/documents/doc/id_038351.pdf

¹⁹ External Governance Review of the Breakdown in Reliability of Performance Data for Waiting Times:

http://www.imperial.nhs.uk/prdcons/groups/public/@corporate/@communications/documents/doc/id_036750.pdf

- *Improved RTT performance from July to November 2012 when all three standards (admitted performance, non-admitted performance and incompletes) were achieved at aggregate Trust level. Since November, the three standards have been achieved each month at the aggregate level and by more specialities each month. In March 2013 only three specialities were failing any of the three standards*
- The Cancer Patient Experience Survey 2011/12²⁰ was published on 17 August. Imperial College Healthcare NHS Trust fared worst across the whole of the UK, falling in the bottom 20% for responses to 56 of the questions used in Macmillan's analysis, and in top quintile just once²¹. However, we are pleased that the Trust agreed to meet with Macmillan and OSC Members to present a route for improvement.

Trust response

As detailed in the quality accounts, the Trust is focused on improving our cancer services working with patient representatives, national cancer experts, primary care colleagues and our local authorities to better our waiting times and enhance patient experience. We were pleased to receive a delegation from Westminster City Council to discuss these issues and attend a meeting of the OSC in November 2012.

- We note the recent drop in A&E quality indicators across each site and the consistently higher wait times at the St Mary's site, relative to Hammersmith and Charing Cross. Given the lead-in time for the implementation of 'Shaping a healthier future,' we would expect that the Trust is actively seeking ways to both cope with current demand through appropriate staffing levels and anticipate rising demands at the remaining emergency admission departments.

Trust response

The Trust welcomed the decision taken by the Joint Committee of Primary Care Trusts to move forward with the Shaping a healthier future plans to reconfigure health services in north-west London. We believe that the proposed changes to the way our hospitals are organised will enable us to save more lives and deliver the highest standards of care and treatment to all our patients. Working with our partners we look forward to sharing and developing our overall clinical vision for the Trust. Each of our three main hospital sites – Charing Cross, Hammersmith and St Mary's – will have a crucial and interconnecting role in delivering the best and most innovative patient-focused medical care.

Around targets

For Imperial to achieve necessary improvements against national targets, the Trust will need to provide evidence that they will be able to achieve the revised targets set.

²⁰DH: Second national cancer patient experience survey published <http://www.dh.gov.uk/health/2012/08/cancer-experience-survey/>

²¹ 'National Cancer Patient Experience Programme 2011/12 National Survey - Imperial College Healthcare NHS Trust (August 2012)' report is available at: <http://www.quality-health.co.uk/images/stories/pdfs/2012CancerReports/ryjimperial2011-12nationalcancerpatientexperiencesurveyreport.pdf>

We note that:

- The Trust will need to make efforts to have a marked increase in inpatients assessed for venous thromboembolism (VTE) where national CQUINs require a sharp increase in performance.
- The Trust performed well on falls prevention and the low numbers of pressure ulcers.
- We note that Imperial performs well on the prevention of urinary catheter related infections and hope to see Imperial *continue* to perform better than the national average, given the specialism in urology.
- We note that MRSA figures have approached the maximum number of cases set by the Department of Health. We welcome that there appears to be no systematic problem at the Trust, confirmed by the CQC who reported that they found many examples of good practice at the Trust. Last year we welcomed the roll-out of the Trust-wide aseptic non-touch technique (ANTT) training and competency programme. We would raise again the need to ensure that agency and temporary staff are adequately trained in Trust-wide programmes.
- We welcome efforts of the Trust to ensure that prescriptions of anti-infectives have a stop or review date – in order to ensure appropriate use and prevent the development of resistant strains of infection. We appreciate the major improvements in the last year and applaud the Trust in focusing upon anti-infective prescribing.
- As a result of the Trust's reporting break, Westminster's Health Committee made a number of observations around patient safety incidents. The Committee recommended that **serious incidents** reported to the NPSA needed to be disclosed to referring GPs and local OSCs when they are serious enough to be entered on the hospital's risk register (e.g. involve large numbers of patients, a fatality or a Serious Case Review). Beyond this, the Committee recommended that the Trust more actively encouraged the reporting of patient safety incidents, as in the Organisation Patient Safety Incident Report of 2012, Imperial was one of the '**lowest reporters**' amongst Acute Teaching Trusts.

The Committees welcomes the inclusion of this indicator in this year's Quality Account in order to "to use reporting of patient safety incidents to bring about improvements in care and reduce harm."

The National Patient Safety Agency reported to Imperial that organisations which reported more incidents typically had a better and more effective safety culture. Trusts cannot effectively learn and improve if they do not know what or where the problems are. What is concerning to us is that in March 2013 it was reported that the median number of days between incidents occurring and being reported to the NRLS was **82**, which was one of the longest lengths of time in Greater London.²²

In relation to the targets set by Imperial College Healthcare NHS Trust, we would also hope that the Trust would aspire to achieve much higher above the '*national average*' for patient safety reporting rates, given that only one quarter in 2012/2013 saw the Trust achieve the

²² Organisation Patient Safety Incident Report (March 2013) <http://www.nrls.npsa.nhs.uk/resources/?entryid45=135147>

internal grade set. However we do note and welcome the steady rise in this number across 2012/2013.

We maintain some concern that the patient safety incidents graded as “extreme” stood at 0.3% in the last quarter. This is slightly higher than the national average (0.1%) and is hopefully not indicative of a wider problem.

- Whilst Imperial College Healthcare NHS Trust is very near to the peer average for the number of emergency readmissions to hospital within 28 days of discharge, we remain concerned that this is still high. We stress the importance of partnership working and welcome the Discharge Partnership Group as a vehicle to ensure that this number is driven down. Imperial College NHS Trust should be at the forefront of the integration of health and social care and we support greater efforts towards further partnership working.
- Furthermore in relation to discharge, we welcome greater efforts to improve patient knowledge of discharge plans and having an appropriate discharge pathway outlined in patient notes. **To highlight the importance of patient experience related to discharge, we would stress that clarity provided in notes and to the patient will only serve to reduce emergency readmissions to the Trust.**

Trust response

The Trust has made timely and accurate reporting to the NRLS a priority and currently the median days between the incident occurring and being reported to the NRLS is 41. The current average reporting for London is 44.5 days so at present we are above average for our reporting times since April 2013.

Overall the Trust has made considerable progress during 2012/13 in terms of our performance in the key areas of quality and safety, our operational activity and waiting times. We continue to sustain our improvement in terms of overall quality and operational performance. Across the Trust our staff have worked hard with a real focus on ensuring that our patients receive not only high quality clinical care but timely and caring treatment as well.

Facilities

Clinical care is generally of a very high order at ICHT but without a good patient environment it can be blunted. Many of the Trust’s hospital buildings are in a poor condition. Currently, these buildings cannot provide an environment that facilitates patient recovery. We would like to know more about ICHT’s estates strategy, particularly for Charing Cross, St Mary’s and Western Eye.

The St Mary's site combines some of the most modern advanced buildings and facilities - such as the Intensive Care Unit and Trauma Centre on the ninth floor of the Queen Elizabeth the Queen Mother Wing and the Patterson Centre which includes the new surgical innovation centre – whilst other infrastructure is in need of modernisation. There needs to be clarity about future plans. We note Phil Hudson, Director of Estates Services, ICHT said: “[Not]

knowing the long term future of some parts of the estate prevents investment in projects which have a payback of greater than say three to five years.”²³

Trust response

The ‘Shaping a healthier future’ programme and its recommendations has and continues to influence our medium and long term improvement plans. We are currently analysing all the implications and developing an Outline Business Case over the coming months, to include the way forward for the estate.

In the interim, we continue to upgrade patient environments including recently refurbishing patient areas at Charing Cross Hospital, with more proposals going through internal approvals, and we have carried out inspections and convened a PLACE (Patient Led Assessment of Clinical Environment) board to best target other patient environment improvements across the estate. We are also relocating endoscopy, cardiac electrophysiology and urogynaecology into new purpose built facilities.

Shaping a healthier future for North West London

St Mary's

As St Mary's is designated a Major Hospital, there will be increased activity around Paddington. This will need to be carefully managed. The hospital should have updated travel plans. This should include provision of clear travel information and parking. This will need to be carefully accommodated and managed. On one of the site visits to St Marys Hospital, Members heard evidence that its central location and space constraints meant journeys by private vehicles were difficult and there was little parking. Whilst Crossrail will increase access to the site for public and patients, current capacity for vehicles is under pressure.

Hyper-Acute Stroke Unit

In 2009 it was clear the hyper-acute stroke unit should be co-located with the major trauma unit, like all the major trauma units in London. During the consultation RBKC's OSC wrote, ‘The OSC supports the proposal for a hyper acute stroke centre to be based at St Mary's hospital alongside a major trauma centre. Healthcare for London should again clearly articulate the need and benefits of co-location on the St Mary's site to the relevant commissioners and Imperial Healthcare NHS Trust.’ We question the decision-making that placed the hyper-acute stroke unit at Charing Cross Hospital for such a short time.

Charing Cross

We would like to see the detail of the future plans for all the specialist services currently based at Charing Cross. We would like to see detail on the plan for the Charing Cross site. We note ‘recommendation 3’ of the Health Gateway Review was ‘Develop and agree the future vision for the Charing Cross site, with the engagement of local clinicians, prior to consultation.’

²³ Greenbuild News (15 May 2012): Sustainable Building News
<http://www.greenbuildnews.co.uk/features-details/The-best-medicine/591>

Trust Response

The recommendations from the Shaping a healthier future programme require a period of up to three to five years to develop out of hospital care before any changes to the acute sector, including hospital A&E departments and the relocation of other services, are initiated. The Trust is working with our commissioners to ensure that the quality of care is improved and all settings are properly resourced as the future changes take place.

Longer-term plans

Financial position

The Trust has a turnover in the region of £950m.

The Trust was in financial difficulties last year. We are pleased the Trust's financial position has improved. We note the Trust has achieved a surplus of £8.4m at the end of February and the year-end forecast "has been revised to £9.745m following agreement with NHS London over reporting of a number of technical accounting adjustments", the Chief Executive report²⁴ said. However, we are still concerned about the financial outlook for ICHT. The NHS Trust sector is to face 5.1 per cent saving target this year.²⁵ Financial viability must be a high priority. There is less money in the NHS and there is fundamental reorganisation of the NHS in North West London. The cluster intends to take hundreds of millions out of the acute sector by 2014-15. There is also uncertainty from the impact of more competition on the Trust's finances. We would support the Trust in its efforts to make efficiency savings without loss of service. We hope cash pressures will not translate into cuts to patient care.

We note that hospital Trusts in London have been advised they can safely cut spending on nursing staff, in some cases by 50%, according to reports obtained by Nursing Times. NHS London suggest 'aligning staffing levels with clinical need' and reducing agency spend. Nursing Times obtained the NHS London's Trust-by-Trust breakdowns of where it sees the potential for nursing budget reductions, following an FOI request. The suggested savings include: £54m at Imperial College Healthcare Trust. **We seek a reassurance that any planned changes to the nursing workforce at Imperial is not going to negatively impact on the quality of care and patient mortality rates.**

We hope that any concentration on promoting the most profitable services does not have any negative impact on the NHS services the hospital provides.

Trust Response

The Trust is committed to delivering the highest standards of patient care whilst making the best possible use of our resources by continually finding ways to improve efficiency. This has been reflected in the significant improvement in the Trust's financial position over the past

²⁴ ICHT Board Paper (p 14): Chief Executive Report

http://www.imperial.nhs.uk/prdcons/groups/public/@corporate/@communications/documents/doc/id_039152.pdf

²⁵ HSJ (10 Apr 13): Non-foundation trusts to face 5.1 percent saving target

<http://www.hsj.co.uk/news/finance/non-foundation-trusts-to-face-51-per-cent-saving-target/5057181.article>

year, in which we have delivered a £9million surplus²⁶, whilst continuing to have some of the very lowest mortality rates in the country. The safety of our hospitals and the care we provide patients has been assessed as being at the highest level by the NHS Litigation Authority. Due to these and other indicators of improved operational performance, the Trust was deemed to be in a strong enough position to formally start our application for Foundation Trust status. Achieving this status will allow us more freedom to decide how we deliver our services and move more quickly in our objectives of providing world class care, research and education.

We also participate in the NHS Safety Thermometer tool and use guidance from Royal Colleges to benchmark staffing levels to ensure that our cost saving schemes improve efficiency without impacting negatively on patient care or safety.

Foundation Trust application

A letter in April 2012 from NHS deputy chief executive David Flory in his capacity as “senior responsible officer for the FT pipeline” to Mark Davies, chief executive of Imperial set out “immediate requirements” for the Trust including “achieve financial balance on a month-by-month basis” and “achieve clarity on the strategic direction”.²⁷

The Tripartite Formal Agreement²⁸ which embodies the Trust's aspirations with regard to achieving Foundation Trust status, as agreed by the SHA and DH has been signed by all three parties. It sets out a trajectory to enable the Trust to submit its application for Foundation Trust status to the DH on 1st April 2015, with a view to achieving authorisation in October 2015. Imperial has therefore been granted an extension to the target authorisation date of April 2014 based on the prerequisite need to address financial challenges and agree a long term clinical strategy, both of which are in train.

Trust response

The Trust has begun our Foundation Trust (FT) status application process with the current expectation of becoming an FT by the end of 2014. Becoming an FT will help ensure we keep our patients at the heart of running our hospitals, and will give us greater freedom to grow and develop. While FT status is something that all NHS trusts are now striving to achieve to the timetable laid out by the NHS Trust Development Authority, we are clear that our priority is to become a better organisation and operate more effectively on a day-to-day basis. We believe FT status will help us to achieve this.

²⁶ The surplus of £9.0 million is after adjusting for an impairment of £48.4 million which is a non-cash, non-operational charge mainly relating to the downward valuation of the Trust's building assets and an accounting adjustment of £0.6 million for the treatment of donated and government granted assets.

²⁷ HSJ (7 June): FT applications given higher risk rating <http://www.hsj.co.uk/news/policy/ft-applications-given-higher-risk-rating/5045726.article?blocktitle=Headlines&contentID=7838>

²⁸ The TFA is available at:

http://www.imperial.nhs.uk/prdcons/groups/public/@corporate/@communications/documents/doc/id_032329.pdf

Public health

Public health is now a statutory local authority function but all partners need to take on their responsibility. We encourage the Trust to be fully involved in major public health campaigns and local health promoting strategies.

OSC/HealthWatch

We would be pleased if our committees were invited to future Quality Account events. Input from overview and scrutiny committees should be sought as early as possible. The Trust will also have to develop a constructive working relationship with the new HealthWatch organisations.

Trust response

The Trust is committed to working in partnership with our local Healthwatch organisations and local authority overview and scrutiny committees. The Trust's new leadership team aims to take the organisation forward in a positive direction working with our partners in an open and constructive way which benefits patients and their families.

Conclusion

Overall, the progress that the Trust has made over the last year is to be welcomed, and we look forward to being informed of how the priorities outlined in the Quality Account are implemented over the course of 2013/14.

<i>Councillor Mary Weale, Chairman, Health, Environmental Health and Adult Social Care Scrutiny Committee, Royal Borough of Kensington and Chelsea</i>	<i>Councillor Sarah Richardson, Chairman, Adult Services and Health Policy & Scrutiny Committee, Westminster City Council</i>
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Imperial College Healthcare NHS Trust – Quality Accounts 2012/13

Health and Adult Social Services Standing Scrutiny Panel, Ealing Council statement in response to Imperial College Healthcare NHS Trust Quality Accounts 2012/13

General

The Panel thought the document was well set out with clear tables and appropriate glossary and explanation of clinical and other key performance areas.

Review of Services 2012/2013

The Panel were pleased that targets were largely met particularly in the case of MRSA. They also commended the Trust for being among the top three in the country for having a “lower than expected” SHMI ratio for the last reporting period. They noted the efforts to improve

patient safety reporting and the efforts to reduce incidents and look forward to seeing these reduce further.

However, as in previous years, the Panel feel that reporting would be clearer if indicators were shown for previous years as well along with some details of these relate to national or regional performance, though they noted that these are sometimes indicated in the text.

Priorities 2013/14

The Panel noted the priorities though did comment that, as previously, the priorities would be more accessible, if as many as possible had actual numbers where possible e.g. C.Difficile infections is a clear number, Falls just a percentage.

The Panel were pleased with the inclusion of the CQUIN goals as suggested previously.

Finally the Panel were impressed by the performance of the Stroke Unit and that the Biomedical Research Centre had carried out an impressive amount of work during the year.

Imperial College Healthcare NHS Trust – Quality Accounts 2012/13

Clinical Commissioning Groups statement in response to the Imperial College Healthcare NHS Trust Quality Accounts 2012/2013

This formal statement represents the views of Clinical Commissioning Groups (CCG) responsible for commissioning (buying) health care services from Imperial College Healthcare NHS Trust. This includes:

- NHS Central London (Westminster) CCG
- NHS West London (Kensington and Chelsea, Queens Park and Paddington) CCG
- NHS Hammersmith and Fulham CCG
- NHS Hounslow CCG
- NHS Ealing CCG

The Trust presented its draft Quality Accounts to us for formal comments and has sought the views of the CCGs in its development. These draft Quality Accounts have been reviewed by the North West London Commissioning Support Unit (CSU) which encompasses our quality, contracting and performance teams. Our detailed comments on the report are summarised below. We commend, in particular, the Trust's approach to the development of the Quality Accounts in relation to the engagement of patients, the public, staff and the groups that represent them.

In our view, the Quality Account complies with guidance as set out by the Department of Health.

Overall, commissioners recognise that the Trust has made some improvements in quality which are listed in Part One of the Quality Accounts. There remain, however, some significant challenges for the Trust and, on behalf of the patients and clinicians that we

represent, we will continue to prioritise in our commissioning arrangements the best outcomes and health care systems in the services we commission from Imperial.

Given this, we support the commitment in the Quality Accounts to keep the majority of the 2012/13 indicators and for the Trust to continue to improve these outcomes for its patients. We also welcome the proposed new indicators which include the national Family & Friends Test, a caring and compassionate staff measure and the Dementia CQUIN. We believe that these indicators will directly help the Trust and us as commissioners to understand and improve the experience of patients.

We have shared with the Trust detailed comments on the Quality Accounts and the most significant of these are summarised below:

- Although we understand that there are other publications (such as the Annual Report) which detail performance, there is no commentary on the core operational performance metrics. Other than infection control, we would expect the Accounts to report on access (the performance measures of the time taken for a referral from a GP to treatment), Cancer and Accident and Emergency services that in 2012/13 and the Trust plans for 2013/14 the implications of these measures on the quality of services.
- Furthermore, it is important that the Trust acknowledges and gives greater prominence to the national performance reporting suspension given the implications this has for patients, the public, the Trust and Commissioners to understand how the organisation is performing and the implications of these measures on the quality of services.

Trust response

The Trust has included an additional statement on the national performance suspension including a summary of our actions and our current position in the quality accounts. Further detail is included in our annual report (published on our website). We welcome your feedback and will consider these issues when we construct next year's quality accounts.

- We would have liked to see more of a focus on safety outside the patient safety thermometer requirements. An example of this would be describing how the Trust will learn from clinical incidents in maternity services.

Trust response

In the 2012/13 quality accounts, the Trust has focused on our performance in relation to reporting patient safety incidents; however in our next quality accounts we will expand this to include wider learning from patient safety incidents.

Strategically, there are some significant developments which will have a real impact on quality of care for the population served by the Trust and beyond. 'Shaping a healthier future' is a programme to improve NHS services for the two million people who live in North West London and will save hundreds of lives each year. Commissioners will continue to work in

collaboration with the Trust to ensure that we improve out of hospital services and to enable the Trust to reconfigure its services.

In our role as commissioners, we will also work with the National Trust Development Agency to support the Trust to ensure that services to patients are of the highest possible quality and, in particular, to support the Trust to submit an application to be a Foundation Trust.

Finally, we welcome the commitment in the Quality Accounts for the Trust to review the organisational structure to strengthen leadership and governance arrangements and also in its response to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report and that the annual report will promote openness, transparency and a duty of candour.

CCGs in North West London will continue to work with Imperial College Healthcare NHS Trust in further developing and monitoring the quality of service it provides for patients. Whilst we recognise improvements made in 2012/13, we look forward to working collaboratively with patients and the public, clinicians, the Trust, Local Authorities and other stakeholders over the coming year to improve health services and outcomes.

Yours sincerely

Dr Ruth O'Hare
CCG Chair
CWHH CCGs

Dr Mohini Parmar
CCG Chair
Ealing CCG

Daniel Elkeles
Chief Officer
CWHH CCGs

Trust response to all feedback received

We welcome comments on how to continue to improve the quality accounts and will consider the inclusion of different ways of presenting our data with our multi-stakeholder quality accounts delivery group. We were pleased to receive positive feedback from our external auditor, patients, public and staff regarding the presentation and the inclusion of the glossary of key terms.

Independent auditors' limited assurance report to the directors of Imperial College Health NHS Trust on the annual quality accounts

We are required by the Audit Commission to perform an independent assurance engagement in respect of Imperial College Healthcare NHS Trust's Quality Account for the year ended 31 March 2013 ("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 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- C. Difficile

We refer to these two indicators collectively as "the 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 criteria set out in the Regulations;
- The Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 (“the Guidance”); and
- The indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in 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 Report and consider whether it is materially inconsistent with the documents specified within the detailed guidance. 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 Imperial College Healthcare NHS 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 Imperial College Healthcare 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 under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the 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

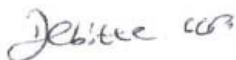
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information. The absence of a significant body of established practice on which to draw allows for the selection 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 criteria 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 Imperial College Healthcare 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 2013:

- The Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- The Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- The indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



Deloitte LLP
Chartered Accountants
St Albans
17 June 2013

Appendix one:

Acute Trust Performance Framework 2012/13

Performance Indicator	Threshold	2012/13 Performance	Period of measurement
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	95%	97.20%	Full year
MRSA	9	8	Full year
C. diff	110	86	Full year
RTT - admitted - 90% in 18weeks	90%	91.17%	Mar-13
RTT - non-admitted - 95% in 18 weeks	95%	97.02%	Mar-13
RTT incomplete 92% in 18 weeks	92%	95.04%	Mar-13
RTT - delivery in all specialities	0	8	Mar-13
Diagnostic test waiting times	<1%	0.08%	Full year
All cancer two week wait	93%	93.80%	Mar-13
Two week GP referral to first outpatient - breast symptoms	93%	94.5%	Mar-13
31 day standard for subsequent cancer treatment - surgery	94%	94.5%	Mar-13
31 day second or subsequent treatment - drug	98%	98.4%	Mar-13
Percentage of patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat')	96%	98.2%	Mar13
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	94%	98.8%	Mar-13
62-day wait for first treatment following referral from an NHS cancer screening service	90%	100%	Mar-13
All cancer two month urgent referral to treatment wait	85%	86.1%	Mar-13
Delayed transfers of care	3.5%	1.74%	Full year
Mixed sex accommodation breaches	0%	0%	Full year
VTE risk assessment	90%	91.20%	Full year

Appendix two:

Participation in clinical audits

The following table covers:

- The **active** national clinical audits and national confidential enquiries that Imperial College Healthcare NHS Trust was eligible for and participated in during 2012/13.
- **Where data collection was completed during 2012/13**, 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 Clinical Audit / National Confidential Enquiry	Eligible (Y/N)	Participated (Y/N)	% of cases submitted / expected submissions
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	100 / 687 – continuous dataset
Adult Asthma	Yes	Yes	100 / 52
Adult Cardiac Surgery (ACS)	Yes	Yes	Continuous dataset
Adult Community Acquired Pneumonia	Yes	Yes	Data submission ongoing till 31.05.13
Adult Critical Care (ICNARC CMP)	Yes	Yes	Continuous dataset
Bowel Cancer (NBOCAP)	Yes	Yes	Data submission ongoing till 01.10.13
Bronchiectasis	Yes	Yes	100/97
Cardiac Arrest (NCAA)	Yes	Yes	Continuous dataset
Cardiac Arrhythmia (HRM)	Yes	Yes	Continuous dataset
Carotid Interventions (CIA)	Yes	Yes	89 / 74
Comparative Audit of Blood Transfusion (Blood Sampling & Labelling)	Yes	Yes	100 / 486
Congenital Heart Disease (Paediatric Cardiac Surgery) (CHD)	Yes	Yes	100 / 34
Coronary Angioplasty	Yes	Yes	100 / 1556
Diabetes (Adult) (ANDA)	Yes	Yes	100 / 168
Diabetes (Paediatric) (NPDA)	Yes	Yes	100 / 81
Emergency Use of Oxygen	Yes	Yes	100 / 56
Fever in Children	Yes	Yes	100 / 50
Fractured Neck of Femur	Yes	Yes	100 / 33
Head and Neck Oncology (DAHNO)	Yes	Yes	Data submission ongoing till 22.11.13
Heart Failure (HF)	Yes	Yes	Continuous dataset
Hip Fracture Database (NHFD)	Yes	Yes	100 / 650
Inflammatory Bowel Disease (IBD)	Yes	Yes	Data submission ongoing

National Clinical Audit / National Confidential Enquiry	Eligible (Y/N)	Participated (Y/N)	% of cases submitted / expected submissions
Lung Cancer (NLCA)	Yes	Yes	Data submission ongoing till 30.06.13
National Joint Registry (NJR)	Yes	Yes	Continuous dataset
Neonatal Intensive and Special Care (NNAP)	Yes	Yes	100 / 703 (awaiting submission, needs Caldicott Guardian approval)
Non-invasive Ventilation	Yes	Yes	Data submission ongoing till 31.05.13
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	Data submission ongoing till 01.10.13
Paediatric Asthma	Yes	Yes	100 / 20
Paediatric Intensive Care (PICANet)	Yes	Yes	100 / 357
Paediatric Pneumonia	Yes	Yes	100 / 46
Pain Database	Yes	No	0 / Not known
Parkinson's Disease	Yes	Yes	Participated in 2011/12, hence no data submitted in 2012/13 as recommended by Parkinson's UK
Potential Donor	Yes	Yes	Continuous dataset
Pulmonary Hypertension	Yes	Yes	100 / 1162
Renal Colic	Yes	Yes	100 / 50
Renal Registry (UKRR)	Yes	Yes	100 / 2862 prevalent 100 / 317 incident
Renal Transplantation (NHSBT UK Transplant Registry)	Yes	Yes	100 / 167
Stroke National Audit Programme (combined Sentinel and SINAP) (SSNAP)	Yes	Yes	100 / 439
Trauma (TARN)	Yes	Yes	100 / 608
Vascular Surgery (VSGBI Vascular Surgery Database) (NVD)	Yes	Yes	100 / 69
National Audit of Dementia (NAD)	Yes	Yes	100 / 120
CONFIDENTIAL ENQUIRY – Asthma Deaths (NRAD)	Yes	Yes	100 / 4
CONFIDENTIAL ENQUIRY – Child Health (CHR-UK)	Yes	Yes	Continuous dataset
CONFIDENTIAL ENQUIRY – Maternal Infant and Perinatal	Yes	Yes	100 / 2
CONFIDENTIAL ENQUIRY – NCEPOD Alcohol Related Liver Disease	Yes	Yes	100 / 7

National Clinical Audit / National Confidential Enquiry	Eligible (Y/N)	Participated (Y/N)	% of cases submitted / expected submissions
CONFIDENTIAL ENQUIRY – NCEPOD Sub-arachnoid Haemorrhage	Yes	Yes	100 / 16
CONFIDENTIAL ENQUIRY – Elective Surgery (National PROMs Programme)	Yes	Yes	Continuous dataset

Glossary

Anti-infectives – drugs that are capable of acting against infection.

Aseptic Non-Touch Technique (ANTT) – how staff perform a number of clinical procedures, this involves correct hand washing, wearing of gloves and aprons at appropriate time to maintain sterility of key parts to prevent infections by not touching them.

Clinical Programme Group (CPG) – is the name given to the way we divide our services, as they are divided according to different specialities.

Clostridium difficile – is an anaerobic bacterium that can live in the gut of healthy people where it does not cause any problems, as it is kept in check by the normal bacterial population of the intestine. However, some antibiotics used to treat other illnesses can interfere with the balance of bacteria in the gut which may allow *C. difficile* to multiply and produce toxins that damage the gut. Symptoms of *C. difficile* infection range from mild to severe diarrhoea and more unusually, severe inflammation of the bowel.

Clot – a soft thick lump or mass.

Dementia – dementia is a syndrome (a group of related symptoms) that is associated with an ongoing decline of the brain and its abilities. It is used to describe a collection of symptoms including memory loss, problems with reasoning and communication skills, and a reduction in a person's abilities and skills in carrying out daily living activities. Dementia affects the whole life of a person who has it as well as their family.

Duty of candour – full disclosure, not to withhold information.

Emergency readmissions - unplanned readmissions that occur within 28 days after discharge from hospital. They may not be linked to the original reason for admission.

Failure to rescue – failed to prevent a clinically important deterioration.

Falls – unintentionally coming to rest on the ground floor/lower level, includes fainting, epileptic fits and collapse or slip.

Methicillin-resistant *Staphylococcus aureus* (MRSA) – is a bacterium that is found on the skin and in the nostrils of many healthy people without causing problems.

Patient safety incidents – is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. (National Patient Safety Agency).

Pressure ulcer – sometimes known as bedsores or pressure sores, are a type of injury that affect areas of the skin and underlying tissue, caused when the affected area of skin is placed under too much pressure. They can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Grade One – Discolouration of intact skin not affected by light finger pressure

Grade Two – Partial thickness skin loss or damage

Grade Three – Full thickness skin loss involving damage of subcutaneous tissue

Grade Four – Full thickness skin loss with extensive destruction and necrosis (dead tissue)

Patient reported outcome measures (PROMs) – tools we use to measure the quality of the service we provide for specific surgical procedures. They involve patients completing two questionnaires at two different time points, to see if the procedure has made a difference to their health.

Root Cause Analysis (RCA) – is a systematic investigation that looks beyond the people concerned to try and understand the underlying causes and environmental context in which the incident happened (NPSA 2004)

Safety thermometer – is a local improvement tool for measuring, monitoring and analysing patient harms and harm free care. It provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time. The safety thermometer records pressure ulcers, falls, catheters with urinary tract Infections and venous thromboembolisms (VTEs).

Standardised hospital mortality indicator (SHMI) – is a new national way of measuring mortality. It includes deaths related to all admitted patients that occur in all settings – including those in hospitals and those that happen 30 days after discharge. This measurement takes into account factors that may be outside of a hospital's control, such as those patients receiving palliative care.

Stakeholder – a person, group, organisation, member or system who affects or can be affected by an organisation's actions.

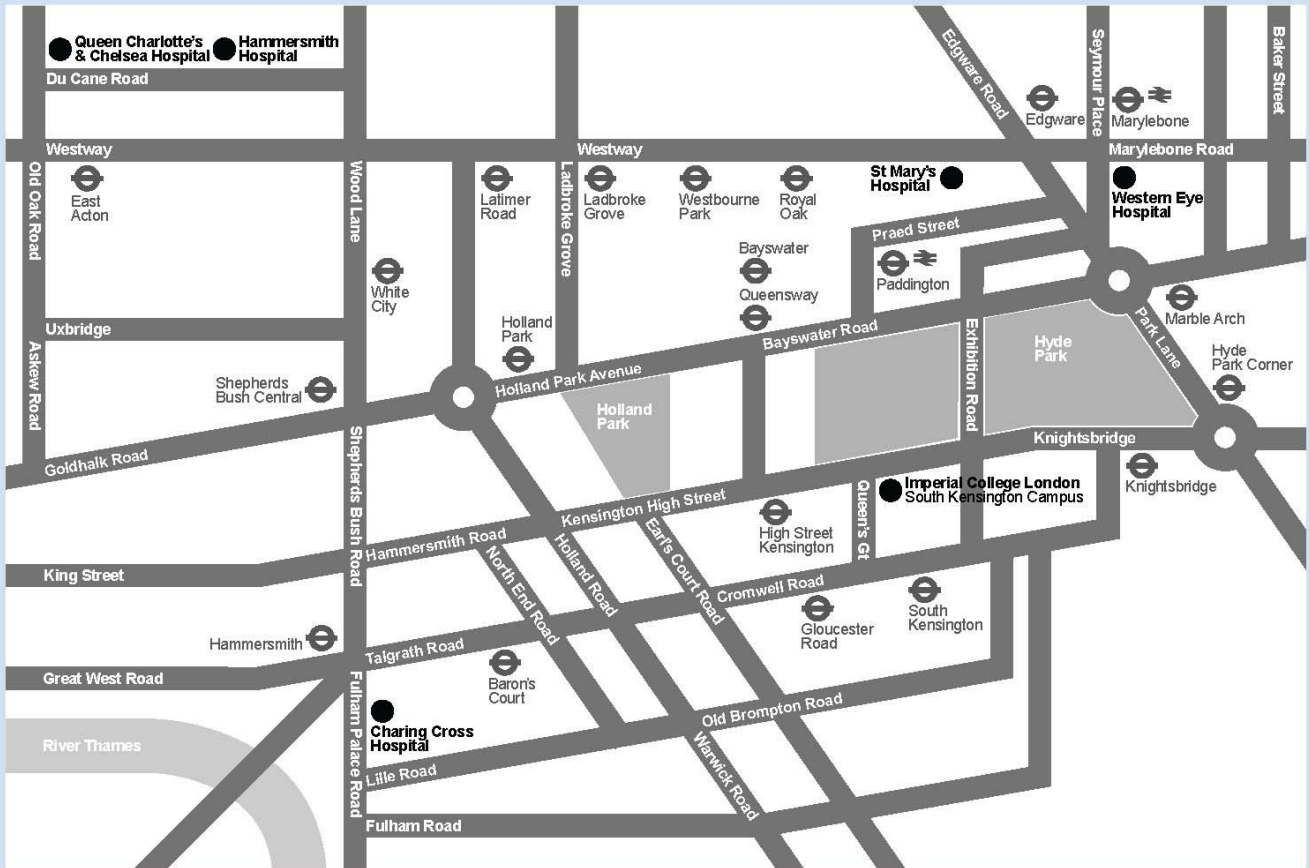
Urethra – a tube that connects the bladder to the outside of the body.

Urinary tract infection (UTI) – an infection that can happen anywhere along the urinary tract. Urinary tract infections have different names, depending on what part of the urinary tract is infected. They are caused by bacteria entering the urethra and then the bladder which can lead to infection.

Venous thromboembolism (VTE) – a blood clot within a blood vessel that blocks a vein or an artery, obstructing or stopping the flow of blood. A blood clot can occur anywhere in the body's bloodstream. There are two main types; venous thromboembolism (VTE) which is a blood clot that develops in a vein; and arterial thrombosis which is a blood clot that develops in an artery.

Vein – blood vessel that carries blood towards the heart.

//Contact us and map of Trust sites



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Respect our patients and colleagues
Encourage **innovation** in all that we do
Provide the highest quality **care**
Work together for the **achievement** of outstanding results
Take **pride** in our success