

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

2.00 pm

Thursday 26 November
2009

Waltham Forest Town
Hall,
Council Chamber

Members

**LONDON BOROUGH OF
BARKING & DAGENHAM**

John Denyer
Dee Hunt
Marie West

**LONDON BOROUGH OF
WALTHAM FOREST**

Alan Siggers
Sheila Smith-Pryor
Richard Sweden (Chairman)

LONDON BOROUGH OF HAVERING

June Alexander
Ted Eden
Fred Osborne

ESSEX COUNTY COUNCIL

Chris Pond (observer status)

LONDON BOROUGH OF REDBRIDGE

Ralph Scott
Jim O'Shea
Filly Maravala

EPPING FOREST DISTRICT COUNCIL

Brian Sandler (observer status)

CO-OPTees

Neil Collins
Malcolm Wilders

For information about the meeting please contact:
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e-mail: anthony.clements@havering.gov.uk

VENUE AND ACCESSIBILITY INFORMATION**Waltham Forest Council and Committee Meetings**

All Council/Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

The meeting will be held at Waltham Forest Town Hall which is an accessible venue located in Forest Road E17 between Waltham Forest Magistrates Court and Waltham Forest College. The nearest underground and railway station is Walthamstow Central which is approximately 15 minutes walk away from the Town Hall. Buses on routes 275 and 123 stop outside the building.

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The Council Chamber and Committee Rooms are accessible by lift and are located on the first floor of Waltham Forest Town Hall.

Induction loop facilities are available in most Meeting Rooms.

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. MOBILE COMMUNICATIONS DEVICES

Although mobile phones, pagers and other such devices are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

3. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

In accordance with previous practice the Chairman of this meeting will be the Chairman of the host borough's Health Overview & Scrutiny Committee. In this instance the Chairman will be Councillor Richard Sweden of the London Borough of Waltham, Forest.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (if any) - receive.

3 DECLARATION OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES

To approve as a correct record the minutes of the meeting held on 1 October 2009 (attached) and to authorise the Chairman to sign them.

5 NORTH EAST LONDON NHS FOUNDATION TRUST (NELFT) – Update on NELFT Service Re-provision and Foundation Trust – John Brouder, Chief Executive and Stephanie Dawe, Chief Operating Officer, NELFT.

6 ACCIDENT & EMERGENCY AT KING GEORGE AND WHIPPS CROSS HOSPITALS

- documents attached:

- Press report, Guardian Series, 17 September 2009
- Letter to Committee from Lucy Moore, Chief Executive, Whipps Cross University Hospitals' NHS Trust (WX)
- Paper detailing work undertaken by WX
- Letter to Health service Journal from WX, 22 October 2009
- WX Trust Board paper summarising performance under Care Quality Commission Annual Healthcheck

Joint Health Overview & Scrutiny Committee, 26 November 2009

Officers expected to attend:

John Goulston, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)

Lucy Moore, Chief Executive, WX

Catherine Geddes, Director of Nursing, WX

Emma Kearney, Assistant Director of Communications, WX

Paul Sinden, Managing Director, Outer North East London Acute Commissioning Unit

7 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

**Ian Buckmaster
Clerk to the Joint
Committee**

**MINUTES OF A MEETING OF THE OUTER NORTH EAST LONDON JOINT
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Redbridge Town Hall
Thursday 1 October 2009 (6.30 pm – 8.45 pm)**

Present: Councillor Ralph Scott (London Borough of Redbridge) in the Chair

Councillor representing London Borough of Barking & Dagenham:
Marie West

Councillors representing London Borough of Havering: June Alexander
and Ted Eden.

Councillor representing London Borough of Redbridge: Filly Maravala.

Councillor representing London Borough of Waltham Forest: Richard
Sweden (part of meeting).

Councillor Stuart Bellwood (Redbridge) was also present.

Apologies for absence were received from Councillors Dee Hunt
(Barking & Dagenham) Chris Pond (Essex) Fred Osborne (Havering)
and Sheila Smith-Pryor (Waltham Forest). Apologies were also
received from Farhana Zia, Scrutiny Officer, Waltham Forest.

Also present were:

Dr. Paul Smethurst, Head of Performance Monitoring Team, Barts and
the London NHS Trust and Vivienne Cencora, Associate Director for
Primary and Community Care Commissioning, NHS Tower Hamlets.

Eight members of the public including representatives of Barking &
Dagenham and Havering LINKs and of Redbridge Disability Association
were also present.

No Member declared an interest in the business considered

The Chairman advised those present of action to be taken in the event
of emergency evacuation of the Town Hall becoming necessary.

6 MINUTES AND MATTERS ARISING

The minutes of the meeting of the Joint Committee held on 15 July 2009 were confirmed as a correct record and were signed by the Chairman.

Members of the Committee had recently visited Loxford Polyclinic and Councillor West reported that she had been impressed with the bright and spacious design of the building. Clive Durdle, Director of Redbridge Disability Association advised the Committee that he was in correspondence with NHS Redbridge in order to emphasise the importance of designing proper, professional access to future buildings.

7 REVIEW OF OUT OF REGION PATIENT TRANSPORT

Dr. Smethurst gave apologies for his colleague Guy Bertram from Carillion who was ill. He explained that travelling distances were considered in the eligibility criteria for Barts patient transport but this was secondary to mobility needs and the criteria used were those given in the Department of Health guidance. In order to make the best use of vehicles, carers were encouraged to travel independently. Porters were available to help patients on their arrival at the hospital.

Homeward journeys could be booked for radio- and chemotherapy patients, even if they had travelled independently to the hospital. This also applied to renal patients. The cut-off time for patients transport bookings was 12 pm. Dr. Smethurst emphasised that transport could be booked in advance, as soon as appointment dates were known. The cut-off allowed the best use of vehicles for patients. Journeys home could be booked at a later time. There were in excess of 800,000 journeys per year in the Trust.

Information on reimbursement of travel costs was given on the Trust website and this was also covered in patient booklets for both in- and outpatients that were sent with appointment letters. A separate patient transport booklet was also available.

Radiotherapy patients were normally given a block booking of several treatment sessions. Patients were assessed after each session and if not considered fit enough to travel to the next session, clinicians would book transport for them. In the period from February to July 2009, there had been nine complaints about the patient transport service. None of these had emanated from IG postcodes from where 30 patients per day travelled to the Trust sites. The introduction of renal satellite units at Newham, Queen's and Whipps Cross Hospitals had reduced travelling distances.

Whilst Dr. Smethurst emphasised that information on patient transport was included in information packs, he accepted that it was not always made clear that such a service was available. As regards quality standards, 75% of patients attending the Trust travelled for less than hour and 82% waited less than an hour for their pick-up. 67% of patients in fact arrived early for their

Outer North East London Joint Health Overview & Scrutiny Committee, 1 October 2009

appointments. Abortive journeys were an issue with 14% of these being due to there being no space on the vehicle. 49% of abortive journeys were due to people making their own way to the hospital but not cancelling their transport booking. Dr. Smethurst added that the patient transport service was running at 60% in excess of contracted volumes with particular problems with renal dialysis patients. The tender for the service was currently being renegotiated to cover the increased volume of journeys.

Vending machines and a cold water supply were available in the hospital departure lounge and a nearby hospital shop sold refreshments. Refreshments were also available in the radiotherapy department. Patients' conditions were taken into account when arranging patient transport and there were specialist vehicles for wheelchairs, stretchers and larger patients. The use of minicabs was kept to a minimum as the Trust preferred to run CRB and vehicle checks itself on all transport and drivers that it used. It was planned to switch homeward journeys to more of a bus-type service for each area.

Reimbursement of fares was undertaken via the hospital's fares office which was open from 10 am to 4.30 pm. Details were also given on the Trust's website. Claims could be made by post as well as in person.

It was clarified that performance indicators were kept for numbers of complaints reported each month. Assessments for patient transport were carried out by dedicated, trained staff from the Trust's travel shop, according to eight set criteria. It was possible to have a decision on eligibility reviewed by a section manager. Dr. Smethurst explained that the budget for patient transport was regularly exceeded but he had never been told to reduce the number of patient transport journeys on cost grounds.

Two vehicles were available 24 hours per day to transport (walking) patients who had finished their treatment at a late hour. If a more technical vehicle was needed late at night, it was possible there would be a delay in arranging transport. The Trust did however ensure that all patients were eventually transported home. If a patient became ill whilst at the hospital, it was the responsibility of clinical staff to arrange the appropriate transport home.

Councillor Eden asked if it was possible to claim retrospectively for fares, particularly if advice on how to do this had not been given at the time. Dr. Smethurst agreed to check the position on retrospective claims and advise the Committee accordingly. As regards refreshments, Dr. Smethurst accepted that some patients may be able to afford to buy refreshments at the hospital. In this case, they should approach the transport department for assistance.

Drivers were trained to wait for people at their homes for as long as possible in case they had difficulty walking or reaching the door. People were contacted by mobile phone where possible when transport had arrived. Black London taxis were also used for transport where appropriate.

Councillor Sweden remained concerned that there were a number of procedures e.g. oncology, renal dialysis, endoscopy that made people less

Outer North East London Joint Health Overview & Scrutiny Committee, 1 October 2009

able to travel home, even if they could get to the hospital independently. He felt that clinicians should ask as a matter of course about how people will get back home after treatment. Dr. Smethurst agreed to take up the issue of homeward journeys with the Trust's radiotherapy department. These journeys would still need to be requested by clinicians on the day of treatment however. Department of Health guidance was very clear on the priority to be given to clinical need ahead of social need.

Clive Durdle from Redbridge Disability Association felt that other Trusts lagged behind Barts and the London in their arrangements for patient transport. He felt that the Committee should recommend that all patients should receive the same excellent level of service in patient transport. There was also a role for Transport for London and Dr. Smethurst asked for the Committee's support in procuring an exemption for patient transport vehicles in order that they could use bus lanes as this would shorten journey times.

A member of the public commented that many patients could not claim back expenses. She also felt that criteria for patient transport did not take into account that patients should not mix on public transport for health reasons. Transport costs over say a six-week treatment period could be very expensive. It was also pointed out that patients could walk but still be very ill. Normal vending machine food may not be suitable for patients. A further issue was that patients may have limited English. Dr. Smethurst responded that travel shop staff were assessed to ensure they spoke clear English. It was also possible for relatives or carers to contact the travel shop on patients' behalf. If patients felt their health had deteriorated during treatment, they should discuss this with their clinicians.

It was **agreed** that the Committee should recommend that Barts and the London NHS Trust should ensure all patients receiving aggressive outpatient treatment are assessed for their transport needs before their journey home. It was further agreed to write to Barts making this suggestion before the Committee's final report had been published. Dr. Smethurst also agreed to take this up with the relevant departments at Barts.

Councillor Scott thanked Dr. Smethurst for his attendance and input to the meeting.

8 OUT OF HOURS DENTISTRY SERVICE

Vivienne Cencora explained the existing out of hours dental service in Outer North East London had been reviewed and a consultation on proposed changes had just started. The current out of hours service comprised a telephone triage facility and emergency services based at the Royal London Hospital and South Hornchurch Health Centre. The triage service received 13,000 calls in 2008/09 while there were often queues for the walk-in service, particularly at the Royal London. The Hornchurch-based service currently received 86% of its patients from the Havering area. Many people were currently turned away from the out of hours services and this was

Outer North East London Joint Health Overview & Scrutiny Committee, 1 October 2009

compounded by reported difficulties in finding daytime NHS services. The review of the service, chaired by Heather O'Meara of NHS Redbridge had used a number of methods including interviewing patients queuing for the out of hours service.

It was proposed to maintain both the walk-in and telephone assessment services. There would be slight reduction in opening hours at both Royal London and South Hornchurch but it was hoped that future procurement of new NHS dentistry would lead to a reduction in demand for the out of hours services. Consultation would take place during October and November and it was planned that the new service would start in September 2010.

Officers agreed that people did not have enough information about the current service hours and that much clearer information should be given. This was one reason why 25% of patients at the Royal London site in fact came from outside Inner North East London.

Several Members were unaware of the emergency service. Councillor West felt that the low number of Barking & Dagenham users may be due to local dentists being able to offer urgent appointments. The consultation documents would be distributed to all North East London GPs, dentists and libraries. Members suggested that the documents should also go to town halls, civic centres and Local Involvement Networks. It was also felt that telephone numbers of the existing service should be given to all members of the Committee. Vivienne Cencora agreed to supply this.

Both Committee Members and LINK representatives present felt that the consultation period may not be long enough and the Committee agreed to request in writing that the consultation period be extended until mid-January.

The Committee noted research done by Havering Link that 18 of 32 dentists in Havering were accepting NHS patients and 12 of these had NHS appointments available the next day. Councillor Eden added that a new NHS dentist in Collier Row now had approximately 2,500 patients.

It was agreed that a report on the results of the consultation, regardless of its length should be passed to the Committee Officer for distribution to Members.

9 HEALTH FOR NORTH EAST LONDON

It was noted that members of the Committee were meeting informally with Health for North East London (H4NEL) officers the following day (2 October) to receive latest details of the proposals. Officers confirmed that a letter had now gone to the H4NEL Programme Director expressing the Committee's concern and dissatisfaction at the short notice changing of meeting arrangements.

10 URGENT BUSINESS

The Committee discussed reports in the Redbridge local press that BHRUT had failed to reach certain performance standards. It was agreed to take a report from BHRUT on what areas the Trust is failing in its performance and what is being done to address this.

The Committee noted that a public meeting had been arranged for 22 October to discuss proposed London-wide changes to children's cardiac surgery services. It was agreed that the Redbridge Health Scrutiny Coordinator would attend this meeting and report back to the Committee at its next meeting.

The Committee apologised for the lack of disabled access to the side entrance of Redbridge Town Hall and noted the suggestion from a member of the public that access arrangements should be stated on future agendas.

Managers lose control of King George Hospital

By SAM ADAMS

sam.adams@guardian.net

CONTROL over Redbridge's only accident and emergency hospital has been taken away from its managers after the hospital failed to meet minimum standards.

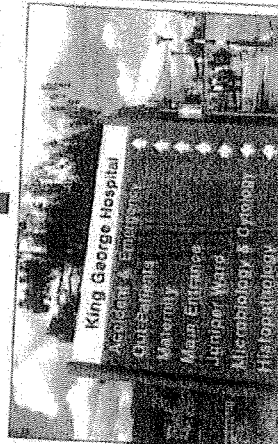
Barking, Havering and Redbricks Hospital Trust (BHRT), which manages King George Hospital in Ilford, was rated on safety, user experience, quality and safety, and financial management, in a nationwide survey by the Department of Health.

Whipps Cross also did badly in the survey and managers there have been told to expect the same treatment unless patient satisfaction levels improve over the next three months.

Hospital services at King George will now be run directly by NHS London in a move which will pile more pressure on the hospi-



Whipps Cross University Hospital in Leytonstone, which has been ordered to improve within three months or face losing control to NHS London. Management of King George in Ilford has been passed to the Government after it failed to meet standards



satisfaction. The report has come as a blow to the hospital which had met other targets relating to waiting times and infection control, and is expected to break even financially at the end of the year.

A hospital spokeswoman admitted she found the report's findings "disappointing". She said: "The performance of King George in 2008 In-patient Survey in which the trust under-performed in a number of areas including confidence in the nursing staff and quality of discharge information."

She added the Trust had already started to organise sessions where patients shared their hospital experiences with staff face-to-face.

Concert for young police cadets

POLICE cadets from across the borough are heading to the Albert Hall to hear some of their favourite bands as a reward for their efforts.

The young volunteers have each given up 200 hours of their time for the community, culminating in a weekend of conservation work at the Lee Valley Regional Park.

They all now have tickets for the invitation-only concert in west London on September 23, where they will see acts including Razorlight, Kelly Rowland and Daniel Merriweather. PC Tim Beaumont, of Redbridge Volunteer Police Cadets, said: "Redbridge Cadets volunteer their time every week to help safer neighbourhood teams, carry out test purchasing and help at events."

"The RockCorps event was a great opportunity to show how we volunteer and make a difference in the community and also to enjoy an evening out."

Agenda Item 6

Whipps Cross University Hospital
Trust Corporate Offices
Whipps Cross Road
Leytonstone
London E11 1NR
Direct Tel: 020 8535 6800
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By Email

Tuesday 10th November 2009

Our ref: CG/LM/aw/101109

Ms Jilly Mushington
Health Scrutiny Research & Development Co-ordinator
London Borough of Redbridge
Town Hall, PO Box 2
High Road
Ilford
Essex
IG1 1DD

Dear Jilly

Re: Outer North East London Joint Health Overview and Scrutiny Committee meeting; Thursday 26th November 2009.

Further to your letter inviting me to the above committee, I would like to submit this letter plus attachments as information to be considered.

The Trust classification of “performing under review” referred to in the newspaper article of 17/09/09, relates to the NHS Performance Framework. The rating consists of four components which are:

Finance- Whipps Cross assessment Q1 - Performing
Operational standards and targets – Whipps Cross Assessment Q1 - Performing
Quality and Safety – Whipps Cross Assessment Q1 - Performing
User experience – Whipps Cross Assessment Q1 - Underperforming.

The NHS framework is such that any Trust scoring underperforming on user experience cannot score higher than “performing under review.”

The Trust has undertaken a significant amount of work on improving the patient experience, implementing the Patient Experience Revolution programme. Appendix 1 is a paper submitted to NHS London in July 2009 and details all the actions taken to date and further work in progress. NHS London will measure improvements in this area through the annual national patient survey, however as the Trust is keen to demonstrate the impact of the work we have been doing sooner, we are re-running both the inpatient and outpatient national patient surveys on November/December patients with results available in February 2010.

The opening NHS performance framework assessment for Whipps Cross rated us as underperforming against finance; however, this has been challenged both with NHS London and the Audit Commission who also reported us as failing to meet minimum standards in their annual use of resources test. Appendix 2 outlines the Trusts strong financial performance over the last two years.

Appendix 3 is an October Trust Board paper outlining the Trust performance against the Care Quality Commissions 2008/09 Annual Health Check.

This paper provides an overview of the key elements that have gone towards our rating this year of **“GOOD”** for **“QUALITY OF SERVICES”** by the Care Quality Commission (CQC).

Overall this is positive news for the Trust and reflects the significant efforts which have been made to continually drive up standards.

The Trust received a **“WEAK”** rating for **“USE OF RESOURCES”**, the same as in previous declarations, reflecting the underlying deficit which has not been paid back in the prescribed time frame. The Trust is using the Challenged Trust Board process to address this ongoing issue.

I hope that attached information will aid the discussion on November 26th and I look forward to seeing you there.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lucy Moore', written in a cursive style.

Lucy Moore
Chief Executive

Cc: Heather O'Meara, Chief Executive, Redbridge PCT
Cathy Geddes, Director of Nursing, Whipps Cross University Hospital

Paper to NHS Waltham Forest – July 2009

1. Introduction

This paper is to provide an overview of the results of the 2008 Inpatient Survey and to detail the programme of activities aimed at improving our overall results.

The objective of this work is to enable staff to offer the highest quality care for its patients and carers, encapsulated in the mission to be ‘the people’s hospital – putting patients first’.

Improvements will be evidenced through real time patient feedback and improvements in our inpatient survey scores to match the national average. Our long term goal is to be better than the national average.

The results overall are extremely disappointing (**See Appendix 1**) and there is a clear need to have a focussed programme of activity to turn this position around.

We have seen improvements in 19 indicators compared to our 2007 survey results. These include the hand washing; sharing a sleeping area with the opposite sex and getting help from staff to eat meals. The theme of Operations and Procedures saw improvements in all 6 indicators,

However, the results for 39 of the survey indicators show deterioration in performance against the 2007 results (**See Appendix 1, Table 1**). Also, compared with other Trusts we are within the bottom 20% nationally for 47 indicators out of a total of 62, in the mid 60% nationally for 14 indicators and in the top 20% for 1 indicator (**See Appendix 1, Table 2**)

For the first time, the Care Quality Commission are also publishing the data in a slightly different format comparing us either better, the same or worse than all other Trusts in a similar category. For Whipps Cross this is a comparison with all other medium acute Trusts. (**See Appendix 1, Table 3**)

2. Actions to date

The following details the programme of activities initiated over the last 3 months and future initiatives, in order to create a patient centred culture which will demonstrate continuous improvement of the patient experience at Whipps Cross.

The results of the inpatient patient survey will be shared with every employee in the organisation in the July payslips, accompanied by a letter from the Chief Executive highlighting key customer care deficits and areas for improvement. All staff have been asked to submit their own ideas for improvement as this is an important part of the process to ensure engagement at all levels within the organisation.

2.1 Patient Experience Initiatives

2.1.1 Patient Experience Improvement Board

A Patient Experience Improvement Board, chaired by the Director of Nursing, inaugurated in May 2009, will meet bi-monthly for six months, to co-ordinate and monitor all patient satisfaction and customer care improvements at Whipps Cross. Five work streams currently report into this Board.

Work stream 1: Communication Skills and Training – Lead Megan Hall-Jackson Clinical Skills Tutor

This work stream has three key objectives:

- Development of a Trust Communication Skills policy and set of care communication skills standards
- Communications skills link on every ward with ‘train the trainer’ sessions planned, commencing October 2009
- Trust wide multidisciplinary communication skills training

Achievements:

- Trust Communication Skills policy in draft which will be presented to Patient Experience Improvement Board Monday 27 July 2009
- Development of Trust Communications Skills standards
- Completed two training sessions: one session with 12 outpatient staff and one session with 12 staff from Plane Tree and Pre-operative Assessment staff

Work Stream 2: Patient Information (including medication and discharge information – Lead Emma Kearney AD Press and Communications

The aim of this group is to produce a range of patient information leaflets to target key areas, commencing with a generic discharge information leaflet. Achievements to date include:

- Draft version of the generic discharge leaflet to be presented to the Patient Experience Improvement Board Monday July 27 2009

Work stream 3: Experience base design (EBD) - Lead Nancy Fontaine Deputy Director of Nursing Patient Safety and Quality

This incorporates focus groups comprising staff, patients and carers, learning about their experiences and making changes to the service accordingly. The first EBD area is the day surgical unit, incorporating pre-operative assessment and the Plane Tree Centre.

Two multidisciplinary staff focus groups are set for September and patient representatives are currently being recruited for the patient focus groups in October. The joint staff and patient co-design event will occur in November.

Work stream 4: Outpatients - Lead Jane Davis Deputy Director of Operations

This has focused on fracture and ENT clinics initially, but intends to incorporate the Eye Treatment Centre and other outpatient areas in the future. This project includes the following outpatient improvements:

- Patient Information leaflets about the outpatient service and facilities available
- System to allow patients to go and get a drink etc, and be informed by text message when their appointment is due to start
- Drinks Trolleys offering free drinks
- System for escalation if notes not available or clinics delayed
- Communication training for all staff including guidelines and scripts for staff
- Increased cleaning
- Additional porters and wheelchairs
- Receptionist in phlebotomy from 8:00am
- Uniform for all staff
- Recruitment of a Customer Care Manager commencing August 2009

Work stream 5: Real Time Patient Feedback - Lead Frances Hollwey Head of Patient Experience

This work stream is an amalgamation of all in-house patient surveys and real time feedback across the Trust. It allows staff and patients to gain feedback on the quality of care and service delivery and take practical steps to respond to the real time information.

Achievements:

- Purchase of 10 hand held devices to use for real time feedback, with emergency and cardiac rehabilitation patients to be involved in the first surveys from September 2009
- Design of questionnaire to undertake 20x patient satisfaction surveys in Specialist and Emergency Medicine and 20 in Critical Care and Surgery. Results available September 2009
- Completion of one survey for 1:1 care in labour and two more by December 2009
- Post-natal questionnaire now agreed and plans to undertake 3 post natal surveys by December 2009

In the last 3 months patient satisfaction surveys have been undertaken in the Eye Treatment Centre, 2 orthopaedic wards and cancer care.

The Eye Treatment Centre Patient Survey

A patient experience survey was conducted over 2 weeks in the Eye Treatment Centre in collaboration with the Chair of the Patient's Panel and other members. Prime areas for improvement were:

- Clinic waiting times
- Missing notes letters

- Poor communication about waiting times and reasons for delay
- More than half of the patients were not given written information about their condition.

These themes are being addressed by the Head of Nursing via the outpatient project together with communication skills and patient information work streams.

Orthopaedic Ward Patient Survey

Real time patient feedback was undertaken with a member of the patient experience team collecting feedback from 14 patients within the Orthopaedic setting. Key areas for improvement included communication and interpersonal skills of the clinical staff, identified by 50% (n=7) of respondents and the quality of the hospital food identified by 66% (n=9). This information has been shared with the Head of Nursing for Orthopaedics and will link into the communications skills work and the Nutrition Action Team who are currently co-ordinating the review of hospital food.

Cancer Care

Improvements to cancer care at Whipps Cross remain high priority for enhancing the patient experience and gaining real time patient feedback. Cancer patients have attended one focus group to share their experiences, which the cancer team intend to repeat and incorporate the results into their service redesign. Furthermore, with the advent of a cancer information centre, a survey has been developed which will be circulated to external groups, to identify what kinds of information would be beneficial to cancer patients and their families.

Maternity - 1:1 Care in Labour.

The maternity unit have completed the first of a series of 3 post natal surveys. This first survey analysed 196 survey responses from Lilac ward and the delivery suite with results indicating high levels of satisfaction pre and post delivery. Interestingly, 1% of women on Lilac ward reported that they would have preferred to have been left by themselves for some private time during labour, even though the aim was to be with the woman throughout her labour, thus facilitating one to one care.

2.1.2 April Strategy

April Strategy are an external company who are contracted for 3 months to assist us with improving our patients' experience and ensure that Whipps Cross nurture a consistently patient centred culture. (See Table below for more detailed description of activities.) Achievements to date:

- 1:1 meetings with the Executive Team
- Core Patient Experience team identified
- Press and Communications strategy agreed
- The 'In Your Shoes' focus group events (x3) organized where 20 staff and 20 patients share their views of patient experience at Whipps Cross

The next steps of the project include:

- Future Values Survey: 10 minute staff survey about the kind of organisation they want to work for: from 10 Aug
- 'Values into Action' workshops in September to design the patient experience and identify barriers / enablers

- Programme for staff and patients to inform us of their ideas about what would make the biggest difference to the patients' experience
- Development of core behavioural and customer care standards for the Trust including a handbook

3. Overview of Patient Experience Project activities, deliverables and inputs - Update October 2009

Issue	Key activities	Key events	Outcomes	Lead
Strategic Board For Patient Experience	Established Patient Experience Improvement Board May 2009	Bi-monthly meetings Non-executive Director representative Patient's Panel representative	Feedback from all 5 work streams and progress monitored and project plans agreed All survey results reviewed and actions evaluated	CG
Improving Staff Communication	Work Stream 1 – Communication skills and training	Teaching faculty established for 'Train the Trainer' communications cascade Development meeting for Communications training and competencies 11/11/09 Train the Trainer Communications Skills session 30/11/09	Trust Communication Skills policy and set of care communication skills standards Communications skills link on every ward All wards have nominated staff to attend Train the Trainer session 'Train the trainer' teaching part of mandatory training for all employees Development of Communications Skills Lead for Nursing – under discussion	MHJ
Improving Patient Information	Work stream 2 – Patient Information	Monthly meetings Plan to review externally produced surgical procedure leaflets	Production of a range of patient information leaflets including new OPD leaflet which is now in use Draft 2 generic discharge leaflet produced and under review	EK
Service Improvement using: Experience Based Design	Work Stream 3 – Experience Based Design project	Plane Tree Centre for Day Surgery 1 x staff event- 8/10/09 Patient focus groups – 13/11/ 09 Co- design event with both patients	Objective is to make service improvements through focussed interactions with patients, carers and staff. The first project area is day surgery. Staff	NF

		<p>and staff- December 09</p> <p>Commenced EBD in the chest clinic in October. Currently inviting patients to focus groups Oct 27th EBD event.</p>	<p>EBD event completed and data collated</p> <p>The second area is the chest clinic. Staff EBD event completed and data collated</p>	NF
Improvement to the Outpatients Department	Work stream 4 – Outpatient improvements	<p>Monthly meetings for all key staff</p> <p>Customer Care training 3/10/09 reception staff</p> <p>Planned outpatient department communications skills training for all staff on rolling programme</p> <p>Current plans for uniform for all non-clinical staff.</p>	<p>Patient Information leaflets about the outpatient service and facilities implemented</p> <p>Customer Care Manager available for all clinics during work hours Monday – Friday</p> <p>Receptionist in phlebotomy from 8:00am.</p> <p>System to allow patients to go and get a drink etc, and be informed by text message when their appointment is due to start.</p> <p>Drinks Trolleys offering free hot drinks and free biscuits</p> <p>System for escalation if notes not available or clinics delayed.</p> <p>X1 session 12 staff completed communication training for all staff including guidelines and scripts for staff. Increased cleaning.</p> <p>Additional porters and wheelchairs have been implemented to support all clinics</p> <p>Uniforms for admin staff on order.</p>	JD
Implementing Real Time Patient Feedback	Work Stream 5 – Real time patient feedback	<p>Monthly meetings</p> <p>10 hand held patient information</p>	<p>Monthly feedback to Trust Board from hand held tracker systems</p>	NF

	<p>- Trust Patient Surveys - Hand held tracker systems</p>	<p>systems now available 24/9/09 Hand Held Tracker system training 24/9/09 Plan to complete 80 in-patient surveys monthly from mid October 14 orthopaedic in-patient surveys completed and action plan monitored by Matron. The survey and results have been submitted to the Clinical Improvement Group for monitoring</p> <p>40 In-patient Trust surveys completed as a benchmark during the Patient Experience Revolution Across 2 largest directorates by PALS and Customer Service</p>	<p><u>Orthopaedic survey – Key Issues</u> 60% (n=8) of the nurses were seen as friendly and caring and care was identified as 'good' by 12 patients (86%). The weaker points were: - 14% (n=2) Poor introduction from nurses - 7% (n=1) Some rudeness from staff - 21% (n=3) Further assistance with feeding - 35% (n=5) Further information required about their condition Orthopaedic Matron has discussed results with each member of Orthopaedic nursing staff and interpersonal skills and behaviours are being monitored. All staff are introducing themselves to patients and taking time to explain treatment plans Named nurses identified to assist with feeding patients where required. Trust wide feeding project to commence</p> <p><u>40 In-patient Survey</u> 35% (n=14) described nursing staff as friendly and welcoming. 95% (n=38) described the wards as clean 95% (n=38) stated that their dignity and privacy needs had been observed 42.5% (n=17) patients stated they would recommend Whipps Cross to their family and friends.</p>	<p>FH</p> <p>MW DD</p>
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	<p>Hourly Patient Rounds</p> <p>Emergency Department</p> <p>- Patient Safety Executive Walkrounds</p>	<p>Manager</p> <p>Ability to measure improvement through responses to benchmark net promoter score question asked within all surveys now implemented: <i>'would you recommend WX to your family and friends'</i></p> <p>The results of this small Trust in-patient survey reflect similar results to the National Patient Survey and thus the action plan for this is part of the overall corporate agenda</p> <p>All wards to commence <u>hourly</u> rounds to ensure all immediate needs met. Specific project to be commenced on Orthopaedic Ward.</p> <p>ED undertaking internal patient experience survey based on the weakest areas highlighted from 2008 Picker NPS</p> <p>Future ED Trust surveys in 2010 will then be undertaken via tracker</p> <p>Patient Safety Executive Walkrounds visit 2 wards per fortnight. These focus on both safety and quality and the team with at least x1 ET member speak to both patients and relatives about their care and treatment</p>	<p>Weaker areas identified:</p> <p>10% (n=4) commented that nurses had poor attitude</p> <p>10% (n=4) that the wards were noisy</p> <p>17.4% (n=7) stated they didn't like the food</p> <p>15% (n=6) stated that the food was not presented well</p> <p>40% (n=16) stated they wanted more involvement in decisions about their care</p> <p>Foundation of Nursing Studies award for Orthopaedic Patient Experience Project. Commences on 2 wards November 2009</p> <p>30 patient experience surveys completed. Aiming for 100</p> <p>6 walkrounds (12 wards) completed</p> <p>All reports & ward action plan submitted to Clinical Improvement Groups.</p> <p>Trust Board paper - Patient Safety November 2009</p>	<p>NF</p> <p>NF</p> <p>BL</p> <p>Exec Team &</p> <p>NF</p> <p>NF</p>
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Measurement of Quality	Development of a quality balanced score card to allow reporting through Directorates to Trust Board	Meetings with key individuals Key indicators agreed Development of balanced scorecard Monthly reports to the Board-planned to start October 09 Information available to inform Quality Accounts	Score card developed and presented to the Trust Board 25/9/09. Features the following: Pt experience, Pt safety, Staff experience and clinical effectiveness Ward level quality assessment tool now developed and pilot study across 6 wards to commence October 2009	CG AC
Patient Experience Revolution Current Project Outcomes				
Trust wide Patient Experience Revolution	Phase 1: Listening to patients and staff	1:1 interviews with core team members and key Execs Data from x3 IYS events analysed [Planning x1 paediatric IYS for October] 2008/09 compliments letters analysed 08/09 Complaints currently being analysed X2 events to feedback to all staff who participated in the IYS: 29/9/09	Summary of existing data and data output from all interviews and IYS presented to Trust Board, ET and Trust AGM All patients and carers have been sent Thank You from Lucy Moore and summary of findings Data output presented to Trust Board, ET & AGM X1 IYS workshop completed with 30 Registrars BME, LD, MH, visually and	CG NF NF

	Hard to Reach and BME groups	<p>X2 patient experience focus groups for hard to reach and BME group, September 15th & 20th.</p> <p>Internal comms launch and intranet page designed with invitation to take part in survey and events</p>	<p>aurally impaired patient feedback from focus groups included into patient experience project</p> <p>Future Values survey completed with 10% staff participation (n=260)</p> <p>Big Bang Launch for Patient Revolution planned for December</p>	<p>GC</p> <p>NF/EK</p>
	<p>Phase 2: Insight and engagement of staff September 28th</p>	<p>Future Values survey results analysed</p> <p>Values into Action workshops for each directorate organised from September 29th:</p> <p>All directorates have identified 16-20 attendees.</p> <p>Workshops to draft headlines of standards / behaviours supported by staff ambition / stories and patient / customer needs</p> <p>HR Alignment workshops now co-ordinated for October to agree HR processes, recruitment, appraisal in order to reinforce behaviours at the front line</p>	<p>Workshops for all directorates completed.</p> <p>Medical Director to present to all Clinical Director & consultants for medical support.</p> <p>Draft behaviour standards – headlines and implications for training continues</p> <p>First Draft Trust pledge and pocket Whipps Cross manifesto now developed and presented to Core Group 19/10/09.</p> <p>HR alignment workshops completed and distilling outputs to incorporate directorate feedback. Currently drafting Trust behavioural & customer care standards.</p> <p>Recruitment and staff</p>	<p>NF</p> <p>JH/ NF</p> <p>NF</p> <p>NF</p>

		Executive Team and Trust Board Patient Experience presentations November 2009	performance strategy around customer care, communication and professional behaviour presented to HR 19/10/09	
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Appendix 1
2008 inpatient Survey

Results - Comparison with our 2007 survey results (lower scores are better) Table 1

Theme : Admission	2007 %	2008 %	Improvement+/-
Planned admission – should have been admitted sooner	37	24	+
Not given printed information about hospital	43	37	+
Not given printed information about condition or treatment	32	34	-
Had to wait a long time to get to a bed	34	44	-
Theme : the Hospital and Ward	2007 %	2008 %	Improvement+/-
Room or ward not very or not at all clean	7	5	+
Toilets not very clean or not at all clean	13	16	-
Food was fair or poor	55	57	-
Not always healthy food on menu	53	54	-
Not offered a choice of food	37	36	+
Did not always get help from staff to eat meals	45	43	+
Shared sleeping area with opposite sex	25	23	+
Theme : Doctors	2007 %	2008 %	Improvement+/-
Did not always get clear answers to questions	34	42	-
Did not always get opportunity to talk when needed	54	58	-
Some/none knew enough about condition	13	23	-
Talked in front of you as if you were not there	37	38	-
Did not always have confidence and trust	25	31	-
Did not always wash or clean hands between touching patients	20	17	+
Theme : Nurses	2007 %	2008 %	Improvement+/-
Did not always get clear answers to questions	44	45	-
Did not always have confidence and trust	33	35	-
Some/none knew enough about condition/treatment	20	28	-
Talked in front of you as if you were not there	32	33	-

Did not always wash or clean hands between touching patients	25	22	+
Sometimes rarely or never enough on duty	47	51	-
Theme : Care and Treatment	2007 %	2008 %	Improvement+/-
Wanted to be more involved in decisions	53	58	-
Staff did not do everything to help control pain	31	36	-
Tests: results not explained well/not explained at all	54	52	-
More than 5 minutes to answer call button	12	16	-
Not always enough privacy when discussing condition or treatment	34	37	-
Not always enough privacy when being examined or treated	15	19	-
Did not always get help in getting to the bathroom when needed	43	45	-
Could not always find staff member to discuss concerns with	65	72	-
Not enough opportunity for family to talk doctor	58	64	-
Not enough (or too much) information given on condition or treatment	25	31	-
Staff contradict each other	35	42	-
Theme : Operations and Procedures	2007 %	2008 %	Improvement+/-
Surgery: questions beforehand not fully answered	30	25	+
Surgery: risks and benefits not fully explained	24	21	+
Surgery: what would be done during operation not fully explained	29	28	+
Surgery: not told fully how could expect to feel after operation or procedure	51	46	+
Surgery: anaesthetist / other member of staff did not fully explain how would put to sleep or control pain	19	18	+
Surgery: results not explained in clear way	42	39	+
Theme : Leaving Hospital	2007 %	2008 %	Improvement+/-

Discharge: did not feel involved in decisions about discharge from hospital	40	48	-
Discharge: was delayed	37	42	-
Discharge: delayed by 1 hour or more	81	87	-
Discharge: not given any written/printed information about what they should do or should not do after leaving hospital	46	47	-
Discharge: not fully told purpose of medications	24	24	
Discharge: not fully told side effects of medications	49	51	-
Discharge: not told how to take medication clearly	20	23	-
Discharge: not given completely clear written/printed information about medicines	36	36	
Discharge: not fully told of danger signals to look for	52	51	+
Discharge: family not given enough information to help	54	59	-
Discharge: not told who to contact if worried	32	32	
Discharge: did not receive copies of letters sent between hospital doctors and GP	41	33	+
Theme : Overall	2007	2008	Improvement+/-
	%	%	
Not treated with respect or dignity	25	32	-
Doctors and nurses working together fair or poor	10	12	-
Rating of care fair or poor	12	12	
Would not recommend this hospital to family and friends	8	13	-
Not asked to give views on quality of care	84	83	+
No poster/leaflets seen explaining about care	54	57	-
Wanted to complain about care received	8	12	-
No given enough information on how to complain	79	84	-
Theme : About You	2007	2008	Improvement+/-
	%	%	
Religious beliefs: Not always respected by hospital staff	17	12	+
Religious beliefs: always able to practice in hospital	32	14	+

Whipps Cross University Hospital position compared to other Trusts (Table 2)

Best performing 20% of trusts	
Intermediate 60% of trusts	
Worst performing 20% of trusts	

Category	Performance
Admission to Hospital	
How much information about your condition did you get in the Emergency Department?	
Were you given enough privacy when being examined or treated in the Emergency Department?	
How long did you wait before being admitted to a bed on a ward?	
Were you offered a choice of hospital for your first hospital appointment?	
Overall, how long did you wait to be admitted to hospital?	
How do you feel about the length of time you were on the waiting list?	
Were you given a choice of admission dates?	
Was your admission date changed by the hospital?	
Upon arrival, did you feel that you had to wait a long time to get to a bed on a ward?	
The Hospital and ward	
Did you ever share a sleeping area with patients of the opposite sex?	
Did you ever use the same bathroom or shower area as patients of the opposite sex?	
Were you ever bothered by noise at night from other patients?	
Were you ever bothered by noise at night from hospital staff?	
In your opinion, how clean was the hospital room or ward that you were in?	
How clean were the toilets and bathrooms that you used in hospital?	
Did you feel threatened during your stay in hospital by other patients or visitors?	
Did you have somewhere to keep your personal belongings whilst on the ward?	
How would you rate the hospital food?	
Were you offered a choice of food?	
Did you get enough help from staff to eat your meals?	
Doctors	

When you had important questions to ask a doctor, did you get answers that you could understand?	
Did you have confidence and trust in the doctors treating you?	
Did doctors talk in front of you as if you weren't there?	
As far as you know, did doctors wash or clean their hands between touching patients?	
Nurses	
When you had important questions to ask a nurse, did you get answers that you could understand?	
Did you have confidence and trust in the nurses treating you?	
Did nurses talk in front of you as if you weren't there?	
In your opinion, were there enough nurses on duty to care for you in hospital?	
As far as you know, did nurses wash or clean their hands between touching patients?	
Your Care and Treatment	
Did a member of staff say one thing and another say something different?	
Were you involved as much as you wanted to be in decisions about your care?	
How much information about your condition or treatment was given to you?	
Did your family or someone close to you have enough opportunity to talk to a doctor?	
Did you find someone on the hospital staff to talk to about your worries and fears?	
Were you given enough privacy when discussing your condition or treatment?	
Were you given enough privacy when being examined or treated?	
Do you think the hospital staff did everything they could to help control your pain?	
After you used the call button, how long did it usually take before you got help?	
Operations and Procedures	
Did a member of staff explain the risks and benefits of the operation or procedure?	
Did a member of staff explain what would be done during the operation or procedure?	
Did a member of staff answer your questions about the operation or procedure?	
Were you told how you could expect to feel after you had the operation or procedure?	
Did the anaesthetist explain how he or she would put you to sleep or control your pain?	
Afterwards, did a member of staff explain how the operation or procedure had gone?	
Leaving Hospital	
Did you feel you were involved in decisions about your discharge from hospital?	
What was the main reason for the delay?	
How long was the delay to discharge?	
Were you given any written information about what you should do after leaving hospital?	
Did hospital staff explain the purpose of the medicines you were to take home?	
Did a member of staff tell you about medication side effects to watch for?	

Were you told how to take your medication in a way you could understand?	
Were you given clear written information about your medicines?	
Did a member of staff tell you about any danger signals you should watch for?	
Did hospital staff give your family or someone close to you all the information they needed?	
Did hospital staff tell you who to contact if you were worried about your condition?	
Did you receive copies of letters sent between hospital doctors and your family doctor?	
Overall	
Did you feel you were treated with respect and dignity while you were in the hospital?	
How would you rate how well the doctors and nurses worked together?	
Overall, how would you rate the care you received?	
While in hospital, were you ever asked to give your views on the quality of your care?	
Did you see any posters or leaflets explaining how to complain about the care you received?	
Did you want to complain about the care you received in hospital?	

CARE QUALITY COMMISSION BENCHMARK REPORT DETAILING THE TRUST'S 2008 POSITION IN COMPARISON WITH ALL MEDIUM ACUTE TRUSTS (TABLE 3)

Section heading	Score out of 10 for your trust	How this score compares with other trusts
The emergency / A&E department, answered by emergency patients only	7.3	The same
Waiting lists and planned admissions, answered by those referred to hospital	5.8	The same
Waiting to get to a bed on a ward	7.3	The same
The hospital and ward	7.1	Worse
Doctors	8.0	Worse
Nurses	7.7	Worse
Care and treatment	6.8	Worse
Operations and procedures, answered by patients who had an operation or procedure	8	The same
Leaving hospital	6.1	The same

Overall views and experiences	5.7	Worse
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The Emergency / A&E department, answered by emergency patients only

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?	Information for being given enough information on their condition and treatment	8	The same
4. Were you given enough privacy when being examined or treated in the Emergency Department?	Privacy for being given enough privacy when being examined or treated	8.6	The same
5. Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	Admission to a ward for not having to wait a long time to be admitted to a bed or ward	5.3	The same

Waiting lists and planned admissions, answered by those referred to hospital

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
6. When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?	Choice of hospital for being offered a choice of hospital for their first appointment, when referred to see a specialist	3.4	The same
8. Overall, from the time you first talked to this health professional about being referred to hospital, how long did you wait to be admitted to hospital?	Wait for admission for not having to wait long to be admitted , from the time they first talked with this health professional about being referred to hospital	6.3	The same
9. How do you feel about the length of time you were on the waiting list before your admission to hospital?	Length of wait for feeling that they waited the right amount of time on the waiting list to be admitted	8.2	The same
10. Were you given a choice of admission dates?	Choice of admission dates for being offered a choice of admission dates	2.1	The same
11. Was your admission date changed by the hospital?	Changes to admission dates for not having their admission date changed by the hospital	8.9	The same

Waiting to get to a bed on a ward

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
12. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	Waiting to get to a bed on a ward for feeling they did not have to wait a long time to get to a bed on a ward, following their arrival at the hospital	7.3	The same

The hospital and ward

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
14. When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? And 17. After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	Single sex accommodation for not having to share a sleeping area , such as a room or bay, with patients of the opposite sex	8.1	The same
Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
19. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	Single sex bathroom areas for not having to share a bathroom or shower area with patients of the opposite sex	7.9	The same
20. Were you ever bothered by noise at night from other patients?	Noise from other patients for not ever being bothered by noise at night from other patients	5.6	The same
21. Were you ever bothered by noise at night from hospital staff?	Noise from staff for not ever being bothered by noise at night from hospital staff	7.8	The same
22. In your opinion, how clean was the hospital room or ward that you were in?	Cleanliness of rooms and wards for describing the hospital rooms or wards as clean	8	Worse
23. How clean were the toilets and bathrooms that you used in hospital?	Cleanliness of toilets and bathrooms for describing the toilets and bathrooms as clean	7.3	Worse

24. Did you feel threatened during your stay in hospital by other patients or visitors?	Not feeling threatened for reporting they did not feel threatened by other patients or visitors during their hospital stay	9.5	The same
25. Did you have somewhere to keep your personal belongings whilst on the ward?	Storing belongings for having somewhere to keep their personal belongings whilst on the ward	5.9	The same
26. How would you rate the hospital food?	Quality of food for describing the hospital food as good	4.4	Worse
27. Were you offered a choice of food?	Choice of food for having been offered a choice of food	7.8	Worse
28. Did you get enough help from staff to eat your meals?	Help with eating being given enough help from staff to eat their meals , if they needed it	5.9	Worse

Doctors

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
29. When you had important questions to ask a doctor, did you get answers that you could understand?	Answers to questions for getting answers they could understand from their doctor , when they asked important questions	7.8	The same
30. Did you have confidence and trust in the doctors treating you?	Confidence and trust for having confidence and trust in the doctors treating them	8.4	Worse
31. Did doctors talk in front of you as if you weren't there?	Acknowledging patients for doctors not talking in front of them , as if they weren't there	7.7	Worse
32. As far as you know, did doctors wash or clean their hands between touching patients?	Hand cleaning for noticing that doctors washed or cleaned their hands between touching patients	8.1	The same

Nurses

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
33. When you had important questions to ask a nurse, did you get answers that you could understand?	Answers to questions for getting answers they could understand from the nurse , when they asked important questions	7.5	Worse

34. Did you have confidence and trust in the nurses treating you?	Confidence and trust for having confidence and trust in the nurses treating them	8.1	Worse
35. Did nurses talk in front of you as if you weren't there?	Acknowledging patients for nurses not talking in front of them , as if they weren't there	7.9	Worse
36. In your opinion, were there enough nurses on duty to care for you in hospital?	Enough nurses for feeling that there were enough nurses on duty to care for them	6.7	Worse
37. As far as you know, did nurses wash or clean their hands between touching patients?	Hand cleaning for noticing that nurses washed or cleaned their hands between touching patients	8.3	The same

Care and treatment

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
38. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Avoiding confusion For not being told one thing by a member of staff and something quite different from another	7.4	Worse
39. Were you involved as much as you wanted to be in decisions about your care and treatment?	Involvement in decisions for being involved as much as they wanted to be in decisions about their care and treatment	6.3	Worse
40. How much information about your condition or treatment was given to you?	Information for being given enough information on condition and treatment	7.1	Worse
41. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	Involving family or friends for family or someone else close to them having enough opportunity to talk to a doctor if they wanted	5.3	Worse
42. Did you find someone on the hospital staff to talk to about your worries and fears?	Talking about worries and fears for having someone on the hospital staff to talk about any worries and fears , if they wanted	4.1	Worse
43. Were you given enough privacy when discussing your condition or treatment?	Privacy for discussions for being given enough privacy when discussing their condition or treatment	7.5	Worse
44. Were you given enough privacy when being examined or treated?	Privacy for examination for being given enough privacy when being examined or treated	9.1	Worse

46. Do you think the hospital staff did everything they could to help control your pain?	Pain control for feeling that hospital staff did all they could to help control their pain , if they were ever in pain	8	The same
47. How many minutes after you used the call button did it usually take before you got the help you needed?	Getting help for the call button being responded to quickly , if they used this	6.2	The same

Operations and procedures, answered by patients who had an operation or procedure

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
49. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	Explanation of risks and benefits before the operation or procedure, being given an explanation that they could understand about the risks and benefits	8.5	The same
50. Beforehand, did a member of staff explain what would be done during the operation or procedure?	Explanation of operation before the operation or procedure, being given an explanation of what would happen	8.3	The same
51. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	Answering questions before the operation or procedure, having any questions answered in a way they could understand	8.5	The same
52. Beforehand, were you told how you could expect to feel after you had the operation or procedure?	Expectation after the operation being told how they could expect to feel after they had the operation or procedure	6.8	The same
54. Before the operation or procedure, did the anaesthetist explain how he or she would put you to sleep or control your pain in a way you could understand?	Information from the anaesthetist for receiving an explanation they could understand from the anaesthetist about how they would be put to sleep or their pain controlled	8.8	The same
55. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	After the operation for being told how the operation or procedure had gone in a way they could understand	7	The same

Leaving hospital

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts

56. Did you feel you were involved in decisions about your discharge from hospital?	Involvement in decisions for being involved in decisions about their discharge from hospital, if they wanted to be	5.7	Worse
59. How long was the delay? (discharge from hospital). Scoring includes 57 and 58	Discharge for not being delayed on the day they were discharged from hospital	7.5	The same
60. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	Advice for after discharge for whether they were given written or printed information about what they should or should not do after leaving hospital	5.4	Worse
61. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Purpose of medicines for having the purpose of these explained to them in a way they could understand, when given medicines to take home	8.1	The same
62. Did a member of staff tell you about medication side effects to watch for when you went home?	Side effects for being told about the side effects to watch out for, when given medicines to take home	4	The same
63. Were you told how to take your medication in a way you could understand?	Taking medication for being told how to take medication in a way they could understand, when given medicines to take home	8	The same
64. Were you given clear written or printed information about your medicines?	Information about medicines for being given clear written or printed information about their medicines, when given medicines to take home	7	The same
65. Did a member of staff tell you about any danger signals you should watch for after you went home?	Danger signals for being told about any danger signals to watch for after going home	4.3	Worse
66. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	Information for family and friends for information being given to their family, or someone close, about how to help care for them	4.8	Worse
67. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Contact for being told who to contact if they were worried about their condition or treatment after leaving hospital	6.5	Worse
68. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	Letters for receiving copies of letters sent between hospital doctors and their GP	6.1	The same

Overall views and experiences

Actual question wording	Website description	Score out of 10 for your trust	How this score compares with other trusts
69. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Respect and dignity for being treated with respect and dignity	8.3	Worse
70. How would you rate how well the doctors and nurses worked together?	Working together for how well they rated doctors and nurses working together	7	Worse
71. Overall, how would you rate the care you received?	Overall care for how good the overall care was that they received	7.1	Worse
72. During your hospital stay, were you ever asked to give your views on the quality of your care?	Patients' views for being asked to give their views about the quality of the care they received during their stay in hospital	0.6	The same
73. While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?	Information about complaints for noticing any posters or leaflets explaining how patients could complain about the care they received	2.7	Worse
74. Did you want to complain about the care you received in hospital?	Information about complaints for not wanting to complain about the care they received	8.7	Worse

Agenda Item 6

Appendix 2

Letter published in the Health Services Journal 22/10/09

Dear Sally, your news item on the Audit Commission's annual use of resources test (1 October 2009) reporting that Whipps Cross University Hospital NHS Trust is *failing to meet minimum standards* suggests that the Trust is failing in a number of areas. It also says that this is for the fourth year running. This is not the case. The article presents a misleading picture as it fails to recognise the significant improvements made over the last two years. The Trust made a surplus in 2007/08 and 2008/09 and is forecasting a similar position this financial year. Moreover, all the ALE scores have improved with the exception of financial standing due solely to the historical debt. The latter is being used to bring down everything else.

This is de-motivating to staff and the Audit Commission's assessment fails to convey any meaningful message. This is absurd. Under the current scoring system the Trust could score 4 (the highest) in four of the five areas and earn a surplus and yet still fail! The evidence of real and tangible improved financial performance is ignored. Time, perhaps, for a re-think to use a better system to rate NHS trusts?

Andy Morris

FD

Whipps Cross University Hospital NHS Trust

CARE QUALITY COMMISSION ANNUAL HEALTH CHECK SUMMARY 2008-09

1. Introduction/Background

From the financial year 2005/06 Trusts have been required to submit a self-declaration against a set of core standards (Standards for Better Health) to the Healthcare Commission, now part of the Care Quality Commission.

2. Purpose of Paper/ Executive Summary

This report informs the Trust Board of the Trust's Care Quality Commission rating for 2008/09 and the actions that are being taken to address identified deficiencies

3. Has this proposal been discussed by other Committees/Board Sub-Committees within the Trust

No

Has this paper been considered by Staff Side?

No

4. Impact Assessment.

Please list details of

- i. Financial Implications?
No additional financial pressures have been identified
- ii To which of the Trust's Corporate Objectives does this paper relate?
– The Trust's corporate objectives are set out using the Standards for Better Health, seven domains as a framework.
- iii Will the proposals in this paper impact upon the Equalities agenda? No
- iv Will there be any impact upon education & training? No
- v Are there legal implications? No
- vi. Is there any requirement for local or public consultation? No

5. Action Required from the Trust Board

To note the report and support the proposed actions

Cathy Geddes
Director for Nursing and Quality
October 2009

ANNUAL HEALTH CHECK SUMMARY 2008-09

1. PURPOSE OF REPORT

This paper provides an overview of the key elements that have gone towards our rating this year of “**GOOD**” for “**QUALITY OF SERVICES**” by the Care Quality Commission (CQC).

Overall this is positive news for the Trust and reflects the significant efforts which have been made to continually drive up standards.

The Trust is particularly proud to have continued to have met the target for reducing MRSA bacteraemias and to be compliant in respect of cleanliness.

The Trust received a “**WEAK**” rating for “**USE OF RESOURCES**”, the same as in previous declarations, reflecting the underlying deficit which has not been paid back in the prescribed time frame.

2. OVERALL POSITION

In relation to our neighbouring Trusts:

	<u>Quality of Services</u>	<u>Use of Resources</u>
BHRT	Weak	Weak
Newham	Good	Fair
N.Middlesex	Good	Fair
Princess Alexandra Harlow	Good	Good
Homerton	Excellent	Excellent
BLT	Weak	Fair

3. COMPONENTS OF THE “QUALITY OF SERVICES” RATING

The rating is arrived at through the assessment of three areas:

- 1) Core Standards, where we declared compliance with all except the following:

C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary

C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Our CQC rating is **ALMOST MET**.

- 2) Performance against Existing Commitments. Our CQC rating is **FULLY MET**.
- 3) Performance against National Priorities. Our CQC rating is **EXCELLENT**.

To achieve a rating of GOOD requires **ALMOST MET** for both Core Standards and Existing Commitments and at least a **GOOD** for National Priorities.

The table below sets out performance for each target area. Where we have either under achieved or failed.

Component	Rating	Element	Compliance
Core Standards	Almost met	C5a conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	NOT MET
		C13c systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary	NOT MET
		C21 , clean, well designed environment	NOT MET
Existing Commitments	Fully Met	Maintain four hr max wait in A&E	Under Achieved
National Priorities	Excellent	Secure improvements in NHS patient experience	Satisfactory

		Participation in heart disease audits	Under Achieved
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4 MOVING FORWARD

The breaches which resulted in C5a and C13c not being met have been investigated and actions implemented which have addressed the identified gaps.

Information provided by the CQC, which was used to crosscheck the Trust's declaration shows that there were no concerns with regard to C21 that would have put the Trust at risk of being non compliant, for the declaration period 2008/09. The Governance Committee on 13 November will be reviewing the Trust's ½ year declaration and in particular will consider the Trust's compliance with regard to C21.

In January 2010 the Trust has to register with the Care Quality Commission. Work is underway to identify a process which complements the quality accounts work, so that the Trust can be assured on a continual basis that the registration requirements are being continually met.

5. ACTIONS TO IMPROVE PERFORMANCE AGAINST EXISTING COMMITMENTS

The following processes have been put into place to improve and sustain performance in those areas which we have either underachieved or failed last year.

(a) Total Time in A&E: Four hours or less (*Under Achieved*)

For the first six months of this financial year, we have not consistently delivered 98% performance against this target.

The actions we have taken/ are taking, to deliver and sustain improvement are as follows:

- Use of Jonah software on the wards to facilitate timely discharge
- Implementation of Symphony software in A&E to track waiting times and identify constraints
- Escalation Policy has been implemented to ensure timely senior intervention where potential A&E waits are identified
- Weekly cross buffer meetings with key staff/managers from Whipps Cross and partner agencies to identify patients with delayed discharges.
- Urgent work streams to improve the on call medical processes
- Setting performance standards for medical teams relating to the use of expected discharge dates and ward rounds
- Implementation of a choice policy to enable movement of patients waiting for a particular location
- Appointment of a six month position to improve completion times for continuing care assessment forms
- Documented weekend discharge plans in medical notes to enable discharge by the multi-disciplinary medical team. Being led by locum consultant who has experience and success with this system at BLT
- Opening of an additional winter ward during December 09 to cope with the predicted surge in admissions and provide increased resilience for a flu pandemic
- Recruitment of over 130 addition nursing staff (mainly from Ireland) to support the opening of additional capacity and provide enhanced skill mix on the ward to support discharge planning

6. ACTIONS TO IMPROVE PERFORMANCE AGAINST NATIONAL PRIORTIES TARGETS

The following processes have been put into place to improve and sustain performance in those areas which we have either underachieved or failed last year.

(a) Secure improvements in NHS patient experience (**Satisfactory**)

The actions we have taken to deliver and sustain improvement are as follows:

- Working with an external company to assist the implementation of Trust wide patient experience strategy, to include Trust manifesto 'Whipps Cross 10' agreed service standards as our pledge to patients
- Patient feedback events for adult, paediatric and BME groups have been undertaken and outputs disseminated and
- Long term commitment to patient and carer involvement in evaluation of services, with annual patient 'In Your Shoes' events per directorate
- Experience based design programmes in progress with day surgery and chest clinic, stimulating service redesign with staff, patients and carers
- Real time patient feedback across the hospital gained through programme of regular Trust patient surveys supported by hand held trackers
- Developing Trust employee standards of behaviour and communication and customer care standards
- Core service skills training for all staff to ensure consistency of expectations, capability and role modelling
- Alignment of human resource processes for recruitment, including web based pledge on all job adverts, behavioural approach to candidate selection and performance management
- Preparation of materials and media for advertising our pledge, request for user comments for improvement, including senior nurse / manager 'listening' rounds
- Monthly Trust publication of 'We've Sorted', incorporating issues patients said and the issues we have addressed.
- Implementing hourly rounds for all in-patients to ensure comfort and immediate resolution of issues.

(b) Participation in heart disease audits (**Underachieved**)

This was discussed at length at the Clinical Governance Committee on 20 May 2008, and it was identified that there was a resource issue. It was agreed that the matter would be further discussed outside of the meeting, with the intention that the Trust would participate in any future audits.

7. RECOMMENDATION

The Trust Board is asked to note the CQC Ratings and support the actions being taken to improve performance

Cathy Geddes
Director for Nursing and Quality
October 2009

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE SUPPLEMENTARY AGENDA

2.00 pm	Thursday 26 November 2009	Waltham Forest Town Hall, Council Chamber
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Agenda Item 6 – Paper from Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) – attached.

For information about the meeting please contact:
Anthony Clements (01708) 432430
e-mail: anthony.clements@haverling.gov.uk

VENUE AND ACCESSIBILITY INFORMATION**Waltham Forest Council and Committee Meetings**

All Council/Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

The meeting will be held at Waltham Forest Town Hall which is an accessible venue located in Forest Road E17 between Waltham Forest Magistrates Court and Waltham Forest College. The nearest underground and railway station is Walthamstow Central which is approximately 15 minutes walk away from the Town Hall. Buses on routes 275 and 123 stop outside the building.

There is ample parking accommodation for visitors for meetings held at Waltham Forest Town Hall including parking bays for people with disabilities.

There is a ramped access to the building for wheelchair users and people with mobility disabilities.

The Council Chamber and Committee Rooms are accessible by lift and are located on the first floor of Waltham Forest Town Hall.

Induction loop facilities are available in most Meeting Rooms.

ONEL Joint Overview and Scrutiny Committee 26th November 2009

BHRUT Annual Health Check 2008/09

1. Background

On 15th October 2009 the Care Quality Commission (CQC) issued its Annual Health Check ratings for all healthcare organisations in the country.

The overall performance rating is made up of two parts:

- Quality of financial management, which looks at how effectively a Trust manages its financial resources;
- Quality of services, which is an aggregated score of performance against National Standards, Existing Commitments and National Priorities.

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) was assessed “weak” in its 2008/09 ratings for both Quality of Financial Management and Quality of Services. This score means that the Trust performed poorly in regard to its financial arrangements and the overall quality score.

2. Introduction

On account of receiving a “weak” rating for Quality of Services, NHS London required the Trust to produce a summary action plan in relation to the Core Standards, Existing Commitments and National Priorities where the Trust had been assessed as “failed” or “underachieved” in these areas, namely:

- Core Standard C5c – Updating Clinical Skills;
- Core Standard C11c – Professional Development;
- Accident and Emergency 4 Hour Target;
- Cancelled Operations;
- Delayed Transfers of Care;
- Inpatient Waiting Times;
- Patient Experience;
- Incidence of Clostridium Difficile;
- Stroke Services;
- Cancer – 62 Day Target;
- NHS Staff Survey.

The Trust is challenging the assessment in relation to Clostridium Difficile as the CQC have assessed the Trust against an incorrect target and the Trust should have been assessed as having met its target on Clostridium Difficile infections. However, it should be noted that in achieving this element, the assessment of the Trust's Performance Team is that the overall rating of "weak" would not have been improved upon.

The summary action plan has been approved by NHS London, submitted to the Department of Health by NHS London and loaded onto the Trust's website.

As part of the routine performance report to the Trust Board, a report on our current appraisal of where we stand against the CQC standards has been included from October 2009, together with an assessment of Trust performance against the Department of Health Assurance Framework. The CQC action plan has been expanded to include not only those areas assessed as "failed" or "underachieved" for 2008/09, but also those areas that the Trust self-assesses in this category for 2009/10 in relation to both the CQC and Department of Health Assurance Framework assessments. This "Quality and Patient Experience Improvement Programme" is attached at Appendix 1 and progress will be reported to the Trust's Service and Strategy Improvement Board (S&SIB) on the first Wednesday of each month. The progress update for November 2009 is attached at Appendix 2.

3. Care Quality Commission Assessment 2008/09

As stated above, the Trust was assessed as having "failed" or "underachieved" in the following areas:

- Core Standard C5c – Updating Clinical Skills;
- Core Standard C11c – Professional Development;
- Accident and Emergency 4 Hour Target;
- Cancelled Operations;
- Delayed Transfers of Care;
- Inpatient Waiting Times;
- Patient Experience;
- Incidence of Clostridium Difficile;
- Stroke Services;
- Cancer – 62 Day Target;
- NHS Staff Survey.

For each of these areas a detailed action plan has been developed and implemented to improve performance. Actions taken to date mean that:

- Core Standard C5c (Updating Clinical Skills) will be met although the 2009/10 assessment against this standard may be "almost met" due to the volume of clinicians to pass through the training courses;
- The Trust is confident that Core Standard C11c (Professional Development) will be assessed as "met" in the 2009/10 assessment;
- The Trust expects to achieve the Cancelled Operations target for 2009/10;
- The Trust expects to achieve the Inpatient Waiting Times for 2009/10;

- The Trust expects to see improvements in both Staff and Patient Satisfaction scores. In relation to the staff survey, the Trust commissioned an external review of Communications including an on-line questionnaire for staff that had 825 submissions in September 2009. The Trust Board reviewed the results of this audit and a draft Reputation Management Strategy at its meeting on 27th October 2009. Part of the proposed Reputation Management Strategy relates to the improvement of internal communications.

3.1 A&E 4 Hour Target

The Trust is currently struggling to consistently achieve the A&E 4 Hour Target and has reviewed the action plan and put in place further actions to improve performance to include:

- Introduction of a virtual ward at Queen's Hospital – to be rolled out at King George Hospital from 16th November 2009;
- Appointment of a Director Emergency Care – end of November 2009;
- A dedicated 2 week programme to improve nurse leadership in A&E;
- Head of Winter Capacity in place from 16th November 2009 to ensure winter contingency.

The RAG rating in relation to this target of "amber" is reflective of the significant level of risk at this stage.

3.2 Delayed Transfer of Care (DTOCs)

The Trust is struggling to achieve the DTOC Target and is working with its partner organisations to effect changes that will reduce the number of delays. These include:

- Discharge co-ordinators recruited;
- Handheld desktops to be used on wards to improve efficiency of completing DSTs;
- Training sessions run to support use of new DST form;
- Head of Winter Capacity to work with Whole Economy Programme Director to discharge DTOCs more efficiently.

Each local PCT has accepted their challenge to eliminate Delayed Transfers of Care (DTOCs) where the responsibility lies with the PCT, however the RAG rating in relation to this target of "amber" is reflective of the significant level of risk at this stage.

3.3 Stroke Services

The Trust has been designated as a Hyper Acute Stroke Unit (HASU) by Healthcare for London and is actively working to ensure the standards are met in order for the designation criteria to be achieved. There have been significant improvements against all of the Stroke indicators during 2009/10.

3.4 Cancer Services

The Trust continues to meet the targets of urgent GP referrals seen within two weeks and diagnosis to treatment within one month. Performance has significantly increased against the target for referral to treatment (62 days), however the Trust is still not achieving this target and nor is it achieving the

target of one month for subsequent treatment. The Trust is meeting the new target of Breast Other Symptoms which becomes live on 31st December 2009.

An action plan is in place to bring performance back into line which is focussing on pathways, communication, capacity and technology.

4. Issues for 2009/10 – CQC and Department of Health Assurance Framework Assessments

In addition to the above, the Trust has to meet new targets in relation to the 18 Week Referral to Treatment pathways. For 2008/09 targets existed at Trust-level for Admitted and Non-Admitted pathways as well as direct referral into Audiology. The Trust achieved all of these targets for 2008/09 and continues to achieve these during 2009/10. During 2009/10, two new targets have been introduced:

- Achievement of the Admitted and Non-Admitted pathways at specialty level (excluding Orthopaedics);
- Achievement of the Admitted and Non-Admitted pathways for Orthopaedics.

The Trust is currently not yet achieving the two new targets, however an action plan has been implemented which will bring performance back into line by the end of Quarter 3 2009/10.

5. Trust Current Estimation of Likely Outcome of 2009/10 Assessments

5.1 CQC Assessment

Based on current performance it will be reported to the Trust Board in November 2009 that the Trust is likely to be judged as “weak” on Quality of financial Management and “fair” on Quality of services in the 2009/10 CQC assessments at the present time.

As stated above, the main areas of concern in the CQC assessment are:

- A&E 4 Hour Target performance;
- Delayed Transfers of Care;
- Cancer – 62 day and 31 day subsequent treatments targets.

5.2 Department of Health Assurance Framework

It will also be reported to the Trust Board in November 2009 that the Trust is likely to be classed as “underperforming” in the Department of Health Assurance Framework assessment. This is comprised of the following:

- Standards and Targets – performance under review;
- Finance – underperforming;
- User Experience – performance under review;
- Quality and Safety – performance under review.

It should be noted that the Trust rating cannot move to “performance under review” whilst Finance is rated at “underperforming” in the Department of Health Assurance Framework.

6. Conclusion

Significant progress has been made during 2009/10 to address the issues contributing to the assessment of ‘weak, weak’ and the Trust is currently forecasting that Quality of Services will not be assessed as weak for 2009/10.

Although financial performance remains an issue in respect of both the CQC and Department of Health Assurance Framework assessments, rigorous financial control measures have been put into place with the aim of achieving the Trust’s agreed control total for 2009/10.

Steve Rubery

Director of Commissioning and Contracting and Acting Head of Business Delivery

12th November 2009

Appendix 1

Quality and Patient Experience Improvement Programme

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
1. Core Standards - 2008/9 Declaration C5c, Clinician training, declared as 'not met'	<p>A Healthcare Commission action plan has been produced for children's hospital services which includes the issue of child protection training for non-paediatric staff. The key points are as follows:</p> <ul style="list-style-type: none"> a) The rostering of nurses onto level 2 child protection training (March 2010); b) Establishment of a Steering Group to oversee all training requirements of nurses working with children in non-paediatric areas and establishing a training needs analysis (April 2009); c) Implement targeted training programme in child protection for consultants incorporating a 3 hour workshop (December 2009). 	Divisional Director Women's and Children's	March 2010	CQC
	<p>An external review of resuscitation services was commissioned by the Trust which informed the development of an action Plan to improve Resuscitation Training. The key points are as follows:</p> <ul style="list-style-type: none"> a) Undertake a training needs assessment (October 2009); b) Review of the current basic course content and ensure changes made where necessary in accordance with national recommendations (October 2009); c) Develop a portfolio of internal and national courses that encompass all levels of resuscitation available to all staff (October 2009); d) Ensure the range and volume of courses meets NHS Litigation Authority requirements (October 2009); e) Set immediate dates for Resuscitation Council intermediate life support courses to fill immediate needs and backlog to include FY1 doctors and nursing staff in critical care areas (September 2009); f) Set immediate dates for Resuscitation Council advanced life support courses for FY2 doctors (TBC); g) Register the Trust as a national Resuscitation Council UK intermediate life support, paediatric intermediate life support, advanced life support and extended paediatric life support centre and ensure appropriate levels of equipment required to run these courses is sourced (November 2009); h) Deliver appropriate numbers of internal and national courses per year as per training needs (ongoing): 	Director of Education	November 2009 (although some actions are long-term)	CQC

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<p>Adult Resuscitation: 6 – 8 ILS courses per month, 3 – 4 ALS courses per year Paediatric Resuscitation: 1 – 2 PILS courses per month, 1 – 2 EPLS courses per year</p> <p>i) Review training needs analysis and consider appropriateness to register Trust as a course centre to deliver other courses (Long-term);</p> <p>j) Increase visibility of Resuscitation Officer on wards and ensure attendance at as many crash calls as possible in support of the Team Leader (September 2009);</p> <p>k) Ensure PAR scoring is included in all resuscitation training (September 2009);</p> <p>l) Review and audit the crash call system and the Do Not Attempt Resuscitation system (September 2009);</p> <p>m) Instigate review and audit of systems to ensure patient safety, including on call rotas for Resuscitation Officers (November 2009);</p> <p>n) Review the process of Resuscitation Officers debriefing staff and relatives after critical incidents (November 2009);</p> <p>o) Increase compliance and recording of Do Not Attempt to Resuscitate and resuscitation audit forms (Medium-term);</p> <p>p) Review resuscitation trolley equipment (Medium-term);</p> <p>The action plan is monitored by the Trust's Resuscitation Committee.</p>			
<p>2. Core Standards - 2008/9 Declaration C11c, Appraisals, declared as "insufficient evidence"</p>	<p>Action plan implemented by the HR department to ensure more robust data is available in relation to recording of appraisals. The key points of the action plan are as follows:</p> <p>a) Each Division to map numbers of staff and planned appraisal dates onto a calendar for 2009/10 and divisional HR advisors will monitor against appraisal plan (October 2009);</p> <p>b) Working group established to review paperwork and processes (September 2009);</p> <p>c) Processes to be written up and published in staff magazine to increase awareness and process to be formally communicated to Divisional Managers (November 2009);</p> <p>d) Appraisal rates to be part of divisional performance reviews (September 2009);</p> <p>e) Divisional HR Advisors to support the delivery of appraisal through coaching and mentorship (Ongoing);</p> <p>f) Monthly Dashboard reports to reflect divisional rates and staff groups (November 2009).</p>	Director of HR	November 2009	CQC
<p>3. A&E – Non Achievement of 4 Hour Target</p>	<p>Actions to ensure consistent delivery of the standard at both sites include:</p> <ul style="list-style-type: none"> • Re-design of the MAU at QH (3rd September 2009); • Re-design of the MAU at KGH by 1st December 2009 ; • Re-design of the pathway for elderly care and complex discharges utilising capacity at the KGH site and making available more capacity at the QH site for the acute pathway 	Director of Planning and Delivery/ Divisional Director Medicine	1st December 2009 (Trust-wide)	CQC/ DH Assurance Framework

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<p>immediately;</p> <ul style="list-style-type: none"> Working with the PCTs to ensure utilisation of 60 additional community beds as per the winter resilience plan; Exploring contingency capacity in local nursing homes. <p>Year-on-year performance against the target is shown in the graph below:</p> <p>The graph plots Performance (%) on the y-axis (80% to 105%) against Week (1 to 53) on the x-axis. Two data series are shown: 2008/09 (blue line with square markers) and 2009/10 (pink line with square markers). The 2008/09 series starts at approximately 87% in week 1, rises to 90% by week 2, dips to 84% in week 3, then generally trends upwards, crossing 100% in week 21 and ending at 95% in week 53. The 2009/10 series starts at approximately 98% in week 1, remains relatively stable between 97% and 99% until week 16, where it reaches 100%, then fluctuates between 97% and 99% until week 37, dips to 90% in week 38, rises to 96% in week 39, dips to 90% in week 40, and then trends upwards to 95% in week 53.</p> <p>a) To ensure minimal delay from arrival in A&E to being seen and assessed by A&E doctor, all patients will wait no more than 30 minutes to first assessment by A&E and 120 minutes for completion of assessment, a Rapid Access and Treat (RAT) model of care, including single streaming queue. RAT training to be introduced (1st September 2009), an A&E escalation plan to be put in place to manage increased pressures using single trigger (see attached) (15th October 2009). A weekly operational meeting to manage exceptions has been instigated (15th September 2009). Two consultants are on shop floor Monday to Friday and increased evening consultant shop floor cover at weekends from 6 to 10 hours at peak times (3rd October 2009);</p> <p>b) To ensure that admission of patients attending A&E depts are avoided if possible and that admission rates accord with benchmarks, a review of Dr Foster Data has been undertaken (25th September 2009) and an Admission avoidance team will be established (30th November 2009);</p>			

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<ul style="list-style-type: none"> c) To ensure no breaches of 4 hour target in Minors at KGH and QH, ENP model implemented to ensure patients are always seen and treated within 4 hours at QH (30th March 2010). The goal is that 80% of minors seen by ENPs (30th March 2010) with the see and treat model operational 24/7 (30th March 2010); d) To ensure that doctors and nurses work as an effective team with a shared goal of minimising delays for individual patients as well as treating those patients with the higher acuity, clear 'shop floor' leadership at QH and KGH has been put in place and actions taken to ensure that the number of 4 hour breaches attributed to A&E will be limited to purely 'clinical breaches'. A daily 'Breach Meeting' is held at each site to review causes and provide solutions (senior nurse A&E consultant and GM) (5th October 2009) and discussion on breaches is held at Middle Grade teaching sessions (1st October 2009); e) To ensure visible leadership of nursing and medical staff, the organisation and management of department has been improved with the aim that no breaches will occur due to failure to escalate. Overall leaders of each shift are clearly identified, the shop floor consultant has been clearly identified (15th September 2009) and an hourly Board Round will be introduced in majors (12th October 2009); f) To ensure that 4 hour breaches due to waiting for a specialist are minimised, all patients will wait no more than 30 minutes to be reviewed by a specialist from referral by A&E. A weekly analysis of breaches will be reviewed at SSIB so that corrective actions can be agreed (30th January 2009) and Speciality escalation plans in place. Nurse in charge of each area responsible for following escalation (October 2008); g) To ensure appropriate medical staffing levels in A&Es and Acute Assessment, existing vacancies are being filled and a business case approved to ensure proper medical staff cover avoiding the expense of locum staff. A plan is in place to recruit to current vacant posts in Emergency Medicine in A&Es and Acute Assessment (30th March 2010 completion of full plan) and interim arrangements increase consultant shop floor presence in A&E (30th March 2010 completion of full plan); h) A Medical Assessment Unit has been established which ensures early consultant review of medical admissions with the aim of 50% of patients being discharged within 48 hours to home/community facility. This will also ensure that patients are placed in appropriate specialty beds and lead to reduced length of stay for medical admissions and reduced patient; i) To minimise delays for discharge medicine in MAU, TTA stock packs provided for MAU to minimise delays for patients awaiting drugs and staff in the MAU moves; j) To ensure consultant cover in MAU/CAU with appropriate clinicians at KGH and QH in order that the flow of patients through AAU/CAU will be increased; k) To clear MAU/CAU daily to achieve space for 15 empty beds each morning in order that patients for admission/medical assessment will experience minimal delay in A&Es. The bed 			

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<p>team to allocate beds to AAU/CAU as a priority both in hours and out of hours;</p> <ul style="list-style-type: none"> l) Environmental improvements are needed in AAU to compensate for the lack of natural light to benefit patients and staff. An environmental assessment of the area will be conducted and a solution proposed; m) To optimise the use of beds for assessment and treatment for acute medical patients up to 48 hours and to ensure better utilisation of AAU, the AAU A & B nursing teams will be integrated, medical rotas developed and an operational policy developed; n) To eliminate breaches due to waits for surgeon assessment, Surgical assessment areas to be explored within existing bed base (8th September 2009) and trauma beds at QH will be ring fenced (8th September 2009); o) Therapies cover for A&E and AAU to be provided 7 days a week at QH and KGH in order that patients are not delayed whilst waiting for OT assessment. It has been agreed how service could be provided with PCTs; p) In order that the Urgent Care Centre at QH operates as an effective service in line with WXH and KGH UCC and that an agreed level of service is consistently available, the Trust is working with NHS London team to develop an appropriate model of care that delivers rapid and appropriate assessment of patients via an integrated UCC/paediatrics/minors model; q) To ensure that the UCC at QH will provide a consistent, reliable service that enables A&E at QH to meet demand a service specification for 2009/10 to be agreed between the Trust and ONEL APO, with performance monitored against agreed specification; r) To minimise delays for inpatients who require PCT/Social Services provided services, patient's identified as soon as possible who will require Social Services support, JONAH training is being provided for wards and a whole economy cross buffer meeting chaired by Emergency Care Director for Whole Economy has been implemented; s) To ensure that an Integrated Discharge Service is available in the trust each PCT has identified individual staff to be present at QH and KGH to facilitate discharges on a 7 day per week basis; t) To ensure that there is sufficient community bed capacity to meet demand at all times of the year in order that all patients identified as 'medically fit' but waiting for community hospital bed are transferred within 1 day of being identified, each PCT to review community bed capacity for 2009/10 and where reduction of community bed capacity is planned, PCTs to specify in advance of bed reductions, the alternative community provision is sufficient to avoid any delay to discharging a medically fit patient. Escalation of hospital bed status to PCT CEO daily when on purple/SIE. PCTs to spot purchase interim placements for patients delayed in acute/community beds; u) Waits for placements should not occur in QH and KGH due to increased use of interim placements. PCTs to propose a plan of action agreed with boroughs (30th March 2009). 			

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
<p>4. Cancelled Operations</p>	<p>The main areas covered by the Cancelled Operations Action Plan are as follows:</p> <ul style="list-style-type: none"> a) Identification of the main reasons for cancellations by speciality and clinician in order that each General Manager can address individual performance and agree outcomes to reduce last minute cancellations (March 2009); b) A length of stay action plan has been developed for the Surgical Division and an action group identified e.g. all TCIs to be admitted on day of surgery etc in order to reduce cancellations due to lack of level 1 beds (March 2009); c) Weekly report on potential 28 day breaches produced by the Performance Team and distributed to all General Managers and Admissions Officers for validation and action (March 2009); d) Overnight Intensive Recovery to be fully funded 7 days per week for post op patients to increase bed capacity (April 2009). e) A business case for 4 ITU and 2 HDU in recovery has been produced in order to address the lack of capacity leading to cancellations of elective patients. An additional option of moving HDU into the Observation area thereby increasing General ITU by 4 beds (April 2009). f) Reduced number of elective cancellations due to priority emergency cases, particularly in Neurosurgery and General Surgery. Neurosurgery to ring fence emergency lists to protect elective work and increase funded capacity. General Surgery to 'carve slots ' for some surgeons who have elective lists post take (April 2009); g) Theatre lists to be monitored prospectively for equipment and staffing issues and Theatre Service Manager to meet weekly with Admissions Officers and/or Pre Assessment Nurses to prevent possible cancellation due to equipment issues (April 2009). h) General Managers to meet with Surgeons, Anaesthetists to address the high levels of on-the-day sickness in some specialities and individuals (May 2009). i) Admissions Officers informed not to cancel patients on their TCI date without approval by relevant General Managers or ultimately the Divisional Manager (March 2009). 	<p>Divisional Manager Surgery</p>	<p>May 2009</p>	<p>CQC/ DH Assurance Framework</p>
<p>5. Delayed Transfers of Care</p>	<p>The recovery plan now agreed is as follows:</p> <ul style="list-style-type: none"> a) The Trust meets with its partners (PCTs, Social Services etc) weekly as a whole economy (Cross Buffer) to discuss action to be taken to address a number of issues including DTOCs (Ongoing); b) Actual DTOCs are monitored against trajectory at new weekly Cross Buffer. Poor performance is escalated to new Whole Economy strategic monthly meeting for partnership action (Ongoing); c) Community bed strategy is being developed (June 2009); 	<p>Whole Economy Director of Emergency Planning/ Divisional Manager Medicine</p>	<p>A recovery date of October 2009 was set against this target. Although systems have been put in place and actions taken, progress has been slower</p>	<p>CQC/ DH Assurance Framework</p>

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<ul style="list-style-type: none"> d) The Continuing Care Panels have been extended to cover Fridays (Ongoing); e) Weekly CEO meetings and Whole Systems meetings to review performance and problem solve (Ongoing); f) JONAH bed management system information is regularly shared with partners to provide additional information (June 2009); g) Undertake a detailed review of the Trust Discharge Policy with a view to updating to strengthen protocols and governance and issue new patient communications (October 2009); 		than expected. The Trust now expects performance to improve by the end of November 2009	
6. Inpatient Waiting Times	<p>The following actions have been implemented to ensure compliance with the 26 week wait standard:</p> <ul style="list-style-type: none"> a) 26 weeks added to the weekly RTT PTL to flag up in advance any potential 26 week breaches; b) 26 week breach performance has been added to the monthly Trust Board Dashboard. 	Divisional Manager Surgery	December 2008	CQC/ DH Assurance Framework
7. Patient Experience	<p>A comprehensive experience action plan has been developed from the 2007 and 2008 surveys and benchmarked against lowest and highest 20% of Trusts in UK. It addresses the following areas::</p> <ul style="list-style-type: none"> • Admission to Hospital; • The Hospital and Ward; • Doctors; • Nurses • Your Care and Treatment; • Operations and Procedures; • Leaving Hospital; and • General Issues. <p>These categories are those in which the Trust scored poorly in the 2008/09 patient survey.</p>	Deputy Director of Nursing	July 2010	CQC/ DH Assurance Framework
8. Stroke Care	<p>The main areas covered by the Stroke Action Plan are:</p> <ul style="list-style-type: none"> a) Achieving all of the A1 targets on Stroke Infrastructure including: <ul style="list-style-type: none"> o Recruitment of staff, development of protocols and processes and achieving 70% of patients spending more than 90% of their time on a stroke unit, achieving the characteristics of a good stroke unit. o Processes and Protocols are being developed over October and November in preparation for an assessment in December 	Divisional Manager for Surgery	End November 2009	CQC/ DH Assurance Framework

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<ul style="list-style-type: none"> o Data quality is being investigated and improved to bottom out the 70% target: High Risk TIAs have been removed from the data, patients spending time on other wards at a time when their diagnosis is not stroke will be excluded. Records of patients who spend less than 90% of their time on a Stroke Unit will be pulled to audit the pathway of the patient with a view to knowing where the main blocks to getting onto the stroke unit are within the hospital. b) The A2 targets which are: <ul style="list-style-type: none"> o 95% direct access to a Stroke Unit o Data Quality: Patients to be removed from data who get to the Stroke Unit from A&E o 100% of scans done within 24 hours – this target is being met. Reporting to be written down by person taking result from Radiology to improve the target of improved reporting. o High Risk TIAs seen within 24 hours - poor performance in these targets is largely due to data quality issues. A number of actions are in place to improve TIA performance: o Low Risk TIAs seen within 7 days – as above o Swallow Assessments – current performance is 75%. Additional training to be offered to A&E staff to ensure that patients can be assessed in A&E as well as on the ward. o Weighing of patients within 72 hours – audit being conducted week of 12th October to ascertain reasons why we are not at 100% for this target (current performance is 77.9%. 			
9. Cancer Waiting times	<p>Pathways</p> <ul style="list-style-type: none"> a) Improve efficiency for managing cancer pathways (30th October 2009) b) Improve training for staff managing pathways to: <ul style="list-style-type: none"> o Ensure staff understand cancer access policy o Ensure staff understand Cancer Waiting Time (Ongoing) c) Regular review of access policy to ensure appropriate for all pathways2WW section of the access policy need to be (November 2009) d) IOG compliance monitored regularly and remedial action taken as appropriate (Ongoing) <p>Communication</p> <ul style="list-style-type: none"> e) Promotion and education of CWT targets and pathways throughout the Trust, PCTs and local GPs 	Divisional Director Clinical Support Services	31 st March 2010	CQC/ DH Assurance Framework

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<p>(Ongoing)</p> <p>f) Improve communication with tertiary centres (31st March 2009)</p> <p>g) Introduce a Cancer Newsletter (December 2009)</p> <p>Capacity</p> <p>h) Increasing capacity for:</p> <ul style="list-style-type: none"> o Breast other symptoms (December 2009) o Head and neck one stop clinics (November 2009) o Urology theatre capacity (December 2009) o Histopathology capacity (November 2009) o Endoscopy (October 2009) o Additional MDT co-ordinators (October 2009) <p>Technology</p> <p>i) Implement the Somerset Cancer Register (SCR) database (Sept – Nov 2009)</p>			
<p>10. Staff Survey</p>	<p>The HR department publicised the results of the 2008 survey through a series of presentations to the organisation, newsletter (Vital News) and key meetings. Each Division has been tasked with producing an action plan to improve the staff satisfaction for 2009. Where there are significant corporate issues that require a targeted approach, for example the publicising of flexible working arrangements, this will be co-ordinated through HR. It is proposed to monitor the Divisional action plans through performance meetings.</p> <p>The following specific actions have been taken to improve the performance for 2009:</p> <ul style="list-style-type: none"> a) Divisional Action Plans have been devised to focus and improve on staff satisfaction; b) The Organisational Development Plan has been developed which considers workforce profiles, processes and wellbeing; c) In terms of Violence Bullying & Harassment, changes have been made to Risk Management training and Equality & Diversity training to incorporate reporting incidents appropriately on the Trusts IR1 form; d) Line Managers receive mandatory Equality & Diversity training; e) Codes of behaviour posters have been put up in all areas and are available on the intranet; f) Further steps to increase work life balance awareness has been undertaken with emphasis on the policies that are in place on job sharing, flexible retirement etc, especially in hard to reach groups, such as ancillary staff or staff working on different sites; g) Management & Supervision ensure that managerial and supervisory roles include the duty to communicate to staff that they have done well in their tasks where this is justified; 	<p>Director of HR</p>	<p>2009 Staff Survey</p>	<p>CQC</p>

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<ul style="list-style-type: none"> h) Staff Appraisal Review ways of increasing the number of staff receiving an annual Performance Development Review or other appraisal; i) Communications means of team brief, the link and the intranet have been enhanced ensuring that key messages upwards and downwards are communicated more effectively; j) In terms of Occupational Health & Safety feedback, there has been increased awareness and development of the Manual Handling Operations Policy and this issue is covered at Staff Induction. 			
<p>11. 18 Weeks Referral-to-Treatment</p>	<ul style="list-style-type: none"> a) To meet the Weekly admitted shortfall in ENT (23-46 patients per week). Work is being outsourced to the independent sector. b) To address delays in accessing vascular lab tests and FUPs causing breaches in both pathways a one stop service will be implemented for all consultants and patients added to the waiting list directly from the report and not brought back to clinic. Outsourcing of vascular lab tests and possible procedures is being undertaken c) Close tracking of neurosurgery has been implemented as this specialty is close to maximum waiting times. Existing lists are being maximised using small cases and a review of PTL has been undertaken. d) Validation of lists in pain is being undertaken with 50 already removed and 250 patients written to. Additional clinics and sharing of waiting lists in this specialty have been agreed in principle and the Consultant has agreed to move anaesthetic sessions to pain lists e) Job plans are being confirmed in orthopaedics as well as start dates for remaining locum f) Additional clinics are required in Cardiology to move from 8 weeks to 4 weeks. 3 additional clinics have been agreed to date and work is in train to identify the total ongoing requirement. g) Additional reporting lists for MRI are being put in place to clear backlog h) Careful planning of FUP and validation of breaches in General Medicine is required i) Gastroenterology FUP appointment needs to be booked within 1 week of diagnostic test j) A local agreement is required to address the issue of patients remaining on a waiting list while medically unfit for the procedure. A workshop being arranged to progress this k) An escalation process has been instigated to address issues of clinic letters not being typed l) Specialties to agree how audit can be delivered in SPA time and not DCC to avoid the cancellation of operating, endoscopy and OPD sessions m) A bonus scheme is being investigated to increase theatre throughput n) Process for discharging urology and surgical patients back to GP where test results are normal and no FUP is required has been agreed. o) Clock Stop to be recorded for obesity patients if medication commenced and additional 	<p>Divisional Manager Surgery</p>	<p>1st January 2010</p>	<p>CQC/ DH Assurance Framework</p>

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Reference
	<p>clinics will be instigated as required</p> <ul style="list-style-type: none"> p) Validation of outcomes in renal medicine is taking place and additional clinics have commenced in this specialty q) Any Cardiology appointments booked at >4 weeks are escalated to the General Manager and open pathways are sent to secretaries for further validation r) One neurosurgery clinic per week has been extended to absorb 3 new patients per week and an additional theatre list per week implemented until new consultant starts in February s) One extra neurology clinic will be implemented from December to maintain performance t) 1 additional gastroenterology clinic per week has been implemented. This will be maintained beyond December u) An assessment of additional endoscopy sessions over and above current additional activity is required in order to sustain long term performance. v) An audit of clinic outcome forms in gastroenterology will be undertaken w) Pathway for discharge for gastroenterology will be agreed before FUP booked x) Additional pain clinic per week is required to reduce OPD waiting time from 10 to 7 weeks. Follow up rates will be reduced in this specialty. y) Delays in the pain pathway due to MRI reviews will be reduced z) Additional theatre sessions put in place for pain, consultant replacing anaesthetic sessions with elective sessions. The Pooling of lists ahs been agreed aa) 8 additional ENT clinics have commenced weekly at weekends bb) New discharge protocols for urology are being implemented and the 6th consultant has commenced with the 7th due to start in mid February 2010 cc) Additional maxillofacial lists are commencing Saturday 14th November 2009. dd) The ISTC has agreed additional maxillofacial clinics and providing 1 all day OPD session on alternate weeks. Transfer of activity to ISTC will then take place 			

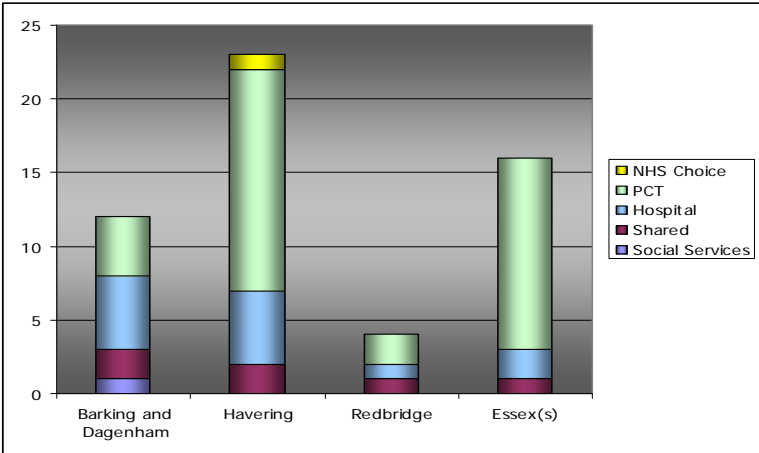
Quality and Patient Experience Improvement Programme – Update November 2009

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
1. Core Standards - 2008/9 Declaration C5c, Clinician training, declared as 'not met'	<p><i>Child Protection</i></p> <ul style="list-style-type: none"> Safeguarding training is part of the corporate and also nurse induction. Updates are part of the mandatory nurse and midwifery programmes. Additional courses have been provided to include junior and senior medical staff on a monthly basis; Between April-September 2009 approx. 1244 staff members received training in child protection, dependent on their role; Child protection training needs analysis completed and training programme in place with planned release of nursing staff; 74% of Nurses at KGH and 80% at Queens will have undertaken their child protection Level 2 training by March 2010, with 100% at Level 1; 10% of nurses have basic paediatric life support, with more courses being run in November and December for relevant staff; The Trust is on-track to complete Levels 1 (100%) and Level 2 (80%) training for consultants (general, orthopaedic and ENT) by end of December 2009; The Safeguarding Business Case has been completed but developed further to become more comprehensive and implementation has begun. <p><i>Resuscitation</i></p> <ul style="list-style-type: none"> Resuscitation Policy reviewed and updated; awaiting approval; Resuscitation Council (UK) ILS courses have commenced with initial places given to all FY1 doctors and nursing staff from critical care areas; Resuscitation Council (UK) ALS, PILS and EPLS courses are planned for 2010; <p>Resuscitation training needs analysis completed with medium and long term goals identified.</p>	CQC	Director of Clinical Governance	March 2010	Green	Green	Green

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
2. Core Standards - 2008/9 Declaration C11c, Appraisals, declared as "insufficient evidence"	<ul style="list-style-type: none"> Phase 1 recovery stage has commenced with objective to collect the evidence of appraisal from the organisation, through awareness campaign and staff survey; Appraisal defined as 'one: one with a line manager that results in a set of objectives linked to the Trust business and a PDP'; Project team set up between education and HR to progress e-ksf and ensure effective recording of appraisal for reporting; Phase 2 sustainability of appraisal through communications, marketing and case study. Appraisal is written into all job descriptions and is a KPI for all line managers; Re-launch appraisal strategy linked to KSF profiles and audit progress against objective of 85% appraisal rate; Report to Trust Board January 10; Phase 3 to embed appraisal & compliance by aligning appraisal with a self service ESR model for direct reporting. 	CQC	Deputy Director of HR	November 2009	Amber	Green	Green
3. A&E – Non Achievement of 4 Hour Target	<p>Although the Trust met the A&E standard for the first two quarters of 2009/10, it has had significant problems during October 2009 and year to date performance has dipped below 98%. It is unlikely that the Trust will achieve the standard for Quarter 3.</p> <p>Failure to achieve the standard during October has been due to:</p> <ul style="list-style-type: none"> Higher than average A&E attendances compared to the same period during 2008/09; Higher than average admissions compared to the same period during 2008/09; Bed unavailability resulting from slippage in the Length of Stay reduction plan for medicine. <p>Progress during October is as follows:</p> <ul style="list-style-type: none"> A standard for the Urgent Care Centre to see 40% of attendances has been set. At Queen's a single flow for minor illness is being set up. NHS Havering are supporting the change; 	CQC/ DH Assurance Framework	Divisional Director Medicine	1st December 2009 (Trust-wide)	Red	Red	Amber

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	<ul style="list-style-type: none"> Emergency triage/Rapid Assessment and Treatment (RAT) – Consultant staff have been trained and Specialties informed. Extended Consultant hours on shop floor have been implemented – 2 consultants until 10pm at Queen's Hospital; An A&E escalation process has been agreed, based on delay to medical review. This incorporates the RAT process; Escalations agreed with specialties to improve specialty response. This is managed by A&E; MAU/SAU is in place at Queen's and has resulted in reduced breaches due to waiting for specialty. KGH MAU will be operational from 1.12.09; SLAs between diagnostics and A&E, MAU and In-Patients are now in place ensuring faster turnaround of investigations; The Trust is interviewing for a Director of Emergency Care position to provide clinical leadership on the shop floor. It is anticipated that an appointment will be made and started before the end of November. <p>Year to date performance is as follows:</p> <ul style="list-style-type: none"> Trust 97.86% King George 99.24% Queen's 96.81% <p>Additional recovery actions based on last 4 weeks performance:</p> <ul style="list-style-type: none"> Introduction of the virtual ward at Queens – to be rolled out at KGH from 16.11.09; Appointment of Director Emergency care – end of November; Dedicated 2 week programme to improve nurse leadership in A&E; Head of Winter Capacity in place from 16th November to ensure winter contingency. 						
4. Cancelled Operations	<ul style="list-style-type: none"> The Trust now has an escalation policy embedded within the organisation ensuring that, apart from clinical exceptions, all actions are taken to reduce cancellations and guarantee the patient's re- 	CQC/ DH Assurance	Divisional Director Surgery	May 2009	Green	Green	Green

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	<p>admission within 28 days;</p> <ul style="list-style-type: none"> YTD performance for cancelled operations is 0.67% against a target of 0.8% and YTD performance against the 28 day re-admission target is 2.44% against a target of 5% (September 2009). <p>The Trust expects this target to be achieved for 2009/10</p>	Framework					
5. Delayed Transfers of Care	<ul style="list-style-type: none"> Integrated discharge team has been implemented; The daily MDT process reinforced using Jonah tool to ensure discharge date setting. Facilitation of daily MDT in key ward areas; DST/HC needs assessment – change in form and process have delayed discharge pathway; There are daily panels in place which are meant to review and make decisions on all patients irrespective of PCT; Discharge team – increase support to team to manage any backlog; Cross buffer meetings in place which concentrates on reducing delayed transfers of care and reducing LOS for complex discharges; Single referral form for community rehab has been implemented across whole economy from 9.11.09 <p>Year to date performance is 3.62% as at 31/10/09, with the performance for October 2009 at 4.01% against an internal target of 2.5%</p> <p>Total number of DTOCs per responsible organisation per Borough as at 5th November 2009 is shown in the graph below:</p>	CQC/ DH Assurance Framework	Divisional Director Medicine	A recovery date of October 2009 was set against this target. Although systems have been put in place and actions taken, progress has been slower than expected. The Trust now expects performance to improve by the end of November 2009	Red	Red	Amber

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	 <p>Additional actions to improve performance:</p> <ul style="list-style-type: none"> Discharge co-ordinators recruited; Handheld desktops to be used on wards to improve efficiency of completing DSTs; Training sessions run to support use of new DST form; Plans are being collated by the ONEL SACU to eliminate PCT delays. All PCTs to respond by 17.11.09. Head of Winter capacity to work with Whole Economy Programme Director to discharge DTOCs more efficiently. 						
6. In-Patient Waiting Times	<ul style="list-style-type: none"> Revised PTLs were implemented in December 2008; Revised reporting arrangements have been in place from July 2008; There is a monthly sign off of all additions to waiting list. <p>Although there has been one breach of this target during 2009/10 (which was due to an administrative error), this is within the tolerances applied and the Trust expects to achieve this target in 2009/10.</p>	CQC/ DH Assurance Framework	Divisional Director Surgery	December 2008	Green	Green	Green

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
7. Patient Experience	<ul style="list-style-type: none"> Assistant Director of Patient Experience Improvement has been appointed and will start by the end of November 2009. Patient Experience Board established but more comprehensive membership being agreed. Introduction of real time patient surveying system business plan underway and systems being reviewed. Trust representation on LIPEC; Roll out of Medical Early Warning System (MEWS) and PEWS (Paediatrics) following pilot and audit. Establishment of monthly observation audits via the Matrons and establishment of an Observations Steering Group to improve compliance with the undertaking of vital sign observations and appropriate escalation of deteriorating patients, thus prevention of failure to rescue cases; Sexes are separated in acute areas of generic wards in accordance with guidelines. User groups established with contractor and clinical staff and two weekly meal service and cleaning audits are in place; More comprehensive development of adult and children safeguarding policies underway to include dementia, learning disabilities and DOLS - to complete by end of November; Nursing vacancies reduced from 380 WTE in January 2009 to 174 WTE with aggressive recruitment ongoing; Reduced rates of infection – monthly hand hygiene audits and mandatory training; Review of common themes in relation to complaints ongoing. Gradual reduction in number of complaints and severity, with rag rating level of complaints. The number of complaints received in October 2009 was 32; Mandatory training ongoing in relation to Communication and customer care. Content to be reviewed during November. 	CQC/ DH Assurance Framework	Deputy Director of Nursing	July 2010	Red	Amber	Amber
8. Stroke Care	<ul style="list-style-type: none"> Consultant posts have been successfully recruited and recruitment is ongoing for Junior and Middle Grade Doctors with the expectation that these posts will be filled by the end of March 2010; National and International recruitment for nursing staff has commenced; 	CQC/ DH Assurance Framework	Divisional Director Surgery	End November 2009	Amber	Amber	Green

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	<ul style="list-style-type: none"> Funding for a Consultant Allied Health Professional has been agreed; Funding for additional Therapy and Nursing staff has been agreed and is in budgets; >70% of patients are now spending >90% of their time on a stroke unit; Daily multi-disciplinary team meetings are in place to ensure early decision making and appropriate bed use; All TIA clinics have been centralised onto the Queen's site with new administrative processes implemented in order to ensure compliance with the standards; 24 hour access to CT scanning is in place; Additional training for swallow assessments and for the initial stroke assessment have commenced in A&E with the support of the stroke network; Training has commenced for thrombolysis with the anticipation that a Monday to Friday, 9am to 5pm service will commence mid November 2009; A 24/7 Consultant-led on-call service is expected to commence during the first week of January 2010; <p>The main challenges to achieving the core standards are 95% of patients having direct admission to a stroke unit and timeliness of carotid endarterectomies. Pathways are being continually reviewed to improve access and the increase in medical staff will further facilitate this. There are weekly MDTs held by the vascular team during which newly presented appropriate stroke patients are discussed and listed for surgery. The Trust is awaiting further guidance from the Network in relation to timeliness of procedure.</p>						
9. Cancer Waiting Times	<ul style="list-style-type: none"> Additional MDT co-ordinators recruited to expedite patient pathways and review all patients on PTL earlier; Additional capacity for Breast in place – all patients now seen within 10 days; Additional Endoscopy capacity in place; 	CQC/ DH Assurance Framework	Divisional Director Clinical Support Services	31 st March 2010	Red	Amber	Amber

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	<ul style="list-style-type: none"> Access policy reviewed and communication with GPs re appropriate 2 weeks referrals. <p>YTD performance is as follows:</p> <ul style="list-style-type: none"> 14 Day 99.65% Breast Other Symptoms 14 Day 93.00% (October performance – target live from 31.12.09) 31 Day (to first treatment) 95.65% 62 Day 79.97% 31 Day (subsequent treatments) 93.00% <p>The main risks to the recovery target date are surrounding one-stop clinics for Head and Neck, where extra capacity is being put in place during November 2009, Urology capacity, where additional theatre capacity is being put in place from December 2009 and Histopathology capacity, which is being addressed in November 2009.</p>						
10. Staff Survey	<p>The survey taken in 2008 reflects the opinions of a randomly selective sample of 824 members of staff of which 44% responded. The main findings are listed which are significant and compared to the average for all acute Trusts are below:</p> <p>Scores:</p> <ul style="list-style-type: none"> Staff witnessing harmful errors was lower than acute Trust average; Staff agreeing their role makes a difference to patients was the same as the average score for all acute Trusts; Staff suffering work related injury in last 12 months was lower than the national average for all acute Trusts; Staff feeling satisfied with the quality of work and patient care they delivered was slightly better than that reported for all acute Trusts; Compared to last year the percentage of staff suffering from work related stress had reduced from 46% to 31%; The availability of hand washing materials had significantly increased; The percentage of staff suffering bullying and harassment or abuse 	CQC	Deputy Director of HR	2009 Staff Survey	Red	Red	Red

Performance Area	Update November 2009	Ref	Lead	Recovery Target Date	Current RAG Status	Target Recovery Date RAG Status	2009/10 Year End Forecast Assessment
	<p>form patients/relatives has significantly decreased by 10%;</p> <ul style="list-style-type: none"> The percentage of staff suffering work related injury over the last 12 months has reduced by 7%; Quality of job design has improved; Staff felt less work pressure; Fairness and effectiveness of procedures for reporting errors, near misses or incident was improved; Less staff stated that they intended to leave their job. <p>Actions being addressed</p> <ul style="list-style-type: none"> The number of staff experiencing physical violence has increased although the percentage is very low at 4%. Action: Work around bullying and harassment with awareness stands and training sessions for managing conflict are being delivered. The percentage of staff who had an appraisal within the last 12 months has reduced by 9% to 36% Action: appraisal action plan in place. 						
11. 18 Weeks	<ul style="list-style-type: none"> The Trust continues to achieve both the admitted and non-admitted targets on a cumulative basis; Action Plans have been implemented in order that the 18 week referral to treatment target is achieved for each specialty from 1st January 2010; Performance in orthopaedics has steadily improved and the non-admitted target is now achieved. This target for admitted will be delivered by December 2009; The greatest challenge to delivery of this target remains ENT. A significant level of additional activity is being undertaken within the Trust with some outsourcing of this activity. It remains the greatest risk to delivery of this target given the size of the challenge. 	CQC/ DH Assurance Framework	Divisional Manager Surgery	1 st January 2010	Amber	Green	Green

Key to RAG Rating

Green	On target to recover performance by target date
Amber	Recovery by target date at risk due to problems implementing Action Plan
Red	Target recovery date unlikely to be achieved, further actions required over and above those identified in Action Plan