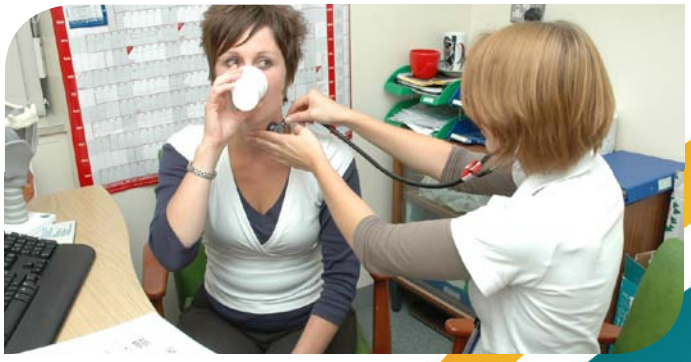
Countess of Chester Hospital NHS
NHS Foundation Trust

Quality Account

2009/2010



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we have a can do attitude
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we are welcoming, friendly and caring
we put patients at the heart of everything we do

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Summary Statement on Quality from the Chief Executive

The Countess of Chester Hospital NHS Foundation Trust strives to continuously improve and sustain the quality of its services for patients, putting quality and patient safety, at the heart of everything we do.

Our intent is to deliver care with commitment and our vision was underpinned by seven key corporate objectives in 2009/2010:

- To provide excellent service to our patients
- To provide leading edge care in modern facilities
- We will aim to surpass externally set targets and standards
- We will sustain our financial strength and exploit this to further our objectives
- We will seek opportunities to extend our range of services and develop services to meet the needs of our patients and other customers
- We aim to build a committed and capable workforce to support our business objectives
- We will aim to be a good corporate citizen

and is underpinned by the organisations values as follows:

- We respect each other
- We have a can do attitude
- We strive for improvement
- We take a pride in the service we provide
- We are welcoming friendly and caring
- We put patients at the heart of everything we do

In 2009, the Countess of Chester Hospital NHS Foundation Trust commenced a two year local Quality Improvement Programme across a range of initiatives. We worked with our Primary Care Trust (PCT) commissioning partners, to deliver a new quality contract with a number of stretch targets and were successful in the development of four Commissioning for Quality and Innovations (CQUINs) to drive forward quality at the heart of local health care. We are ▶

Peter Herring, Chief Executive

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▶ pleased to report that the contract and CQUINs were achieved without penalty and we are now ready to move into 2010/2011 with a new framework of quality and innovation.

The past year has seen outstanding progress towards our 'zero tolerance' strategy to Health Care Acquired Infection with significant reductions in the cases of Clostridium Difficile and MRSA bacteraemia. This was also reflected in a compliant report from the Care Quality Commission following an unannounced Hygiene Code Inspection in January 2010.

We have also focussed our efforts into improving care across all of the domains of quality, with two of our key priorities linked to safety and better clinical outcomes and one with a clear patient experience theme. More information regarding our key quality priorities can be found within this account.

We have continued to improve the patient environment with a newly refurbished Acute Medical Unit to improve the delivery of same sex accommodation and have other plans in place to improve the environment further via the capital programme. In recognition of the importance of the patient experience, regarding privacy and dignity, we have been working in partnership with Age Concern who conducted an audit in March 2010.

We have maintained compliance with the Care Quality Commission Core standards over the year and have also received notification of our successful Registration without any conditions. We are currently awaiting our assessment against key standards and targets for 2009/2010 but are not expecting deterioration in our previous rating of good for quality and excellent for financial performance. We have also fulfilled our statutory obligations with regards to Safety Alerts/ National Patient Safety Agency reporting/national recommendations relating to best practice. Two examples of this were the successful implementation of the World Health Organisation Safer Surgery checklist and being awarded exemplar status for the prevention and management of Venous Thrombo-embolism (VTE).

The Trust continued its programme of service transformation named the 'Countess Way'. This programme has already demonstrated improvements in the patient pathway.

In October 2008 we joined the Northwest Advancing Quality programme (see glossary page 28). Over the first year we have maintained some progress in achieving improved outcomes across four disease pathways however we are now starting to demonstrate significant improvements in line with other organisations.

The value of public and staff engagement and patient involvement in informing strategy and direction has been instrumental in the work plan of 2009/10. Our Board of Governors have played a key part in these initiatives holding public engagement events around the local area. We also have many patient representatives engaged in Trust business and influencing the direction of service. We value and use the patient experience information which we gather on a monthly basis to inform our priorities for the coming year and in 2010/ 2011 we aim to further strengthen our links with the local population.

The Trust has a well developed Equality and Diversity Steering Committee and associated working sub groups for all of the E & D schemes. The groups have patient and public involvement and a wide variety of clinical/ non-clinical staff representatives. These groups are key to ensuring that E & D and Human Rights are central to planning and care delivery. In December 2009 (on Human Rights Day) a showcase event was held which saw the launch of our Local Equality Champions Staff Network working with PCT colleagues. In January 2010 the Countess of Chester Hospital, following funding from the SHA and in partnership with NHS Western Cheshire, established an Advisory Group to be known as the Black and Ethnic Minority Health Advisory Group which meets quarterly. This group acts as a forum for monitoring the local NHS services to ensure that these value individuals and, as far as is reasonably practicable; meet the needs of each Black and Ethnic Minority person using the services. As a Trust our education and training of staff is key to how we ensure that E & D and Human Rights are at the heart of service delivery and reflected in the experience of our patients.

Our Board of Governors and Foundation Trust membership continues to go from strength to strength bringing great value to the organisation in both planning and moving services forward and providing a healthy challenging presence to the Board, in placing quality at the heart of everything we do.

The economic downturn presents us with a challenging year ahead and we recognise that delivering quality care as efficiently as possible is paramount to our future success and we aim to ensure that this is achieved.

Peter Herring,
Chief Executive

Statement of Directors' Responsibilities in Respect of Quality Accounts

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

In preparing these accounts, Directors are required to take steps to satisfy themselves that:

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

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

By order of the Board

Chief Executive

Chairman

Priorities for Improvement in 2010/2011

The Trust has a significant number of quality and safety improvement initiatives in progress, which will continue to progress into 2010/2011. This report gives an overview of these and also focuses in on our three key priorities as we move forward.

Infection prevention and control remains high on the Trust's agenda and we are working with a 'zero tolerance' approach to sustaining improvement and therefore the Trust takes this as a given in its quality strategy. This is reported in the safety quality measures in Part Three.

Our key priorities have been chosen based on the three domains of quality and reflect the potential to improve the patient experience, clinical effectiveness and to increase safety.

We have made our choices based on our patient involvement events, information taken from our patient survey responses both nationally and locally, complaints themes and the quality contract, where our commissioners have raised concerns following feedback received in primary care.

Experience

Aim:

To reduce the number of times a patient's date is changed prior to their planned surgery. We will address this priority through organisation redesign and refining the elective pathway.

Monitored:

- Our local inpatient survey monthly data

Measured:

- Performance in our annual national survey
- Performance against national targets for 18 week target and cancelled operations

Reported:

Performance will be reported to the Board via monthly monitoring information and the monthly quality report.

Whilst this is our main priority we will continue to monitor patient experience via a variety of methods and implement actions for improvement on an ongoing basis.

Effectiveness

Aim:

To further develop our enhanced recovery programmes for patients undergoing planned surgery.

Enhanced recovery programmes use evidence-based interventions to improve pre-, intra-, and post-operative care. They have enabled early recovery, quicker discharge from hospital, and more rapid return to normal activities. Quality is improved by reducing complications and enabling a more rapid return to function. Productivity is improved by reducing hospital stay.

We will address this priority through redesign of the elective pathway to include enhanced recovery measures.

Monitored:

- By regular presentation of progress to the Quality Board

Measured:

- Reduction in lengths of stay for identified procedures
- Use of less invasive surgical techniques reflected in an increased number of procedures completed in a day case environment
- Performance against national targets for 18 week target and cancelled operations

Reported:

Performance will be reported to the Board via monthly monitoring information and the monthly quality report.

Safety

Aim:

To improve our Response to Acute Patient Illness and Deterioration (RAPID) via a project implementation.

Patients who are admitted to hospital believe that they are entering a place of safety and they, their families and carers, have a right to believe that they will receive the best possible care. They should feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment. However, it is nationally recognised that some patients who are, or become, acutely unwell in hospital may receive suboptimal care. The RAPID project will work to ensure that there are systems in place to support clinical staff in reducing patient risk through recognition of deterioration and will have some key metrics associated with this improvement.

Monitored:

- Use of a national tool to identify harm events and reduce harm
- Develop and implement standard operating procedures relating to the care of the deteriorating patient
- Identify and reduce the risk in high risk patients across all specialties

Measured:

- Via internal measures for improvement and the Safer Patients Initiative
- Reduction in harm (rate to be established following case note review)

Reported:

Performance will be reported to the Board via monthly monitoring information and the monthly quality report.

Capacity and Capability

The Trust is committed to quality improvement and is currently looking at a new structure to assist in the delivery of its quality strategy moving into 2010/2011. A further £250,000 has been allocated in the budget for 2010/2011 as a commitment to quality improvement.

Countess Quality Improvement Programme

This programme will continue into 2010/2011 as follows:

- Improvements in stroke care following implementation of a new investment plan in early 2010 to develop a dedicated Stroke Service
- Improvements in mortality rates through recognition and reduction of harm events
- Continuation and improvements in our performance in the four Advancing Quality pathways and the commencement of stroke care as the fifth pathway
- Sustaining our status as an exemplar site for Venous Thrombo-embolism prevention and management. This will be taken forward as a local CQUIN
- Sustaining our excellent reduction in infection rates relating to Clostridium difficile and MRSA Bacteraemia
- Implementation of the High Impact Nursing Intervetions

'The Countess Way' 2010/2011

The Trust has embarked on a long-term programme of service transformation whereby, in a phased way, we engage staff and patients in the redesign of all of our key systems, patient pathways and process areas. We aim to transform the way we do things so that the 'Countess way' of the future will reflect the very best way to deliver services to our patients.

Through 2010 the following areas will undergo transformation:

- Admissions, Pre-assessment, Theatres, CCU, Wards 42, 48, 49, 50, 53 and the Pharmacy/Dispensary
- The Emergency Pathway work will continue to roll-out through 2010/11
- The whole Elective Pathway will also be continuing transformation through 2010/11
- 2010 will see transformation increase and the transformation team and work stream owners extending the learning from 2009/10 through to 2010/11

We will be progressing with the Planned and Urgent pathway model of working as well as linking into the quality improvement programme and other Trust activity to ensure optimum delivery of efficiency and ensuring change is an improvement building on the past, acknowledging the present and looking to the future.

NHS Institute of Innovation & Improvement

Leading in Patient Safety Programme (LIPS)

Safer Care

The Trust has signed up to the Leading in Patient Safety programme which aims to develop the capacity and capability to eliminate avoidable harm to patients. This programme involves Trust Board members, senior clinicians and senior managers across the organisation.

Actions from this include:

- The patient safety team undertake patient safety 'walkarounds' discussing patients with clinicians, identifying changes in practice and promoting incident & near miss reporting
- Use of the Global Trigger Tool which involves review of randomly selected health records for harmful events and making appropriate changes to clinical practice
- Changes in the way the Trust presents its information to provide a clearer picture of improvement or areas for action

Review of Services

During the reporting period the Countess of Chester Hospital NHS Foundation Trust provided and contracted 46 services. These are included in our statement of purpose.

The Countess of Chester Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in the form of audits both local and national and there are a number of local mechanisms in place to ensure that data regarding quality of care is monitored and improved in all of our services as follows:

- Service dimensions such as population demographics, trading account position and whether or not the service is core
- Service delivery which looks at aspects relating to meeting performance standards and targets, quality standards
- Service design which reviews where the service is located e.g. central or community
- Service development which explores planned changes to services over the next five years
- Service decisions which considers, based on the above, if the Trust is best placed to deliver the service in its current form

The income generated by the NHS services reviewed in 2009/2010 represents 92% of the total income generated from the provision of NHS services by the Countess of Chester Hospital NHS Foundation Trust for 2009/2010.

Participation in Clinical Audits

During 2009/2010, 39 national clinical audits and 8 national confidential enquiries covered NHS services that Countess of Chester Hospital NHS Foundation Trust provides. During that period the Countess of Chester Hospital NHS Foundation Trust participated in 72% national clinical audits and 88% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate.

Audits Participated in 2009/10	*Organisation*
Pain in Children	BAEM
Asthma in Adults	BAEM
Fractured Neck Of Femur	BAEM
Audit of Critical Care	ICNARC
Trauma Audit and Research Network (TARN)	Healthcare Commission
Epilepsy in Children	RC Paediatrics & Child Health
Sentinel Stroke Audit	RCP
National Audit of Dementia	RCP; RCN; RCGP
Heart Failure Audit	RCP
Use of Red Cells in Neonates and Children	Blood & Transplant; RCP
National Comparative Audit of Blood Transfusion	Blood & Transplant NHS
MINAP	RCP
National Audit of Continence Care	RCP
National Audit of Falls & Bone Health	RCP
National Lung Cancer Audit	RCP
Familial Hypercholersterolaemia	RCP
National Care of the Dying	RCP; Marie Curie
National Inflammatory Bowel Syndrome Audit	RCP
National Elective Surgery PROMS	RCS & Health Services Research
Audit Critical Care Units	ICNARC
National Diabetes Audit	NHS
National Cervical Cancer Audit	NHS RCOG
UKOSS - Obstetric Surveillance	NHS RCOG
National HIV in Pregnancy	RCOG
DAHNO (Head & Neck Oncology)	CQC
Bowel Cancer	HQIP; ACPGBI
Oesophago-gastric Cancer Audit	AUGIS BSG
National Mastectomy & Breast Reconstruction Audit	NHS
Elective & Emergency Surgery in the Elderly	NCEPOD
Parenteral Nutrition	NCEPOD
Peri-operative Care	NCEPOD
Perinatal Mortality	CEMACH
Head injury in Children	CEMACH
Surgery in Children	NCEPOD
Acute Kidney Injury	NCEPOD

◀ The national clinical audits and national confidential enquiries that the Countess of Chester Hospital NHS Foundation Trust was eligible to paticipate in are as follows: ◀

The national audits and national confidential enquiries that the Countess of Chester Hospital NHS Foundation Trust participated in is the same list as above as we engaged in every audit that was eligible, and for which the data collection was completed during 2009/2010 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit	Organisation	% Cases Contributed
Pain in Children	BAEM	100%
Asthma in Adults	BAEM	100%
Fractured Neck Of Femur	BAEM	100%
TARN	Healthcare Commission	Ongoing - full contribution
Audit of Critical Carel	CNARC	Ongoing - full contribution
Epilepsy in Children	RC Paediatrics & Child Health	Commencing
Sentinel Stroke Audit	RCP	100%
National Audit of Dementia	RCP; RCN; RCGP	Commencing
Use of Red Cells in Neonates and Children	Blood & Transplant; RCP	100%
National Comparative Audit of Blood Transfusion	Blood & Transplant NHS	100%
MINAP	RCP	100%
National Audit of Continence Care	RCP	Ongoing
National Audit of Falls & Bone Health	RCP	100%
National Lung Cancer Audit	RCP	100% (actual cases exceeded expected cases)
Familial Hypercholersterolaemia	RCP	Commencing
National Care of the Dying	RCP; Marie Curie	100%
National Inflammatory Bowel Syndrome Audit	RCP	100%
NJR Hip and Knee Replacements	HQIP	Ongoing - full contribution
National Elective Surgery PROMS	RCS & Health Services Research	Ongoing - full contribution
National Diabetes Audit	NHS	100%
Heart Failure Audit	RCP	
National Cervical Cancer Audit	NHS RCOG	Ongoing
UKOSS - Obstetric Surveillance	NHS RCOG	Ongoing
National HIV in Pregnancy	RCO RCOG	Ongoing
DAHNO (Head & Neck Oncology)	CQC	Ongoing - full contribution
Bowel Cancer	HQIP; ACPGBI	100%
Oesophago-gastric Cancer Audit	AUGIS BSG	Ongoing
National Mastectomy & Breast Reconstruction Audit	NHS	75-100%
Elective & Emergency Surgery in the Elderly	NCEPOD	70%
Parenteral Nutrition	NCEPOD	100% part 1 & 20% follow up
Peri-operative Care	NCEPOD	Current
Perinatal Mortality	CEMACH	100%
Head injury in Children	CEMACH	100%
Surgery in Children	NCEPOD	100%
Acute Kidney Injury	NCEPOD	100% part 1 & 20% follow up

The reports of 7 national clinical audits were reviewed by the provider in 2009/2010 and the Countess of Chester Hospital NHS Foundation Trust intend to take the following actions to improve the quality of healthcare provided:

- Improve data collection accuracy by utilising on line data collection tools
- Improve documentation and record keeping
- Improve systems and processes of reporting
- Make information more available by local electronic access
- Implementation of training of clinical staff regarding
- Early Warning Score and recognising the acutely ill patient
- Review of senior staff supervision

The reports of over 270 local clinical audits were reviewed by the provider in 2009/2010 via the annual audit report which is submitted to the Board.

The Trust intends to take the following actions to improve the quality of healthcare provided:

- Reports will continue to be presented to Executive Core Governance Group and full review and discussion of specific issues by the new Quality Board
- Any recommendations are taken forward by the relevant clinical team supported by the Clinical Director and discussed within the Division where relevant action plans are developed
- Improvements may include a change to the patient pathway, a change in a policy or procedure and any necessary education and training as required

In 2010/2011 the Trust will ensure that the audit programme is more reflective of the quality objectives in line with the Trust vision.

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Participation in Clinical Research

The number of patients receiving NHS services provided by the Countess of Chester Hospital NHS Foundation Trust in 2009/2010 that were recruited during that period to participate in research approved by a Research Ethics Committee was 425.

CQUIN: Commissioning for Quality and Innovation Framework

A proportion of the Countess of Chester Hospital NHS Foundation Trust income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between Countess of Chester Hospital NHS Foundation Trust and NHS Western Cheshire through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from foundation.trustenquiries@coch.nhs.uk

Care Quality Commission Registration

The Countess of Chester Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to registration.

The Countess of Chester Hospital NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was completed in October 2009 for the period relating to 2008/2009. The CQC assessment at this time was 'good' for quality and 'excellent' for financial performance.

CareQuality Commission

Performance Rating 2008/09 - Countess of Chester Hospital NHS Foundation Trust

Overall performance

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; and 'quality of services', which is an aggregated score of performance against national standards, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

Quality of...	2008/09	2007/08	2006/07	2005/06
Services	GOOD	GOOD	FAIR	GOOD
Financial Management	EXCELLENT	EXCELLENT	EXCELLENT	FAIR

Based on our assessment for 2008/09, the quality of services provided by Countess of Chester Hospital NHS Foundation Trust for its local population was 'good'. The financial management rating for this organisation is 'excellent', as this foundation trust has been assessed as performing strongly with a relatively low financial risk. The trust was not one of those chosen to receive an inspection over the Summer.

The main areas of concern were stroke care, cancellations and delayed discharges.

The Countess of Chester Hospital NHS Foundation Trust took the following actions to improve performance in 2009/2010:

- Developed and implemented an investment plan for stroke care
- Developed and implemented a joint protocol for managing complex discharges
- Worked on a process of organisation redesign to refine the urgent and planned pathways and improve efficiency regarding both

The Countess of Chester Hospital NHS Foundation Trust has made the following progress by 31st March 2010 with regards to the above:

- Stroke care performance against the National audit programme has improved in the last month
- Delayed discharges are at their lowest percentage ever
- The urgent and planned pathways are currently being finalised for a 1st July implementation

The Countess of Chester Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2009/2010. However we are pleased to report that we did have an unannounced hygiene code inspection in January 2010 with the following overall judgement from the CQC.

'On inspection, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.'

Data Quality

NHS and General Medical Practice Code validity

The Countess of Chester Hospital NHS Foundation Trust submitted records during 2009/2010 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data

- which included the patient's valid NHS number was:

- 96% for admitted patient care
- 97% for out patient care
- 96% for accident and emergency care

- which included the patients valid general medical practice code was:

- 99.8% for admitted patient care
- 100% for out patient care
- 100% for accident and emergency care

Information Governance Toolkit Attainment levels

The Countess of Chester Hospital NHS Foundation Trust score for 2009 /2010 for information quality and records management assessed using the information governance toolkit was 74%. Records management assessment was above 2 on the tools scale in all areas.

Clinical Coding Error Rate

The Countess of Chester Hospital NHS Foundation Trust was subject to the payment of results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding were 5% and 6.4% respectively.

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Written Statement from our Commissioner: NHS Western Cheshire

NHS Western Cheshire is responsible for commissioning high quality services that treat today's ill health alongside services to enable people to live healthier lives in the future.

This statement has been compiled in accordance with the regulations which state that as the lead commissioner of NHS Services provided by Countess of Chester NHS Foundation Trust we must take reasonable steps to check the accuracy of the information in this document and note other information we consider relevant to quality.

We make clear in our contract with the Trust the standards of care that we expect. We set measures against these standards and monitor performance through the contract process. Some standards are set nationally; some are measures that local people said are important to them. We manage performance through progress reports that demonstrate levels of compliance or areas of concern at agreed frequencies (daily, weekly, monthly). It is through these arrangements that the accuracy of this Quality Account has been validated.

NHS Western Cheshire and the Trust have been working together to achieve improvements in patient safety, patient experience and the effectiveness of clinical care. During 2009/2010 we set challenging, stretching targets against priority areas and varying rates of progress have been made against each of these areas.

The Trust implemented changes to include the reporting of patient experience stories by clinical staff to the Board. They changed how patient safety information is presented to their Board and us to provide greater assurance. The Trust has an open culture of learning when things go wrong and this has been demonstrated through the investigation reports that we receive. These reports contain action plans which evidence the changes implemented to support patient safety in a "learning organisation".

We note the progress made in providing same sex accommodation and in the forthcoming year we will closely monitor their plans for further improvement.

This Trust is to be congratulated on the excellent progress made on reducing the level of health care acquired infections.

We acknowledge that the Trust needs to make more progress in Advancing Quality but also commend the improvements that have been made.

Commissioning for Quality and Innovation Schemes are part of a national framework linking financial reward to the delivery of local quality improvement priorities. The Trust delivered the local targets that were ambitious and focussed on continuous improvement.

During 2009/10 all the national waiting time standards have been closely monitored alongside preparing for changes in these standards from April 2010 with the issue of a contract query. Our greatest concern is for the patients who may wait longer than 18 weeks and plans are in place for 2010/11 to manage patients' care when a breach of this standard is likely.

We have established a mature dialogue between ourselves and the Trust. This relationship has enabled us to collaborate in co-producing an agreed set of measures of improvements in quality for 2010/2011.

We welcome and support the priorities that the Trust has identified for the forthcoming year.

How we have Delivered our Priorities in 2010/2011

This part of the quality account details our achievements in 2009/2010 commencing with an update report on our 2008/2009 key priorities and a detailed report of our three top priorities for 2009/2010. At the end of Part Three there is an overview of other quality measures which are in place and a commentary to support these metrics.

Moving forward into 2009/2010

In 2008/2009 our priorities were as follows:

Priority 1: To reduce the number of MRSA bacteraemia cases to less than thirteen in 2008/09 (32% reduction).

Update report: This continues to be improved in 2009/10 with four post 48 hour cases during the year and two patients with a bacteraemia detected on admission.

Priority 2: To make significant progress in year to reduce the number of Clostridium difficile cases by 49.5% by March 2011.

Update report: This continues to be improved in 2009/10 with the final number achieved as sixty six post 48 hour cases to March 2010 end against a target of 181 cases.

Priority 3: To improve our percentage ventilator bundle compliance to 95% to reduce the complications associated with ventilation in critical care. The ventilator bundle is a care pathway of best practice for a patient on a ventilator which is a form of life support to assist with breathing.

Update report: The bundle of care remains in place but we are not currently recording this measure as it is embedded in every day practice on the critical care unit.

Our priorities for 2009/2010

These were chosen with the following considerations:

- Our patient and public feedback based on engagement events driven by our Board of Governors
- Results of our inpatient survey data taken on a month by month basis and from the annual inpatient survey
- Our staff via our transformation programme focus groups Utilising the three domains of quality

Areas for consideration in 2009/2010 were identified from the following issues raised:

- Access to services in a timely manner
- Care and treatment of the older person
- Improving communication to patients

In line with our three key priorities we also worked to improve a number of other quality measures across the three domains of quality. A sample of these can be viewed later in Part Three.

Priority 1: Patient Safety

To prevent falls in hospital and reduce the level of harm to patients who do fall demonstrating a sustained reduction in the impact category

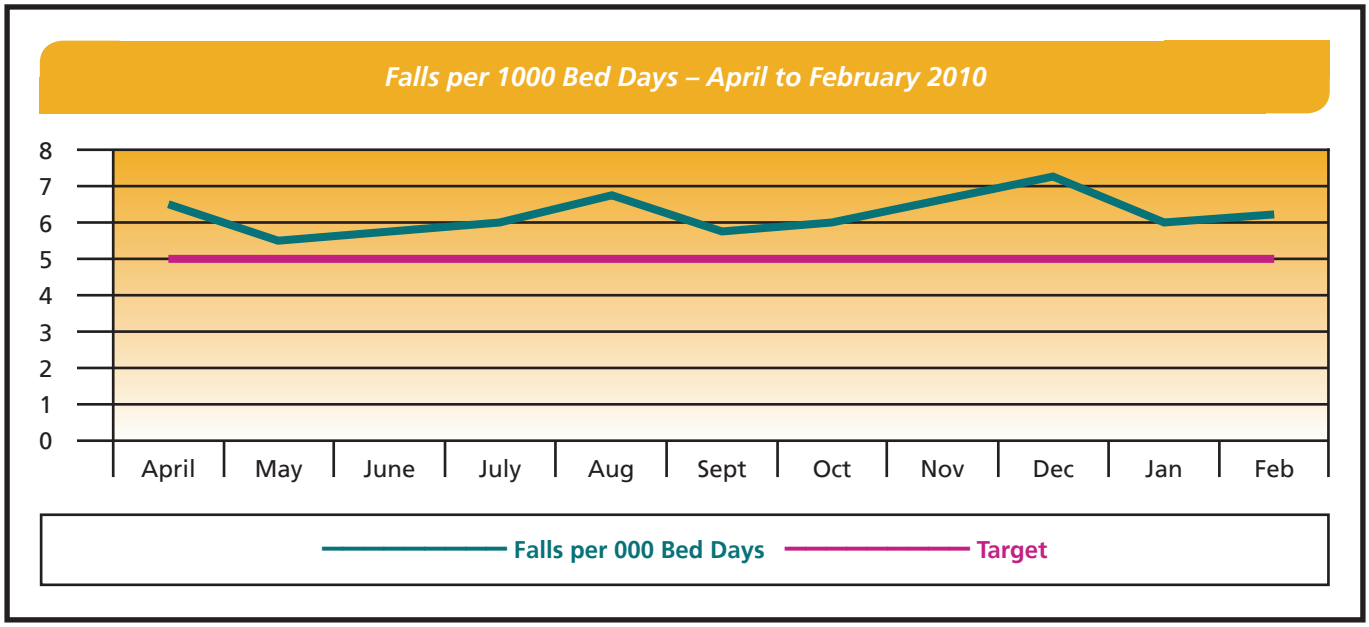
Description of the issues and rationale for prioritising

A patient falling whilst in hospital is the most commonly reported patient safety incident the National Reporting and Learning Services (NRLS) receives. The National Patient Safety Agency (NPSA) estimates that each year 530 patients sustain a hip fracture, following a fall in hospital. A further 440 patients are estimated as sustaining other fractures which are falls related. There will always be a risk of falling in hospital due to the very nature of the patients that are admitted for treatment. However, there are many things that can be done to reduce the risk of falls allowing patients freedom and mobilisation. Many falls may result in no actual harm however may still result in a loss of confidence and increased length of stay. There is also an increased likelihood that a patient may not return home and may be discharged to residential or nursing home care following an admission where a fall occurred (NPSA 2007).

At the Trust we recognise the importance of good assessment and risk prevention and have identified that we can improve our practices to reduce falls.

Aim

- To reduce inpatient falls per 1000 bed days to less than 5
- To achieve a sustained reduction in falls categorised as moderate to catastrophic
- To reduce the numbers of patients who fall more than once



Current Status

As can be seen from the graph above we did not manage to reduce our falls incidence to less than 5 per 1000 bed days. However we have made a significant reduction in the number of falls categorised within the moderate to severe category of harm. We have also reduced the number of falls a patient may have during their admission through ensuring that a more robust process of assessment and appropriate action is taken.

Further planned improvements for 2010/2011:

- Continue to strive to reduce our falls incidence
- Introduction of a new assessment tool across the organisation

Priority 2: Clinical Effectiveness

To improve the outcome of Patients who have sustained a fractured neck of femur by timely access to theatre for repair where medically optimised and able to do so

Description of the issues and rationale for prioritising

Fractured neck of femur is the most serious consequence of patient falls amongst older people, with a mortality rate of 10% at one month post fall, 20% at four months post fall and 30% at one year after. Many of those who recover suffer loss of mobility and independence. The average age of patients with a fractured neck of femur is over 80 years with 75% being female. Many patients also have significant co-morbidities which may delay surgery and their subsequent recovery. To optimise the recovery of this patient group, inappropriate delays must be avoided (NHS Institute of Health Improvement 2009).

This priority linked well to other elements of our quality strategy as follows:

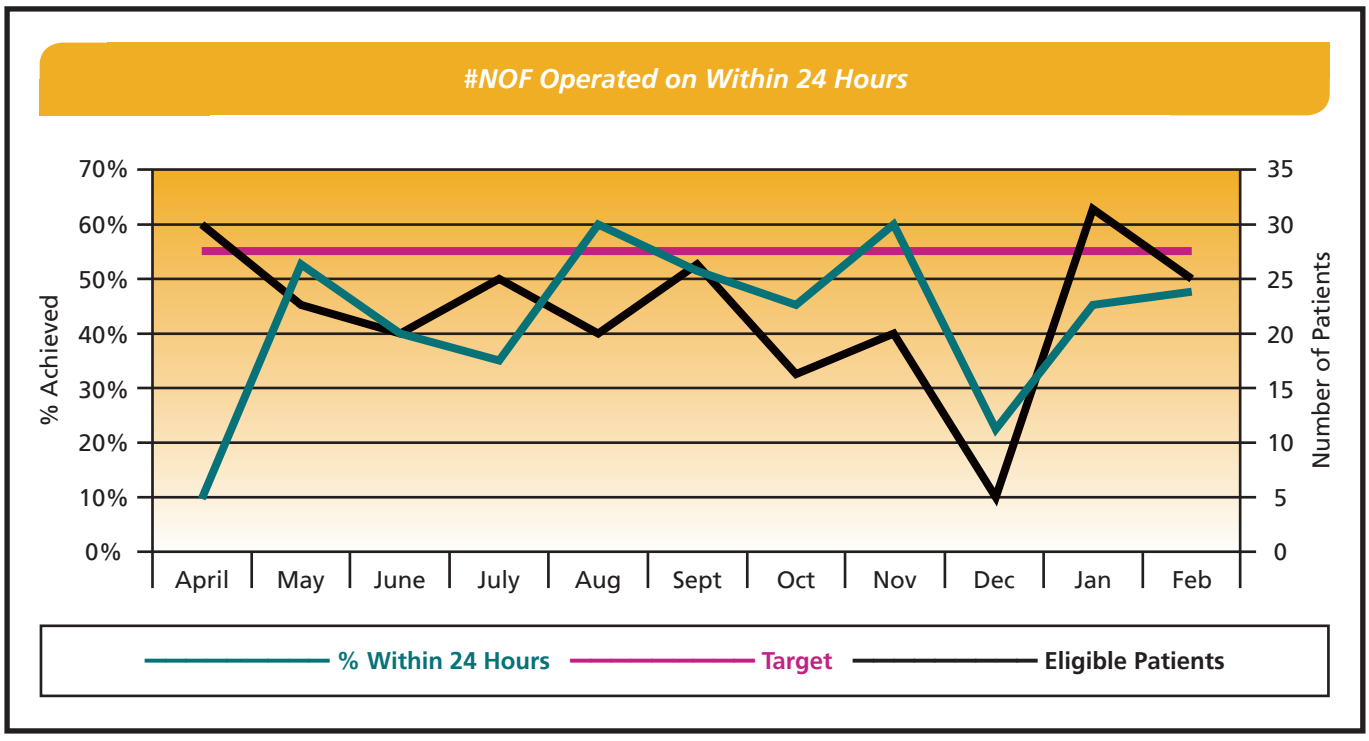
- Reducing inpatient falls (see above)
- As a CQUIN which aimed at detecting and treating osteoporosis in all patients attending the trust with a fracture of any type

Aim

- All medically optimised patients to achieve an admission to theatre time of within 48 hrs
- Achievement of a stretch target of 55% of patients to get to theatre within 24 hrs

Current status

Throughout the year performance regarding the 48 hour measure has been consistent with 100% of patients achieving the measure for 6 months out of 11. There have been occasions where a patient has been delayed due to the prioritisation of other trauma cases. This has placed the year end achievement at 89% to February end.



The stretch target of 55% (see graph above) has been a challenge and we only achieved this target 3 times in 11 months. However we exceeded it in two months and in our worst performing months we achieved all patients getting to surgery within 48 hours.

Both measures have been monitored via our PCT contract and reported to the Trust Board.

Further planned improvements for 2010/2011:

- Theatre scheduling review to ensure that capacity and demand can be met for both trauma and elective cases
- Redesign of the planned and urgent care pathways to ensure that no patient group is effected to their detriment in times of increased workload
- Further stretch to the 24 hour measure up to 70% and additional measures relating to length of stay and % of patients receiving a surgical intervention

Priority 3: Patient Experience

To improve the choice of information patients receive when attending a clinical appointment by offering the option to receive a copy of their GP letter from which they are kept informed regarding their consultation and future treatment plan and have more ownership of their care pathway

Description of the issues and rationale for prioritising

The NHS plan (paragraph 10.3) made a commitment that patients should receive a copy of letters sent to other health professionals about their care. At the Trust there are many areas of good practice but no formalised commitment to ensuring that, where appropriate, patients are offered an opportunity to receive a copy of the letter sent to their General Practitioner.

As a general rule, and where a patient wishes, letters written by one health professional to another about a patient should be copied to the patient or where appropriate, their parent or legal guardian. The general principle being that all letters that help to improve a patient's understanding of their health and the care they are receiving should be copied to them as a right if they wish to receive it.

In many cases the health professional may choose to write a separate letter to the patient if this is deemed to be more appropriate and this practice should be encouraged. The decision to copy a letter to a patient should be via a discussion with the health professional and the patient as to whether receiving the letter will improve the communication and involvement in their care. There are exclusions where a patient may not wish to receive a letter or where the information may be too sensitive or complex at that point in the patient's journey. There are also exclusions regarding safeguarding children (Department of Health 2002).

As an organisation we recognise this is an issue related to patient experience which is reflected negatively in our patient survey feedback. It is also a commissioning requirement which we have been fully committed to.

Aim

To have a fully operational system that enables the Trust to comply with copy letters to patients when requested by April 2010.

Current status

The process began to achieve this priority, by the development of an electronic system to enable a letter to be generated to the patient after their consultation. Further work followed in developing a process and standard operating procedure for all clinicians to use to ensure that the process was implemented in a standardised way.

The main challenge has been working with clinicians in improving the standard of letter writing and overcoming the concerns relating to letter content. Following much consultation and process review the system was implemented during April 2010.

Over the year a variety of status reports have been received and progress monitored via the PCT contract and the Trust Board.

Further planned improvements for 2010/2011:

- Robust audit of the process will be carried out following the first quarter
- A CQUIN relating to real time patient experience in gynaecology outpatients asks a specific question regarding whether a copy letter was offered

Other Quality Improvements in 2010/2011

Delivering Same Sex Accommodation Peer Review

We had a successful and informative peer review visit by the Strategic Health Authority, our local Commissioners and the Department of Health in association with our colleagues from Pennine Acute. Following this assessment and the work the organisation has undertaken to deliver care in a virtually same sex environment we are pleased to report that we have made a statement of virtual compliance with regards to the delivery of same sex accommodation. This can be viewed from the following link. http://www.coch.nhs.uk/absolute/en/templateOrange.aspx?articleid=662&zoneid=2

Patient Safety First Campaign

The Trust has signed up to the Patient Safety First Campaign and has at its heart a vision of an NHS with no avoidable death and no avoidable harm. The Trust has received a certificate from the campaigns organisers which demonstrates the trust's progress and commitment to the campaign.

Risk Management

The Trust continues to report incidents via the National Patient Safety Agency National Reporting and Learning Service. In the latest report for the period April 2009 to September 2009 the Trust is in the top two organisations (relating to medium sized district General Hospitals) reporting the highest number of incidents. In general, the higher the rate of incidents, the stronger the reporting culture in that organisation. However, improvements can always be made and learning from our incidents is a key element of our quality strategy and PCT quality contract for 2010/2011.

'The Countess Way' 2009/2010

The transformation team and work stream owners have worked alongside Unipart Expert Practices to deliver the Countess Way Transformation programme which was developed to create more efficient ways of

working, through utilising lean techniques to reduce waste, focusing on quality and to streamline pathways with our patients at the heart of all we do.

2009/2010 highlights include the implementation of three tools to eliminate waste and drive action:

- **5S (sort and shine)** – Creating highly organised and visible areas where everything has a place and can be found easily when not in use
- **Communications Cells** – Standardised daily meetings of the team where 'People, Performance and Continuous Improvement' are discussed and actions driven
- **Quality Control Boards** – Visual management tools to help flag any issues easily and help policies and targets to be met

There are four Ward areas utilising these tools plus the appointments hotline, stores & transformation team.

The emergency respiratory pathway was the first area where transformation was implemented through our Respiratory Ward (Ward 51) prior to rollout across Medicine. One goal has been to reduce the Trust average length of stay, which on Ward 51 has exceeded its equivalent reduction through Transformation and other initiatives.

The elective orthopaedic pathway is undergoing transformation and taking forward the developments from the emergency pathway of criteria led discharge, optimised ward rounds and estimated dates of discharge.

The Trust absence rate has reduced significantly through the application of the new Attendance Policy, and delivery through the management skills work stream; resulting in March 2010 having the lowest ever recorded absence figure of 3.29% which is significantly lower than the Trust target of 3.65%.

Cancer Peer Review

In 2009/2010 the Trust underwent a cancer peer review as part of the National Cancer Peer Review programme. This is a quality assurance programme for cancer services.

The Multidisciplinary teams reviewed were:

- Breast
- Lung
- Gynaecology
- Urology
- Upper Gastroenterology
- Skin

All the teams carried out a self-assessment of their services with urology, upper GI and skin subject to an external visit.

We are pleased to report that overall the reviews went extremely well. One risk was identified relating to where there was occasional need to perform upper GI surgery at the Countess of Chester Hospital NHS Foundation Trust. These procedures are no longer performed within the Trust and any procedures of this nature are carried out in Wrexham Maelor Hospital which is the designated centre.

Quality
Account
2009/2010

Quality Metrics

Indicator	Method of Monitoring / Measure	Q1	Q2	Q3	Q4	09/10	08/09 Comparison
SAFETY							
Reduction in MRSA bacteraemia	10 post 48 hour	1	0	2	1	4	9
Reduction in MRSA bacteraemia	2 pre 48 hour	1	0	0	1	2	3
Reduction in Clostridium difficile	181 (2010/11 – 131)	11	17	19	19	66	173 (Target 282)
Trust-wide Hand Hygiene	Sustained improvement: compliance at greater than 95%	86%	86%	91%	92%	92%	89% (3 quarters)
WHO surgical site checklist implementation	Sustained improvement: monthly audit (Feb onwards)	Monitoring commenced in Feb 2009			93%	NA	NA

Data is 4 /5 months behind so monthly data reported for these 4 measures		April	May	June	July	Aug	Sept	Oct
EXPERIENCE								
Nurses always or sometimes washed or cleaned their hands between touching patients	Monthly reporting Sustained improvement Nat average 73%	77%	73%	78%	70%	70%	72%	Not asked
Overall they were treated with respect and dignity whilst in hospital	Monthly reporting Sustained improvement Nat average 80%	83%	84%	74%	79%	75%	73%	83%
Did not have to use the same bathroom or shower area as patients of the opposite sex	Monthly reporting Sustained improvement Nat average 65%	70%	68%	50%	63%	65%	67%	65%

Indicator	*Method of Monitoring / Measure*	*Q1*	*Q2*	*Q3*	*Q4*	*09/10*	*08/09 Comparison*	
EFFECTIVENESS								
Reduce smoking in pregnancy rates by 1% each year	1% improvement on the 08/09 target i.e. 12% at year end	14%	11.6%	15.6%	10.5%	12.7%	12.65 (target 13%)	
Data is 5 months behind so monthly data reported for these 4 measures		*April*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*
Participation in reporting performance level against the four Advancing Quality pathways: **1) Acute Myocardial Infarction** **2) Heart Failure** **3) Pneumonia and** **4) Hip and Knee Replacement**	Baseline performance figures against perfect process measures derived from the Quality Measuring Report (QMR) data. (Performance rating based on top scoring trusts in previous quarter)							
	Hip and Knee Threshold Amber 92% Green 96%	54.84%	56.08%	56.69%	57.27%	48.09%	61.24%	85.63%
	Community Acquired Pneumonia Threshold Amber 76% Green 81%	86.36%	54.39%	74.47%	69.86%	69.49%	67.74%	79.2%
	Heart Failure Threshold Amber 54% Green 72%	61.22%	68.42%	53.19%	78.57%	76.32%	79.25%	72.9%
	Acute MI Threshold Amber 92% Green 98%	58.49%	63.04%	66.13%	87.5%	83.87%	98.21%	98.89%

Quality Metrics Report

Safety

We are pleased to report that our levels of MRSA bacteraemia are well within our trajectory this year with 4 cases occurring after admission and 2 cases detected at admission. Clostridium Difficile management has also been excellent with reductions maintained consistently month on month.

We continue to monitor hand hygiene performance against a national compliance tool on a monthly basis. The compliance scores have improved over the year and are demonstrated in the significant improvements in infection control.

The World Health Organisation safer surgery checklist was implemented at the start of 2010 and audited in February 2010. We are pleased to report the first audit of compliance at 93% and will be continuing to audi- progress on a monthly basis.

Clinical Effectiveness

Smoking during pregnancy and at delivery has presented the organisation with a continuing challenge. Every opportunity is taken to ensure that mothers to be are given advice and support in giving up smoking and sustaining this during pregnancy in order to protect both themselves and the unborn child. We are pleased to report that for the majority of the year this important target has been achieved and we are hoping it will be met at year end.

Advancing Quality is a Northwest initiative to improve the care of patients across 4 disease specific pathways. The Trust began this journey in October 2008 however; as the monitoring is carried out retrospectively the data is approximately 5 months behind the period the care was received. This explains why the data within this report is only up to October 2009. We are pleased to report that after a slow start our data in September and October 2009 has improved with 2 care pathways benchmarking well regionally (Acute Heart Attack and Heart Failure). Community Acquired Pneumonia is improving and hip and knee replacement demonstrated a significant improvement in October 2009 following a number of step changes in the care pathway.

Experience

We have chosen to monitor areas where our patient survey demonstrates a need for improvement. The data is taken following discharge from hospital so there is a delay in the information of up to 5 months. Unfortunately these scores have fluctuated across the reporting period and it has been difficult to ascertain the rationale for this. We have made significant improvements to the patient pathway to ensure that care is delivered in a virtually same sex environment and hope to see improvements in the patient experience to reflect this in the coming months.

We continue to monitor hand hygiene across the organisation which is currently demonstrating a good performance as previously noted within the report; however we will endeavour to improve this further.

We recognise that ensuring patients experience privacy and dignity is an essential aspect of our organisational culture and we strive to ensure that our patients 'feel that they matter' throughout the time that they spend with us. In order to improve this we have undertaken a privacy and dignity review in partnership with Age Concern during March 2010. There will be a full action plan from this which will be implemented and monitored in 2010/2011.

Performance Against National Targets

Monitor Compliance and CQC Targets 2009/10

Target – Infection Control	Threshold	Monitoring Period	Q1	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Year
Clostridium difficile year on year reduction	181	Quarterly	11	17	7	8	4	19	5	8	6	66
MRSA	12	Quarterly	2	0	1	1	0	2	0	1	1	6
Screening of all elective in-patients for MRSA	100%	Quarterly	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Target – Waiting Times	Threshold	Monitoring Period	Q1	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Year
For admitted patients, max wait time of 18 weeks from point of referral to treatment	90%	Quarterly	92.63%	92.56%	92.69%	92.51%	91.23%	92.17%	91.58%	92.09%	91.05%	92.23%
For non-admitted patients, max wait time of 18 weeks from point of referral to treatment	95%	Quarterly	97.15%	97.04%	96.77%	97.74%	97.61%	97.34%	97.79%	98.47%	98.56%	97.45%
Data completeness assesment for admitted patients on 18 week RTT pathway	90% – 110%	Quarterly	103.6%	103.5%	97.7%	93.8%	94.9%	95.47%	97.5%	95.9%	95.7%	98.61%
Data completeness assesment for non-admitted patients on 18 week RTT pathway	90% – 110%	Quarterly	95.47%	92.47%	96.9%	95.8%	96.1%	96.27%	90.4%	91%	93.4%	93.17%
For Audiology patients, max wait time of 18 weeks from point of referral to treatment	95%	Quarterly	100%	100%	98.86%	100%	100%	99.62%	100%	96%	97.8%	99%
Data completeness assesment for Audiology patient on 18 week RTT pathway	90% – 110%	Quarterly	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Maximum wait time of four hours in A&E from arrival to admission, transfer or discharge	98%	Quarterly	98.4%	98.5%	98.1%	98.5%	97.7%	98.1%	97.1%	98.6%	97.9%	98.2%
People suffering heart attack to receive thrombolysis within 60 mins of call (*revision)	68%	Quarterly	89%	89%	50%	100%	66%	72%	80%	100%	71%	80%

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Performance Against National Targets

Cancer Performance (English and Welsh) 2009/10

Cancer Target	*Q1*	*Q2*	*Q3*	*Jan 10*	*Feb 10*	*Mar 10*	*Q4*	*Year end*
14 Days (target 93%)	95.8%	96.7%	97.5%	89.6%	97.9%	94.8%	94.1%	*96%*
14 Days Breast Symptomatic (target 93%)*	93%	58%	77.4%	96.2%	93.8%	95.8%	95.2%	*81%*
31 Days – 1st Treatment (target 96%)*	99%	97%	96.6%	98.1%	100%	100%	99.6%	*98.1%*
31 Days – subsequent SURGICAL (94%)	93%	100%	100%	100%	100%	100%	100%	*97.4%*
31 Days – subsequent NON SURGICAL (98%)	100%	100%	100%	100%	100%	100%	100%	*100%*
62 Days (target 85%)	89.6%	88.2%	89.9%	81.4%	89.2%	92.4%	88.3%	*88.9%*
62 Days – screening (target 90%)	100%	73.7%	50%	100%	0%	100%	90%	*79.3%*
Number of Patients (Deminimus 20)	2	11	2				5	*20*
62 Days – upgrades (target TBC)	100%	93.5%	91.3%	100%	88.9%	100%	96.4%	*95%*
31 Days – rare (target 96%)	100%	100%	100%	100%	100%	100%	100%	*100%*

*** Full reporting only from January 2010**

Written Statements by Other Bodies

Health & Wellbeing Select Panel

22.4.2010

Members accepted that performance and quality data were necessary and helped improve performance for any NHS organisation. However, with regard to the Quality Accounts, the Panel were not clear of the value of a number of the statistics.

For example, the NHS and General Medical Practice Code of Validity Statistics for admitted patient care, outpatient care and accident and emergency care.

In addition, certain targets would be very difficult for the Trust to reach as they were difficult to influence.

A prime example of this would be the reduction to national government levels of the number of women smoking during pregnancy.

This Panel welcome the Hospital Trust's efforts to continually reduce the number of hospital borne infections, falls and the progress on its dignity proposals.

No other commentary was received.

Appendix 1 – Glossary and Abbreviations

Term	Abbreviation	Description
Advancing Quality	AQ	A programme which reward hospitals which improve care in a number of key areas – heart attacks, pneumonia, hip and knee replacements, heart failure and heart bypass surgery – when compared to research which identifies what best care constitutes.
Care Quality Commission	CQC	The independent regulator of health and social care in England. It's aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere. The CQC replaces the Healthcare Commission.
Clostridium Difficile	C-diff	A naturally occurring bacterium that does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens,C-diff bacteria can multiply and cause symptoms such as diarrhoea and fever.
Commissioning for Quality and Innovations	CQUINs	CQUIN is a payment framework developed to ensure that a proportion of a providers' income is determined by their work towards quality and innovation. The scheme was introduced in detail, from implementation to function, in High Quality Care For All to encourage organizations to see quality improvement and innovation as a motivator towards a better service for their patients.
Early Warning Score	EWS	This is a patient observations scoring system which detects deterioration dependent on e.g. the patients blood pressure temperature and a number of other vital sign recordings. Clinical Staff have a series of actions to undertake if this early warning score identifies a problem or deterioration in a patient's condition.
Healthcare Associated Infections	HCAI	A generic name to cover infections like MRSA and C-diff.
High Impact Nursing Interventions		A large group of experienced nurses and midwives have identified the eight high impact actions which are set to improve nursing practice across the country. Each high impact action sets out the scale of the challenge and the potential opportunity in terms of improvements to quality and patient experience and reduction in cost to the NHS. Examples of the areas are infection prevention and control, pressure ulcer management, no delays on the day of discharge.
Hospital Episode Statistics	HES	This is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals.
Global Trigger Tool		This is a tool that is used to review a patient medical record and establish whether any harm events occurred during the patient's care and treatment in hospital. From an analysis of a large number of records the hospital can measure its rate of harm and work towards reducing this.
Methicillin-Resistant Staphylococcus Aureus	MRSA	Staphylococcus aureus is a bacterium which is often found on the skin and in the nose of about 3 in 10 healthy people. An infection occurs when the bacterium enters the body through a break in the skin. A strain of this bacterium has become resistant to antibiotic treatment and this is often referred to as MRSA.
Monitor		This is the regulator of NHS Foundation Trusts. It is an independent body detached from central government and directly accountable to Parliament.

Term	Abbreviation	Description
National Patient Survey		Co-ordinated by the Care Quality Commission, it gathers feedback from patients on different aspects of their experience of care they have recently received, across a variety of services/settings: Inpatients, Outpatients, Emergency care, Maternity care, Mental health services, primary care services and Ambulance services.
Patient Recorded Outcome Measures	PROMs	A programme in which patients complete a questionnaire on their health before and after their operation. The results of the two questionnaires can be compared to see if the operation has improved the health of the patient. Any improvement is measured from the patient's perspective as opposed to the clinicians.
Quality Account		This is a statutory annual report of quality which provides assurance to external bodies that the Trust Board has assessed quality across the totality of services and is driving continuous improvement.
Safer Patients Initiative	SPI	This was a two year national programme which brought together a number of projects to improve patient safety.
Secondary Users Service		This is the NHS data system for recording all NHS patient activity. It enables correct payments by commissioners, for care provided by all provider services including acute trusts.
Statement of Purpose		This is a care Quality Commission requirement of registration and described the aims and objectives of the service provider in carrying on the regulated activity. It describes the kinds of services provided for the purposes of the carrying on of the regulated activity and the range of service users' needs which those services are intended to meet.
Stretch Target		This is a performance measure that may be set locally or by the government to place a challenge to an organisation to further improve the care it currently offers.
Venous Thrombo-embolism	VTE	This is a blood clot developing when a person is in hospital and may not be as mobile as they are usually or following surgery. The blood clot itself is not usually life threatening, but if it comes loose it can be carried in your blood to another part of your body where it can cause problems – this is called a Venous Thromboembolism (VTE). If the clot travels to the lungs it is called a pulmonary embolus (PE) and it can be fatal. Even if a blood clot does not come loose, it can still cause long-term damage to your veins.

ACPGBI	Association of Upper Gastrointestinal Surgeons, British Society of Gastroenterology
BAEM	British Association for Emergency Medicine
CEMACH	Confidential Enquiry into Maternal & Child Health
DAHNO	Data for Head & Neck Oncology
HQIP	Healthcare Quality Improvement Programme
ICNARC	Intensive Care National Audit & Research Centre
MINAP	Myocardial Infarction National Audit Project
NCEPOD	National Confidential Enquiry into Patient Outcome & Death
NJR	National Joint Registry
RCGP	Royal College of General Practitioners
RCO	Royal College of Ophthalmologists
RCOG	Royal College of Obstetrics & Gynaecologists
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTT	Referral to Treatment
TARN	Trauma Audit & Research Network
UKOSS	UK Obstetric Surveillance System