

Plymouth Hospitals **NHS** NHS Trust



Quality Account 2009/2010

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Part 1: Introduction

Statement on Quality from the Chief Executive Officer

May I welcome you to the publication of our first Quality Account.

The Quality Account is predominantly for members of the public, patients and staff and aims to share with you our experience over the last 12 months as well as our plans for the forthcoming year.

An Introduction to Quality Accounts

The purpose of a Quality Account is threefold: firstly, as an important document that will enable the public to hold NHS Trusts to account for the quality of the NHS healthcare services they provide; secondly, to enable Trust Boards to focus on quality improvement as a core function; and finally, to assist patients and their carers to make fully informed choices about their healthcare.

Plymouth Hospitals NHS Trust welcomes the opportunity to publish an annual Quality Account that assists our patients, the public and others to understand:

- What the organisation has done well
- Where improvements in service quality are required
- What the Trust's priorities for improvement are over the coming year
- How patients, carers, staff and others with an interest in the organisation have been involved in determining these priorities

Our Vision and Values

Through extensive consultation with our staff we have developed a clear vision and a set of core values:

Vision	To be recognised as the best in everything we do, providing leading edge, high quality health services, safely delivered with courtesy and respect
Values	Put patients first Respect others Take ownership Be positive

Quality Priorities for 2009/2010

During the last year work has been underway to develop a set of meaningful quality metrics that will enhance the Trust's ability to measure the quality of care delivered to our patients. These metrics will complement existing national performance targets but will be focused on the quality of care delivered, particularly patients' outcomes and experiences.

Last year saw the development of the Commissioning for Quality and Innovation (CQUIN) framework. CQUINs are a new feature of quality monitoring and improvement. A CQUIN framework consists of a number of nationally and locally agreed quality priorities for the year ahead.

Quality Goals for 2010/2011

As an ambitious and well established acute trust we acknowledge that there are many areas of care that require continued improvement. The Trust Board, supported by our staff, are committed to ensuring that, year on year, improvements are made.

The NHS Next Stage Review: High Quality Care for All (2008) identified the need to measure quality of care within three core domains. These domains provide foundations from which quality measures can be developed and performance can subsequently be monitored:

- **Patient Safety:** that the NHS does no harm to patients, ensuring the environment is clean and safe and reducing avoidable harm
- **Clinical Effectiveness:** understanding success rates from different treatments for different conditions including clinical measures, complication rates and measures of clinical improvement
- **Patient Experience:** how personal the care is, the compassion, dignity and respect with which patients are treated

It is our aim for the forthcoming year to identify three strategic priorities within each of these key domains – you will find these in our plans for 2010/2011.

I hope that you will find this Quality Account informative.

The content of this Quality Account was approved by the Board of Directors on and to the best of our knowledge the information contained within is accurate.



Paul Roberts, Chief Executive

Part 2 – Plans for 2010/2011

Priorities for Quality Improvement

Strategic Context

The Trust's Quality Programme is at the heart of the Trust's Integrated Business Plan. The Trust recognises that high quality, safe care is the cornerstone of an efficient and productive organisation committed to providing patient centred care.

Partnership Approach to Quality

Healthcare is often provided to a single patient in many different settings by many organisations – there is a real opportunity to improve the interfaces between organisations in order to improve the patient's overall experience of healthcare. To that end, Plymouth Hospitals NHS Trust has developed a very close working relationship with our main PCT commissioners, NHS Plymouth. A programme of work is currently being finalised that will address many of the interfaces between organisations and will ultimately improve patient care.

Moving Quality Forward: How we have selected our Priorities for 2010/2011

Our quality priorities for the coming year were chosen with involvement from a number of key stakeholders in combination with a thorough analysis of a large number of internal and external data sources. These include:

- Core standards set by the Care Quality Commission
- Local and external audit reports
- Analysis of information from complaints and PALS
- Analysis of incident and risk data
- National Patient Safety Agency alerts
- National Institute for Clinical Excellence guidance
- Global Trigger Tool case note review
- Locally agreed CQUIN payment framework

In selecting our priorities for quality improvement for the forthcoming year, we have concentrated on areas which are both a priority and where the Trust's performance should be improved.

Summary of Quality Priorities

Patient Safety	<ol style="list-style-type: none">1. Early recognition, appropriate escalation and effective management of acutely ill patients2. Appropriate Venous Thromboembolism risk assessment and prophylaxis3. Improved prevention and management of all Healthcare Associated Infections
Clinical Effectiveness	<ol style="list-style-type: none">4. Improved management of stroke patients5. Improved venous access site infection rates6. Improved compliance with the surgical site infections bundle and reduced numbers of associated infections
Patient Experience	<ol style="list-style-type: none">7. Better engagement of patients in decisions about their care8. Better provision of single sex accommodation for inpatients9. Better information for patients at point of discharge

Priority 1: Early recognition, appropriate escalation and effective management of acutely ill patients	
Quality Domain:	Patient Safety
Background:	Serious Untoward Incidents, NICE Guidance and our work on the South West SHA Quality & Patient Safety Improvement Programme have all highlighted the need to have more robust systems in place to aid early recognition, appropriate escalation and effective management of acutely ill patients. In Plymouth we are currently introducing an Early Warning System (EWS) to support this key priority
Aims:	<ul style="list-style-type: none"> • 30% Reduction in Cardiac Arrest Calls • EWS in place Trust-wide
Plans:	<ul style="list-style-type: none"> • Improve compliance with performance and recording of clinical observations • Design, test and implement observations chart incorporating Early Warning System (EWS) • Improve % of patients who have triggered on EWS and received an appropriate response • Implement work on Nurse Led Response to acutely unwell patients • Test efficacy of manual observations in improving quality of observations • Test implementation of Red Alert system for use Trust-wide
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • Number of cardiac arrest calls each month • % Patient observations complete • % EWS trigger patients receiving appropriate response • % Wards using EWS observations chart
Related CQUIN:	Enhancing quality and responsiveness of services particularly in areas likely to support reductions in health inequalities
Leads:	<p>Dr Sam Waddy, Consultant in Acute Medicine & ICU</p> <p>Miss Louise Sturgess, Programme Manager SWSHA Quality & Patient Safety Improvement Programme</p>

Priority 2: Appropriate VTE risk assessment and prophylaxis	
Quality Domain:	Patient Safety
Background:	NICE Guidance and the SWSHA Quality & Patient Safety Improvement Programme have indicated the need for improved VTE risk assessment and prophylaxis. Plymouth Hospitals NHS Trust was recently named as an exemplar site for VTE management, however, there are still improvements to be made to existing practice and work to be done on embedding the principles of excellent VTE management across the whole Trust, particularly with regards to improving documentation of risk assessment.
Aims:	<ul style="list-style-type: none"> • At least 90% Patients to receive a full VTE risk assessment on admission • At least 90% Patients to receive appropriate VTE prophylaxis
Plans:	<ul style="list-style-type: none"> • Incorporate VTE guidelines, risk assessment and prescription into revised drug chart for Trust-wide use • Test ways to improve understanding and usage of VTE sections of revised drug chart • Continued education of multi-professional staff groups • Continued education of patients and the public on VTE management
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • % Patients receiving appropriate VTE risk assessment • % Patients receiving appropriate VTE prophylaxis
Related CQUIN:	To reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
Leads:	<p>Dr Tim Nokes, Consultant Haematologist and Trust Lead for VTE</p> <p>Miss Louise Sturgess, Programme Manager SWSHA Quality & Patient Safety Improvement Programme</p>

Priority 3: Improved prevention and management of all Hospital Acquired Infections	
Quality Domain:	Patient Safety
Background:	Healthcare Associated Infections, such as MRSA and C-Difficile, remain a key priority for all Healthcare providers. In Plymouth Hospitals NHS Trust we have seen significant reductions in the incidences of MRSA and C-Difficile. However, we plan to continue reducing the numbers of these infections whilst focusing on other Healthcare Associated Infections such as Ventilator Acquired Pneumonia.
Aims:	<ul style="list-style-type: none"> • 30% reduction in MRSA cases • 30% reduction in C-Difficile cases • More than 300 days between cases of Ventilator Acquired Pneumonia on the Intensive Care Unit
Plans:	<ul style="list-style-type: none"> • Introduction of a bedside training package for all Intensive care staff • Test ways to improve compliance with the Ventilator Care Bundle on ICU • Conduct month long infection surveillance programme to identify further opportunities for improvement
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • MRSA Infection rate per 1000 bed days • C-Difficile infection rate per 1000 bed days • Number of cases of Ventilator Acquired Pneumonia
Leads:	<p>Dr Peter Jenks, Consultant Microbiologist and Infection Prevention and Control Lead</p> <p>Dr Colin Ferguson, Consultant Anaesthetist ICU</p>

Priority 4: Improved management of stroke patients

Quality Domain:	Clinical Effectiveness
Background:	The care of Stroke patients was a focus from our CQUIN framework for the reported year and as a result of the work that has taken place a number of significant improvements have been made. Our challenge now is to continue to embed those improvements to ensure sustainability.
Aims:	<ul style="list-style-type: none"> • Reduce Stroke mortality rate to national average • 80% of Stroke patients to spend 90% of their time on an Acute Stroke Unit
Plans:	<ul style="list-style-type: none"> • Continue with improvement programme for Stroke admissions • Focus on improving direct patient admissions to the Acute Stroke Unit
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • Stroke standardised mortality rate • % Stroke patients spending 80% of their admission time on ASU • % Stroke patients receiving aspirin within 24 hours of admission • % Stroke patients receiving a CT scan within 24 hours of admission
Related CQUIN:	Enhancing quality and responsiveness of services particularly in areas likely to support reductions in health inequalities.
Leads:	<p>Dr Steve Alder, Assistant Medical Director</p> <p>Mr Ian Wren, Stroke Service Line Manager</p>

Priority 5: Improved vascular access sites infection rates

Quality Domain:	Clinical Effectiveness
Background:	Infection rates for venous access sites has been identified as key priority through discussion with NHS Plymouth regarding the CQUIN framework and the work on the SWSHA Quality & Patient Safety Improvement Programme.
Aims:	<ul style="list-style-type: none"> • To improve the insertion, care and management of vascular access
Plans:	<ul style="list-style-type: none"> • Improve monitoring of central lines • Improve compliance with central line care bundle • Improve compliance with central line insertion bundle • Improve compliance with peripheral line care bundle
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • % Compliance with peripheral vascular catheter bundle • Central line infection rate • % Compliance with central line insertion bundle
Leads:	<p>Dr Peter Jenks, Consultant Microbiologist and IPC Lead</p> <p>Miss Louise Sturgess, Programme Manager SWSHA Quality & Patient Safety Improvement Programme</p>

Priority 6: Improved compliance with the surgical site infections bundle and reduced numbers of associated infections

Quality Domain:	Clinical Effectiveness
Background:	Surgical site infections (SSI) have been identified as a key priority for the Trust from the work on the SWSHA Quality and patient Safety Improvement Programme and through the CQUIN framework for the coming year.
Aims:	<ul style="list-style-type: none"> • 50% reduction in patients with Surgical Site Infections by 2014
Plans:	<ul style="list-style-type: none"> • Implement the Surgical Site Infection bundle across all Theatres • Implement the WHO Surgical Safety Checklist across all Theatres
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • Number of patients with an SSI • Number of patients with antibiotics administered on time • Number of patients with appropriate hair removal • Number of patients with perioperative normothermia • Compliance with the WHO Checklist
Related CQUIN:	Reduce avoidable hospital stays by improving processes to reduce infection rates
Leads:	<p>Dr Matt Hill, Consultant Anaesthetist and Clinical Lead for Perioperative Work Stream for SWSHA Quality and Patient Safety Improvement Programme</p> <p>Dr Daryl Thorp-Jones, Consultant Anaesthetist</p> <p>Dr Peter Jenks, Consultant Microbiologist</p> <p>Miss Louise Sturgess, Programme Manager SWSHA Quality & Patient Safety Improvement Programme</p>

Priority 7: Better engagement of patients in decisions about their care

Quality Domain:	Patient Experience
Background:	In the National Patient Survey our patients and carers told us that they wanted to be more engaged in decisions about their care.
Aims:	<ul style="list-style-type: none"> • Improve the % of patients and carers who feel they were involved in decisions about their care
Plans:	<ul style="list-style-type: none"> • Develop patient engagement strategy • Involve patients/carers in service redesign/evaluation • Implement 'recommender score' in inpatient areas
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • % Patients and carers answering Yes to questions related to the above in the National Patient Survey • Trend data for patient recommender scores
Related CQUIN:	Improve responsiveness to personal needs of patients and carers
Leads:	<p>Sarah Watson-Fisher, Chief Nurse</p> <p>Gill Hunt, Trust Board Secretary</p>

Priority 8: Better provision of single sex accommodation for inpatients

Quality Domain:	Patient Experience
Background:	In the National Patient Survey our patients and carers told us that they wanted to be treated with dignity and respect whilst in hospital. One aspect of dignity and respect is the provision of single sex accommodation. This has been identified as an area where Plymouth Hospitals NHS Trust can make substantial improvements.
Aims:	<ul style="list-style-type: none"> • More than 85% of patients to receive care in a single sex setting
Plans:	<ul style="list-style-type: none"> • Continue with improvement plan for eradication of mixed-sex accommodation throughout Trust
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • % Patients and carers answering Yes to questions related to the above in the National Patient Survey • Real-time DSSA breach reporting data to be incorporated into performance/quality/safety scorecards
Related CQUIN:	Improve responsiveness to personal needs of patients and carers
Leads:	<p>Sarah Watson-Fisher, Chief Nurse</p> <p>Kevin Marsh, Deputy Director of Nursing</p>

Priority 9: Better information for patients at point of discharge

Quality Domain:	Patient Experience
Background:	In the National Patient Survey our patients told us that they wanted better information on discharge from hospital, particularly around continuing medications and who to contact if concerned.
Aims:	<ul style="list-style-type: none"> • Improve the % of patients who feel that continuing medications were adequately discussed with them prior to discharge • Improve the % of patients who feel that they understand who to contact after discharge if they are concerned
Plans:	<ul style="list-style-type: none"> • Develop discharge information for patients to include contact details and additional resources about medications
Monitoring & Reporting:	<p>Our progress for this priority will be monitored using the following metrics:</p> <ul style="list-style-type: none"> • % Patients answering Yes to questions related to the above in the National Patient Survey
Related CQUIN:	Improve responsiveness to personal needs of patients
Leads:	<p>Sarah Watson-Fisher, Chief Nurse</p> <p>Simon Mynes, Chief Pharmacist</p> <p>Karen Grimshaw, Director of Nursing</p>

Priority 10: Reduced numbers of cancelled operations

Quality Domain:	Patient Experience
Background:	At times of extreme operational pressures it may sometimes be necessary to cancel planned operations at times when it is safe to do so, however, cancelling or delaying operations can cause extra stress and difficulties for our patients.
Aims:	<ul style="list-style-type: none"> • Reduce the number of cancelled operations
Plans:	
Monitoring & Reporting:	Our progress for this priority will be monitored using the following metrics:
Related CQUIN:	Improve responsiveness to personal needs of patients
Leads:	Sarah Watson-Fisher, Chief Nurse

Innovation

At Plymouth Hospitals NHS Trust we recognise that in order to improve we must be innovative in our solutions to quality issues. Below are two examples

of work that have taken place in Plymouth that have improved the quality of care for our patients for which we have been recognised nationally:

- **Venous Thromboembolism:**

- Derriford Hospital was designated an Exemplar Site for VTE risk prevention in December 2009, by The VTE Expert Working Group of the Department of Health – an accolade awarded to only 14 trusts in England. As a Trust we were recognised for our overall performance on VTE risk measures, particularly within the Orthopaedic department, along with strong clinical and executive leadership as evidenced by the formation of a VTE risk prevention team.
- The Orthopaedic service require special mention as they have implemented a standardised risk prevention strategy, which has repeatedly been shown to reduce the incidence of DVT from data captured in the nurse-led DVT clinic. The hospital received the Hospital Doctor Award for achievements in this respect.
- Other progress of note includes the setting up of a functional multi-professional Thrombosis committee in 2006, effective administration of thromboprophylaxis in greater than 90% of patients and novel ways for producing outcome information from amalgamation of radiology, post-mortem and DVT clinic data.
- Work is now focussing on improving VTE risk assessment documentation and implementation of new pathways for surgical patients together with a new drug chart including VTE risk assessment should help drive this initiative.

- **Infection Prevention and Control:**

- A monthly balance scorecard is distributed to all clinical areas – this details infection rates, audit results, patient isolation, cleanliness and antibiotic prescribing.
- There is a process for the Trust-wide surveillance of Alert organisms.
- There is a process for the surveillance and feedback of all hospital-acquired bacteraemias as well as a monthly Infection Prevention Board which is chaired by the Chief Executive.
- Every major infection related incident and every case of hospital-acquired MRSA and C-Difficile is subject to a full Root Cause Analysis investigation, learning from these investigations is disseminated across the Trust.
- A daily multi-disciplinary meeting takes place to review management of all patients with known or previous C-Difficile. These patients are then managed jointly between the clinical team and Gastroenterology.
- At Plymouth Hospitals NHS Trust we also provide a comprehensive education programme including a Postgraduate Certificate in Infection Prevention and Control which is delivered in collaboration with the Peninsula School of Medicine and Dentistry.
- We provide a Surgical Site Infection Surveillance Service that conduct post-discharge surveillance information for all major procedures.

Participation in Clinical Audits- 2010/2011

Plymouth Hospitals NHS Trust has a large number of audits planned for the coming year. In an effort to ensure that the quality of patient care is considered for the entire patient experience, there will be two audits of entire clinical pathways:

- Fractured neck of femur pathway facilitation project
- Care of acutely unwell patients facilitation project

In addition, there are plans for a number of Trust-wide audits including:

- Health records
- Nutrition
- Discharge summaries
- Consent
- Medical appraisal
- Learning from serious incidents
- NPSA Safety Alert Bulletins
- World Health Organisation Surgical Safety Checklist
- VTE risk assessment
- Long term survival rates

Participation in Research

The number of patients receiving NHS services provided or sub-contracted by Plymouth Hospitals NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 2,589. The level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Plymouth Hospitals NHS Trust was involved in conducting 418 clinical research studies and used national systems to manage the studies in proportion to risk. The National Institute for Health Research (NIHR) supported 192 of these studies through its research networks. All studies were established and managed under agreements. The majority of studies used national model agreements but in some cases university agreements were in place. The research passport system was operative at PHNT throughout this year. 13 Letters of Access were issued to researchers during this time. No Honorary Research Contracts were issued.

In the three years, to March 2009 426 publications have resulted from Plymouth Hospitals NHS Trust research, helping to improve patient outcomes and experience across the NHS.

Goals agreed with Commissioners – 2010/2011

The Commissioning for Quality and Innovation (CQUIN) payment framework aims to embed quality at the heart of discussions between commissioners and

providers of healthcare. In doing so, the CQUIN framework supports the cultural shift towards making quality the organising principle of NHS services.

The CQUIN payment framework apportions a percentage of providers' income to meeting goals of quality and innovation. At Plymouth Hospitals NHS Trust the value of the CQUIN framework will be 1.5% of our total contract value.

Some CQUIN targets are mandated nationally or regionally. Others are identified locally from discussions between providers and commissioners. The table below lists the Trust's CQUIN goals for the forthcoming year:

Description of CQUIN goal	Indicator name	Quality Domain	National or Regional indicator ¹
To reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	VTE risk assessment	Safety	Nationally mandated
	Appropriate prophylaxis for VTE	Safety	No
Improve responsiveness to personal needs of patients	Composite indicator on responsiveness to personal needs from the Adult Inpatient Survey	Patient experience	Nationally mandated
Enhancing quality and responsiveness of services particularly in areas likely to support reductions in health inequalities	Number of cardiac arrest calls	Safety / Effectiveness	Regionally suggested
	Decrease the number of neonatal transfers out of the unit for capacity reasons.	Effectiveness	No
	Proportion of patients receiving phase 1 cardiac rehabilitation.	Effectiveness	No
	Venous access sites infection rates	Safety / Effectiveness	Regionally suggested plus local enhancement
	1) % of patients having 1st swallow screening within 24hrs	Safety / Effectiveness	No

¹ Nationally mandated / Regionally mandated/ Regionally suggested/ No

	2) % of all patients having their SLT specialist assessment within 72 hrs 3) % of all patients receiving CT scan within 12hrs		
Enhancing the patients experience by reducing avoidable elective visits to hospital	Reduce number rebooking occurring for outpatients appointments as a result of rescheduling clinics	Effectiveness	No
Reduce avoidable hospital stays by improving processes to reduce infection rates	Reduce the percentage of elective surgical patients in selected population developing a Surgical Site Infection (SSI) 30 days post operation	Safety / Experience	Regionally suggested

Service Development Plans for 2010/2011

Management of Service Development:

The Trust is in the process of extending the coverage of its Change Agenda to cover all quality, safety and patient improvement activity. All projects will be:

- Developed in accordance with Trust policy, based on Office of Government Commerce methodology
- Made visible on a Trust-wide shared drive. Planning is underway to introduce a Microsoft project planning tool to automate the tracking of projects and programmes as well as manage independencies
- Integrated into a coherent Portfolio of work ensuring the aims of quality improvement work is consistent, and not at odds, with productivity and efficiency activity
- Reported through the Portfolio Management Office (PMO)
- Performance-managed by the Change Portfolio Assurance Group (CPAG), reporting into the Change Board. CPAG is tasked with assurance delivery of the scope of the Portfolio whilst the Change Board principally considers coverage of the Portfolio in delivering the Trust's strategy
- Quality controlled by the PMO to ensure processes are being followed and benefits realised. The Trust's Internal Audit Team may also be tasked with reviewing process compliance and benefit delivery.

South West Strategic Health Authority's Quality & Patient Safety Improvement Programme

In October 2009, the South West SHA launched a five year Quality and Patient Safety Improvement Programme.

The programme is based on national programmes, such as Patient Safety First and the Health Foundation's Safer Patients Initiative, and aims to tackle some of the most relevant quality concerns faced by hospitals.

The programme focuses on delivering improvements in five key domains of care:

- Leadership
- General ward care
- Perioperative care
- Critical care
- Medicines management

Review of Quality Performance

This section details the Trust's performance in a selection of areas in 2009/2010. As the Trust continues to work towards developing and refining key quality metrics the focus of the Review of Quality Performance may change. Where this is the case the Trust will provide an explanation of any changes and will report on any that are to be removed. This section also shows the Trust's performance against national targets and regulatory requirements.

A Summary of our Achievements

The Trust has made excellent progress on some key performance targets during 2009/2010. Of note during this period are the following achievements:

- **HSMR** - The Hospital Standardised Mortality rates are a statistical calculation which measure the overall rate of deaths within an NHS trust, compared with a national benchmark. The Hospital Standardised Mortality Rates can be compared to 100, which is the national figure. An NHS Trust with a rate below 100 had fewer deaths than would be expected, given the types of cases treated by the organisation. Conversely, trusts with a rate above 100 will have had more deaths than would be expected. Plymouth's rate of 73.6 for the period April 2009 to February 2010 shows that the mortality rate is nearly 26% lower (or better) than expected
- **Infection control** – Over the last year we have seen a reduction of almost 50% in the number of cases of MRSA and a reduction of 52% in the number of cases of C-Difficile. The 'Innovation' section contains more information on how this was achieved.
- **VTE Prophylaxis** – The Trust is delighted to report that, based on the results of clinical audits, 92% of patients received appropriate thromboprophylaxis.
- **Care of Stroke patients** – During the year 2009/2010 55% of stroke patients spent at least 90% of their time in hospital on the Acute Stroke Unit – a specialist ward designed to address the specific needs of this patient group. This is a significant improvement from 2008/2009 when the equivalent figure was 24% of patients.
- **Waiting times in A&E** – The Trust has made significant improvements in terms of patient waiting times in A&E as was 5th best in the region with 98.03% of patients being seen within 4 hours.
- **Dignity & respect** – 83% of patients felt that they were treated with dignity and respect during their hospital admission compared to a national average of 80%.

Performance of Trust Against Selected Metrics

We have chosen to measure our performance against the following metrics in each of the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Patient Safety		
Patient Safety Measures Reported	2008/2009	2009/2010
Hospital Standardised Mortality Rate (HSMR)	84.6	76.8
Number of MRSA cases	29	15
Number of C-Difficile cases	160	77
% Patients receiving VTE risk assessment	-	79%
% Patients receiving appropriate Thromboprophylaxis	-	92%
Number of Never Events	N/A	2

Clinical Effectiveness		
Clinical Effectiveness Measures Reported	2008/2009	2009/2010
Stroke mortality rate	-	117.98
% Stroke Patients spending 90% of their stay on ASU	24%	55%
Fractured NOF – delays to surgery >48hrs	83%	18%
Fractured NOF – readmission rates	-	4%
Heart failure readmission rates	-	13%

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Patient Experience				
Patient Experience Measures Reported		2008/2009	2009/2010	National Average
% Patients who would recommend PHNT to a relative or friend	Yes	-	67	69
	Yes – probably	-	26	25
% Patients who felt that they were treated with dignity and respect	Yes	78	83	80
	Yes – sometimes	19	15	17
% Patients who received care in a single sex setting		66	80	84
% Patients who spent less than 4 hours waiting in A&E		96.40	98.03	N/A
% Patients who spent less than 2 hours waiting in A&E		51.90	42.30	N/A
Slot availability for patients on the Choose & Book System		-	92	90
% Patients who felt that the care they received was delivered in a clean and safe environment	Very clean	47	65	65
	Fairly clean	46	30	31

A proportion of Plymouth Hospitals NHS Trust's income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between Plymouth Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services through the Commissioning for Quality and Innovation payment framework (CQUIN).

Further details of the agreed goals for 2009/2010 are available from

National Targets and Regulatory Requirements

Plymouth Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is fully registered. There are no conditions to this registration. The Care Quality Commission has not taken enforcement action against Plymouth Hospitals NHS Trust during 2009/2010.

Plymouth Hospitals NHS Trust is currently registered under the CQC to provide the following services:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Services in slimming clinics
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Plymouth Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission (CQC). The last review was an unannounced inspection on 13th January 2010 to assess whether Plymouth Hospitals NHS Trust is adequately protecting patients, workers and others from healthcare-associated infection. The CQC's assessment of the Trust following that review was as follows:

- 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. The inspection was concluded with no concerns.

Information Governance Toolkit attainment levels

Plymouth Hospitals NHS Trust's score for Information Quality and Records Management, assessed using the Information Governance Toolkit at the March 2010 submission was 86%

Data Quality at Plymouth Hospitals NHS Trust

Plymouth Hospitals NHS Trust is committed to enhancing the quality of the information and data held on our patients. The measures listed below are indicators of the Trust's performance in this area:

- ***Clinical coding error rate***

Plymouth Hospitals NHS Trust was subject to the Payment by 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 (clinical coding) were:

- Primary Diagnoses Incorrect 12%
- Secondary Diagnoses Incorrect 9.2%
- Primary Procedures Incorrect 11.7%
- Secondary Procedures Incorrect 5.5%

- ***Use of the NHS number***

The completeness of the data held on patients is measured in part by monitoring the use of the NHS number. The results below indicate the percentage of patient encounters that were conducted using the NHS number during the reported period. The results are split into three categories:

- Outpatient encounters 98.5%,
- General admissions 97.5%
- Emergency admissions 93.9%

- ***Use of the GP medical practice code***

The completeness of the data held on patients is also measured by monitoring the use of GP medical practice code in patient encounters. The results below indicate the percentage of patient encounters in the three key areas that were conducted using the GP medical practice code:

- Outpatient visits 100%
- General admissions 99.9%
- Emergency admissions 99.6%

During 2009/10, 13 national clinical audits and 5 national confidential enquiries covered NHS services that Plymouth Hospitals NHS Trust provides.

During that period Plymouth Hospitals NHS Trust participated in 100% of national confidential enquiries that it was eligible to participate in.

The national confidential enquiries that Plymouth Hospitals Trust participated in during 2009/10 are as follows:

NCEPOD studies – reported in year	
Title of study	Action taken
Acute Kidney Injury: Adding Insult to Injury	Report was considered by Trust senior Clinical Management team.
Deaths in Acute Hospitals: Caring to the End?	Report was considered by the Trust's End of Life Care Committee for further action.

Management has agreed timescales to implement any relevant recommendations resulting from the above reports.

The national confidential enquiries that Plymouth Hospitals NHS Trust participated in, and for which data collection was completed during the 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

NCEPOD studies – data collection (100% participation in relevant studies)		
Title of study	No. of cases submitted	Percentage required by enquiry
Emergency Surgery in the Elderly	15	100%
Parental Nutrition	7	100%
Surgery in Children	18	100%

The reports of all national clinical audits were reviewed by the provider in 2009/10.

In addition to the National Audits included above Plymouth Hospitals NHS Trust has completed a further 7 National based Audits listed below:

- Laparoscopic Colorectal Surgery
- Pre-operative Anaesthetic Assessment in day case surgery
- Patient Outcomes following MRI in A&E
- Royal College of Physicians Health Records Audit

- Department of Histology Consent for Research Audit
- British Thoracic Study – Emergency oxygen use in adult patients
- National End of Life Care Audit

The reports of 77 trust wide and local clinical audits were reviewed by the provider in 2009/10 and Plymouth Hospitals NHS Trust intends to take all appropriate actions to improve the quality of healthcare provided.

DRAFT

The Trust has a number of methods of gathering information and feedback from patients, carers and the public. These processes are managed by the Patient Services Team, under the direction of the Chief Nurse and include:

- National patient satisfaction surveys
- Patient Reported Outcome Measures (PROMS)
- Local patient experience survey programme
- Complaints, comments and compliments
- Patient Advice & Liaison Service (PALS)
- Foundation Trust Members' Forum
- Formal Consultation e.g. children's services
- Directorate/specialty-led activities e.g. focus groups, mystery shopping

It is essential that information and feedback from our patients, carers and the public informs a programme of change and improvement within the Trust. Below are several examples of recent changes that were made as a direct result of public feedback:

- A complete review and replacement of hospital signposting
- Changes to appointment letters and patient information leaflets
- Greatly improved perception of hospital cleanliness
- Improved confidence in our doctors and how well they work with nursing staff

The Trust recognises that there are many opportunities to improve links between the Trust and our patients, carers and the public. Work is currently underway to build on existing communication channels in order to maximise the involvement of our patients, carers and the public in the improvement and redesign of existing services.

[To insert:

- *Statement from PCT*
- *Statement from Link*
- *Statement from OSC]*