

## **Plymouth Hospitals NHS Trust**

### **Draft Quality Account 2010-11**

#### **Part 1 - Introduction to Our Service**

##### **1.1 Welcome and Message from Chief Executive**

Welcome to our Quality Account for 2010-11, another year of real challenge and achievement, characterised by a commitment from our teams to deliver high quality patient care.

The quality and safety of the patient experience is central to all that we do. We do not always get it right, but there are many indications that we continue to improve. These Quality Accounts reflect our achievement against our goals for 2010-11 and show areas where we know we still need to improve.

We are particularly proud that we continue to be one of the best performers nationally on infection control with dramatically falling rates of MRSA and C.Diff. The Trust is among the best hospitals in the country for patient outcomes, according to a report by the independent body, Dr Fosters. We have unconditional registration with the Care Quality Commission which assesses us on over fifty patient related features – including cleanliness with which we have struggled in the past.

Waiting times continue to fall. We achieved the Emergency Department 4 hour target, the 18 week maximum wait for inpatient treatment, the six week diagnostic wait, and the range of cancer targets.

The independent patient survey shows that almost 80% of our patients rate their treatment as excellent or good. Mums-to-be and their families can be confident that maternity care in Plymouth is good and, in parts among the best in the country according to the patients who use them.

A Care Quality Commission report has rated Plymouth stroke services amongst the best in the Country. The Trust has a direct admission for patients to a dedicated stroke unit at Derriford Hospital where they are cared for by a specialist team of staff.

In placing quality patient services at the centre of what we do we have developed four patient promises, drawn up with the help of patients and staff. These provide a driving force behind our efforts to establish our hospital as the first choice for care. The promises focus on what matters most to patients like providing clean and safe environments and providing clear information to patients.

This level of continued progress represents a significant achievement by all staff of the Trust during 2010-11 and provides us with a strong platform from which to address the challenges that we face in the year ahead.

We are proud of all our staff and volunteers for the great contribution they have made to the delivery of high quality patient care over the past year.

**1.2 Statement by Chief Executive**

The content of this Quality Account was approved by the Board of Directors on 25 March 2011 and to the best of my knowledge the information contained within is accurate.

Signed by Paul Roberts, Chief Executive

DRAFT

## **Part 2 - Information Required by Regulation**

### **2.1 Priorities for improvement 2011-12**

We are committed to continually driving up the quality of our services and have carefully considered where we need to improve this year. These areas have been identified through reviewing our performance in 2010-11 and considering national and local priorities.

The Trust has developed goals based around the three important aspects of quality care which it has defined as:

- Safe Care
- Effective Care
- Personal Care

High level quality ambitions for the Trust based around these three areas have been developed through the Trust's Quality Strategy developed during 2010-11. The Trust will review this strategy annually and achievements and one year priorities will be published within this document annually.

The key priorities for 2011-12 have been developed to support the delivery of our patient promises which are:

- Caring for you compassionately and respectfully
- Giving you clear information and involving you in your care
- Giving you the best treatment we can when you need it
- Making sure you are treated in a clean and safe environment

We have set five key priorities areas for improvement in 2011/12:

<b>Domain</b>	<b>Priority</b>	<b>Rationale</b>
<b>Safe Care</b>	<ul style="list-style-type: none"><li>• Reduce avoidable harm through improved levels of learning from incidents and complaints</li></ul>	To continuously improve services to ensure when things go wrong lessons are learnt and changes are made.
	<ul style="list-style-type: none"><li>• Appropriate handover and escalation during patient management</li></ul>	To ensure early detection and appropriate escalation of unwell patients.
<b>Effective Care</b>	<ul style="list-style-type: none"><li>• Ensure effective pathways of patient care across the health community – appropriate follow up, continuity of clinical care, reducing length of stay, reducing delayed discharges</li></ul>	Every aspect of patient care contributes to a minimum time for recovery and length of stay in hospital
	<ul style="list-style-type: none"><li>• Ensure optimal outcomes of care through delivery of evidence based best practice</li></ul>	Adopting best practice provides the maximum opportunity to provide the best outcome for patients.
<b>Personal Care</b>	<ul style="list-style-type: none"><li>• Improve overall patient satisfaction, based on results of inpatient survey, and aim for the upper quartile for all NHS Hospitals.</li></ul>	Listening to patients and acting on their concern to make improvements.

The five priorities were developed following discussions with various groups within the Trust, including the Safety & Quality Committee, before agreement at the Trust Board. The Trust's 'governors in waiting', recruited in preparation for our Foundation Trust application, were also consulted.

## **Priority 1 – Reduce avoidable harm through improved levels of learning from incidents and complaints**

It is acknowledged nationwide that despite our best efforts patients suffer harm in hospital and many other patients narrowly avoid a similar experience, a 'near miss'. Our first priority is aimed at reducing overall levels of harm and continuous improvement of services to ensure when things go wrong lessons are learnt and changes are made.

### **How will we do it?**

We will collect information when things go wrong. Through reporting and analysis of adverse events using the root cause analysis tool, which allows us to identify the core issues and to learn lessons we will aim to prevent a recurrence. To support this approach root cause analysis training will be introduced for staff groups to identify true causes of harm.

The Trust would encourage increased reporting of no harm or near miss incidents to enable learning, a large proportion of near miss reflects a strong organisational reporting culture where potential problems are identified and action taken to prevent harm.

The standard approach to reporting of adverse events, relies on voluntary, self reporting of incidents and is known to only identify 10 to 20% of adverse occurrences. In order to supplement this process the Trust has adopted the global trigger tool (GTT) to measure and identify events that cause harm to patients. It is a casenote review tool that enables the Trust to understand and measure adverse events and rates of harm, whereby a severity rating is assigned to each adverse event.

A multi-disciplinary clinical team have been trained in how to conduct the GTT casenote review according to a pre-defined template. Members of this team meet fortnightly to 'double review' 20 sets of randomly selected notes each month.

### **How will we measure it?**

GTT monthly data will be reviewed on a monthly basis alongside regular mortality data through the Clinical Governance Steering Group.

Monitor Trust performance using Dr Foster data and incident reporting trends from the National Reporting and Learning System (NRLS).

- % reduction in the number of grade 3 pressure ulcers
- % reduction in the number of patient falls
- % reduction in surgical site infection
- % reduction of infections secondary to urinary catheters
- % reduction in the incidence of VTE
- % to be confirmed*

### **How will we report it?**

Regular monthly incident and complaints reports will be submitted to the Trust's Safety & Quality Committee. Additional quarterly reports on progress against the global trigger tool will be submitted to the Clinical Governance Steering Group.

## **Priority 2 - Appropriate handover and escalation during patient management**

Identification of the deteriorating patient and ensuring appropriate escalation and response is an essential aspect of patient care. The Trust has developed an action plan to improve the care of deteriorating patients and reduce the number of cardiac arrests, which includes a colour banded observation chart for the early detection and appropriate escalation of unwell patients.

### **How will we do it?**

The Trust has developed an action plan to improve the care of deteriorating patients and reduce the number of cardiac arrests, which includes a colour banded observation chart for the early detection and appropriate escalation of unwell patients. Patients that trigger on the observation chart will be added to the ward whiteboard and discussed at the daily safety briefing which have been introduced to ensure structured handover of key patient information including key principles Situation, Background, Assessment and Recommendation (SBAR).

All cardiac arrests calls will be investigated to identify aspects of care which may have attributed to preventable deterioration.

We will ensure that patient observations are carried out in a timely manner and that all deteriorating patients are appropriately escalated to ensure action is taken.

### **How will we measure it?**

The percentage of patient who trigger on the Early Warning System and receive an appropriate response will be monitored monthly, alongside the number of rapid response calls made per month. These figures will provide assurance that when a patient deteriorates appropriate escalation has taken place.

We will monitor the frequency and percentage of wards using daily safety briefings, to assess the communication methods used to handover patient information.

The number of cardiac arrest calls will be monitored monthly to ascertain how many were avoidable. In addition the Trust subscribes to the Dr Foster mortality database, which predicts the Hospital Standardised Mortality Ratio (HSMR) which is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

% reduction in the number of cardiac arrest calls

% increase in the number of rapid response calls

Increase the % of patients who triggered on the EWS and receive an appropriate response

Increase the frequency and percentage of wards using daily safety briefings

*% to be confirmed*

### **How will we report it?**

Regular monthly reports will be submitted to the Clinical Governance Steering Group and quarterly reports submitted to the Trust's Safety & Quality Committee. Additional monthly reports on progress will be submitted to the SHA.

## **Priority 3 - Ensure effective pathways of patient care across the health community, appropriate follow up, continuity of clinical care, reducing length of stay and reducing delayed discharges**

As a Health Community there is a requirement to make efficiencies throughout elective care, in order to improve both the patient experience and to reduce costs.

### **How will we do it?**

The Enhanced Recovery Programme is currently being implemented in the four main specialties, Colorectal, Orthopaedics, Urology and Gynaecology, across the Trust. In addition to this the Quality, Innovation, Productivity and Prevention (QIPP) Programme identifies Enhanced Recovery as a key area through which quality improvement and savings can be delivered.

It is important to implement best practice because:

- The patient will be in the best possible condition for surgery i.e. managing pre existing co-morbidities in Primary Care
- The patient has the best possible management during and after the operation i.e. minimally invasive surgery, reduced starvation and fluid management
- The patient has the best post-operative rehabilitation i.e. planned mobilisation, improved pain relief

The Trust has introduced the Outpatient Efficiency Work Programme to improve and streamline the administration process and provide a better experience for patients.

### **How will we measure it?**

% reduction in patient average length of stay

% reduction in the number of delayed discharges

% reduction of the follow up waiting list backlog

% reduction in the number of patient waiting for repatriation

*% to be confirmed*

### **How will we report it?**

Progress will be reported through the Trust Board performance databook on a monthly basis. In addition monthly progress reports will be submitted for review at the Enhanced Recovery Steering Group (ERSG).

### **Priority 4 - Ensure optimal outcomes of care through delivery of evidence based practice**

The Trust recognises that adopting best practice provides the maximum opportunity to ensure optimal outcomes for patients. There are a number of key healthcare organisations who are responsible for identifying best practice, which is shared through a variety of reports and guidance.

We will ensure that all information is assessed and key recommendations identified for implementation at Plymouth Hospitals NHS Trust.

### **How will we do it?**

The Trust will ensure all national guidance is effectively assessed and implemented throughout the organisation with the full engagement of clinical staff.

National Guidance including:

- NICE Clinical Guidelines, Interventional Procedure Guidance, Technology Appraisal Guidance and Public Health Guidance
- National Confidential Enquiries in Peri-Operative Deaths (NCEPOD) – ‘Age Old Problem’ and ‘Mixed Bag’
- National Patient Safety Agency (NPSA) Alerts and Reports
- Royal College and Professional Society Guidance and Reports

### **How will we measure it?**

Implementation will be measured through clinical audit, focusing on NICE Guidance and new interventional procedures and continuous assessment of key clinical outcomes. The Trust has an approved Annual Clinical Audit Plan to be delivered for the period 2011-12.

Compliance rates will be monitored through the Healthcare Governance Team for all NICE guidance and NPSA reports.

Increased level of compliance for NICE Guidance  
% reduction in the incidence of VTE  
*% to be confirmed*

### **How will we report it?**

Regular quarterly reports submitted to the Trust's Safety & Quality Committee. Additional quarterly reports detailing progress against the overall NICE Guidance submitted to the Clinical Governance Steering Group and NHS Plymouth.

### **Priority 5 - Improve overall patient satisfaction, based on results of inpatient surveys, and aim for the upper quartile for all NHS Hospitals**

We believe that patients have the right to be treated in an environment that makes them feel safe and cared for. We will listen to patients and act on their concerns to make improvements, with the aim that patients will leave us having had a positive experience and will recommend us to people they know.

### **How will we do it?**

Every month we will ask patients if they are happy with the care they received through a programme of continuous local inpatient surveys. Survey results will be shared with the relevant teams who will be asked to develop action plans addressing the key issues raised.

The National Inpatient Survey provides an annual view of patient experience and our goal for 2011/12 will be to improve the percentage of patients who rated the care received as excellent in the National Inpatient survey.

We will deliver the Nursing High Impact Actions which consist of the following key elements:

- Staying Safe – preventing falls
- Your Skin Matters
- Keeping Nourished – getting better
- Promoting Normal Birth
- Where to die when the time comes
- Fit and Well to Care
- Ready to Go – no delays
- Protection from Infection

The Trust is working with the Strategic Health Authority to implement the Equality Delivery System, a new Department of Health initiative.

### **How will we measure it?**

Local and national inpatient survey findings are compiled into our patient experience action plan which is monitored to ensure effective changes are being made.

Nursing dashboards are currently being developed and will be used to monitor activity against a number of set criteria during 2011-12.

We will aim to improve our response rate for 'excellent' in the National Inpatient Survey by 10%

	2009	2010
Overall, how would you rate the care you have received	51%	48%
Threshold for highest scoring 20% of NHS Trust	44%	44%

Improved overall % in the national inpatient survey  
 Improved provision of single sex accommodation  
 Improved engagement with patients in decision about their care  
*% to be confirmed*

### How will we report it?

Regular update reports will be submitted to the Trust's Improving Through Listening Steering Group and quarterly reports will be submitted to the Safety & Quality Committee.

## 2.2 Statements relating to quality of NHS services provided

During 2010-11 Plymouth Hospitals NHS Trust provided and/or sub contracted 64 NHS services.

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

The income generated by the NHS services reviewed in 2010-11 represents 100% of the total income generated from the provision of NHS services by Plymouth Hospitals NHS Trust for 2010-11.

## 2.3 Review of data on quality care

### Participation in Clinical Audit and National Confidential Enquiries

During 2010-11 Plymouth Hospitals NHS Trust participated in 106 Trust wide and local clinical audits, this is an increase in coverage from the previous year. The results of all clinical audits were presented to and reviewed by the appropriate staff within the Trust over the course of the year. The table below summarises the high level reporting arrangements for key aspects of Clinical Audit results.

The results of Trust-wide audits are reported and reviewed to the following groups:

- 12 audits were reviewed and discussed at the Trust's Health Records Committee
- 3 audits were reviewed and discussed at the Trust's Medical Devices Steering Group
- 3 audits were reviewed and discussed at the Clinical Governance Steering Group
- ? audits were reviewed and discussed at the Trust's Audit Committee
- All local audits are reviewed and discussed at the relevant directorate meeting

The results of all local audits are reviewed and discussed at the relevant directorate meeting.

The Clinical Audit Support Team is further developing its processes during 2011/12 and has developed, with the support of the Medical Director, a corporate trust wide plan for the coming year. The current Clinical Audit Policy is also in the process of being reviewed to reflect current practice.



In addition the national clinical audits and national confidential enquiries that Plymouth Hospitals NHS Trust participated in, and for which data collection was completed during 2010-11 are listed below.

### National Clinical Audits

Plymouth Hospitals NHS Trust participated in and reported on 24 national audits, the reports of which were reviewed by the provider in 2010-11, full details of National Audits can be found at [www.nao.org.uk](http://www.nao.org.uk). The Clinical Audit Support Team is developing improved links with clinical directorates and the Healthcare Governance Team to ensure participation in National clinical audits is recorded and resulting learning opportunities disseminated.

National Audit Title	Status
<b>Peri and Neonatal</b>	
Perinatal Mortality (CMACE)	Completed
Neonatal Intensive and Special Care (NNAP)	Completed
<b>Paediatrics</b>	
Paediatric Fever	In Progress
Childhood Epilepsy	In Progress
Paediatric Diabetes	On going
<b>Acute Care</b>	
Adult Non-invasive Ventilation (NIV)	Completed
Pneumonia	In progress
Cardiac Arrest	In progress
<b>Long Term Conditions</b>	
Diabetes – Adult	In progress
Heavy Menstrual Bleeding (HMB)	In progress
Adult Asthma	Completed
Ulcerative Colitis and Crohn's Disease	In progress
COPD	In progress
Inflammatory Bowel Disease (IBD)	In progress
Cystic Fibrosis	In progress
<b>Elective Procedures</b>	
Hip, Knee and Ankle Replacements (National Joint Registry)	Completed
Cartoid Interventions	Completed
Elective Surgery (PROMS)	In progress
Abdominal Aortic Aneurysm	In progress
<b>Cardiovascular Disease</b>	
Stroke Care	Completed
Acute Stroke?	In progress
<b>Renal Disease</b>	
Acute Kidney Injury	In progress
Vascular Access	In progress
Renal Transport Survey	In progress
<b>Cancer</b>	
Lung Cancer	In progress
Bowel Cancer	In progress
Mastectomy and Breast Reconstruction	Completed
<b>Trauma</b>	
Falls and Non Hip Fractures – National Audit of falls and bone health in older people	In progress
Hip Fracture	Completed

Severe Trauma ( TARN)	In progress
<b>Psychological Conditions</b>	
Dementia	In progress
<b>Blood Transfusions</b>	
O Neg Blood Use	In progress
Platelet Use	In progress

## National Confidential Enquiries

During 2010/11, 6 national confidential enquiries covered NHS services that Plymouth Hospitals NHS Trust provides. Full details of national confidential enquiries can be found at [www.ncepod.org.uk](http://www.ncepod.org.uk).

The national confidential enquiries that Plymouth Hospitals Trust participated in and reported during 2010/11 are as follows:

NCEPOD studies – reported in year	
Title of study	Action taken
An Age Old Problem - Emergency Surgery in the Elderly	Report recommendations and implications for the Trust considered by lead clinicians for further action.
A Mixed Bag - Parental Nutrition	Report and recommendations considered by the Trust's Nutritional Team.

The national confidential enquiries that Plymouth Hospitals NHS Trust participated in, and for which data collection was completed or commenced during the 2010/11, 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
Cardiac Arrest Procedures	8	100%
Surgery In Children	18	100%

## 2.4 Participation in Clinical Research

The number of patients receiving NHS services provided by Plymouth Hospitals NHS Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was 3300.

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

## 2.5 Goals agreed with commissioners

Plymouth Hospitals NHS Trust income in 2010-11 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

## 2.6 Statements from the CQC

Plymouth Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered' and therefore licensed to provide services. Plymouth Hospitals NHS Trust no conditions on its registration.

The Care Quality Commission has however taken enforcement action against Plymouth Hospitals NHS Trust. A Warning Notice was issued on 22 February 2011 for concerns raised about the number of Never Events in our operating department.

Plymouth Hospitals NHS Trusts has not participated in special reviews or investigations by the Care Quality Commission as at 31 March 2011.

## 2.7 Data Quality

We recognise that good quality information underpins effective delivery of quality patient care. Having robust data enable us to make meaningful decisions to improve care and overall patient safety.

Plymouth Hospitals NHS Trust submitted records during April to December 2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:	%	Which included the patient's valid general medical practice was:	%
Percentage for admitted patient care	98.3%	Percentage for admitted patient care	99.9%
Percentage for outpatient care	98.8%	Percentage for out patient care	100%
Percentage for accident and emergency care	93.3%	Percentage for accident and emergency care	99.5%

## 2.8 Information Governance

Plymouth Hospitals NHS Trust Information Governance Assessment Report score overall score for 2010-11 was 71% and was graded as green, which equates to satisfactory using the IGT Grading Scheme.

## 2.9 Clinical Coding

Plymouth Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during 2009/10 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:

Criteria Measured	2009/10 %
Primary diagnoses incorrect	12%
Secondary diagnoses incorrect	9.2%
Primary procedures incorrect	11.7%
Secondary procedures incorrect	5.5%

The Trust was not subject to a Payment Results audit in 2010/11 however, Plymouth Hospitals NHS Trust completed an Information Governance Audit completed by D & A Consultancy in June 2010 and error rates had improved as detailed below :

Criteria Measured	2010/11 %
Primary diagnoses incorrect	2.5%
Secondary diagnoses incorrect	1.25%
Primary procedures incorrect	3.19%
Secondary procedures incorrect	1.25%

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## Part 3 Review of Services

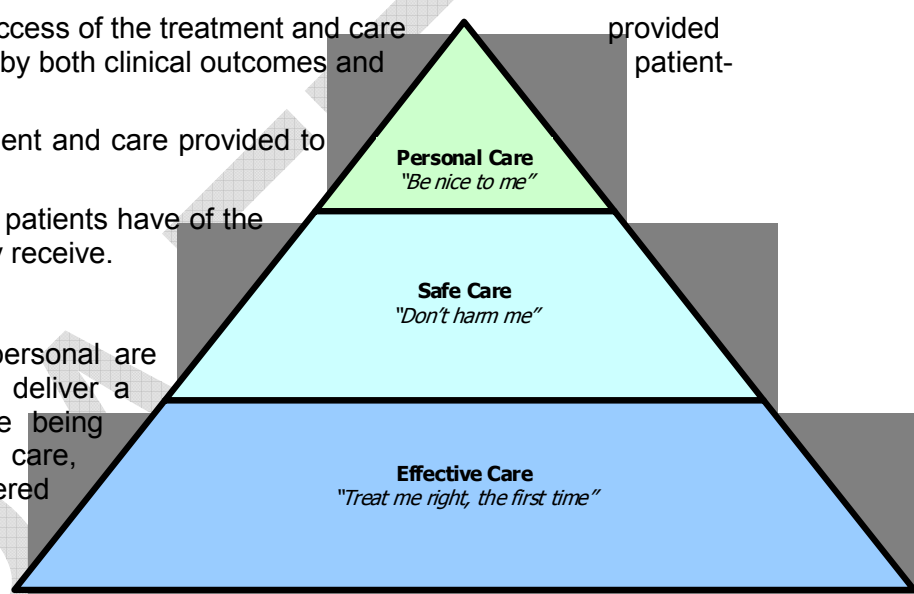
### 3.1 How the Trust identifies local improvement priorities

A Quality Strategy for Patients for the Trust was approved by the Trust Board in December 2010. This provides a renewed focus and momentum on addressing current and future quality improvement challenges and ensures that all staff share the same understanding of what quality care should look like. It reflects the shared ambitions of everyone working for the Trust to provide high quality person-centred, clinically effective and safe healthcare services and to be recognised as a leader in our approach.

Our approach to quality is based upon the three aspects of quality set out within the NHS Next Stage Review<sup>1</sup> led by Lord Darzi, and have been defined as:

- the effectiveness and access of the treatment and care to patients – measured by both clinical outcomes and reported outcomes;
- the safety of the treatment and care provided to patients; and
- the broader experience patients have of the treatment and care they receive.

In short, effective, safe and personal are the three aspects required to deliver a quality service. Effective care being the foundation of high quality care, but it must then be delivered safely and in a personal way.



High-level quality ambitions for the Trust have been set for each of the quality dimensions. Improvement priorities will be identified annually working towards achieving these high level ambitions.

Additionally to inform this process the Trust is committed to understanding and responding to the views of patients, staff and the public in determining priorities for quality.

Consultation with staff, patients and members of the public have taken place during 2010 to determine priority areas. This has led to the development of four patient promises. These promises will shape the business strategy and objectives and are an ongoing commitment to the Trust's patients. These are the promises that every member of staff makes to patients:

- I will..... care for **you** compassionately and respectfully
- I will ..... give **you** clear information and involve you in your care
- I will ..... give **you** the best treatment I can when you need it
- I will ..... make sure **you** are treated in a clean and safe environment

<sup>1</sup> Darzi, Lord A. (2009), High Quality Care for All, DOH, London

### 3.2 Performance against key national priorities

2010-11 has been a successful year in relation to safety, quality and patient experience. This section describes the Trust's performances against key quality performance targets as well as progress against quality indicators highlighted as priorities for 2010/11.

(To be updated post 31 March 2011)

Target	Standard	Performance	Achieved
Incidence of C-Diff	101 (max)	26	✓
Incidence of MRSA	8 (max)	3	✓
18 week maximum wait for admitted patients from point of referral to treatment	90%	95.9%	✓
18 week maximum wait for non admitted patients from point of referral to treatment	95%	97.0%	✓
Maximum time in ED of four hours from arrival to admission, transfer or discharge	95%	97.8%	✓
All cancer two week wait	93%	95.3%	✓
Two week wait for symptomatic breast patients (cancer not initially suspected)	93%	97.9%	✓
31 day (diagnosis to treatment) wait for first treatment: all cancers	96%	98.1%	✓
31 day wait for second or subsequent treatment: surgery	94%	96.8%	✓
31 day wait for second or subsequent treatment: anti cancer drug treatments	98%	100.0%	✓
31 day wait for second or subsequent treatment: radiotherapy treatments	94%	94.3%	✓
62 day (urgent GP referral to treatment) wait for first treatment: all cancers	85%	86.7%	✓
62 day consultant upgrade wait for first treatment: all cancers	90%	90.1%	✓
62 day wait for first treatment from consultant screening service referral: all cancers	90%	92.1%	✓
Access to genitor-urinary medicine clinics (48 hours)	100%	100.00%	✓
Access to rapid access chest pain clinics within two weeks from referral from GP	>=98%	100.00%	✓
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	<=0.8%	1.6% (779)	
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	<5%	3.5% (27)	✓
Delayed transfers of care	N/A	3.1% (1079)	

### 3.3 Patient Safety

Keeping patients safe is central to providing high quality care and we have continued our efforts to do all we can to continuously improve patient safety. Plymouth Hospitals NHS Trust has adopted key principles of the SHA Patient Safety Improvement Programme, which commenced in October 2009 and will run for a period of 5 years. The Programme aims to reduce the hospital standardised mortality rate by 15% and adverse events by 30% by 2014. These aims will be achieved through the implementation of evidence based initiatives in five core work streams: Leadership; Critical Care; General Ward; Medicines Management and Peri-Operative. Each work stream has an executive, clinical and nursing lead.

This is a comprehensive improvement programme striving to deliver safe care for every patient every time. Reliability and standardisation are central to this work. Progress within each work stream is continuously measured for improvement purposes and reported to the SHA monthly. Four of the priorities identified in 2009/10 were aligned to the Patient Safety Improvement Programme and have delivered consistent results.

Executive Patient Safety Walkround was introduced in 2010 and provides an opportunity for front line staff to meet and discuss safety issues with directors. Safety briefings and safety bulletins have also been introduced as a means of spreading good practice, providing feedback and learning from adverse events across the Trust as a whole.

#### **Serious Incidents and Never Events**

The Trust has a process for managing all incidents and serious incidents, which includes those classified as 'Never Events' by the National Patient Safety Agency. Since 1 April 2010 six Never Events have occurred at Plymouth Hospitals NHS Trust in the following categories:

- Wrong site nerve block performed in April 2010
- Swab retained in August 2010
- Wrong site surgery performed in August 2010
- Swab retained in November 2010
- Swab retained in December 2010
- Throat pack retained in January 2011

In line with Trust policy each incident was investigated to establish the root cause and immediate actions taken in response to the investigation findings. To address the issues raised a comprehensive Theatre Patient Safety Strategy has been introduced which focuses on 10 key domains which are essential to provide permanent improvement in patient safety:

- Leadership
- Safety culture
- Implementing best practice
- Standardising Trust policy
- Implementing standard operating procedures
- Documentation
- Education and training
- Communication with staff
- Communication with patients and families
- External expertise

Target	Performance 09/10	Performance 10/11	Target 11/12
Incidence of C-diff	77	26 tbc	43
Incidence of MRSA	15	3 tbc	5
Hand hygiene completion rates	100%	100%	100%
Hand hygiene compliance rates	98%	tbc	95%
Patient falls resulting in harm or death	89	103	90
Incident reporting rate – per 100 admissions	3.5	3.86 (Sept 10)	4.25
Number of Never events	2	6	0
% of observation charts completed accurately	60%	89%	95%
Deaths from cardiac arrests	474	255	TBC
Ulcer prevalence (% of patients with pressure ulcers) Total Patients: Hospital Acquired:	N/A N/A	5.3% 2.3%	TBC
% patients receiving appropriate VTE risk assessment (started recording from July 2010)	N/A	56%	
% patients receiving appropriate thromboprophylaxis	93%	95%	

## Infection Control

The Infection Prevention and Control Team (IPCT) at Plymouth Hospitals NHS Trust has made significant progress towards modernising the service it provides and meeting the challenging new agenda being set at both local and national levels. This has led to improvements in clinical practice, with reductions in healthcare-associated infections.

During 2010/11, we reinforced our efforts to control and reduce MRSA and Clostridium difficile infections. How: consistent approach to three important areas: environmental cleanliness, appropriate antibiotic prescribing and strict hygiene at the point of care have all been vigorously pursued.

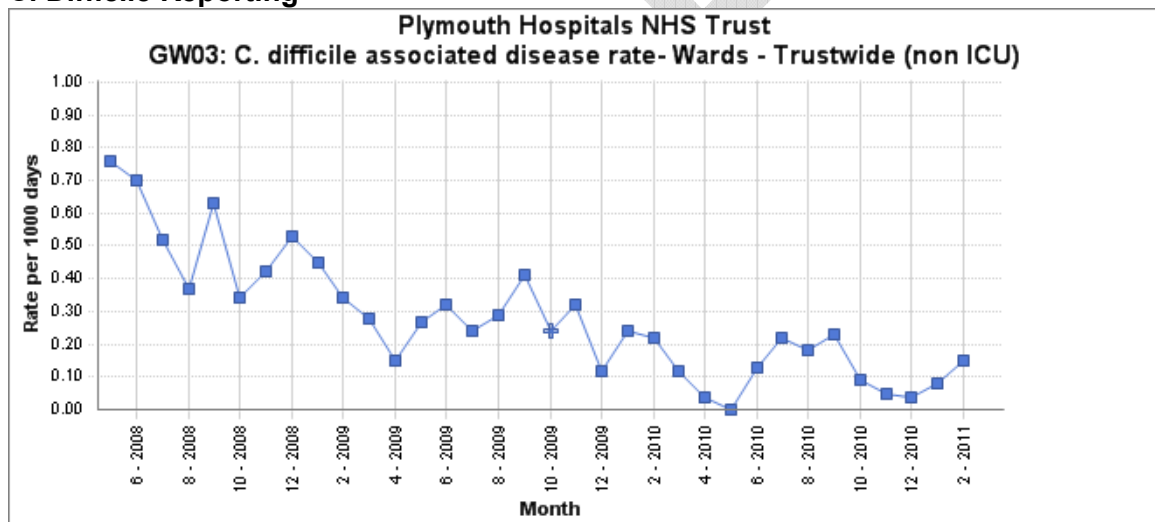
Key achievements for the year April 2010-March 2011 were as follows:

- MRSA bacteraemias – to reduce cases of MRSA bacteraemias in line with the national target of 9 and local target of 6. For the period April to December 2010 there were 3 cases.
- Clostridium difficile – to reduce cases of post 72 hour clostridium difficile in line with the national target of 128 and local target of 117. For the period April to December 2010 there were 24 cases.

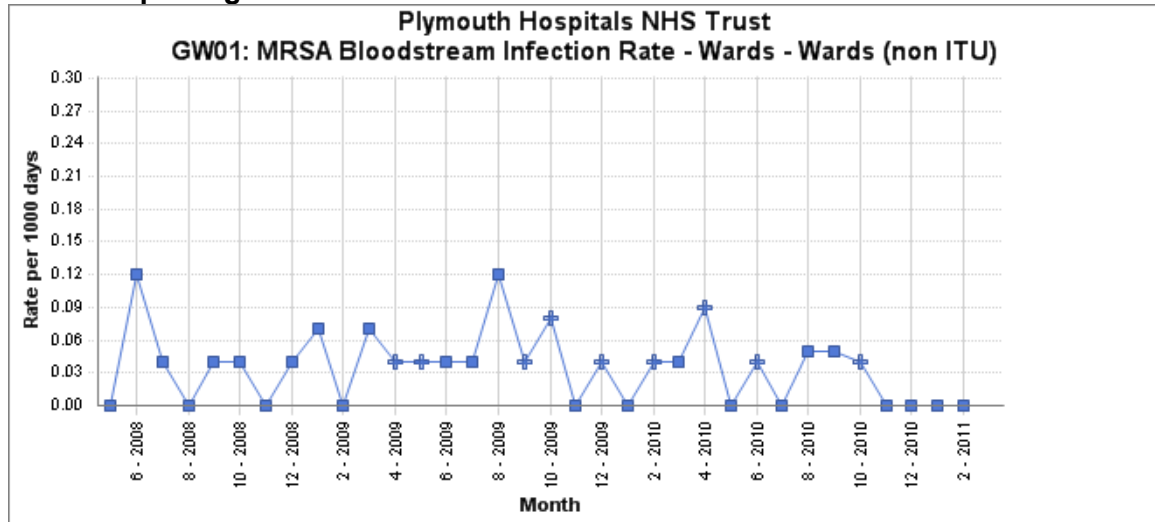


- To achieve a 10% reduction in all cases of MRSA. For the period April to December 2010 there were 31 new cases, compared to 53 in the same period last year which equates to 42%
- Epidemic gastroenteritis – to maintain the average ward closure time due to epidemic gastroenteritis below 7 days. For the period April to December 2010 there were 4 ward closures with an average ward closure period of 5.5 days.
- Hand hygiene compliance – for all wards to perform at least 1 monthly hand hygiene audit with a compliance rate of 95%. For the period April to December 2010 overall compliance was 99%.
- Alcohol hand gel - for the availability of alcohol hand gel in clinical areas to be maintained as close to 100% as possible. For the period April to December 2010 availability was 98%.
- Surgical site surveillance – to continue surgical site surveillance on all major procedures. Majority of procedures now covered.
- Delivery of a Postgraduate Certificate in Infection Prevention and Control in collaboration with the Peninsular School of Medicine and Dentistry. Two module PGCert to run in spring and summer 2011.
- Infection Control Website developed and updated.
- Saving Lives High Impact Interventions – all wards to perform at least 1 audit for in use medical devices, compliance monitored through the dashboard.

### C. Difficile Reporting



## MRSA Reporting



## Medicines Management

### Patient Information Following Discharge

Pharmacy launched the Patient helpline last year with poster advertising the service put up in the Outpatient Department and Accident & Emergency Department with business cards issued with all outpatient and discharge medication. The service and phone number are also printed on the medication bag labels. In addition all medicines are dispensed with a patient information leaflet.

At the point of discharge nursing staff will explain the discharge medication with the patient. For those patients who collect their outpatient medication from Pharmacy, they will have the opportunity to ask Pharmacists for advice and guidance.

The Trust has developed a Self Administration Policy, will be underpinned by better engagement with patients about their medication, medication reminder cards will be made available for patients to help improve their understanding. To support the new service a patient information leaflet has also been designed.

E-discharge has now been rolled out Trust wide in the last 12 months with patients being given a comprehensive list of their medicines on discharge with a copy of the clinical information. Patients are also given a list of medicines to give to their community Pharmacy to improve the seamless transfer of care on discharge

### 3.4 Clinical Effectiveness

#### Stroke Pathway

The Care Quality Commission (CQC) carried out a review of services, ranking health trusts and social care services on a number of areas. These included acute care, discharge from hospital, access to rehabilitation and continuing care and support. Plymouth was ranked as "best performing". Plymouth Hospitals NHS Trust has one of the lowest mortality ratios following stroke within England and performance against direct admission to an Acute Stroke Unit is in the upper quartile within the region.

In addition the SHA commended Plymouth Hospitals NHS Trust and NHS Plymouth on the reconfiguration of services that followed a review in 2008. The impression was that the stroke services are now delivered by a cohesive and joined up team who have clearly worked hard to develop a high quality stroke service.

## TIA Service

This is a good example of joint working for the prevention of stroke as the service is provided by neurologists, health care of the elderly consultants, acute GP service with support from other departments providing rapid access diagnostics. This means that patient only have one visit to hospital and reduces the need for repeated follow up.

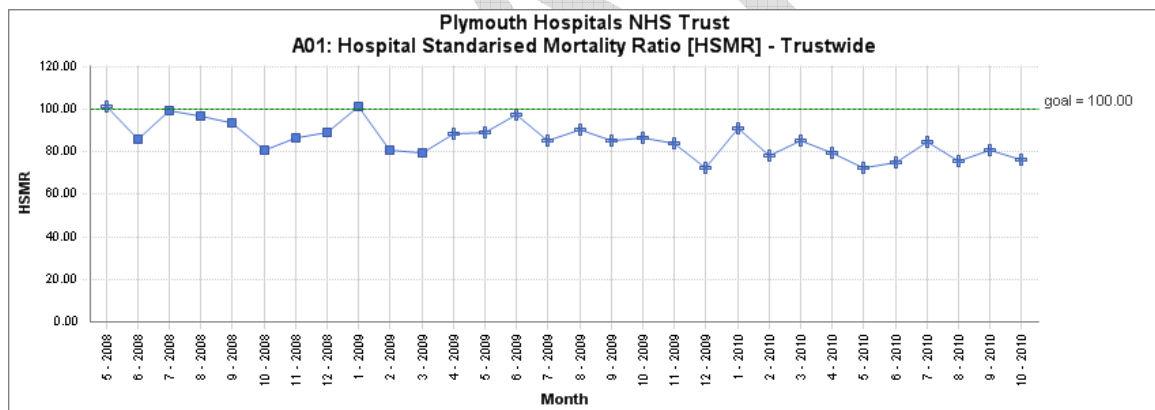
## Hospital Standardised Mortality Ratio (HSMR)

The hospital standardised mortality ratio continues to fall, which can be attributed to the attention given to the patient pathway and the introduction of a number of programmes to improve safety including infection control and ward cleanliness.

The ongoing Patient Safety Improvement Programme which consists of a number of various elements which focus on delivering improvements in patient safety. The five key domains of care are:

- Leadership
- General Ward Care
- Perioperative Care
- Critical Care
- Medicines Management

A wide range of Trust initiatives contribute to overall improvement of the Trust's HSMR in conjunction with external guidance available from a variety of sources including NICE and National Patient Safety Agency.



Target	Performance 09/10	Performance 10/11	Target 11/12 (tba)
Mortality (HMSR)	84.3 Relative Risk*	77.3 Relative Risk*	
Stroke mortality rate	101.9 Relative Risk*	95.9 Relative Risk*	
% stroke patients spending 90% of their stay on ASU	46%	68%	
Fractured NOF – delays to surgery < 48hrs	52%	24%	
Fractured NOF- readmission rates	4.0%	1.4%	
Heart failure readmission rates	13.1%	10.7%	

Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	1.9% (1100)	1.6% (779)	
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	14.1% (155)	3.5% (27)	

\* National Average = 100

## Patient Experience

Patient experience is the term used to describe those aspects of healthcare that, though they do not relate directly to the treatment of illness or injury, can make all the difference to whether patients feel that they have been looked after properly.

A Patient Experience Strategy for the Trust was approved by the Trust Board in December 2010. This strategy outlined our plans to develop the patient experience.

During 2010-11 we implemented a programme of local patient experience surveys on our wards to gather regular feedback from patients. Patients are asked about cleanliness, quality of food, how they are communicated with and involved, and about how respectful and kind staff are. A total of 26 inpatient adult wards have been surveyed and 760 patients involved between October and March 2011.

As part of this programme real-time feedback is collected at ward level to allow instant reporting of patient satisfaction scores. All feedback is collated and fed back directly to the ward management teams to allow action planning and improvement activity to take place.

In addition to this programme the Trust obtains feedback from patients through a variety of channels: complaints, PALS, local media and websites, national patient and staff surveys. Key themes from all this activity are drawn together to form a more rounded views of the patient experience.

A new steering group, the Improving Through Listening Steering Group, has been set up dedicated to monitoring and driving forward improvement actions, the group meets regularly and includes a patient representative.

*(D/N Will need to be updated once new Peat Scores are released, CQC publishes standardised National Inpatient Survey results and March 31<sup>st</sup> local survey recommended scores)*

Target	Performance 09/10	Performance 10/11	Target 11/12
PEAT Scores			
Food & Hydration	Good	Excellent	Excellent
Environment	Good	Good	Excellent
Privacy & Dignity	Good	Good	Good
Recommender scores (would definitely recommend)	Not available	86% *	88%
Overall satisfaction scores (excellent and very good)	84%	79%	84%

Overall Dignity and respect (always)	83%	79%	84%
% patients receiving care in single sex setting	80%	82%	85%
% patients given a choice of admission date	22%	21%	25%
% patient rating cleanliness as very or fairly clean	95%	97%	97%
% involved as much as wanted to be in decision about their care	57%	54%	57%
% experiencing delayed discharge from hospital	53%	56%	57%
Complaints and concerns	529	666*	600
Complaints and concerns responded to within target time	18.9%	39.7%*	100%

\* up to February 2011

### **Satisfied Patients**

The majority of our patients feel the care they received is excellent or very good, according to a survey by the Care Quality Commission taken in the summer of 2010. Respondents to the National Inpatient Survey reported improvements in a number of areas when compared with last year's survey, these were:

- The hospital did not change their admission date
- Less patients shared same sex sleeping areas
- Further cleanliness improvements
- Greater confidence and trust in nursing staff
- More patients feeling involved in decisions their discharge from the hospital.

### **Privacy and dignity**

Our Trust is committed to delivering the highest standards of privacy and dignity for its patients. We have been striving to create better same-sex accommodation to ensure that the privacy and dignity of our patients is respected. We are working wherever clinically possible, to provide men and women with separate sleeping areas, bathrooms and toilets. This programme of work has included many upgrades, including to our toilets and washing facilities to give better segregation for men and women.

### **Patient Promises**

During 2010 we have developed four patient promises after consulting with patients and staff. These promises, described earlier, will be the promises that every member of staff makes to each and every patient. During 2011-12 these promises will be developed in detail to ensure that every member of staff is clear about the commitment they are making to delivering excellent patient care.

## Complaints and Compliments

The Trust has worked hard on improving its response and learning from feedback from patients, relatives and carers. Where possible the Trust will resolve complaints locally and recognises that further work is required in this area during 2011/12.

Each inquiry and complaint received by the Trust is acknowledged within 48 hours and an investigation with the objective of replying to the complainant undertaken within 25 working days. Each clinical service which was subject to a complaint is required to include the improvements they have made or plan to take within the response. The Patient Services Team collates and monitors trends to identify further opportunities for improvement.

The Trust has established the Improving Through Listening Steering group to consider all patient related comments and concerns, including surveys, complaints, comments and compliments. The primary aim of the group is to develop strategies for the ongoing development of services to patients. One of the priorities for the coming year is to deliver customer care awareness training to all staff, so that staff can respond effectively to patient needs at the earliest opportunity.

The Improving Through Listening Steering Group also has responsibility for assessing how the Trust gathers and uses information so that the patient's voice is heard.

In order to improve existing response rates for complainants, the Trust has commissioned several pieces of work which are expected to deliver results in the first half of 2011. Work includes better utilisation of IT technologies to distribute documentation, flexible approach to methods used to expedite resolutions of issues, simplify the existing arrangements with clinical areas to support the investigation and earliest possible response.

An example of learning outcomes following a number of complaints, has been a review of the management of follow up waiting lists and the reduction in the backlog of neurology clinic letters.

The Trust received 39 compliments during the period 2010-11 which are fed back to staff and used as part of local staff training as examples of good practice and team building. An extract from one of these compliments is shown below:

*"I would like to place on record my grateful thanks to all the staff with whom I came in contact during my brief stay. From the reception in Fal Ward, the theatre staff, to the staff in Postbridge Ward during my recovery I was treated throughout with courtesy, kindness and total professionalism"*

*"I must commend to you the Audiology and ENT departments at Derriford, who after a somewhat delayed start of getting into the system (no fault of theirs) dealt with me most efficiently. My doctor was particularly kind, informative, helpful and reassuring"*

### 3.5 Quality and the Business Strategy

A commitment to quality is at the heart of what we do as an organisation. The Trust's Quality Strategy outlined the many quality improvement projects currently underway in the Trust. In addition each clinical directorate has as part of their business plan for the 2011-12 financial year completed a quality plan. These quality plans describe each services quality programme of work with clear targets and performance monitoring.

### **3.6 Leadership**

During 2011-12 we will launch an Organisational Development Programme for all our staff. The aim of the programme is to help create a culture to ensure that patients are put at the heart of everything and that staff feel valued, supported, involved, engaged and empowered.

### **3.7 Innovation**

The Trust recognises that in order to improve we must be innovative in our solutions to solve quality issues. Below are two examples of work that has taken place and improved the quality of care our patients receive:

#### **Infection Prevention and Control - Surgical Site Infection monitoring**

The Trust's infection control team were awarded top prize at the National Patient Safety Awards 2011, in the Infection Control and Hygiene category. The team won the award for their surgical site infection surveillance service, which has driven down the incidence of infections in surgical procedures for which surveillance has been established for some time, notably cardiac and vascular surgery. This is important for patients for whom an infection after surgery can delay a good timely recovery.

The service assesses procedure specific surgical site infections on a quarterly basis and is exceptional because it includes areas outside of the Health Protection Agency range and performs surveillance post-discharge by undertaking patient questionnaires on all major surgical procedures. Reports are fed back to individual surgeons and directorates on a quarterly basis.

#### **Stroke Care**

Plymouth health and social care was rated as Best Performing for stroke because, out of 15 indicators measured, the area scored amongst the best in the country by the Care Quality Commission,

Consideration was given to the care experienced by people who have had a stroke and their carers. It starts from the point people prepare to leave hospital, to the long-term care and support that people may need to cope with stroke-related disabilities. It looks at both health and adult social care, as well as links to other relevant services, such as local support groups and services to help people participate in community life.

Health organisations, Plymouth Hospitals NHS Trust and NHS Plymouth, and Plymouth City Council have focused considerable effort on improving care for stroke patients in the last two years and this is demonstrated in the rating given to the area.

Plymouth scored very well in terms of the outcomes for patients one year after their stroke and had one of the lowest mortality ratio of all areas in the country. Measures taken within Derriford Hospital to help achieve this include setting up direct admission for patients to a dedicated stroke unit where they are cared for by a specialist team of doctors, nurses, physiotherapists, speech and language and occupational therapists. Direct access to a TIA clinic – any patient who has had a mini or warning stroke (a TIA) can be referred in and seen within 24 hours if they are high-risk and seven days if not assessed as high risk and access to thrombolysis (clot-busting drugs) for all eligible patients whose stroke is caused by a clot rather than a bleed, is now available 24 hours seven days per week.

### 3.8 Our Environment

Providing patients with modern, accessible and well designed facilities is important to the Trust. We will continue to refurbish and improve our hospital building where appropriate. During 2010-11 we have installed a series of images and artwork around the building to improve healthcare environments across the Trust.

Zest, based in the Estates Department, work on the design of new and refurbished healthcare buildings as well as projects within the day to day provision of healthcare. The aim with all of their work is to transform the healthcare experience, at key moments in people's lives, into a positive one. Nearly nine out of ten people say that better quality buildings and public spaces improve their quality of life, according to MORI research published by the Commission for Architecture and the Built Environment (CABE) September 2009. Good healthcare environments have been found to lead to:

- faster patient recoveries
- reduced pain
- fewer cases of infection
- greater patient satisfaction
- reduced stress levels among staff
- easier recruitment and retention of quality staff

One example of Zest's work in 2010 was a project where the team worked with designers Neil Tinson and Chris Haughton to create bright and colourful images that are now installed in both the main and pharmacy stairwells at Derriford Hospital, an example is shown below. They were commissioned to help make the stairwells more attractive and encourage, patients, staff and visitors to use the stairs more frequently.



*Stairwell between level 3 and 4*

### 3.9 Partner Organisations

The Trust is committed to working with its partner organisations to meet the continuing care needs of patients in an efficient and effective way, across the whole patient pathway. The Plymouth Health Community has a Health and Social Care Improvement Plan (2010/11 to 2013/14) which outlines how Plymouth's Health and Social Care organisations are increasingly working together to plan services and service changes;



deliver them together where this adds value and identify areas where expertise, functions and facilities could be shared or aligned.

There is regular contact between the Trust and its main Health and Adult Social Care Overview and Scrutiny panel at Plymouth City Council. In 2010/11 the Chief Executive of the Trust continued to hold quarterly meetings with the panel Chair and the Trust gave presentations at six of the panel's meetings. This regular contact ensured that information was shared and the panel gave feedback to the Trust on issues such as quality and performance. In the last quarter of 2011, the Trust has strengthened relations with Cornwall Health and Adults Overview and Scrutiny Committee, attending panel meetings and ensuring the free flow of two-way communication.

In addition the Trust works with a huge range of patient and voluntary organisations to ensure we involve and work with them to understand other people's views and how we are doing.

Close working relationships have been forged with Plymouth Local Involvement Network (LINK), established to enable people in Plymouth to have their say on their local health and social care services. The group is run by local people and independently supported with a primary aim of finding out people's views about health and social care and monitoring local services.

Members of Plymouth LINK are members of the newly formed Improving Through Listening Steering Group, which aims to ensure that the views of patients and carers are actively solicited and used by the Trust to make demonstrable improvements to patient experience. In addition a member of the Plymouth LINK sits as a representative on the public part of the Trust Board.

Plymouth Hospitals NHS Trust worked in conjunction with Plymouth LINK to produce a survey aimed at establishing how patients leaving the hospital have found the experience of hospital discharge. Throughout January and February 2011 all inpatients were given a LINK Discharge Survey at the point of discharge with the aim of gathering views on the patients experience to ultimately improve the process.

### **Annex 1: Statement from Key Stakeholders**

We have invited comments from our key stakeholders. These are outlined below