Public Document Pack

Health and Well Being Overview and Scrutiny Committee

Date:	**Monday, 21 June 2010**
Time:	**6.15 pm**
Venue:	Committee Room 1 - Wallasey Town Hall

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SUPPLEMENTARY AGENDA

6. QUALITY ACCOUNTS UPDATE (Pages 1 - 54)

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Firstly, Wirral LINk appreciated the opportunity to comment on the Wirral University Teaching Hospital NHS Foundation Trust Quality Accounts 2009/2010. The LINk is aware of the timescales imposed upon the Trust in relation to these Accounts this year however, in future years, would recommend and appreciate ongoing involvement throughout the year, to ensure an informed response can be provided. We are pleased that this approach has already been commenced by the Trust, with the first meeting planned imminently to discuss next year's Quality Accounts process.

Overall, the LINk felt this document was clear, honest and transparent. Where problems existed, measures are being put in place to resolve matters. Although many of the scores and percentages given can be difficult to interpret from a lay perspective, they appear to measure favourable with recorded national averages.

The LINk have also identified the following key issues:-

Page 5
Statement: "What progress have we made?"
More detail on where these incidents have occurred would be helfpul, or how many places that they have occurred would give some credence to the statement about reducing the incidence of MRSA.

Page 8
Statement: "Improved hospital acquired investigation methods are being trialled by staff in the Department of medicine for the Elderly"
It would have been helpful to understand what methods are to be adopted, and who will assess and monitor the results.

"A C Difficile Policy has been updated and is in the process of being agreed".
It would have been helpful to understand with whom this policy been agreed and how will the comprehensive programme be implemented?

Page 11 & Page 16
Although the LINk appreciates that the document is already quite comprehensive in content, however, it would have been useful to have sight of the "Quality of Life Questionnaires" and "Learning with Patients Questionnaire" as perhaps appendices to the main document.

Page 18
Wirral LINk are impressed with the work that has been undertaken so far to improve patient experience information collation and welcomes the Trust's co-operation in involving LINk as an independent organisation, in its key meetings in relation to patient flow, Dignity in Care, Mixed Sex Accommodation etc. This has also been helpful for the LINk's own workplan objectives.

Wirral LINk looks forward to continuing to work closely with the Trust over the coming year with regard to the Quality Accounts for 2010-2011 and developing its productive relationship with the Trust.

Wirral Local Involvement Network (LINk)

WIRRAL LINk – RESPONSE TO CHESHIRE & WIRRAL PARTNERSHIP NHS FOUNDATION TRUST QUALITY ACCOUNTS – 2009-2010

Thank you for sending through a copy of the Quality Accounts for Cheshire & Wirral Partnership NHS Foundation Trust (CWP).

Firstly, Wirral LINk appreciated the opportunity to comment on the Trust's Quality Accounts 2009/2010. The LINk is aware of the timescales imposed upon the Trust in relation to these Accounts this year however, in future years, would recommend and appreciate ongoing involvement throughout the year in this process, to ensure an informed response can be provided

Wirral LINk agrees that the Trust is widely regarded as a well-performing mental health provider trust with a particularly good record for innovation and for involvement of service users and their carers.

Wirral LINk has visited the refurbished and extended facilities at CWP's Springview hospital in Wirral and believes that the facilities and environment are a commendable example of what commissioners and providers can achieve together.

However, Wirral LINk is starting to realise some of the limitations of the Quality Accounts Performance Targets process, especially as regards responding to the key statement in the Royal College of Psychiatrists' (RCP) Position Statement that "***Ageing is the major global challenge which UK health and social care services will have to address*** (particularly since) ***two thirds of acute medical beds are occupied by older people, two thirds of whom will have some form of mental disorder***". Wirral LINk has started to analyse how best to respond to this challenge in the context of how to get more effective care for the same or less money and has suggested a three part package to CWP and NHS Wirral :

a) some form of ***Mental Health Intermediate Care Team for Older People*** (MHICT) such as the Lancaster model, which both delivers intensive support in their own homes to people who otherwise would have needed expensive inpatient care and which also helps to "*increase the skill and competence of staff in the public, private and voluntary sector to deal with challenging behaviour in a person centred way*" ;

b) using the RCP initiative ***Accreditation of Inpatient Mental Health Services*** (AIMS) to improve the consistency and effectiveness of the Acute Care Model first tried by CPW in Wirral and which is the key to achieving savings from

reduction in beds to help facilitate resource transfer from acute care to community care and from adult to older people's mental health services ;
c) improve the effectiveness of the mental health pathway for older people from health through to social care by selecting "best buy" proven innovations from the £60M Department of Health funded initiative ***Partnerships for Older People Projects*** (POPP).

Wirral LINk looks forward to continuing to work closely with the Trust over the coming year with regard to the Quality Accounts for 2010-2011.

Please confirm safe receipt.

CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUNDATION TRUST
QUALITY ACCOUNTS RESPONSE FROM WIRRAL LINk

Wirral LINk appreciated the opportunity to comment on Clatterbridge Centre for Oncology NHS Foundation Trust Quality Accounts 2009/2010. The LINk is aware of the timescales imposed upon the Trust in relation to these Accounts this year however, in future years, would recommend and appreciate ongoing dialogue through the year, to ensure an informed response can be provided. Unfortunately due to the very short timescale given for response, the Wirral LINk is unable to make an informed contribution on these accounts but looks forward to working with the Trust over the coming year on its Quality Accounts for 2010-2011".

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Liverpool Heart & Chest Hospital NHS Foundation Trust
Quality Account 2009/10

Quality Account Summary

This quality account takes a look at the year past and reflects upon the commitments we made to improve quality in addition to spelling out what our priorities are for the coming year.

We have successfully met three of the five primary challenges we set ourselves last year, namely reducing surgical site infections & non-clinical cancellations and improving the patient experience. We dramatically improved many of the key processes of cardiac care and had an impact on reducing mortality, but we did not reach the high standards we set for ourselves.

We have added three new priorities to improve this year (risk assessments for blood clots, discharge & communication and pathway compliance for patients with acute heart problems) in addition to one achieved (patient experience) and two underachieved (key processes of cardiac care and mortality) which will continue from last year. These priorities much better reflect the needs of our partner organisations, Foundation Trust members and our patients & carers.

This quality account also provides an excellent level of assurance regarding work that is a key enabler of quality, including clinical audit, research, data quality, workforce management and leadership. It draws upon the outcomes from our survey work with patients and other quality improvement initiatives supporting the different services and functions of the Trust. It has also been the subject of extensive external consultation with our Primary Care Trust, Local Involvement Networks and relevant Local Authority Overview & Scrutiny Committees.

Introduction to Liverpool Heart & Chest Hospital NHS Foundation Trust

Liverpool Heart & Chest Hospital NHS Foundation Trust is a single site specialist hospital serving the population of 2.8 million people resident in Cheshire, Merseyside, North Wales & the Isle of Man. It provides the full range of heart and chest services with the exception of organ transplantation. Throughout 2009/10, this included:

1. Coronary angiography and intervention (procedures used to visualise the coronary arteries and treat narrowings using balloons and stents)
2. Arrhythmia management (pacemakers and other devices & treatments used to control and restore the normal rhythm of the heart)
3. Cardiac surgery (procedures to bypass narrowings, replace the valves of the heart or deal with other problems of the major vessels in the chest)

4. Thoracic surgery (procedures to treat all major diseases of the chest including lung removal and surgery to the oesophagus (food pipe))
5. Respiratory medicine (medical management of asthma, chronic obstructive pulmonary disease and cystic fibrosis)

Part 1: Statement on Quality from the Chief Executive Officer

It is my pleasure to introduce to you the first formal quality account to be published by the Liverpool Heart & Chest Hospital NHS Foundation Trust following our voluntarily produced quality report published last year.

The Trust Board has a very strong commitment to quality which is reflected in the values it holds:

Value	**Safety**	**Excellence**	**Compassion**
Patients say …	Do me no harm (Keep me safe)	Give me professional care	Treat me as an individual
Which means we deliver …	- Clean hospital - Safe environment - No mistakes	- Make me well - Honest communication - Be efficient	- Warm welcome for all - Respect & Dignity - Two way communication

We have upheld these values throughout 2009/10 which has resulted in another year of considerable achievement, which included:

- Authorisation of the Hospital as a NHS Foundation Trust. This provides the management freedom to shape the services of the Trust to meet the needs of the patients we serve. The quality account priority selection is an excellent example of this (see section – how our priorities were selected)
- Implementation of the new primary percutaneous coronary intervention (PPCI) service which provides the most effective emergency medical treatment for patients in the throes of suffering a heart attack
- Getting a clean bill of health from the independent health regulator, the Care Quality Commission following a unannounced inspection of our infection control policies and practices
- Delivery of the best heart attack and coronary artery bypass grafting care in the region
- Awarded national mentor status for cardiac resynchronisation therapy, whereby our staff teach other hospitals how to provide this service which optimises heart function from implanted devices in the chest
- Registration with the Care Quality Commission without conditions (that is no concerns expressed or remedial action needed)
- Achievement of the rating of Good for quality of services and Good for use of resources in the annual health check of all NHS providers in England

- Recognition of innovative work in the fields of privacy & dignity and financial management in two national NHS award competitions
- A three fold increase in research funding, ensuring we bring cutting edge treatments and new models of care to our patients as soon as possible
- For the forth year running, scoring in the top five Hospitals for overall quality of care as assessed by our patients in the National Patients Survey
- Recognition of our Hospital as an exemplar site for patient safety by the National Patient Safety First Campaign
- Very low rates of infection shown by only one case of MRSA and a well below target number of cases of Clostridium Difficile
- Recognition that the Trust is at the "cutting edge" of quality measurement in Lord Darzi's One Year On report in the journey towards the transformation of NHS services towards providing "*High Quality Care for All*"
- Low waiting times for treatment, reflected in 19 of every 20 patients receiving their procedure within 18 weeks of referral by their General Practitioner
- All minimum standards of care met or exceeded as defined by the Department of Health

Despite this excellent performance, we remain ambitious to improve, and this quality account is the public statement of our commitment to this.

The Trust Board has very recently adopted a new mission statement for the Trust which embodies our values:

"Safe, excellent, compassionate care for every patient every day"

From this flows our goal to be recognised by our patients as the **best Hospital in the country** and as such we are aligning all we do to improve the experience of our patients.

We have led an extensive consultation exercise with our own staff together with our Foundation Trust membership and the hospitals, commissioning bodies, patients, carers and other services with whom we work to ensure we focus on those aspects of quality improvement which will bring the biggest benefit to the people we serve. This quality account provides detail of those aspects of clinical care we have selected over the coming twelve months, together with reviewing our performance over the year just passed.

I confirm that the information in this document is an accurate reflection of the quality of our services.

Raj Jain
Chief Executive Officer

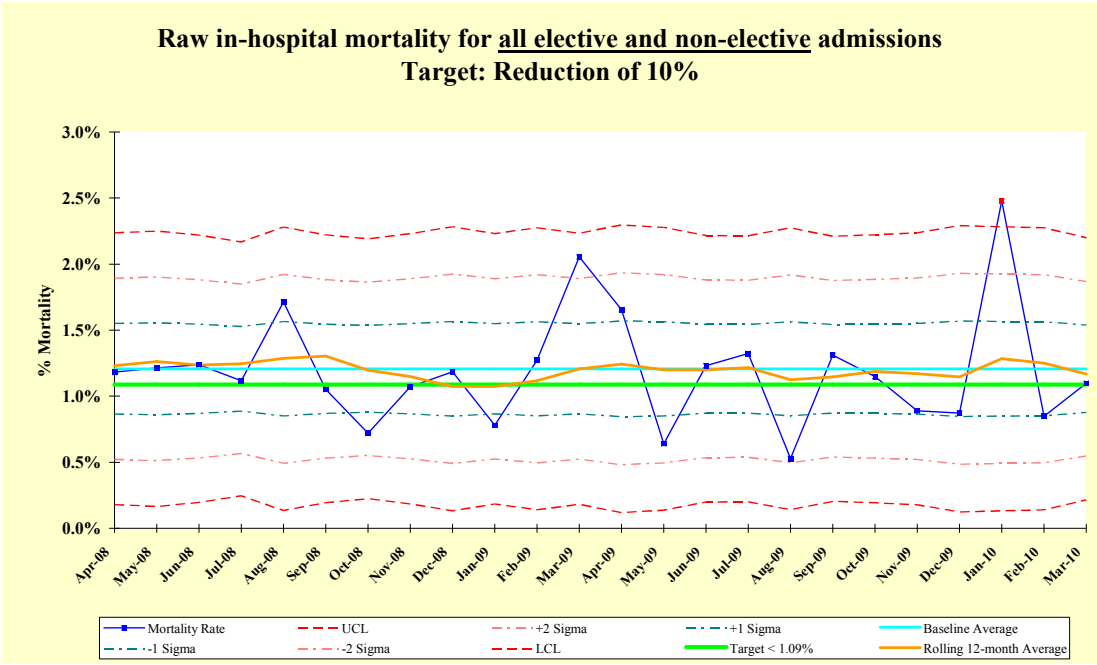
Part 2: Priorities for Improvement and Statements of Assurance from the Board

Review of last years priorities

Last year the Trust published an informal quality report in which we committed to improve a total of 5 safety, effectiveness and patient experience priorities. What follows is a review of our progress in 2009/10 against these priorities.

Priority One: Reduce the number of deaths in-hospital

Category:
Safety
What:
Reduce the percentage mortality in patients admitted to hospital
Why:
Mortality after treatment is a measure of the safety and effectiveness of systems and processes used in caring for patients
How much:
10%
By when:
March 2010
Who collects these data and how?
The Trusts clinical coders record on the Trust Patient Administration System the outcome of every patient at the time of discharge
Result and meaning:
Underachieved. Average mortality in the 12 months up to April 2009 was 1.21%. The average mortality for the 12 months after was 1.17%. Reduction is 3%.
Current status:



Patients receiving primary percutaneous coronary intervention (PPCI) have been excluded from the above graph as this was a new service developed at the beginning of last year with potential to increase mortality. Leaving these patients in the calculations would have meant that we were not making like comparisons with previous years.
The orange line in the above graph is a 12 month rolling average and shows that up to December 2009 the Trust making progress towards achieving this target. However, an unprecedented number of deaths in January 2010 swept away all the improvements made over the preceding 10 months. Results from February & March have however returned to previously low (and below target) levels.

Keep as future priority?

Yes. However, in keeping with the Trust being at the forefront of specialist treatments, new services are continuously being introduced and sicker patients are being treated all the time. This makes it very difficult to measure mortality without:

1. Restricting it to a few key high volume procedures
2. Risk adjusting the results to take account of the complexity of the patients treated.

As such, for 2010/11, we will focus on delivering a *continuous improvement* in mortality following bypass graft surgery and percutaneous coronary interventions (PCI; excluding primary PCI for heart attack) as these procedures have well studied methods of risk adjustment in place (see new priorities for 2010/11).

Improvements achieved:

- Improved the consistency (reliability) of all elements of the sepsis care bundle
- Introduced a regular multidisciplinary team (MDT) discussion for cardiac patients where it was not certain which treatment method was the best for the patient concerned
- Improved the escalation of the Modified Early Warning Score (MEWS) for patients who were showing signs of clinical deterioration
- Introduced the multidisciplinary review of all deaths with dissemination of learning across entire organisation

Further improvements identified:

- Achieve 60% perfect care score for sepsis bundle
- Embed cross organisational learning from mortality reviews
- Reduce rates of post-operative bleeding

Priority Two: Improve the outcomes of care in heart attack, heart failure and bypass grafting patients (Advancing Quality)

Category:

Effectiveness

What:

Ensure all appropriate patients receive all elements of the relevant care bundles (perfect care)

Why:

Getting the processes of care right leads to improved outcomes for patients

How much:

> 98%

By when:

March 2010

Who collects this data and how?

Clinical Quality staff review the casenotes of every patient discharged with the diagnosis of heart attack, heart failure or who received bypass grafting and record whether the care prescribed in the care bundle has been delivered. Patients must receive all elements of the bundle to be considered as receiving "perfect care".

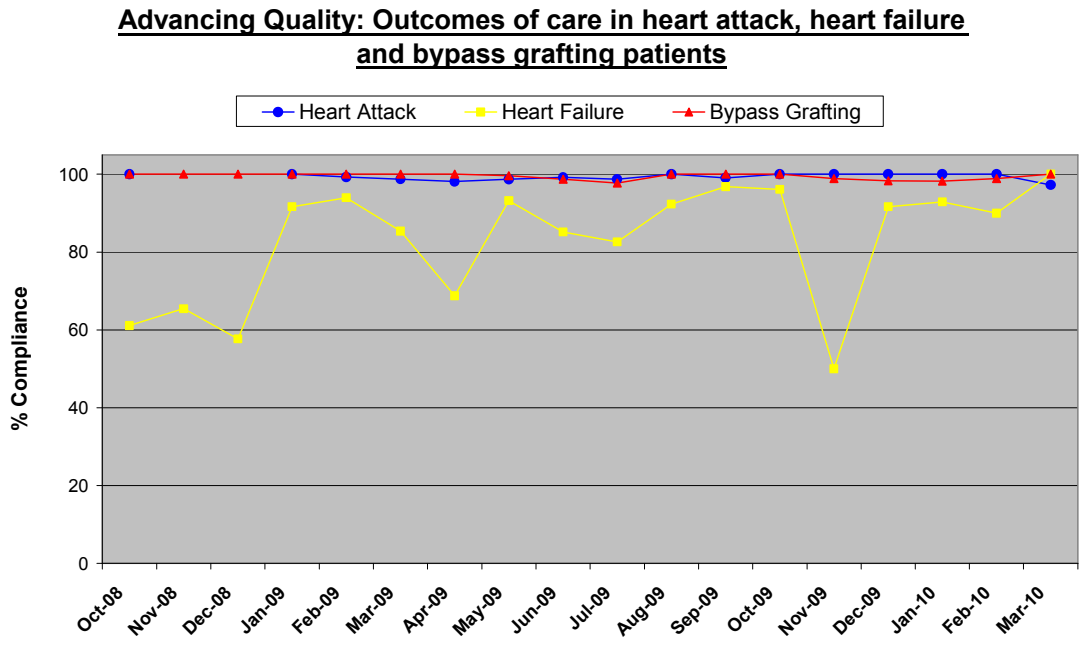
Result and meaning:

Underachieved. Average compliance for patients discharged with a diagnosis of heart attack, heart failure or who received bypass grafting in the 6 months up to April 2009 was 100%, 100% and 76% respectively. The average compliance for the 12 months after was 99%, 99% and 87%. Results for heart failure are 11% short of our target.

Keep as future priority?

Yes – see new priorities for 2010/11.

Current status:



Improvements achieved:

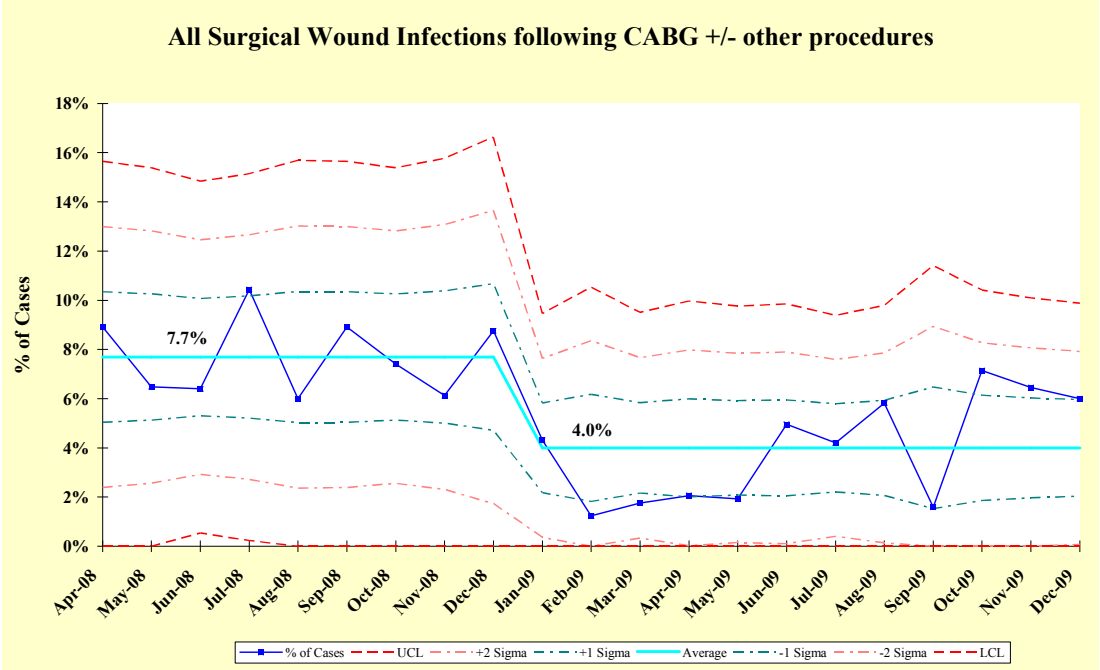
- Improved the provision of smoking cessation advice
- Ensured all patients with heart failure received the necessary self care and lifestyle advice and received an evaluation of their heart function
- Ensured all patients who have suffered a heart attack received the appropriate medication

Further improvements identified:

- Reliable identification of all in-patients with heart failure
- Improve the recording of the delivery of discharge instructions (activity, arrangements for follow up, diet, medication, weight and symptom management) in our care pathways

Priority Three: Reduce the number of surgical site infections

Category
Safety
What:
Reduce the percentage of wound infections following coronary artery bypass grafting
Why:
Infection is a big concern for patients when admitted to hospital. It also prolongs hospital stay, and increases costs.
How much:
20%
By when:
March 2010
Who collects this data and how?
The infection control team reviews the wounds of all patients following coronary artery bypass immediately before discharge or sooner if there is a problem.
Result and meaning:
Achieved. The average rate of infection in the 12 months up to April 2009 was 6.4%. The average rate of infection for the 12 months after was 4.5%. We have successfully reduced wound infections by 30% overall.
Keep as future priority?
No. However, keeping surgical site infection under control remains a key priority of our infection prevention and control plans and as such, we will continue to monitor this important outcome and take action if it increases.
Current status:



The above graph demonstrates the dramatic reduction in surgical site infections which occurred when the new measures were introduced in January 2009. Rates have been variable over the last few months but the overall position is much improved.

Improvements achieved:

- Implemented the surgical site infection care bundle. Compliance measurement and improvement ongoing
- Improved the discipline of staff working in the theatre areas in order to minimise unnecessary movement in and out of the theatre, and ensured strict adherence to the theatre clothing policy
- Achieved excellence in hand hygiene practice

Further improvements identified:

- Introduce a new pre-operative skin preparation proven to reduce infections (2% chlorhexidine)
- Improve the use of the non-touch technique for wound dressing and cleaning
- Introduce a competency and audit framework into the theatre environment in relation scrubbing and gowning
- Improving compliance with antibiotic therapy given before the operation

Priority Four: Reduce the number of non-clinical cancellations for elective procedures

Category:

Patient Experience

What:

Reduce the number of cancellations for non-clinical reasons

Why:

Having your operation cancelled after admission to hospital is upsetting and distressing for patients and their carers.

How much:

30%

By when:

March 2010

Who collects this data and how?

Directorate Managers who run our operating theatre environment record if admitted patients are cancelled either the day before or on the day of their intended procedure.

Result and meaning:

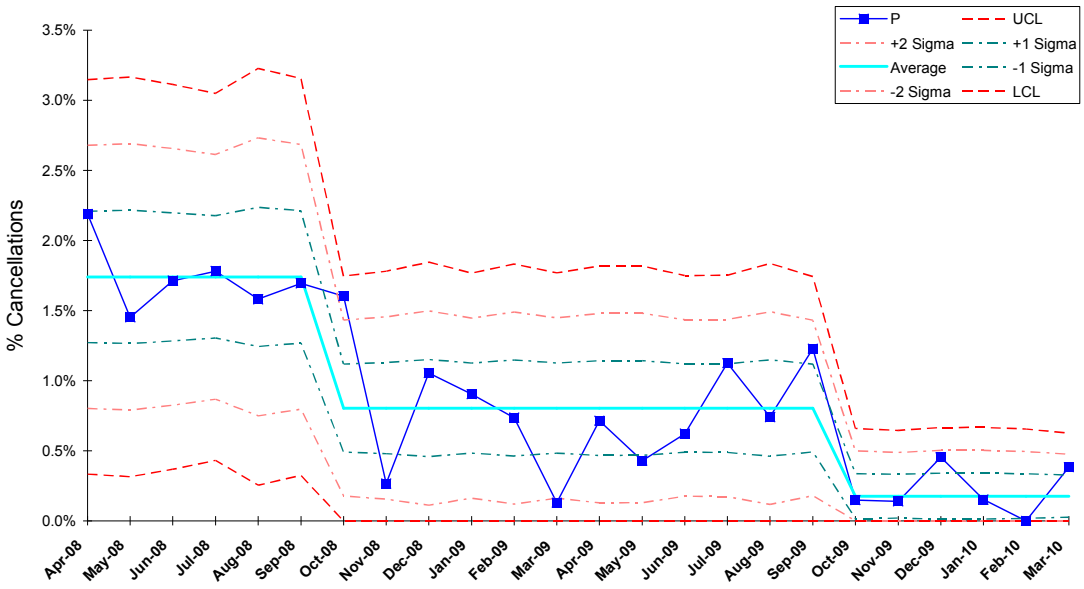
Achieved. The average non-clinical cancellation rate in the 12 months up to April 2009 was 1.3%. The average non-clinical cancellation rate for the 12 months after was 0.5%. We have successfully reduced non-clinical cancellations by 62% overall.

Keep as future priority?

No. However, this measure is a national target and as such will remain closely monitored, with action taken if it increases.

Current status:

Non-Clinical Cancellations April 08 to March 10



The graph demonstrates increasing in year improvement.

Improvements achieved:

- Improved the planning and scheduling of pacemaker and bypass grafting procedures
- Ensured efficiency of practices on the day of the procedure
- Improved the delivery of care from procedure through to discharge

Further improvements identified:

- Further improvements to planning and scheduling of pacing services, including implementation of a weekly bed meeting, a new scheduling tool and listing criteria
- Modernisation of the systems & process supporting the medical secretaries
- Regular feedback on performance via visual management displays for Thoracic and Aortic Surgery

Priority Five: Improve the experience of care for our patients

Category:

Patient Experience

What:

Develop and begin the implementation of a comprehensive patient experience strategy

Why:

Patients want to be treated with dignity and respect, have their views listened to and acted upon, not be harmed as a consequence of the healthcare delivery and receive care in a comfortable, clean and friendly environment in addition to many other things. Collectively, these issues (and many more) make up the experience of the patient.

How much:

Develop and start to implement

Who collects this data and how?

We track ongoing satisfaction with our services from the monthly distribution of questionnaires to inpatients and outpatients by our Customer Care Team. Results are summarised by Clinical Quality staff. Additionally, the Clinical Quality Department manage the Trusts participation in the National In-patient and Out-patient surveys, the results of which are analysed by the Care Quality Commission.

By when:

March 2010

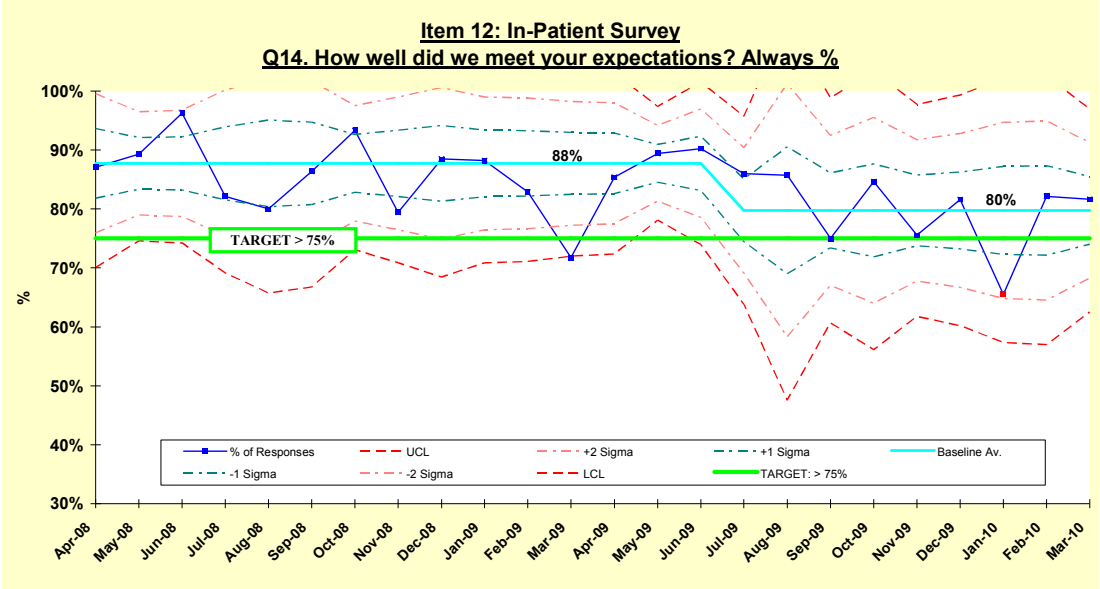
Result and meaning:

Achieved. We now have a comprehensive plan which focuses on what we can do at all levels of the organisation to improve the experiences of our patients.

Keep as future priority?

Yes. Even though we have achieved this priority, improving the patient experience remains the Trusts top ambition for the future. We have developed a comprehensive delivery plan for the future, and wish to see this implemented across the next year and beyond (see new priorities for 2010/11).

Current status:



Even though the percentage of patients in whom we meet their expectations all of the time has reduced slightly, it still remains above target.

Improvements achieved:

- Presented the patient experience strategy and implementation plan to the Trust Board
- Explored and developed a number of different methods of capturing feedback from the users of our services, and acted on the results
- Implemented the Nursing Assessment and Accreditation system which assesses clinical standards that include the delivery of person centred care
- Implemented a number of changes to the environment to reduce concerns raised regarding mixed sex accommodation
- Participated in the 2009 national in-patient and out-patent surveys and action planned the results

Further improvements identified:

- Fully implement the delivery plan arising from the first year of implementation of the patient experience strategy. This will include the development oi a patient contract, the deployment of case managers, comprehensive training and development of staff and the development of new methods of obtaining service user feedback.

New priorities for 2010/11

From the review of performance in 2009/10, the Trust has committed to continue the following work:

Priority One: Reduce the number of deaths in-hospital
However, our experience in 2009/10 and the recent experience of the NHS (e.g. failings at the Mid-Staffordshire Trust) has lead us to believe that quantifying a specific mortality improvement is unwise. This is because the

population of patients we treat are presenting as more ill and with more complex disease with every passing year, and it is not possible to accurately tease apart true performance improvement from the "masking" created by the increased risks these patients face, despite our use of risk adjustment tools[1]. What we can agree to deliver however is a *continuous improvement* in mortality in our two highest volume procedures, coronary artery bypass grafting and percutaneous coronary intervention (PCI; excluding primary PCI), corrected as best we can for patient complexity. We believe patients can still draw significant assurance from this as mortality rates in the setting of an increasingly complicated patient population would surely rise if we did not have a programme of continuous mortality improvement in place.

During 2010/11 we also plan to develop a method of identifying avoidable harm (which will include mortality) in preparation for introducing its improvement as a quality account commitment in 2011/12.

Priority Two: Improve the outcomes of care in heart attack, heart failure and bypass grafting patients (Advancing Quality)
We will achieve greater than 98% compliance in all care bundles by March 2011.

Priority Three: Improve the experience of care for our patients.
We will fully implement the delivery plan arising from the first year of implementation of the patient experience strategy.

What follows are the new **additional** priorities for improvement in 2010/11.

Priority Four: Improve discharge planning and communication

Category:
Patient Experience
What is the priority?
Improve the quality of discharge planning and communication with patients, carers, district general hospitals and general practitioners
Why is it important?
Discharge planning prepares the patient for leaving the hospital. Most patients return to the care of a loved one and it is important that both patient and carer feel supported. Other health care professionals who may be called upon in the early weeks after discharge must have a good understanding of the patients' treatment and the plan for recuperation if they are to provide effective support.
How much will we improve?
We aim to improve the percentage of patients satisfied with discharge from 72% to at least 78%.
By when?
July 2011
Who will collect these data and how?

[1] Lilford R & Pronovost P. Using hospital mortality rates to judge hospital performance: A bad idea that just won't go away. BMJ 2010;340:c2016

Each year, the Trust participates in the national in-patients survey. We have averaged the results from 4 key questions related to the discharge process from the 2009 survey to provide a baseline measure. The survey will be run again in the autumn of 2010 when the same questions will be asked. We have also included these same 4 questions in our local monthly survey to ensure we are making the expected progress.

Current status:

	LHCH 2009/10	LHCH 2008/09	Most Recent National
Average scores of discharge indicators not ranked in top 20% of performance from national in-patients survey	72%	73%	78%

Improvements identified:

- Review the function and performance of discharge planning service and redesign as appropriate
- Improve the timeliness and usefulness of discharge letters to other healthcare professions
- Improve information for patients and carers about how to look after themselves once discharged.
- Increase opportunities for our Nurses to lead the discharge process
- Universally employ predicted date of discharge so patients know when discharge is likely to occur
- Deliver electronic discharge summaries within 24 hours of discharge

Priority Five: Improve the assessment of risk of venous thromboembolism

Category:

Safety

What is the priority?

Improve the assessment of risk for venous thromboembolism (blood clots) on admission

Why is it important?

Venous thromboembolism is responsible for a great many deaths in the NHS each year. Many of these deaths are preventable if the correct therapy is delivered. A comprehensive assessment of risk allows patients to be identified who would benefit from this therapy.

How much will we improve?

Our target is to ensure more than 90% of our patients are risk assessed

By when?

March 2011

Who will collect these data and how?

Whether a risk assessment is performed on admission or not will be collected for each patient and entered onto the Patient Administration

System. Each month, results for all admitted patients will be summarised, and a performance score derived

Current status:

Patients are at high risk of venous thromboembolism if they are elderly, have a history of cardiovascular or respiratory disease and are having operations that last over 90 minutes. As such, the vast majority of our patients are high risk, and we have historically had a policy of treating them as such, without necessarily performing the risk assessment. However, the requirement to risk assess is a national initiative which we will commence in April 2010.

Improvements identified:

- Improve patient information to raise awareness amongst patients about the risks of venous thromboembolism
- Introduce a structured risk assessment tool to the admission process
- Educate doctors and nurses how to perform the risk assessment, and deliver the appropriate therapy

Priority Six: Improve care for patients with acute coronary syndromes

Category:

Effectiveness

What is the priority?

To ensure there is a consistent approach to delivering care to patients transferred to our Hospital who are suffering from an acute coronary syndrome

Why is it important?

The delivery of effective care to all who have the capacity to benefit is an important part of the Trusts commitment to clinical excellence. However, not every patient is a suitable candidate for treatment.

How much will we improve?

Our target is to ensure all appropriate patients referred are accepted for transfer.

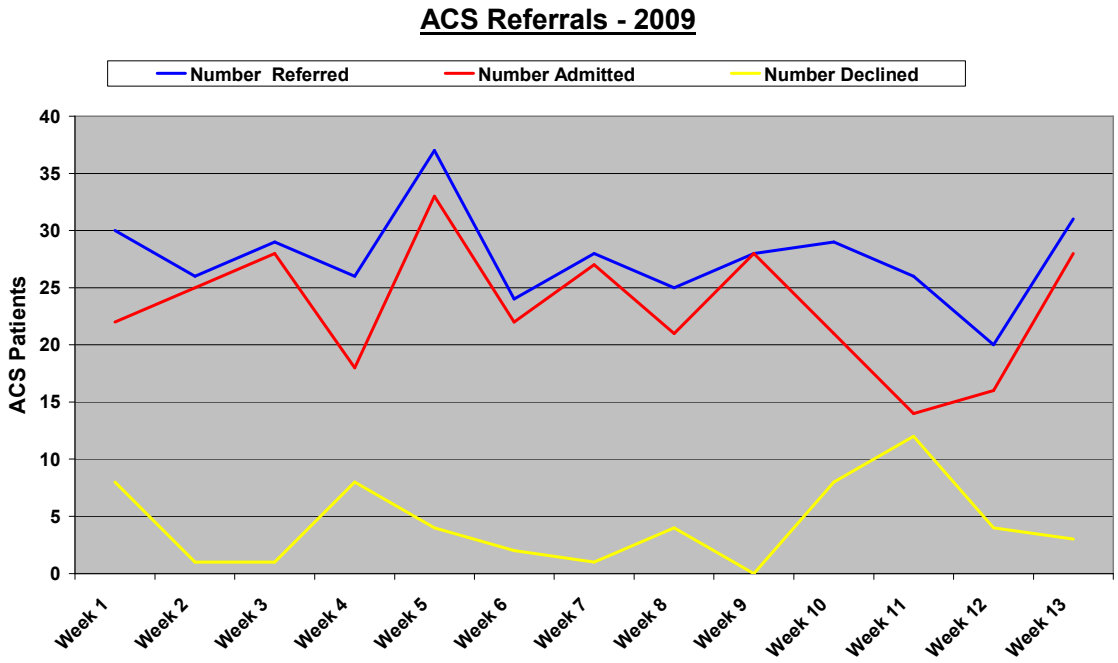
By when?

March 2011

Who will collect these data and how?

When being referred patients with an acute coronary syndrome, Doctors gather information about the patients clinical status, background and responses to therapy initiated in the referring hospital. Using an evidence based guideline, they assess the patients ability to benefit and arrange transfer to our hospital if appropriate. We will examine how the difference between the number referred and accepted for transfer varies to ensure any gap is explainable by inability to benefit alone.

Current status:



The data presented above are less than perfect as they do not specifically address the patient's capacity to benefit. We will ensure this key issue is included in our future data collection.

Improvements identified:

- Recirculate pathway to all Doctors and ensure responsibilities understood
- Improve ability for referring doctors to discuss with doctors at our hospital potential referrals and the capacity to benefit
- Peer review of patients not accepted for transfer to identify any inconsistencies in the application of the evidence based guideline
- Reduce delays in transfer to Liverpool Heart & Chest Hospital NHS Foundation Trust

How our priorities were selected

In the pursuit of our goal to become the best hospital in the country, throughout 2009/10 we led a continuous and comprehensive consultation exercise focussed on the identification of those priorities for improvement which would bring the biggest benefits to the people we serve. By people, this naturally includes our patients, but importantly also the carers, our Foundation Trust members and other health and social care professionals with whom we interact daily.

We have held a number of internal and external consultation events which have successively refined our decision making over which priories to select. Our final selection has emerged from a synthesis of priorities contributed from:

1. Staff delivering front line services who know where improvements need to be made

2. The Executive team who have considered the wider agenda in terms of national targets and quality incentive schemes
3. Our newly formed quality, safety and patient experience Council of Members sub-group, who are continuously identifying priorities from the Trust's 9,000 plus members.
4. Issues raised by our patients arising from both national and local surveys.
5. Our key stakeholders (the doctors, nurses and managers from referring hospitals, our commissioners, patient self help groups, higher education institutions) who from a dedicated workshop identified a range of improvements they would like to see implemented which would improve relationships with the Trust.

Priorities were shortlisted by the Executive Team based upon the gap in performance between LHCH and the best performance, together with number of people likely to benefit. We call this the scope for improvement. The shortlist was presented to the Trusts Clinical Quality Committee who recommended the final shortlist of priorities to the Trust Board. The Trust Board reviewed and agreed the priorities in April 2010.

Statements of Assurance from the Board

The Trust Board is wholly committed to achieving the very best standards of quality for the patients it serves. Indeed, many of the financial plans (a traditional area of scrutiny by the Trust Board) are dependent upon achieving excellence in quality of care. The Trusts new mission statement together with its values (see Part 1: Statement on Quality from the Chief Executive Officer) demonstrates the attention paid to safety, excellence and compassion – all key elements of quality.

In support of this, our regulators require us to make a number of statements which are intended to assure the reader of the Trusts commitment to quality.

Assurance regarding review of services:

During 2009/10 Liverpool Heart & Chest Hospital NHS Foundation Trust provided and/ or sub-contracted 10 NHS services.

Liverpool Heart & Chest Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 10 of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 100 per cent of the total clinical income generated from the provision of NHS services by Liverpool Heart & Chest Hospital NHS Foundation Trust for 2009/10.

In order to further improve our capacity and capability to collect and review data regarding our performance in delivering high quality care, we intend to:

- Begin the implementation of a strategy for making all patient records available in an electronic format, which means important data will always be available for review and analysis
- Further embed our commitment to dashboards which are an easy to understand summary of complex information for use by key users in the Trust
- Develop our benchmarking capability which will allow us to identify "what is possible" as opportunities for improvement by comparing our performance to those of our peers
- Further improve our capacity and capability to improve from the implementation of an improvement training programme tailored to the needs of our staff and our expectations of them

Assurance regarding participation in clinical audits

During 2009/10, 8 national clinical audits and 3 national confidential enquiries covered NHS services that Liverpool Heart and Chest NHS Foundation Trust provides.

During that period Liverpool Heart and Chest NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Liverpool Heart and Chest NHS Foundation Trust was eligible to and participated in during 2009/10 as stated by the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and those listed for inclusion by the Department of Health are as follows:

Heart

Adult cardiac surgery
Cardiac interventions percutaneous coronary intervention (BCIS) procedures
Congenital heart disease
Heart failure
Heart rhythm management (pacing and implantable cardiac defibrillators)
The Myocardial Ischaemia National Audit Project (MINAP; myocardial infarction)

Cancer

National Lung Cancer Audit
Oesophago-gastric (stomach) cancer

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Parental Nutrition

Elective & Emergency surgery in the elderly
Peri-operative Care

Centre for Maternal and Child Enquiries (CMACE) and National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI / NCISH).

National studies proposed during 2009/10 have been presented at the Clinical Audit and Effectiveness Group throughout the year for potential action however none have been relevant to NHS services Liverpool Heart and Chest NHS Foundation Trust provide.

The national clinical audits and national confidential enquiries that Liverpool Heart and Chest NHS Foundation Trust participated in, and for which data collection was completed during 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..

Heart

Adult cardiac surgery data submissions are undertaken every 12 weeks as required by the Central Cardiac Audit Database (CCAD). For data period April 2009 – March 2010 1846 cases have been submitted (100%) to CCAD.

Percutaneous coronary intervention (PCI) procedures are captured onto the TOMCAT internal database system. A total of 2563 cases for 2009 (100%) have been submitted to CCAD.

Congenital heart disease procedures are captured onto the Cardiac Surgery and TOMCAT internal database systems. A total of 138 cases for period April 09–March 2010 have been submitted to CCAD.

Heart failure – Liverpool Heart & Chest Hospital have participated since 1st August 2009. Cases submitted are for patients admitted with a primary diagnosis of heart failure. Cases are submitted directly onto CCAD on a regular ongoing basis. A total of 81 cases have been submitted for reporting period August 09 – December 09 (100%).

Heart rhythm management (pacing and implantable cardiac defibrillators) data is captured using TOMCAT and cases are submitted to CCAD on a regular ongoing basis. A total of 1584 (pacing and implantable cardiac defibrillators cases) and 1042 (EPS cases) have been submitted for the reporting period Jan 09 – Dec 09 (100%). Data submission is due 31st May 2010 for calendar year 2009 data to CCAD.

The Myocardial Ischaemia National Audit Project (MINAP; myocardial infarction) Cases are captured onto the TOMCAT internal database system and submitted monthly to CCAD on a regular ongoing basis. A total of 375 cases (100%) have been submitted for reporting period April 09 – Feb10. Data submission is due 31st May 2010 for remaining 2009/10 data to CCAD.

Cancer

National Lung Cancer Audit – data submission for patients first seen in 2009 is 30 June 2010. A total of 252 cases have been submitted for the reporting period Jan 09 – Dec 09 (100%). Final data submission is due 30th June 2010 for calendar year 2009.

Oesophago-gastric (stomach) cancer - 201 cases (100%) were identified matching the entry criteria of date of diagnosis between 1st October 2007 to 30th June 2009. These cases were either entered directly onto the Augis database or in some cases uploaded as a text file. As a tertiary centre we reported on surgery and pathology for operations done by 5 upper GI and thoracic surgeons.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Parental Nutrition – 14 cases were identified by LHCH and reported to NCEPOD. NCEPOD selected 8/14 cases that matched enquiry criteria. 3/8 (38%) questionnaires and 1/8 casenotes (13%) were returned to NCEPOD.

Elective & Emergency surgery in the elderly: - 3 Cases were identified using the CCAD national database that met the study criteria. 2/3 (67%) surgeon questionnaires and 1/3 (33%) anaesthetic questionnaires were returned to NCEPOD. (2/3 anaesthetists had left the Trust and NCEPOD were informed).

Peri-operative Care (pilot study) –20 cases were submitted as required by the criteria for this pilot study.

Peri-operative Care (main study) – Study commenced 1st March for a 1 week period. 31 Data collection forms were completed by anaesthetists for procedures undertaken during the study period that met study criteria. Analysis and submission of data for this study is currently underway.

Other National Clinical Audits

The Department of Health has published a list of national clinical audits for inclusion in quality accounts (table below). In addition to those described above, a total of 25 other national audits and registries were listed, of which 24 are not NHS services that Liverpool Heart and Chest NHS Foundation Trust provides. During 2009/10 Liverpool Heart and Chest NHS Foundation Trust participated in 1 national clinical audit in addition to those listed.

Other National Audits /Registries	Relevant / Comments	Participation Yes / No
Paediatric Intensive Care Audit Network	Not relevant	No
The Vascular Society of Great Britain and Ireland	Not relevant - The Society focuses on non cardiac vascular disease, including diseases of peripheral arteries, veins & lymphatic	No
National Neonatal Audit Programme	Not relevant	No
National Diabetes Audit	Not relevant – Focuses on PCTs, GPs, Secondary care and specialist paediatric units	No
Intensive Care National Audit and Research Centre (Case Mix Programme (CMP) is an audit of patient outcomes from adult, general critical care units).	Other specialist units (neurosciences, multiple injury and cardiac) also participate. However Due to small numbers of participating units, it is not possible at this time to compare cardiothoracic units.	Future participation planned
Patient Outcomes in Surgery Audit	Procedures covered by the Audit are: total hip and knee replacements inguinal hernia repair removal of varicose veins Not relevant to LHCH	No
National Joint Registry (NJR)	Not relevant	No
UK Renal Registry (collects and analyses information on all patients receiving Renal Replacement Therapy)	Data collection for Renal units Not relevant	No
National Bowel Cancer Audit	Not relevant	No
National head and neck cancer audit	Not relevant	No
National Audit of Pulmonary Hypertension	Rare at LHCH. Patients are referred to a regional unit in Sheffield. Not relevant	No
National Hip Fracture Database	Not relevant	No
National Audit of Psychological Therapies for Anxiety and Depression	Not relevant	No
Trauma Audit and Research Network	Not relevant	No
NHS Blood & Transplant – intrathoracic; liver and renal transplants	Not relevant	No
NHS Blood & Transplant - Potential donor audit	Not relevant- From 01/04/06, Cardiothoracic Intensive Care Units have no longer been included.	No
National kidney care audit	Not relevant	No
National Sentinel Stroke Audit	Not relevant	No
National audit of dementia	Not relevant	No
National falls and bone health audit	Not relevant	No
Prescribing topics in mental health services	Not relevant	No
National comparative audit of Blood Transfusion- changing topics	Relevant	Yes
British Thoracic Society - Community Acquired Pneumonia in Adults NIV – Adults	Not relevant	No
College of emergency medicine: pain in children, fractured neck of femur, severe and moderate asthma	Not relevant	No
National mastectomy and breast reconstruction	Not relevant	No
National Audit of Continence Care	Not relevant	No

During 2009/10 Liverpool Heart and Chest NHS Foundation Trust participated in 4 other national clinical audits not listed for inclusion (Table 2) relevant to NHS services that Liverpool Heart and Chest NHS Foundation Trust provides.

Other National Audits /Registries

The reports of 9 national clinical audits were reviewed by Liverpool Heart and Chest NHS Foundation Trust 2009/10 and we intend to take the following actions to improve the quality of healthcare provided:

Other National Audit	Relevant / Comments	Participation Yes / No
National Audit of Cardiac Rehabilitation	Relevant	Yes
National Health Promotion in Hospital Audit	Relevant	Yes
Royal College of Anaesthetists major complications of airways management in the UK	Relevant	Yes
UK Cystic Fibrosis Registry	Relevant	Yes

National Cardiac Surgery Audit – implement new national dataset and commence reporting three monthly.

National Percutaneous Coronary Intervention Audit – participate in national work to develop a mortality only prediction model and exploit links with the Myocardial Ischaemia National Audit Project.

Myocardial Ischaemia National Audit – roll out primary percutaneous coronary intervention to the rest of the Hospitals catchment area and continue to deliver excellent call and door to balloon times..

National Upper GI Cancer Audit and National Lung Cancer Audit - improve recording and tracking of clinical data by implementing a dedicated tracking data base

National Heart Failure Audit - development and implementation of a heart failure pathway across primary, secondary and tertiary care

National Congenital Audit - development of data validation process and procedures for congenital data working closely with CCAD

NCEPOD report Adding insult to injury - "Acute Kidney Injury"
– introduce measures to ensure reagent strip urinalysis is performed on all emergency admissions
- develop risk assessment procedure for development of Acute Kidney Injury for all emergency patients

NCEPOD report Caring to the End - "Death in acute Hospitals"
-improve systems of communication between doctors and other health care professionals

- undertake and complete a trustwide documentation review

National Out-Patients Survey –improve waiting times together with the quality and amount of information provided around the time of out-patient consultation.

The Trust has a clinical audit and effectiveness strategy which helps prioritise the use of resources between the national and local agenda. Our local clinical audit programme includes the work we do as part of major internal improvement initiatives such as Productive Ward, Patient Flow, Patient Safety First Campaign, Advancing Quality and the Care Bundles programme. In addition we support audits of the effectiveness of key policies such as consent and documentation and changes in practice as a result of isolated failures in care that have been the subject of root cause analyses.

The reports of 102 local clinical audits were reviewed by the provider in 2009/10 and Liverpool Heart and Chest NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- Develop smoking cessation services incorporating NICE guidelines & DH Service & Monitoring Guidance 2009/10
- Develop an education strategy for Trust staff in line with End of Life Care Strategy recommendations and Merseyside Cancer Network Palliative Education Framework
- Roll out Primary PCI service and continue the ongoing monitoring of “call” and “door” to balloon times
- Further training of professional groups regarding obtaining consent
- Improve reliability of risk assessments being performed to prevent injury from slips, trips and manual handling
- Improving the clarity of a number of Trust policies
- Review Trust documentation to reduce duplication and aid ease of use, whilst maintaining accurate records of the highest quality.
- Further embed use of the World Health Organisation surgical safety checklist
- Reorganisation of surgical wards and scheduled ward rounds to optimise senior led review of patients
- Improve compliance with key care bundles to reduce the risk of infection

Assurance regarding research

The number of patients receiving NHS services provided or sub-contracted by Liverpool Heart & Chest Hospital NHS Foundation Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 805.

Compared to 2008/9, we have more than tripled our participation in studies supported by the National Institute of Health Research. This increasing level of participation in clinical research demonstrates Liverpool Heart & Chest

Hospital NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Liverpool Heart & Chest Hospital NHS Foundation Trust was involved in conducting 35 clinical research studies. Liverpool Heart & Chest Hospital NHS Foundation Trust completed 14% of these studies as designed within the agreed time and to the agreed recruitment target. Liverpool Heart & Chest Hospital NHS Foundation Trust used national systems to manage the studies in proportion to risk. Of the 35 studies given permission to start, 75% were given permission by an authorised person less than 30 days from receipt of a valid complete application. Fourteen of the studies were established and managed under national model agreements and 17% of the 35 eligible research involved used a Research Passport. In 2009/10 the National Institute for Health Research (NIHR) supported 14 of these studies through its research networks.

In the last three years, 14 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

Research is an essential component of the Trusts activities. It provides the opportunity to contribute to the generation of new knowledge about whether new treatments or models of care truly deliver the improvements in quality anticipated. Ongoing example projects include:

- Transcatheter Aortic Valve Implantation (TAVI) which seeks to offer patients thought too high risk for traditional surgery an alternative intervention which can alleviate symptoms and improve quality of life
- Whether antibiotic resistance can be avoided yet effectiveness maintained by reducing the antibiotic course to two days from the usual seven.

Those projects that do offer benefit can be implemented quickly for future patients, subject to the service the project evaluated being funded as part of routine NHS care.

Innovation – doing things differently or doing different things to achieve a step change in performance - is another important commitment the Trust makes to improving patient care. In 2010/11 the Trust will be providing an innovative community cardiovascular disease service for the residents of Knowsley. A suite of quality measures will be used to track the provision of high quality care in the delivery of a streamlined diagnostic and treatment pathway which includes lifestyle advice and rehabilitation.

The adoption of innovative practice is governed by the Trusts Clinical Audit & Effectiveness Committee who ensures new technologies are safe and effective before they are used to treat our patents. An example of an approved technology includes a new method for continuously measuring the blood glucose concentration of patients in our critical care area so that levels may be proactively managed, better outcomes achieved and costs of care reduced.

Assurances regarding goals agreed with commissioners

A proportion of Liverpool Heart & Chest Hospital NHS Foundation Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Liverpool Heart & Chest Hospital NHS Foundation 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 (CQUIN) payment framework.

The CQUIN indicators for Liverpool Heart & Chest Hospital NHS Foundation Trust in 2009/10 were to:

1. *Achieve our infection control targets (<=7 MRSA, <=25 Clostridium Difficile)*
2. *Improve the delivery of discharge summaries to General Practitioners within 48 hours of discharge*
3. *Reduce the percentage of patients readmitted as an emergency within 28 days of discharge to <=8%*
4. *Undertake patient experience surveys in all areas of the Trust*
5. *Improve the patients perception of mixed sex facilities*
6. *Develop a system to measure smoking prevalence, the provision of advice to stop smoking, and initiation of smoking cessation referral*

£350,175 was conditional upon achieving the above quality improvement and innovation goals; Liverpool Heart & Chest Hospital achieved all goals (with the exception of slight (0.2%) underachievement of the readmissions target) and received full payment.

The CQUIN indicators for Liverpool Heart & Chest Hospital NHS Foundation Trust in 2010/11 are to:

1. *Improve the responsiveness to the personal needs of patients*
2. *Improve the assessment of risk of venous thromboembolism*
3. *Improve the outcomes of care in heart attack, heart failure and bypass grafting patients (Advancing Quality)*
4. *Participate in relevant Quality, Innovation, Productivity & Prevention work streams within the City of Liverpool*
5. *Deliver all relevant High Impact Actions for Nursing & Midwifery*
6. *Reduce the percentage of patients readmitted as an emergency within 28 days of discharge*
7. *Improve discharge planning and communication*
8. *Achieve targets to record smoking prevalence, deliver smoking cessation advice and referral*
9. *Improve care for patients with acute coronary syndromes*
10. *Complete a comprehensive quality report for review by our specialised commissioners*

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from Dr Mark Jackson, Associate Director – Quality Improvement (email Mark.Jackson@lhch.nhs.uk or telephone 0151 600 1332).

Assurances regarding what others say about the provider

Liverpool Heart & Chest Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

Liverpool Heart & Chest Hospital NHS Foundation Trust has received no conditions on registration.

The Care Quality Commission has not taken enforcement action against Liverpool Heart & Chest Hospital NHS Foundation Trust during 2009/10.

Liverpool Heart & Chest Hospital NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 8th December 2009. The CQC's assessment of the Liverpool Heart & Chest Hospital NHS Foundation following that review was that there was no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

Liverpool Heart & Chest Hospital NHS Foundation Trust has not been invited to participate in special reviews or investigations by the Care Quality Commission during 2009/10.

Assurances regarding data quality

<u>NHS Number and General Medical Practice Code Validity</u>

Liverpool Heart & Chest Hospital NHS Foundation submitted records during 2009/10 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:

- *99.8% for admitted patient care;*
- *98.6% for out patient care;*

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Which included the patient's valid General Medical Practice Code was:

- *98.9% for admitted patient care;*
- *99.8% for out patient care;*

Note: Liverpool Heart & Chest Hospital NHS Foundation Trust does not have an accident and emergency department, so A&E indicators do not apply.

Information Governance Toolkit attainment levels

Liverpool Heart & Chest Hospital NHS Foundation Trust score for March 2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 82%.

Clinical Coding Error Rate

Liverpool Heart & Chest Hospital NHS Foundation 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 – 2.5%*
- *Secondary diagnoses incorrect – 1.1%*
- *Primary procedures incorrect – 0.5%*
- *Secondary procedures incorrect – 0.6%*

It is important to note that results should not be extrapolated beyond the actual sample audited; the 2009/10 audit included cases from Cardiology, Thoracic procedures & disorders, and Percutaneous Coronary intervention (0-2 stents).

Part 3: Review of Quality Performance

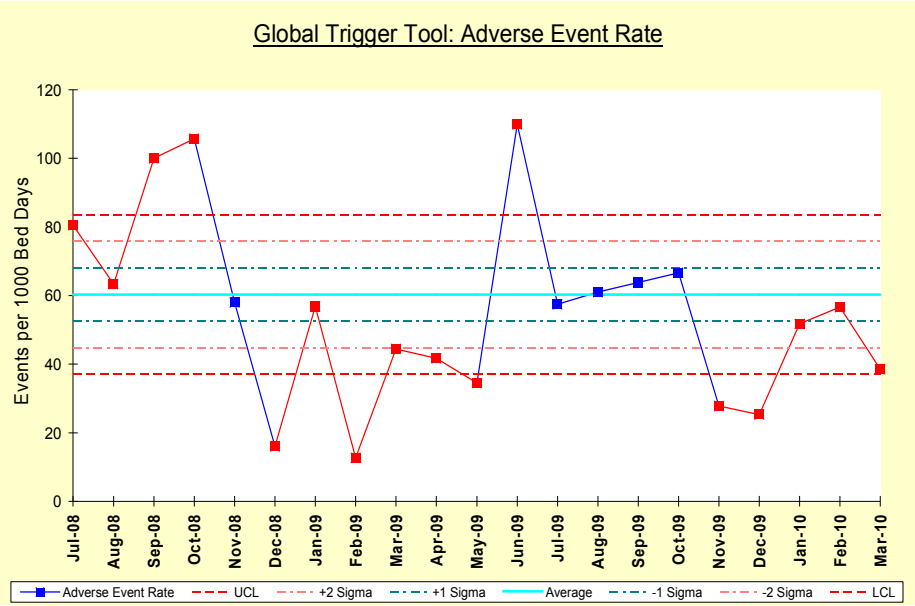
Performance Review

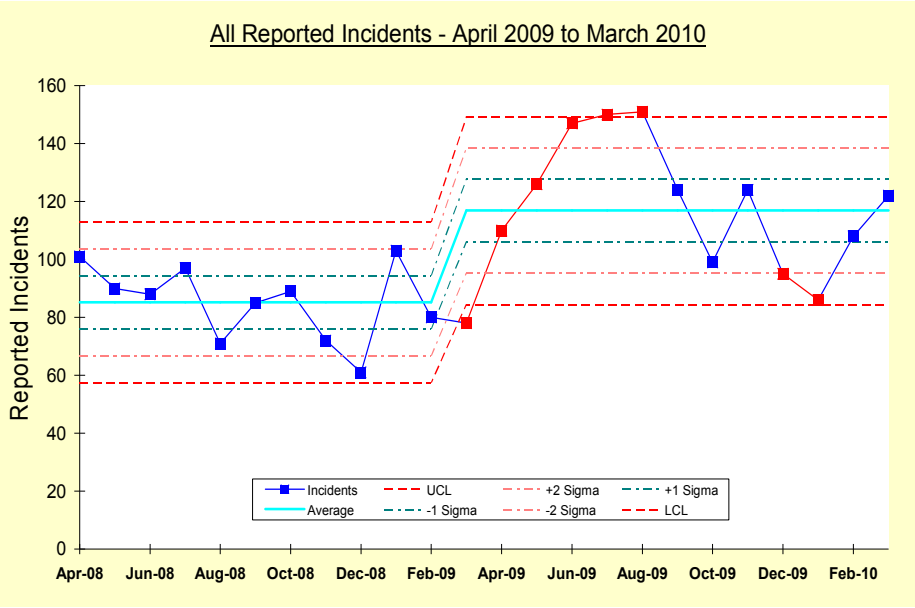
This section of the quality account presents an overview of performance in areas not selected as priorities for 2010/11. Presented are:

- Quantitative metrics, that is aspects of safety, effectiveness and patient experience which we measure routinely to assure ourselves of the quality of care provided, and
- Qualitative findings, that is themes emerging from comments provided by patients who have used our services

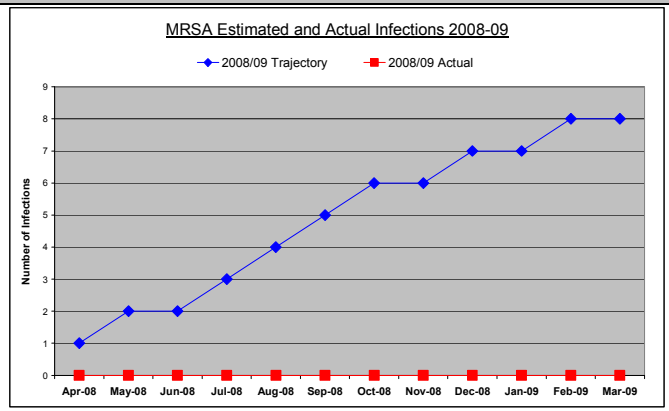
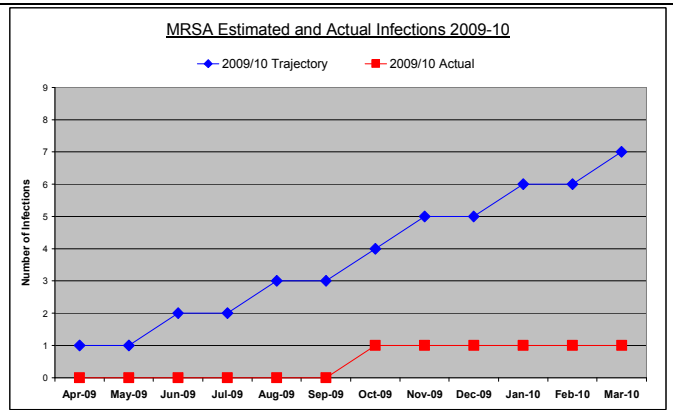
Quantitative Metrics

Safety			
Metric	Adverse events (rate per 1000 bed days)	**Organisation Wide or Service Specific**	Corporate
Derived From	Trust	**Why metric chosen**	Harm occurring during hospitalisation
How is data collected	Casenote review using standardised global trigger tool methodology but no standard national definitions of harm (guidelines only).	**Improvements planned**	Reduction in complications following treatment
LHCH 2009/10	55.5	**LHCH 2008/09**	58.2

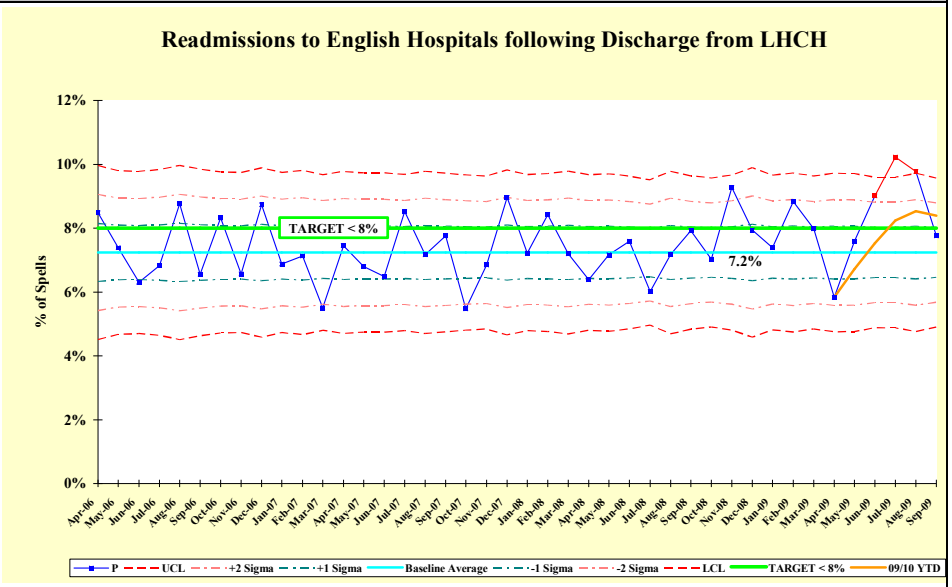


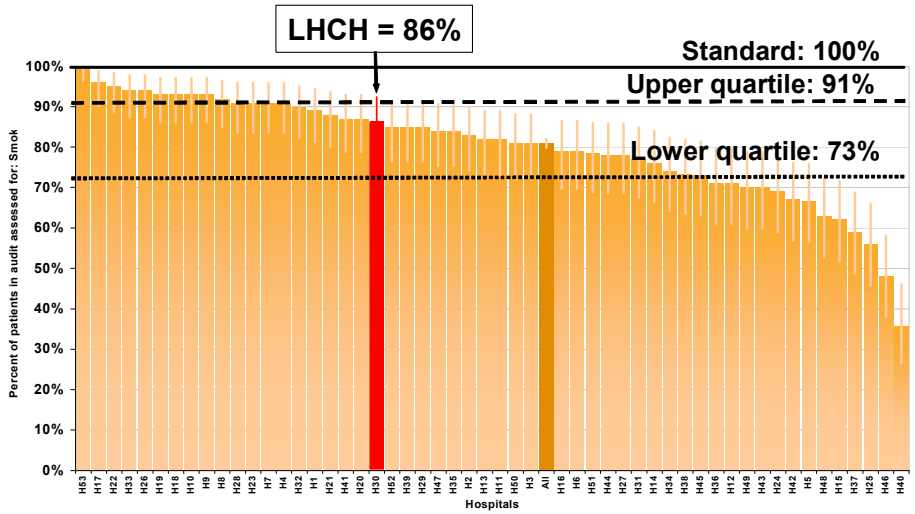
Safety				
Metric	No. Incidents reported[2]	**Organisation Wide or Service Specific**	Corporate	
Derived From	Trust	**Why metric chosen**	Harm occurring during hospitalisation	
How is data collected	Trust incident reporting system. Results submirtted to National Patient Safety Agency. National standard definitions used for most incidents.	**Improvements planned**	Reinforce reporting culture	
LHCH 2009/10	1183	**LHCH 2008/09**	811	

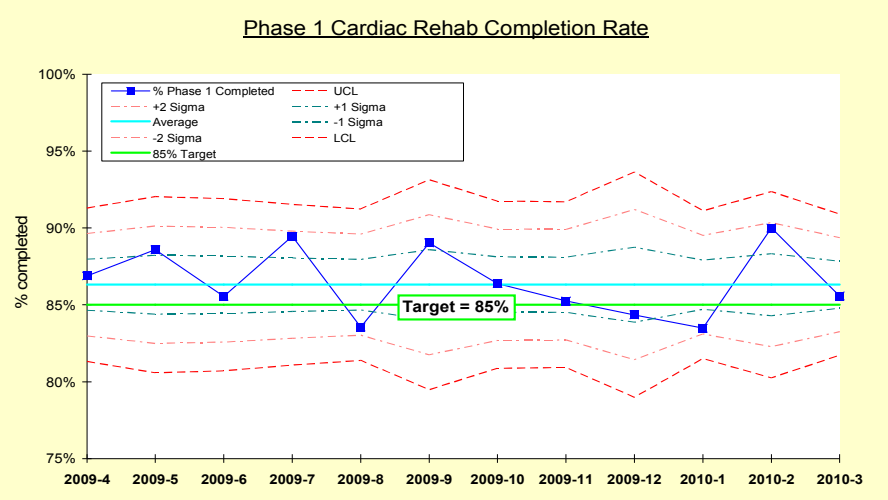
[2] A higher number of reported incidents reflects a healthy reporting culture and is a sign of a open and learning organisation

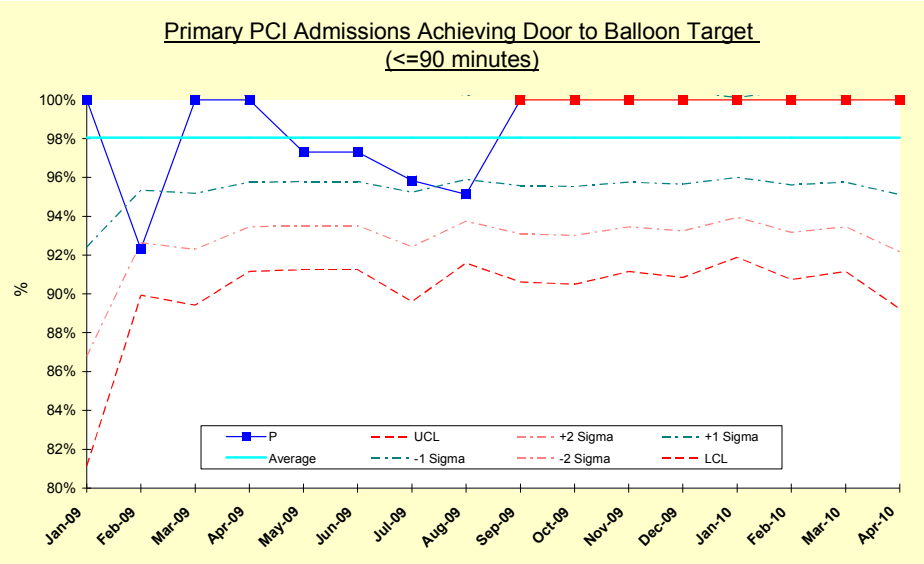
Safety				
Metric	No. MRSA bacteraemias	**Organisation Wide or Service Specific**	Corporate	
Derived From	Trust	**Why metric chosen**	Concern of patients; Department of Health priority	
How is data collected	Monthly surveillance reported to health protection agency. National definitions of bacteraemia applied.	**Improvements planned**	Learn from each occurrence	
LHCH 2009/10	1	**LHCH 2008/09**	0	

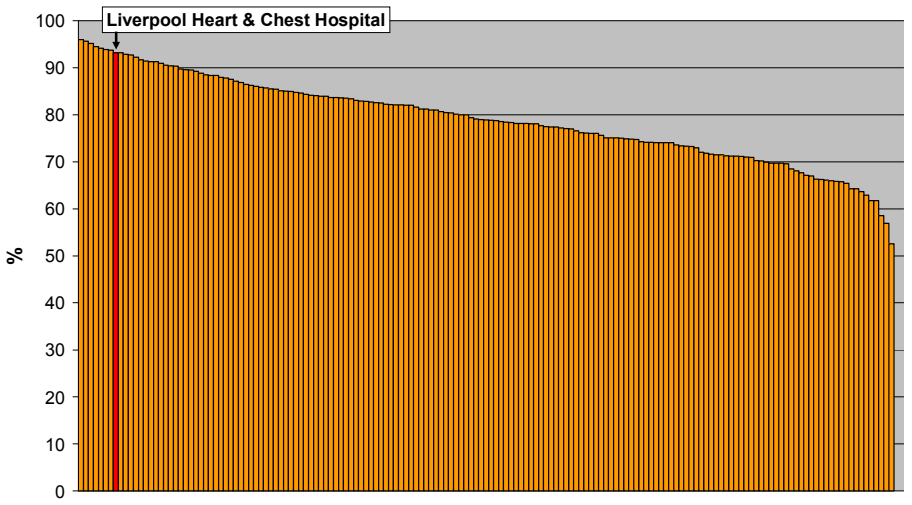
Effectiveness			
Metric	Readmission rate (%)	**Organisation Wide or Service Specific**	Corporate
Derived From	Trust	**Why metric chosen**	Reduces patient experience
How is data collected	Dr Foster benchmarking system. National definition of readmission applied, but only includes readmissions to English hospitals.	**Improvements planned**	Care right first time and risk reduction strategies
LHCH 2009/10	8.4% (Apr-Sep10)	**LHCH 2008/09**	7.5%

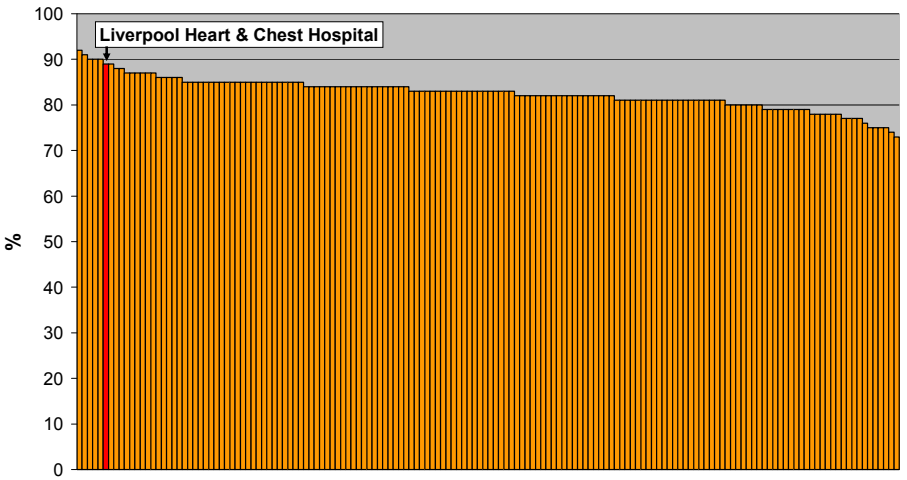


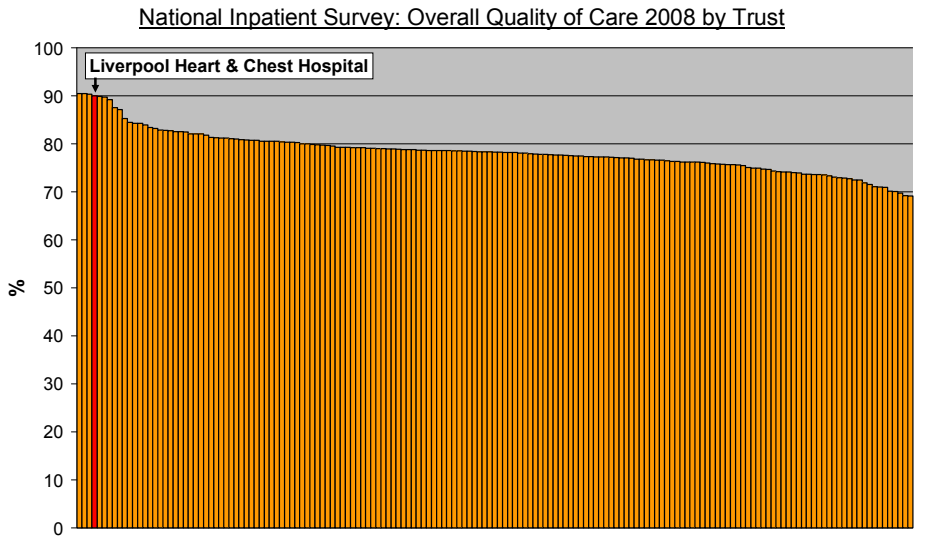
Effectiveness				
Metric	% patients receiving smoking cessation advice or referral	**Organisation Wide or Service Specific**	Corporate	
Derived From	Patient	**Why metric chosen**	Promotes recovery	
How is data collected	LHCH contribution to National Health Promotion in Hospitals Audit. Data loaded onto bespoke webtool. National definitions applied drawn from audit.	**Improvements planned**	Brief intervention training, improved referral to cessation services	
LHCH 2009/10	86% of eligible patients offered smoking health promotion	**LHCH 2008/09**	Not available	

Effectiveness				
Metric	% patients receiving Phase one Cardiac rehabilitation	**Organisation Wide or Service Specific**	Corporate	
Derived From	Patient	**Why metric chosen**	Promotes lifestyle change	
How is data collected	LHCH contribution to national audit of cardiac rehabilitation collected into in house electronic database. National definition of definition of phase one rehabilitation applied.	**Improvements planned**	Improve capacity of service	
LHCH 2009/10	87%	**LHCH 2008/09**	62%	

Effectiveness				
Metric	% patients with heart attack receiving treatment within 90 minutes of arrival (door to balloon time)	**Organisation Wide or Service Specific**	Service	
Derived From	Trust	**Why metric chosen**	New service measure	
How is data collected	LHCH contribution to myocardial infarct national audit project (MINAP) collected into in house electronic database. National definition of performance measures used from MINAP.	**Improvements planned**	Learn from each breach	
LHCH 2009/10	99%	**LHCH 2008/09**	96%	

Patient Experience				
Metric	% patients who perceived they did not share a sleeping area with patients of the opposite sex.	**Organisation Wide or Service Specific**	Corporate	National Inpatient Survey: Mixed Sex Sleeping Area 2008 by Trust 
Derived From	Commissioner	**Why metric chosen**	National priority	
How is data collected	LHCH contribution to national patient survey. National definitions applied from National In-Patient Survey.	**Improvements planned**	Improved estate	
LHCH 2009/10	89.5% (Unadjusted figure, awaiting external adjustment by Picker UK)	**LHCH 2008/09**	93.2%	Note: Performance differs from that reported in the Trusts 2008/09 quality report in order to align with Department of Health national priority.

Patient Experience				
Metric	% patients reporting good or excellent overall quality of care – Outpatients	**Organisation Wide or Service Specific**	Corporate	National Outpatient Survey: Overall Quality of Care 2009 by Trust 
Derived From	Trust	**Why metric chosen**	Composite indicator	
How is data collected	LHCH contribution to national patient survey. National definitions applied from National Out-Patient Survey.	**Improvements planned**	Patient experience delivery plan	
LHCH 2009/10	89%	**LHCH 2008/09**	88% (2005)	

Patient Experience				
Metric	% patients reporting good or excellent overall quality of care– Inpatients	**Organisation Wide or Service Specific**	Corporate	
Derived From	Trust	**Why metric chosen**	Composite indicator	
How is data collected	LHCH contribution to national patient survey. National definitions applied from National In-Patient Survey.	**Improvements planned**	Patient experience delivery plan	
LHCH 2009/10	96% (Unadjusted figure, awaiting external adjustment by Picker UK)	**LHCH 2008/09**	90%	

Qualitative Findings

The themes below have been derived from feedback received from patients who have participated in the 2009 in-patient and out-patient national surveys. The top three good aspects of our services our services that have led to a positive patient experience are presented together with the top three aspects of our services that need improvement. Each theme is supported by a direct quote from a patient.

Aspects of our service that provided a positive patient experience

In-Patient Survey		Out-Patient Survey	
Theme	**Quote**	**Theme**	**Quote**
Excellent care	"The care and response given to me was excellent. I can only thank all the staff for caring for me"	Excellent care	"All aspects of clinical care administered in OPD is excellent considering the number of patients throughout and especially the amount of personal care & help needed by patients attending. It has excellent standards of care"
Excellent staff	"I would like to take this opportunity to thank all doctors, nurses & staff at the LHCH for all their excellent care & support during & after my stay in hospital. They were all totally fantastic and always put me at ease in such a stressful time"	Excellent staff	"As most people I normally hate hospitals but everytime I have been to the OPD the doctors and staff are just the best and make you feel just great"
Life saving	"LHCH saved my life - thank you very much"	Helpful	"I have always found the staff very helpful and pleasant. When attending the LHCH clinic the staff make you feel that they have you best interests at heart"

Aspects of our service that require improvement

In-Patient Survey		Out-Patient Survey	
Theme	**Quote**	**Theme**	**Quote**
Food	"The food left a lot to be desired"	Site geography	"I found the walk to the department from the entrance too far to walk for patients with heart or breathing difficulties"
Discharge	"Medications that was put on was confusing, nurses had to speak to doctors to find out, this took hours, to sort. I was taken to the discharge reception and left waiting for a discharge interview over an hour. It did not happen"	Waiting times	"My past 2 appointments have had lengthy waiting times - approx 1.5-2 hours which is frustrating when I travel from North Wales. It makes it a very long day so some information about waiting times would be better rather than sitting and waiting wondering what is going on!"
Communication	"When I had returned home I had cause to contact the hospital because my condition had worsened. I did not feel my fears and concerns were dealt with in a helpful way. I eventually ended up in the RLUH"	Administration	"The letter for this appointment just stated it was for pre-op tests which I had undergone 2 months before and so I thought it was just another round of tests (bloods, lung capability, ecg, etc) so I told my wife to stay at home. As it turned out, the appointment was more to do with the operation and if I had know this beforehand I would have liked my wife to have attended with me"

Improvements planned

- Food – We will be placing a new catering contract early in 2010/11. This will include the delivery of food in new and innovative ways.
- Discharge & Communication – These issues have been specified as priorities for 2010/11 (see above).

- Site geography - Improved signage to Out Patients Department is being addressed by signage group. The Trust is currently exploring the possibility of opening additional entrance located adjacent to the Out Patients Department.
- Waiting times – Our Corporate Matron now undertakes regular review of waiting time data and meets with individual clinicians to discuss any issues.
- Administration - Letters have been re-worded to clarify the purpose of our clinic appointments.

Metrics against Department of Health national priorities and performance against Healthcare Commission national core standards

National Targets and Regulatory Requirements	2009/10	2008/09	Target
Healthcare Commission core standards and national targets met	24/24	24/24	24/24
Clostridium Difficile – year on year reduction (to fit the trajectory for the year as agreed with PCT – assumed a 15% reduction if no level agreed in a contract)	15	18	<=25
MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level (assumed target is 50% of 2003/04 if no level agreed in a contract)	1	0	<=7
Screening all elective in-patients for MRSA	138%	76% (Sep08 – Mar09)	100%
Maximum waiting time of 2 weeks from urgent GP referral to date first seen for all urgent suspected cancer referrals	99%	100%	93%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	98%	100%	96%
Maximum waiting time of 31 days for subsequent treatments for all cancers	100%	N/A	94%
Maximum two month wait from referral to treatment for all cancers	89%	92%	85%
For admitted patients, maximum time of 18 weeks from point of referral to treatment	94%	91%	90%
For non-admitted patients, maximum time of 18 weeks from point of referral to treatment	97%	95%	95%

Statements of Local Involvement Networks (LINkS), Overview & Scrutiny Committees and Primary Care Trusts

Statement from Liverpool Local Involvement Network (LINk)

Liverpool LINk supports the decision to continue to focus on the existing priorities – where they remain – and the choice of new priorities as identified. Liverpool LINk is particularly interested in planned improvements to discharge instructions as this is in line with our interest in 'joined up' health and social care pathways within a Healthy City approach to health and wellbeing.

Liverpool LINk is also supportive of the way in which staff and patients have been involved in setting quality priorities – including improving the patient experience – and would like to see even more emphasis on letting patients know how their input has changed things.

On the basis of the draft Quality Account as presented, Liverpool LINk has not seen any evidence which leads it to doubt the Trust's ongoing commitment to providing quality services and to improvement and positive innovation wherever possible. Liverpool LINk welcomes its developing relationship with Liverpool Heart and Chest Hospital NHS Foundation Trust, looks forward to following its progress against its chosen quality priorities and hopes to continue to have a positive and productive working relationship with the Trust in the future.

Enabling Quality Management Systems

The delivery of high quality care depends as much on the workforce, leadership and information technology as it does upon the systems and processes that lead to the delivery of direct patent care. What follows is a short summary of our position with respect to some of these key "enabling" systems:

Planning & developing the workforce

- The Trust has almost completed the development of a comprehensive education strategy which will ensure the training, development & learning required to deliver our planned service and care improvements is identified and is deliverable.
- The Trust has demonstrated a large increase in the percentage of staff receiving an appraisal (Q8a 2008 – 52% vs 2009 75%; national average 68%) and a small increase in the percentage of staff reporting receipt of an effective appraisal (Q8b 2008 – 57% vs 2009 61%; national average 56%).
- Medical staff responsible for assessing the performance of peers have undertaken appraisal training. In 2010/11 the Trust will be using the self assessment tool AQMAR (Assessing the Quality of Medical Appraisal for Revalidation) with a view to producing a development plan.
- The Trust has workforce plans in place to manage gaps between the future demand & supply of our workforce, and includes how services could

be delivered differently (for example we are introducing assistant practitioners to support nursing staff and reskilling existing staff using the modern apprentice scheme). The plans however do not include cross organisational working along patient pathways, but this will become a feature of future plans as the Trust expands its services into traditional primary and secondary care settings. These plans are subject to bi-annual review by the Workforce Committee, an assurance committee of the Trust Board.

- The Trust has improved its performance in terms of key workforce statistics:

Workforce Statistic	Performance 2008/09	Performance 2009/10
Sickness-Absence (%)	5.6%	3.9%
Turnover of Staff (%)	11.4%	9.6%
Spend on Temporary Staffing (£)	£1,445,323	£1,359,012

These statistics compare very favourably with other hospitals in the North West (we have the second lowest rate of sickness-absence for example). This is all good news for patient care. Having our staff present more of the time rather than having to bring in temporary staffing results in more consistent and safer care as staff are familiar with our systems and procedures. There is also a impact on staff satisfaction and morale in that the pressure felt by staff in covering for absent colleagues is also reduced.

- The Trust provides training opportunities for many student nurses and other professionals allied to medicine. Robust systems are in place to gather feedback from students during their time in the Trust, with any deficiencies reported being corrected quickly. This feedback is shared with the appropriate local Higher Education Institution (HEI). Improving these systems and ensuring future workforce plans are used to design new training courses has been raised as an improvement opportunity by our HEI's and work will be done in 2010/11 to identify the number of students who have:
    - Failed during placement at our Hospital
    - Progressed to fitness to practice panels at the HEI

  During the academic year September 2008 to September 2009, 8 students did not complete their course (4 discontinued; 4 suspended).

<u>Staff Experience</u>

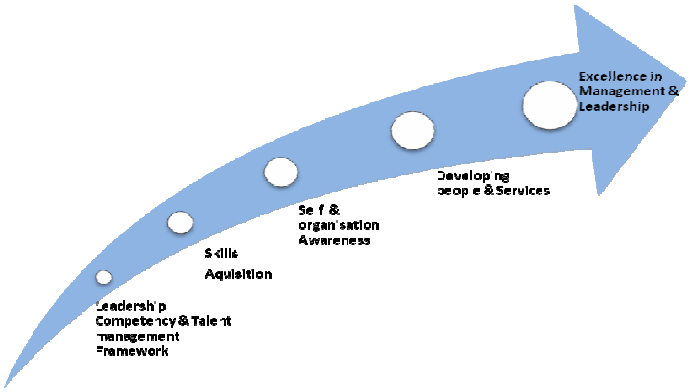
- Each year, the Trust participates in the National Staff Survey which asks of staff key questions about their job and the systems around them to perform well. The table below sets out a few of these key indicators relevant to the staff experience:

Staff Survey Statistic	Performance 2008/09	Performance 2009/10
Staff agreeing we are meeting physical and mental health needs (%)	Question not asked in 2008	44%
Staff agreeing we are meeting health & wellbeing needs (%)	Question not asked in 2008	50%
Staff agreeing we are meeting safety needs (%)	77%	82%

- The Trust has in place a public health strategy which includes some aspects of supporting the health & well-being of staff. As a consequence of the publication of the Boorman review of staff health and wellbeing however, a dedicated health & wellbeing strategy is being developed which will be much stronger on how Liverpool Heart & Chest Hospital NHS Foundation Trust can become an exemplary health and wellbeing employer and realise the benefits this brings to quality of care and productivity.

Leadership

Good leadership provides the will and resources necessary to improve patient care and the patient experience, and as such, good leaders must exist at every level of the organisation. Recognising this, Liverpool Heart and Chest NHS Foundation Trust launched in 2009 the Excellence and Leadership Programme. This aims to build and strengthen management & leadership skills for all new and existing managers across the Trust by providing a tailored approach to support career development, talent management, and succession planning for the future. It comprises a three tiered, structured programme of learning for strategic, operational, first line & new leaders with a range of learner led interventions will be linked to individual development needs defined against the leadership competency and talent management frameworks.



Staff Engagement

- We have engaged with staff throughout in the development of this quality account. This has been achieved via the Directorate senior leadership teams who have in turn involved front line staff using a variety of meetings and events.
- Front line staff are leading many of our improvement initiatives. For example:
    - Our pre-assessment nurses and discharge team are designing systems of prioritising patients at high risk of readmission so effective measures can be taken in hospital and in the community to prevent occurrence.
    - A theatre nurse introduced a fasting guideline prior to pacemaker surgery which is now going to be rolled out into the cardiac catheterisation laboratories.
    - A critical care nurse introduced a very visible early discharge planning board in our post operative critical care unit, which helps prioritise those patients who are ready for early discharge and reduces unnecessary stay.
    - A ward nurse identified that we could improve the quality of our dressing packs by switching supplier which was not only cheaper but better quality. All staff nurses prefer the new pack.

Our staff rate the quality of care they deliver on behalf of Liverpool Heart & Chest Hospital NHS Foundation Trust highly, as judged by the following indicators drawn from the annual staff survey:

Staff Survey Statistic	Performance 2008/09	Performance 2009/10
Staff agreeing they feel satisfied with quality of work and patient care they are able to deliver (%)	72%	84%
Staff agreeing they are satisfied with their job (maximum score=5)	3.33	3.54
Staff agreeing they are able to contribute to improvements at work (%)	55%	59%

- Moreover, these scores are improving.

Link between Quality & Resources

Information resources

In order to improve, you have to know how you are doing. This requires robust data and appropriate analysis. The Trust is fortunate in being especially strong in this area.

The Trust employs a number of information systems which are constantly used for quality improvement purposes. These include:

1. The Patient Administration System (PAS)
2. The data warehouse, which integrates a number of clinical information systems with the PAS
3. Service line reporting, which brings together administrative, clinical and financial information so that productivity as well as quality can be assessed.
4. Clinical databases, populated by the clinicians at the point of delivery of clinical care which capture detailed data about a patients disease and treatment

Each system has a number of internal and external audit & verification processes in place to ensure the data from the systems that is used to supporting decision making is accurate. The Trust plans to improve these systems further in 2010/11 and make the quality of the data much more transparent.

The Trust uses a number of dashboards - easy to understand graphical summaries of complex information - which are updated regularly, at least monthly for use by key users in the Trust. A dashboard exists for the Board, Clinical Quality Committee, the Directorates and the Wards.

The Trust uses a number of readily available benchmarks, but suffers from the specialist nature of its work and the consequent lack of comparability with many. In order to improve the effectiveness of benchmarking, the Trust:

- Uses national clinical audit reports from the specialist services it provides
- Is a member of the National Cardiothoracic Benchmarking Collaborative where information collected is highly relevant and benchmarks produced much more useful.

In 2010/11, the Trust plans to improve its capacity and capability in benchmarking through purchase of an appropriate system together with freeing up the personnel to invest time in benchmarking work.

Quality of the Environment

Quite rightly, patients worry about the quality and cleanliness of the hospital environment to which they are admitted. At our Trust, this is currently measured annually by the Patient Environment Action Team, which comprises staff from nursing, support services, estates and customer services together with patient representation that randomly inspect key areas of the Trust to ensure high standards are being maintained. The Trust score for 2010 was:

Environment – Excellent

Food – Excellent
Privacy & Dignity – Good

Additionally, the Trust also conducts mini PEAT assessments quarterly and Matrons rounds monthly. Results are discussed at the Patient Experience Committee, an assurance committee of the Board and action taken as appropriate.

Aligning Quality with Wider Business Strategy

The delivery of safe, effective, high quality care with an excellent patient experience is fundamental to the business strategy of the Trust. Indeed, its financial viability (reflected in cost improvement programmes and income recovery from CQUIN for example) in future years is dependent upon it. But our influence and desire to do more will extend much further in 2010/11 through the Trust:

- Delivering community cardiac services for Knowsley Primary Care Trust. Income from this contract is dependent upon the delivery of a suite of quality indicators.
- Assuming lead responsibility for the implementation of all cardiac related pathways in Liverpool. This provides an excellent opportunity to redesign current pathways to be efficient, cost effective and most importantly high quality.

We remain forward looking as a Trust and annually revise our business plans and strategies taking account of new opportunities to become unassailable in the delivery of an excellent patient experience. This includes regular dialogue with our partners in the health and social care sectors so that Liverpool Heart & Chest Hospital NHS Foundation Trust can play its part as a key member of the local health economy.

Acknowledgements

The Trust Board of the Liverpool Heart & Chest Hospital NHS Foundation Trust acknowledges the following who have directly contributed to the content of this quality account:

- Clinical and managerial staff of the Liverpool Heart & Chest Hospital NHS Foundation Trust
- Leigh Thompson - Head of Clinical Quality Improvement, Liverpool Primary Care Trust
- Trish Bennett - Director of Service Improvement & Executive Nurse, Liverpool Primary Care Trust
- The Council of Members Quality, Safety & Patient Experience Subgroup:
    - Carol Birch
    - David Hicks
    - Debbie Mawson
    - Pat Firby

    - Judy Wright
    - Ken Blasbery
    - Mandy Jones
    - Bashir Matata
    - Menna Wyn-Harland
    - Roy Stott
    - Stephanie Greenway
    - Vera Hornby
- Stakeholders who participated in the prioritisation event:
    - Dr Alison Rylands - Director of Public Health, North West Specialist Commissioning
    - Dr Rob Barnett General Practitioner and Secretary - Liverpool Liverpool Medical Committee
    - Karen Keating - Directorate General Manager - Medicine Wrexham Maelor Hospital
    - Stephen Saltissi - Clinical Director, Royal Liverpool & Broadgreen University Hospitals
    - Linda Phippard - Service Manager, Royal Liverpool & Broadgreen University Hospitals
    - Roy Dixon - Manager for Cardiology, Aintree Hospital
    - Lynda Carey - Head of Quality Primary Care (Nursing), Liverpool Primary Care Trust
    - Sarah Marshall - Clinical Governance Co-ordinator, Liverpool Primary Care Trust
    - Tony Novotny - Quality Project Manager, Liverpool Primary Care Trust
    - Sue Williams - Head of Clinical Quality, Sefton Primary Care Trust
    - Sylvia Carney - Director of Nursing & Therapies, Liverpool Primary Care Trust
    - Dot McCarthy – Chair, Broadgreen Heart Support Group
    - Mrs Carol Law, Cystic Fibrosis Advocate
    - Linda Meredith - Associate Dean, University of Chester
    - Menna Wyn Harland - Head of Practice Learning Support, John Moores University
- Liverpool Local Involvement Network (LINk) Representatives:
    - Dr Eric Toke (Liverpool LINk Core Group member and LINk Health and Social Care Ambassador to Liverpool Heart and Chest Hospital NHS Foundation Trust)
    - Mike Marsh (Chair, Liverpool LINk)
- Our patients and carers who have participated in our programme of surveys

How to Provide Feedback on the Quality Account

Liverpool Heart & Chest Hospital NHS Foundation Trust would be pleased to either answer questions or receive feedback on how the content and layout of this quality account can be improved. Additionally, should you wish to make any suggestions on the content of future reports or priorities for improvement we may wish to consider then please contact Dr Mark Jackson, Associate

Director – Quality Improvement (email Mark.Jackson@lhch.nhs.uk or telephone 0151 600 1332).