Quality Accounts 2010/11

Lancashire Teaching Hospitals NHS

NHS Foundation Trust

CHIEF EXECUTIVE'S STATEMENT

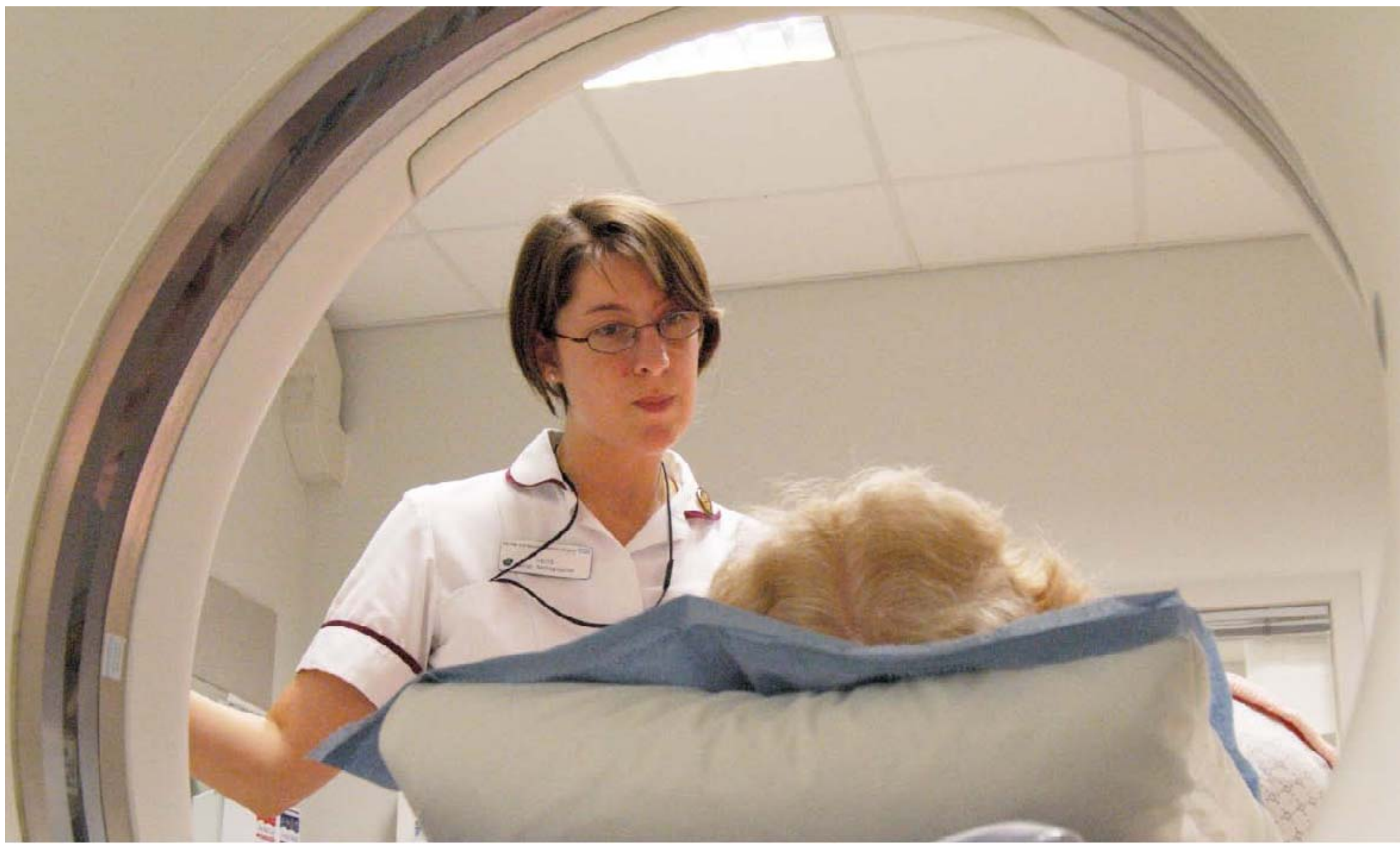
In presenting the Quality Accounts Report for 2010/11, it is important to acknowledge once again, the commitment of staff to continuous quality improvement, which is evidenced by the progress to date. Quality improvement remains a top priority for the Trust, the Board of Directors and the Governing Council. Every month the Board of Directors review performance reports, monitoring progress against our goals and quality standards and Quality remains the first item on the agenda of Board meetings.

The Care Quality Commission has registered the Trust without conditions. The Trust has developed mechanisms to ensure that it continues to comply with the Care Quality Commission registration standards.

Much of what we want to achieve can only be realised with a competent, capable and stable workforce and I am confident that we will all continue to work together to ensure that a culture of continuous improvement is embedded within the Trust with quality of care for patients as the number one priority.

I am confident that the information contained within this report is accurate. The Trust's internal auditors will review the processes and mechanisms through which data is extracted and reported in the Quality Account Report 2010/11 to provide further assurance.

TONY CURTIS
Chief Executive



Contents

	Page
Priorities for Improvement	4
Participation in Clinical audits	5
Research	11
Goals agreed with Commissioners	12
Registration with the Care Quality Commission	13
Quality of data	14
Review of Quality	15
National indicators	27
Annex 1: Statements from External Stakeholders and our responses	31
Annex 2: Statement of Directors' responsibilities in respect of the Quality report.	32
Glossary	33

PRIORITIES FOR IMPROVEMENT

The Trust Safety and Quality Strategy; *'Safe, Reliable and Compassionate'* was developed in conjunction with staff, patients and the public, and Governors. This 3-year strategy sets out a number of ambitious, measurable, patient-centred safety and quality improvement goals.

The key strategic goals to be achieved by 2013 are:

- 15% reduction in inpatient mortality
- 15% improvement in patient safety, and
- Year-on-year improvement in the patient experience

During 2010/11, progress towards achieving these goals was demonstrated.

Reporting arrangements continue to be developed to provide clear, accessible performance data across the Trust, informing the identification of specific areas for improvement, and sharing of good practice. Quality Information is provided from "Board to Ward". Board level quality reports reflect organisational performance; Integrated Performance reports reflect service performance and Ward performance information is available to staff through the Trust intranet and performance boards. All wards provide open and transparent information to staff, patients and visitors about key issues that are important to all.

Improvements on a number of indicators within the patient surveys are evident and over 34,500 patients have provided feedback on their experiences of care through the patient experience tracker programme. This has allowed the Trust to immediately focus on the issues highlighted and to make changes where appropriate. These actions have resulted in improvements across a range of issues including privacy and dignity and patient involvement.

The goals identified within the Safety and Quality Strategy are being achieved within a framework of safety, quality and service improvement programmes that form the cornerstones of the strategy: safe care, experience of care, effective care and organisation of care. Performance in respect of a number of these measures is included in the review of quality of services within this document.

Work to streamline and improve patient pathways in relation to Stroke, Dementia and End of Life care continues in conjunction with partner organisations. Deployment of service improvement methodology to support quality delivery is a key feature of the approach and early success has been demonstrated in the areas of breast surgery and colorectal surgery.

PARTICIPATION IN CLINICAL AUDITS

During 2010/11, forty-three National Clinical Audits[1] and four National Confidential Enquiries covered NHS services provided by Lancashire Teaching Hospitals NHS Foundation Trust. During 2010/11 Lancashire Teaching Hospitals NHS Trust participated in 95% of National Clinical Audits and 100% of National Confidential Enquiries for which it was eligible to participate. The Trust did not participate in one of the eligible national audits, due to difficulties in locating patients to include in the audit. However, the Trust has expressed an interest to participate in the next audit starting in July 2011. Omission from one audit was due to the submission deadline having passed prior to receiving the updated list of national clinical audits by the Department of Health[1].

The Trust will anticipate participation in these additional audits once the registration in open for 2011/12. Participation in the remaining audit was not possible due to incompatibilities with the IT system , an issue experienced by all units using this system not just Lancashire Teaching Hospitals NHS Foundation Trust.

The National Clinical Audits and National Confidential Enquiries that the Trust was eligible to participate in and The National Clinical Audits and National Confidential Enquiries that the Trust participated in during 20010/11 are as follows:

Note: please see Glossary for an explanation of the abbreviations

	Trust Participation
Peri- and Neonatal	
Perinatal mortality (CEMACH)	✓
Neonatal intensive and special care (NNAP)	✓
Children	
Paediatric pneumonia (British Thoracic Society)	✓
Paediatric asthma (British Thoracic Society)	✓
Paediatric fever (College of Emergency Medicine)	✓
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	✓
Diabetes (RCPH National Paediatric Diabetes Audit)	✓
Acute care	
Emergency use of oxygen (British Thoracic Society)	✓
Adult community acquired pneumonia (British Thoracic Society)	✓
Non invasive ventilation (NIV) - adults (British Thoracic Society)	✓
Pleural procedures (British Thoracic Society)	
Cardiac arrest (National Cardiac Arrest Audit)	✓
Vital signs in majors (College of Emergency Medicine)	✓
Adult critical care (Case Mix Programme)	✓
Potential donor audit (NHS Blood & Transplant)	✓

[1] List of national clinical audits as per specification provided by the Department of Health **Gateway reference:** 14450, updated October 2010

Long term conditions	
Diabetes (National Adult Diabetes Audit)	✓
Heavy menstrual bleeding (RCOG National Audit of heavy menstrual bleeding)	✓
Chronic pain (National Pain Audit)	✓
Ulcerative colitis & Crohn's disease (National inflammatory bowel disease Audit)	✓
Parkinson's disease (National Parkinson's Audit)	
COPD (British Thoracic Society/European Audit)	✓
Adult asthma (British Thoracic Society)	✓
Bronchiectasis (British Thoracic Society)	
Elective procedures	
Hip, knee and ankle replacements (National Joint Registry)	✓
Elective surgery (National PROMs Programme)	✓
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	✓
Carotid interventions (Carotid Intervention Audit)	✓
Cardiovascular disease	
Familial hypercholesterolemia (National Clinical Audit of Management of Familial hypercholesterolemia)	✓
Acute Myocardial Infarction & other acute coronary syndrome (MINAP)	✓
Heart failure (Heart Failure Audit)	✓
Acute stroke (SINAP)	✓
Stroke care (National Sentinel Stroke Audit)	✓
Renal disease	
Renal replacement therapy (Renal Registry)	✓
Patient transport (National Kidney Care Audit)	✓
Renal colic (College of Emergency Medicine)	✓
Cancer	
Lung cancer (National Lung Cancer Audit)	✓
Bowel cancer (National Bowel Cancer Audit Programme)	✓
Head & neck cancer (DAHNO)	✓
Trauma	
Hip fracture (National Hip Fracture Database)	✓
Severe trauma (Trauma Audit & Research Network)	✓
Falls and non-hip fractures (National Falls & Bone Health Audit)	✓
Blood transfusion	
'O-Negative' blood use (National Comparative Audit of Blood Transfusion)	✓
Platelet use (National Comparative Audit of Blood Transfusion)	✓

NCEPOD (National Confidential Enquiry into Patient Outcome and Death) that the Trust was eligible to take part NCEPOD studies that the Trust participated in during 20010/11 are as follows:

	Trust Participation
NCEPOD – Paediatric Surgery study	✓
NCEPOD – Emergency and Elective Surgery in the Elderly	✓
NCEPOD – Peri-operative Study	✓
NCEPOD – Cardiac arrests	✓
CEMACH – Perinatal mortality	✓

The national clinical audits and national confidential enquiries that Lancashire Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 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.

Title	Organisational Data required	Clinical cases required & actual number submitted
NNAP: neonatal care	N/A	100% of required cases submitted
CEMACH: Perinatal mortality	N/A	100% of required cases submitted
TARN	N/A	Current 62% against a target of 65%
National Childhood Epilepsy Audit (Epilepsy 12)	Awaiting proforma	Awaiting methodology
National Audit of Heavy Menstrual Bleeding	Yes submitted in June 2010	Data to be collected in 2012
Heart Failure Audit	N/A	In excess of 100% of required cases submitted
National Sentinel Stroke Audit	Submitted April 2010	98%
National Audit of Dementia	Submitted April 2010	100% of required cases submitted
National Falls & Bone Health Audit	Submitted September 2010	98% (one duplicated case removed)
National Clinical Audit of Mgt of Familial Hypercholesterolemia	Data submitted on time	0% (Too few cases matched submission criteria)
British Thoracic Society: pleural procedures	N/A	Data to be input by 31st May
British Thoracic Society: COPD	N/A	82%
British Thoracic Society: paediatric pneumonia	N/A	In excess of 100% of required cases submitted
British Thoracic Society: paediatric asthma	N/A	In excess of 100% of required cases submitted
British Thoracic Society emergency use of oxygen	N/A	In excess of 100% of required cases submitted
British Thoracic Society: adult asthma	N/A	In excess of 100% of required cases submitted
Adult Community Acquired Pneumonia (British Thoracic Society)	N/A	To be submitted by 31st May 2011
Non-Invasive Ventilation (NIV) - audits (British Thoracic Society)	N/A	To be submitted by 31st May 2011
Bronchiectasis (British Thoracic Society)	N/A	In excess of 100% of required cases submitted
National Inflammatory Bowel Disease: ulcerative colitis & Cohn's disease	Submitted October 2010	Data to be input by 31st August 2011

The reports of the National Clinical Audits were reviewed by the provider in 2010/11 and Lancashire Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Title of Audit	Resulting Actions
National Health Promotion Audit. (Data collected in 2009 report received in 2010)	Monitor health promotion activity by Divisions/Directorates on a quarterly basis through the Integrated Directorate Performance Review process.
National Blood Transfusion in Paediatric and NNU Audit	Undertake a re-audit following production of Trust Guidelines for the management of oncology patients.
National audit of pain in children (College of Emergency Medicine)	Provide training for Emergency Department staff in the assessment and management of pain in children utilising the training package developed in response to recommendations from the audit

NCEPOD Studies

Study Title	Study Period	Report Publication Date	Feedback Action To Date
Paediatric Surgery Study	Data collected 1st April 2008 - 31st Mar2010	The report is expected in spring 2011	Report not yet published
Elective and Emergency Surgery in the Elderly Study	1st April 2008 – 30th June 2008	November 2010	The Self-assessment checklist is currently being completed throughout a number of specialities. The results will be fed into a corporate group with the remit of improving care for elderly patients
Peri-operative Study	1st Mar 2010 – 07th Mar 2010	November/ December 2011	Report not yet published
Cardiac Arrest Procedures	1st Nov 2010 – 14th Nov 2010	Summer 2012	Report not yet published
Parenteral Nutrition	Data collected from Jan 2008 – Mar 2008	June 2010	Trust response currently being developed by Nutrition team

The reports of over 200 local Clinical Audits were reviewed by Lancashire Teaching Hospitals NHS Foundation Trust in 2010/11 with the aim of improving the quality of healthcare provided. Lancashire Teaching Hospitals NHS Trust intends to take the following action to improve the quality of healthcare provided;

Title of Audit	Intended actions
Annual Case note Documentation Audit (Corporate Audit)	• The content of the clinical staff induction session on clinical documentation will be amended. • The data collection proforma and auditing methodology will be amended to strengthen the reliability of future results.
Early Warning Scores (EWS) and Fluid Balance (Corporate Audit)	A programme of awareness raising will be developed and implemented in respect of the following issues identified during this rolling audit: • Urine output, inclusion in EWS calculation and recording of vital signs • The importance of repeating the patients vital signs within or as near to the hour as possible to evaluate a response to actions taken or on going deterioration • Improve the quality of action plan completion on the reverse of the observation chart. • The need to use the ABCDE approach (**A**irway, **B**reathing, **C**irculation, **D**isability, **E**xposure or examination) to patient assessment by all staff • The need for documented management plans to support patient care
Monthly Infection Control Audit (Corporate Audit)	The audit highlighted the requirement for a Trust wide electronic system for data capture, analysis of data & presentation of organisational performance of the Saving Lives Programme & associated Infection Prevention & Control programmes. This resulted in the Infection Control Audit System (ICAS) being launched in October 2010. Further actions will focus on maintaining the system and ensuring compliance with audit processes and management of clinical performance.
ECAP: Essentials of Care Audit Programme (Corporate Audit)	Further actions will focus on ensuring compliance with audit processes, reducing variance and management of clinical performance.
Point Prevalence Antibiotic Audit (Surgical Directorate)	Awareness-raising in respect of the revised antibiotic formulary. Further actions will focus on ensuring compliance with audit processes, reducing variance and management of clinical performance.
The role of a Multidisciplinary Nutrition Team in the Management of Patients with Intestinal Failure	• Complete external Peer review from Leicester University Hospitals, and Birmingham University Hospitals • Introduce pre-filled syringes, statlocks • Embed arrangements for re-training and competency assessment • Provide dedicated part-time nursing support from surgical directorate to facilitate re-training • Maintain ongoing audit of performance

Audit of CT Requests on Critical Care	• The recently successfully trialled transfer documentation will be introduced.
Epidural Checklist in Delivery Suite	A checklist for the Epidural Trolley and a re-audit compliance with use will be introduced, The following actions have also been identified: • Nominated persons to check & stock Trolley regularly in delivery suite will be identified • Epidural information leaflets will be made available to patients. • All appropriate equipment will be made available when Epidural is requested
Effectiveness of Orthopaedics Acupuncture Clinics in Reducing Pain Intensity and Outcomes	• A more detailed audit to establish the effectiveness of acupuncture treatment to include multi-dimensional outcome measures will be developed and completed.
In-patient Initiation of Anticoagulant Therapy	• Awareness of how to safe prescription of anticoagulants and monitoring of patient's condition and treatment will be raised. • Guidance will be made available on Trust intranet
Treatment of Patients with Small Cell Lung Cancer (NICE CG 24)	• All patients with Small Cell Lung Cancer (SCLC) will have a baseline performed (as per NICE guidelines). • An acute oncology service as described in the NCEPOD report – Systemic anti-cancer therapy: For better, for worse, 2008. will be introduced • Copies of pathology reports with a diagnosis of SCLC will be copied to oncologists specialising in lung cancer to facilitate a more efficient patient pathway. • Patients presenting with CNS disease will be assessed by an oncologist specialising in lung cancer and consideration given to chemotherapy as the initial modality of therapy. • A repeat audit will be performed to assess whether these measures have led to an increase in patients receiving combination chemotherapy for Small Cell Lung Cancer.
Effects of Early Outpatient Physiotherapy on Patients Following Spinal Surgery	• All patients who undergo spinal surgery at Lancashire Teaching Hospitals NHS Foundation Trust will have pre-operative and post-operative outcome measures taken. • The current process of the collection of data will be reviewed, revised and improved. • The specific pre- and post-operative physiotherapy guidelines will be agreed, to ensure consistency with other policies and clarity about the process of referral. • Training will be provided to facilitate this. • Timelier post-operative outpatient physiotherapy appointments will be achieved following review of the current process ensuring that; 1. Discussion within Team as to involvement of a Physiotherapist at pre-op assessment is made

	2. Written ‘Patient’ post-operative physiotherapy guidelines are given to the patient 3. Links with out of area Physiotherapy Teams are developed. • Further audit of post-operative physiotherapy management of Lancashire Teaching Hospitals NHS Foundation Trust spinal surgery patients will be undertaken to determine best practice
The Appropriateness & Quality of Referrals Oral & Maxillofacial Surgery Dept	• The quality of referrals will be improved through the formulation of new referral guidelines and supporting proforma
Management of Hypoxic Ishaemic Encephalopathy	• Training will be introduced to ensure cooling care meets guidelines • All babies with pH <7.1 will be followed up appropriately • Both of these actions are currently in progress
Management of Ectopic Pregnancy	• A pilot programme introducing use of St. Mary's algorithm is underway

Note: please see Glossary for an explanation of the abbreviations

RESEARCH

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Lancashire Teaching Hospitals NHS Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was 2178.

Recruitment

Lancashire Teaching Hospitals continues to work closely with The Cumbria and Lancashire Comprehensive Local Research Network (CLRN) and this has seen both the number of studies and the number of patients recruited to National Portfolio studies rise over the past 12 months.
The number of studies started in 2010-11 is 87 compared to 70 in 2009-10.
The number of patients recruited in to National Portfolio studies in 2010-11 is 2178 compared to 1200 in 2009-10.
We are now recruiting to a wider range of studies across all areas of the Trust.

Research Governance

The Trust has taken a leading role on the steering group for the development of the National Institute for Health Research, Research Support Services initiative (RSS).
“The National Institute for Health Research (NIHR) has established a national framework for local health research management: the NIHR Research Support Services.

This framework of best practice will enable front line staff to collaborate in offering consistent professional streamlined services, with proportionate procedures, to support clinical research in the NHS in England."

The Trust has reviewed and signed off its Capability and Readiness statement. This will be updated regularly and reviewed annually by the Trust Board, in order to fulfil the NIHR reporting requirements.

New Developments in 2010-11

The new Clinical Studies Centre, which opened on the Preston site in November 2010, is now operational and provides facilities for patients participating in research studies to be seen in a safe and comfortable environment. In the words of the late Professor Mitchell (Research & Development Director), "This is an extremely exciting development reinforcing the importance of the Trust as a centre for clinical research in the North West. We have been working strenuously towards such a facility for some years and we are very pleased to have now got to this stage of having an integrated structure for people attending to participate in clinical studies. This is the only one of a very small number of such resources in the North West outside the Liverpool/Manchester corridor and we hope that this will be a stepping stone for even more developments in the future."

GOALS AGREED WITH COMMISSIONERS

Use of the CQUIN payment framework

A proportion of Lancashire Teaching Hospitals NHS Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Lancashire Teaching Hospitals NHS Trust and NHS Central Lancashire (commissioners) for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Lancashire Teaching Hospitals NHS Foundation Trust has achieved all the schemes which include those developed at a national, regional and local level. NHS Central Lancashire (commissioners) have acknowledged the dedication and efforts of all staff at Lancashire Teaching Hospitals NHS Foundation Trust in achieving these.

The CQUIN goals are divided into three categories;

- National goals that are mandated as part of the National Standard Acute Contract for Hospital Services of which there are two.
- Regional Goals these are consistent across all acute providers in the North West Strategic Health Authority area.
- Local Indicators that are subject to agreement and discussion between commissioners and providers.

The Trust received income from the achievement of CQUIN of £4.7m in 2010/2011.

REGISTRATION WITH THE CARE QUALITY COMMISSION

Lancashire Teaching Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is that the Care Quality Commission has registered and licensed Lancashire Teaching Hospitals NHS Foundation Trust to provide the following services;

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

The Care Quality Commission has not taken any enforcement action against Lancashire Teaching Hospitals NHS Trust during 2010/11. Lancashire Teaching Hospitals NHS Trust is not subject to periodic review by the Care Quality Commission.

Lancashire Teaching Hospitals NHS Trust has participated in two special reviews or investigations by the Care Quality Commission relating to the following areas during 2010/11;

Detail	Recommendations
Inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2000	1. Review the written procedures and ensure that those in place for the cardiology department are relevant to cardiology exposures and include all the necessary elements. 2. Set down exposure protocols for standard X-ray examinations performed in cardiology and build on the work already carried out for the benefit of cardiac radiographers. 3. Establish referral criteria for cardiology X-ray procedures and ensure that these are reflected in procedure. *Please see table below.*
Review of compliance against Essential Standards of quality and Safety (specifically Outcomes 4, 11 and 16)	No improvement actions or recommendations made by the Care Quality Commission.

By 31st March 2011, the aforementioned recommendations have been fully implemented and confirmation of this has been provided to the Care Quality commission.

QUALITY OF DATA

It is generally accepted that good quality data is at the heart of identifying the need to improve. It also provides the evidence that there has been improvement in the quality of care delivered by the Trust as a result of changes that it has made. In records submitted during the period April 2010 to January 2011 (latest data available) to the Secondary Uses Service (SUS) for inclusion in Hospital Episode Numbers (HES), the percentage of records that included the patients valid NHS number was 99.4% for admitted care, 99.4% for outpatient care and 93.7% for A&E Attendances. The percentage of records, which included the patient's valid General Medical Practice code, was 96.2% for admitted care, 98.5% for outpatient care and 96.7% for A&E Attendances.

The Trust was subject to the Payment by Results Clinical Coding Audit during the reporting period, completed by an external audit agency. The error rate reported in the latest published audit for that period for diagnosis and treatment coding (clinical coding) was 3.75%. The following services were part of the review undertaken by D&A Consultancy a) Trauma & Orthopaedics, b) General Surgery, c) Paediatrics, and as such the results could not be extrapolated further than the actual sample audited.

The Trusts Information Governance (IG) Assessment Report overall score for 2010-11 as assessed by external auditors was 68%, with the auditor providing an assessment of 'significant assurance' for the Trust.

In addition, the Trust has participated in external data quality audits in relation to the Advancing Quality Programme and the Audit Commission Reference Costs Data Quality Audit 2010-11, for which the Trust was rated as performing well.

REVIEW OF QUALITY PERFORMANCE

The Trust continued to demonstrate commitment to improving the safety and quality of care delivered to its patients during 2010/11.

The Trust has continued to make steady and sustained improvements across a number of other priority areas, most noticeably the continued reduction in MRSA bacteraemias and C. Difficile rates. The Trust has embedded the 'Code Red' procedures (list of 10 clinical procedures which are seen as central to the delivery of safe care) and Safety 'Visits' by members of the Board of Directors, introduced last year, as well as embedding the World Health Organisation Operating Theatre Checklist across all Operating Theatres within the Trust. The Trust has joined the regional 'Safety Express Programme', which complements the safety priorities defined within the Trust strategy.

Clinical effectiveness has been strengthened through a review of clinical audit arrangements within the Trust. Systems and processes have been revised to provide clarity about the roles and responsibilities of those participating in audit, ensuring that the balance between national, corporate and local priorities is maintained, that audit cycles are completed and that focus is maintained on the improvement of clinical outcomes. Trust performance in the regional Advancing Quality (AQ) has remained strong across the year in respect of all the AQ indicators, whilst the Trust has introduced an ambitious programme to reduce the incidence of venous thromboembolism with the Trust

The improvement programmes that form the cornerstones of the Trusts Safety and Quality strategy are:

Safe Care
As defined and measured by a reduction in patient falls, medication error and healthcare associated infections. In addition to this, the reliability of care processes will also be monitored in relation to the early recognition of the sick patient and peri-operative care.

Effective Care
As defined by delivery of optimised patient care processes and outcomes of care in relation to stroke care, end of life care, dementia care and those identified through the Advancing Quality programme. In addition, there is focus on nutritional care, pain management, prevention of venous thromboembolism and tissue viability care; elements of care that impact on the wider patient population

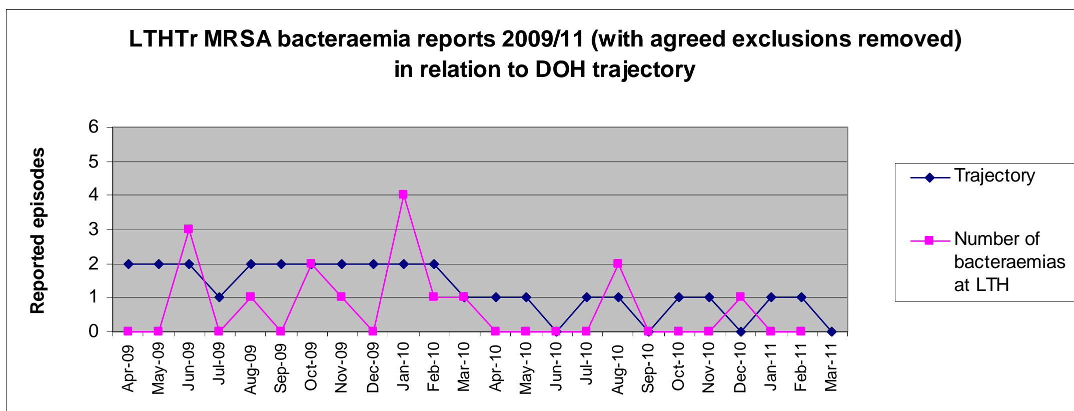
Experience of Care
As defined by patients and the public in relation to privacy and dignity, compassion and respect, information giving and involvement in decisions about care and treatment.

These themes and the indicators were selected in 2009 following a period of consultation and engagement with a wide range of people and organisations including senior clinicians, the Governing Council, managers and the Primary Care Trust, continue to define the focus of the Trusts quality agenda.

Safe Care

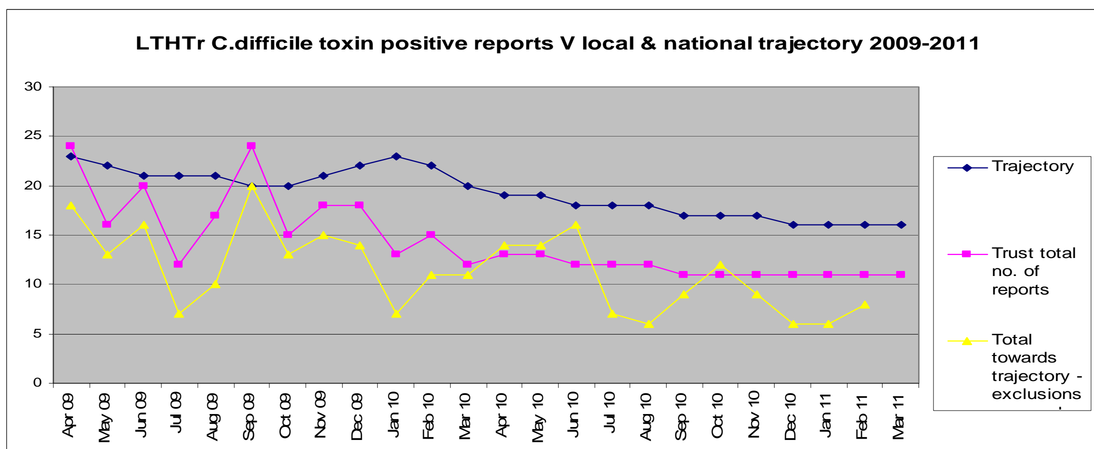
MRSA bacteraemia

There has been further improvement during 2010/11 building on the significant progress made in the previous year and evidenced by the ongoing reduction in the numbers of MRSA cases reported. During 2009/10, Trust performance was thirteen against a trajectory of twenty-two. This year the Trust has reported only three bacteraemia against a trajectory of eight: an 86% reduction in the number of cases when compared to the previous year and a cumulative performance of 62.5% below the trajectory. Delivery of the MRSA objective of six bacteraemia for 2011/12 will be challenging. The Trust remains committed to improving performance further in this important area.



C. Difficile Infection

There has also been further improvement during 2010/11 in respect of the numbers of C. Difficile cases reported. During 2009/10, the Trust performance was one hundred and fifty five cases against a national trajectory of two hundred and fifty six. This year the Trust has reported one hundred and seven cases of C Difficile against a national trajectory of two hundred and seven: a 31% reduction in the number of cases when compared to the previous year and a cumulative performance of 48% below the national trajectory. Delivery of the C Difficile objective of 95 cases for 2011/12 will also be challenging



Orthopaedic Surgical Site Infection (SSI) Surveillance

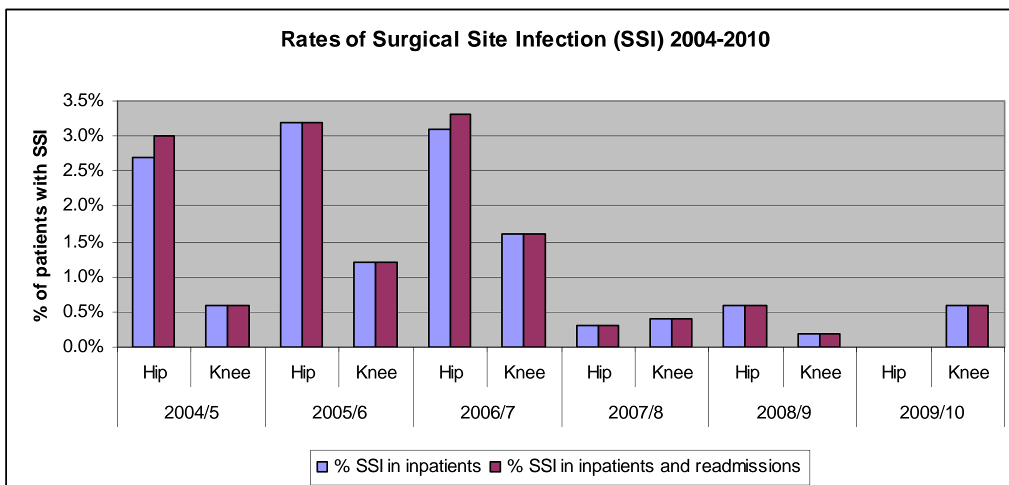
SSI's are defined as infections related to a surgical procedure that affect the surgical wound or deeper tissues handled during the procedure. SSI's cannot be reliably identified from laboratory data alone, as the diagnosis depends on the presence of signs and clinical symptoms of infection in the wound.

The Sixth Report of the Mandatory Surveillance of Surgical Site Infection (SSI) in Orthopaedic Surgery was published by the Health Protection Agency (HPA) in December 2010. The Trust has participated in this study since 2004 and report rates on a quarterly basis to the Health Protection Agency. Since commencement of data collection rates of infection have reduced. Changes in practice have included segregation of elective and trauma surgery, Aseptic Non-Touch Technique training and assessment, Hand hygiene audits and training and MRSA screening of all patients.

The Trust reported no SSIs associated with hip replacements for inpatients or readmissions, exceeding national performance. The Trust almost achieves the national performance level for knee replacements and compares favourably with no reported SSIs associated with readmissions. Comparative data for 2009-10 is presented below.

Comparison between UK and Lancashire Teaching Hospitals NHS Trust 2009-10

	Joint	SSI in Inpatients (%)	SSI in inpatients and readmissions (%)
UK	Hip	0.32%	0.63%
	Knee	0.32%	0.55%
Lancashire Teaching Hospitals NHS Trust	Hip	0.0%	0.0%
	Knee	0.6%	0.6%



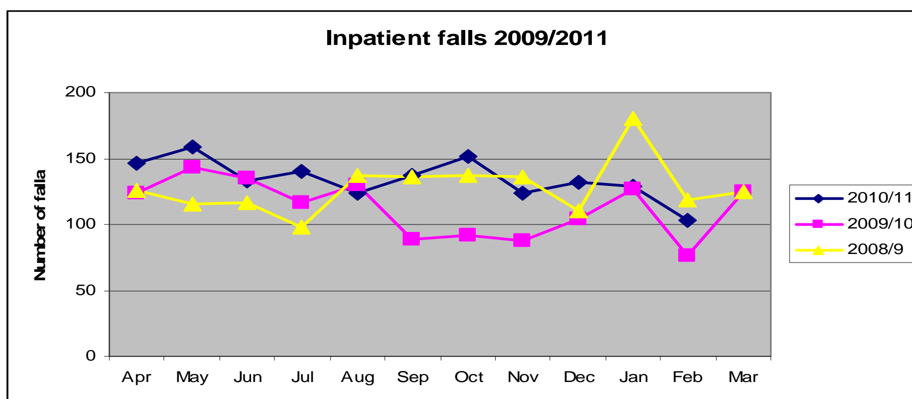
Source: Sixth report of the mandatory surveillance of surgical site infection (SSI) in Orthopaedic Surgery 2010 HPA

Falls Prevention

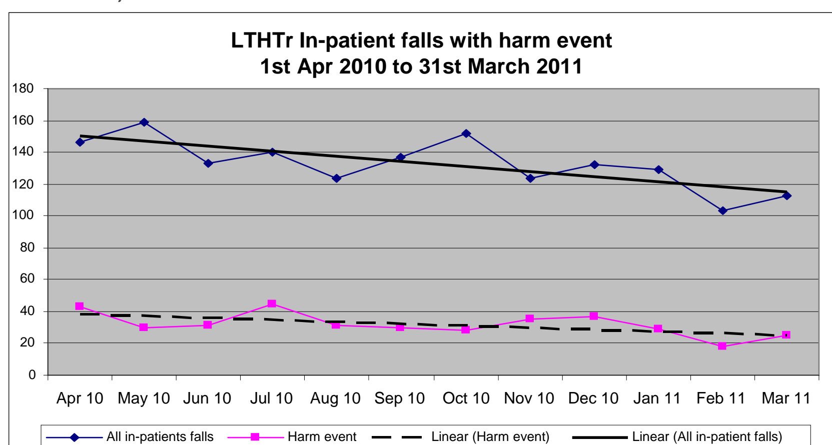
The Trust has a well-established programme of improvement that includes:

- Awareness raising of the importance of the reporting of falls, resulting in increased reporting during 2010/11 when compared to 2008/9 and 2009/10.
- Redevelopment and embedding of the combined falls assessment/ moving and Handling/bedrails assessment tool.
- Ongoing education of ward staff regarding use of the falls assessment tool and corresponding actions to be taken to reduce falls
- Sustained strong performance across the Trust in respect of risk assessment and response to risk.

The Trust has participated in National and Regional Falls Prevention Audits. Areas for improvement have been identified in relation to the development of processes to identify causative factors for falls. The Trust actively participates in the Health Economy-wide Falls Pathway Group The Trust is involved in User Carer Forums to help understand the views of the users of Falls Services and to make future plans to maintain a successful falls service across the Trust and Central Lancashire PCT.

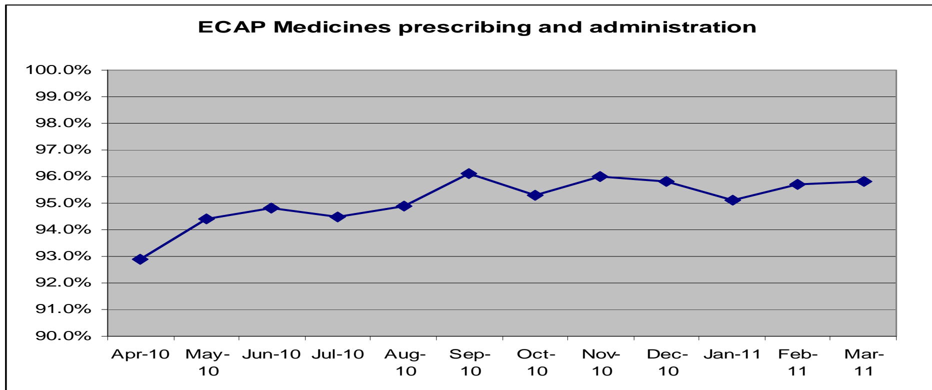


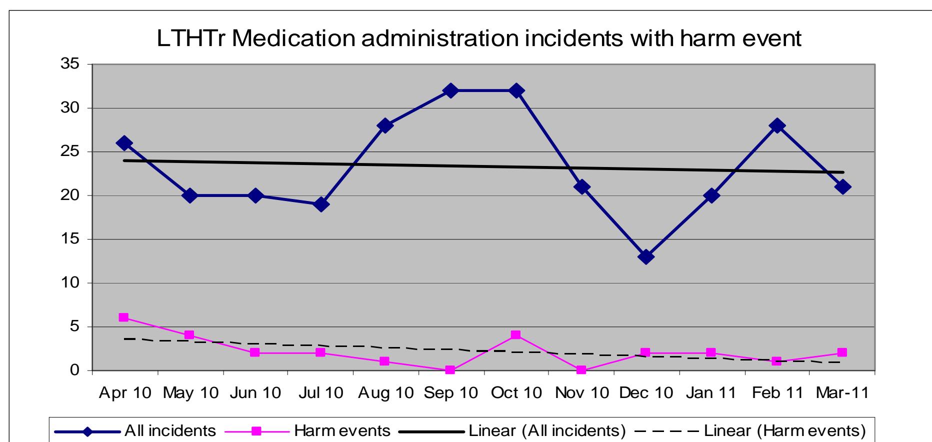
National attention has been placed upon increased reporting of falls and on reducing harm associated with patient falls. Trust monitoring focuses on the number of falls, on harm events associated with falls, and on staff compliance with expected standards of assessment and response, as evidenced through the Trusts Essentials of Care Audit Programme (ECAP). During 2010/11 a clear downward trend in harm events associated with falls can be seen below;



Medication Errors

The Essentials of Care Audits Programme (ECAP) provides the most reliable method for monitoring practice in respect of medicines prescribing and administration, whilst incident reporting identifies incidence of falls and outcomes. As with the falls improvement programmes the Trust has focussed on increasing reporting rates and on harm associated with falls.





The Trust has continued to collect data through ECAP on a number of indices which provide further detail on specific aspects of performance that could be influential on reducing harm.

The associated criteria are;

- All patient prescription documentation will provide details of ward, patient name, date of birth, hospital/NHS number and allergy status
- Omission codes will be evident for all medication not administered as prescribed
- The status of patients with a potential/actual medication allergy will be identified
- Patients requiring intravenous antibiotics will be a) clinically reviewed on a daily basis and b) have a defined stop date.

Over the last twelve months, there has been strong performance in respect of documentation, recording of allergies, and 24 hourly review by medical staff remained above 90% throughout the year. Compliance with the use of omission codes has been greater than 90% throughout quarters 3 and 4 whilst compliance with the inclusion of antibiotic stop dates is also improving.

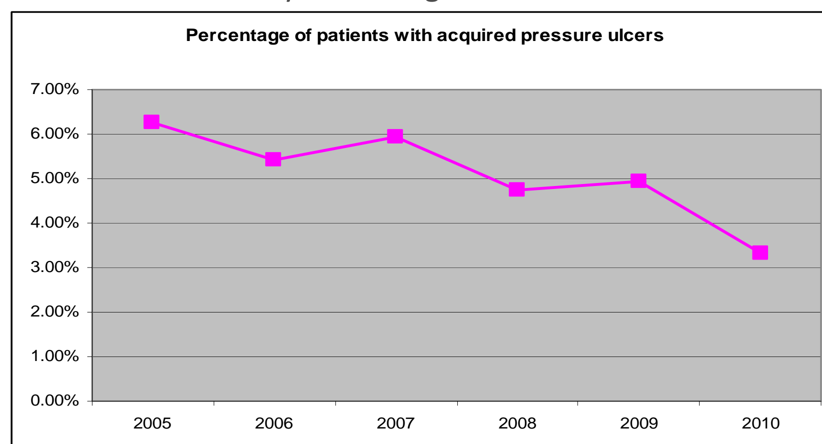
Effective Care

Tissue Viability – Pressure Ulcer Incidence

National focus has been placed upon eliminating pressure ulcers in NHS provided care. Pressure ulcers can occur in any patient but are more likely to occur in patients with underlying medical conditions, the elderly, the malnourished and obese. Pressure ulcers may be acquired in the community or in hospital, measurement systems therefore need to take account of the incidence or the number acquired in hospital and the prevalence which relate to the total number of patients with a pressure ulcer (a proportion of which will relate to acquisition in the community).

The Trust has an established programme focussing on prevention and management of pressure ulceration, the key features of which include:

- Mattress and Bed Frame management. Each year £135,834 is spent on pressure relieving devices through a contract currently with a commercial supplier. The contract allows for immediate availability of pressure relieving devices such as alternating pressure mattresses, for all patients in the Trust as the assessment of their risk dictates. The contract also allows for a yearly replacement programme for normal ward mattresses ensuring that mattress quality is maintained. The renewal of the contract is currently being negotiated and is set to continue for a further 7 years.
- Every patient has an electric bed frame further improving the ability of patients to assist in pressure redistribution.
- The use of a tissue viability risk assessment on admission and instigation of an appropriate care plan (including use of appropriate equipment) to prevent pressure ulcer formation according to the outcome of the assessment.
- Regular meetings with the Consultant Nurse for Tissue Viability in the PCT have been commenced to ensure the development of a very close working relationship between the Trust and PCT regarding pressure ulcer prevention and tissue viability.
- The mechanism for documenting and reporting Pressure Ulcers has been improved and includes root cause analysis for all grade 3 and 4 ulcers.



Source: *Pressure Ulcer Prevalence Report LTH 2011 Arjo Huntleigh 2010*

The Essentials of Care Audits continue to focus attention of the importance of The Tissue Viability risk assessment and results show that almost 99% of patients have risk assessments for tissue viability completed, an improvement of almost 6% against last years reported performance.

This along with the presence of Tissue Viability Nurses to support ward staff and develop skills in pressure sore prevention have all contributed to the reducing acquired pressure Ulcers within the Trust. The percentage of acquired pressure ulcers reduced by 1.64% compared to 2009.

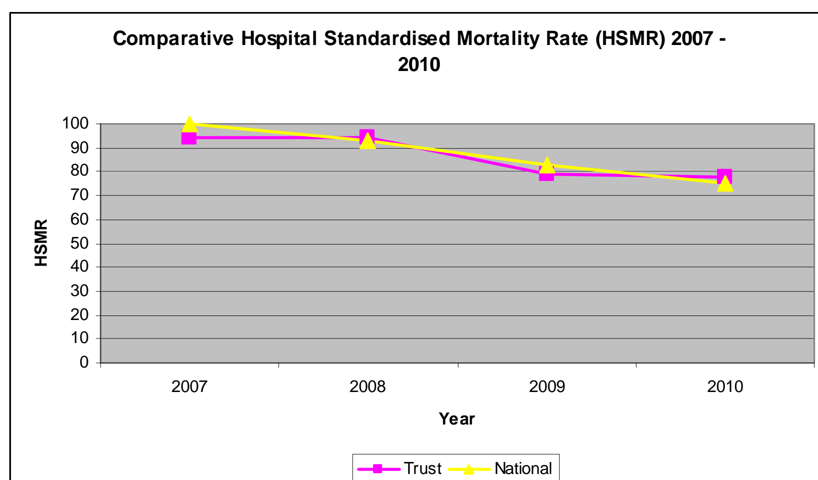
Mortality

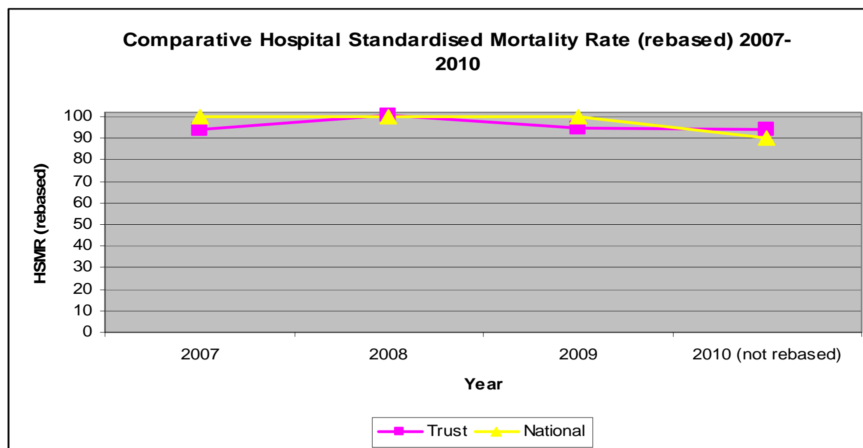
The Hospital Standardised Mortality Rate (HSMR) is derived from routinely collected data based on 56 diagnostic groups that account for 80% of all hospital deaths. The data is adjusted to take into account a range of factors that can affect survival rates but that may be outside of the direct control of the hospital such as age, gender, associated medical conditions and social deprivation.

The HSMR is defined as the ratio of observed deaths to expected deaths (based on the sum of the estimated risks of death) multiplied by 100. Thus, a rate greater than 100 indicates a higher than expected mortality rate whilst a rate lower than 100 indicates a lower rate.

By April 2010, the Trust mortality rate had improved by around 15% since April 2008. Sustaining this level of improvement in the face of increased activity and financial pressures provides a real challenge for the Trust. The Trust however believes that by focussing attention on improved safety, effectiveness and close monitoring of patient outcomes we can continue to reduce mortality in the Trust.

The graph below depicts the Trust's annual HSMR rate since 2006, after rebasing of the rates against annually revised benchmarks. During 2010/11, the Trust has continued to improve against last years rates with a rating of 94.2. It is anticipated that this will rise to around 104 once rebasing of the national benchmark has taken place. This level of performance is still however, within the expected rate of performance for the Trust.





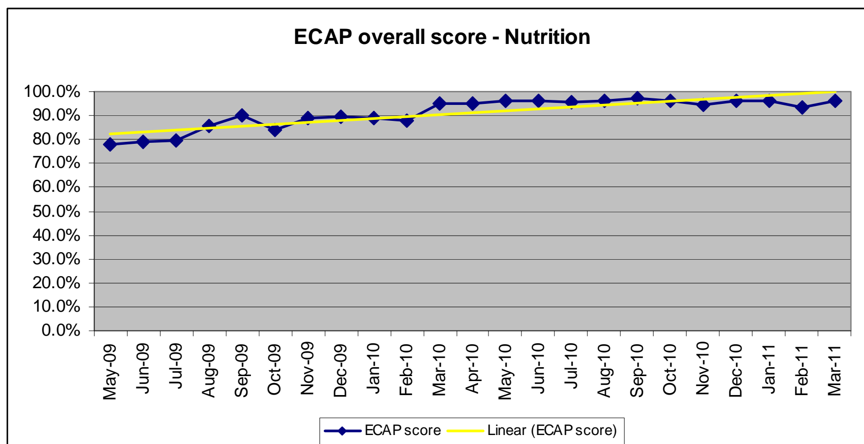
Source: Dr Foster Intelligence Real Time Monitoring.

The HSMR is monitored on a monthly basis. Where adverse mortality alerts are triggered; an initial analysis of data is undertaken to determine whether a more detailed case note review is required. This is then undertaken by clinical staff and the findings are formally reported to the Clinical Governance Sub Committee and the Trust Board. Mortality rates are reported to the Trust Board on a monthly basis and quarterly performance reports are also submitted to the Clinical Governance Subcommittee and the Trust Board.

Nutrition

One of our aims is to ensure that each patient admitted to the Trust has a nutritional screening assessment on admission. The assessment is carried out using the Malnutrition Universal Screening Tool (MUST) developed by the British Association for Parenteral and Enteral Nutrition. The screening tool highlights patients who are already malnourished or at risk of malnourishment and determines the need for referral for a more detailed nutrition assessment by a dietician. Screening on admission was achieved for 96.4% of the 5127 patients audited during the year.

In addition, 96.4% of 'at risk' patients were reassessed as planned, at least weekly thereafter or upon any change in condition. Overall performance in assessment, planning and intervention in respect of nutritional support, as measured through the Trusts Essentials of Care Audit programme, has been strong throughout the year. Overall results are described in the chart which follows;



The protected mealtime's initiative has been reviewed and aligned to the productive ward meals module. Nutritional champions have been established across the Trust to maintain focus on the importance of effective nutritional support. National inpatient survey results and individual patient feedback through the generation of patient stories as part of the patient experience improvement programmes remain positive about the quality of food in the Trust. Patient feedback from the National Inpatient Survey indicates improved performance in respect of assistance with meals from staff, with performance in respect of all five questions relating to food scoring better than the peer average.

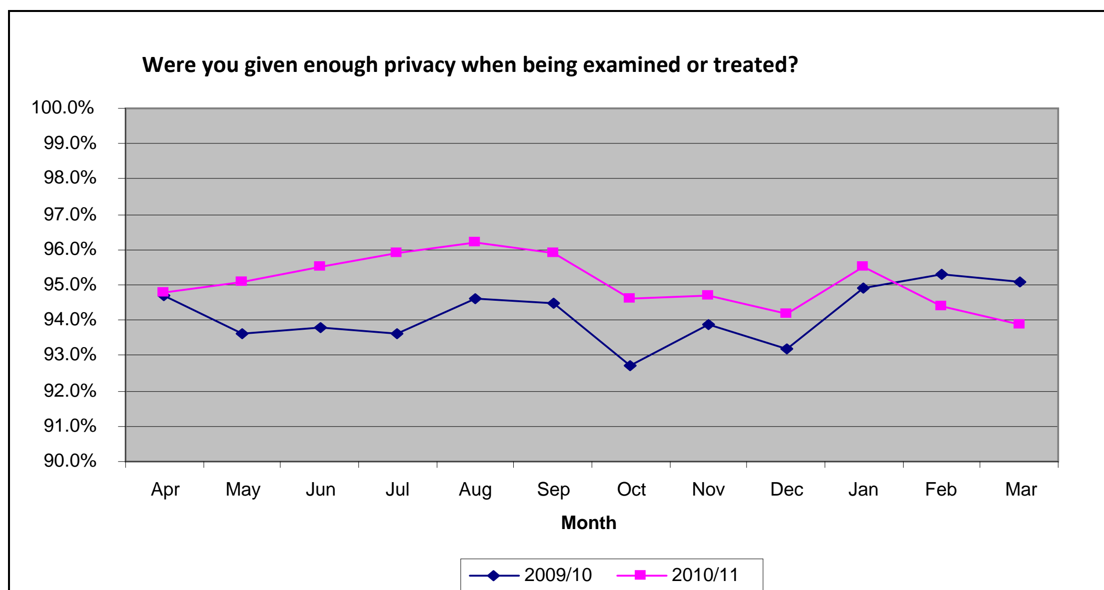
The Blue tray system remains in operation across the Trust and staff are aware of the need to assist patients with eating and drinking as they require whilst maintaining and promoting as much independence as possible. Special equipment is available where required and all staff qualified and unqualified have received training, either during pre – registration courses or as part of their induction, with regard to nutritional needs and supporting/assisting patients to eat and drink.

Experience of Care

Patient Experience

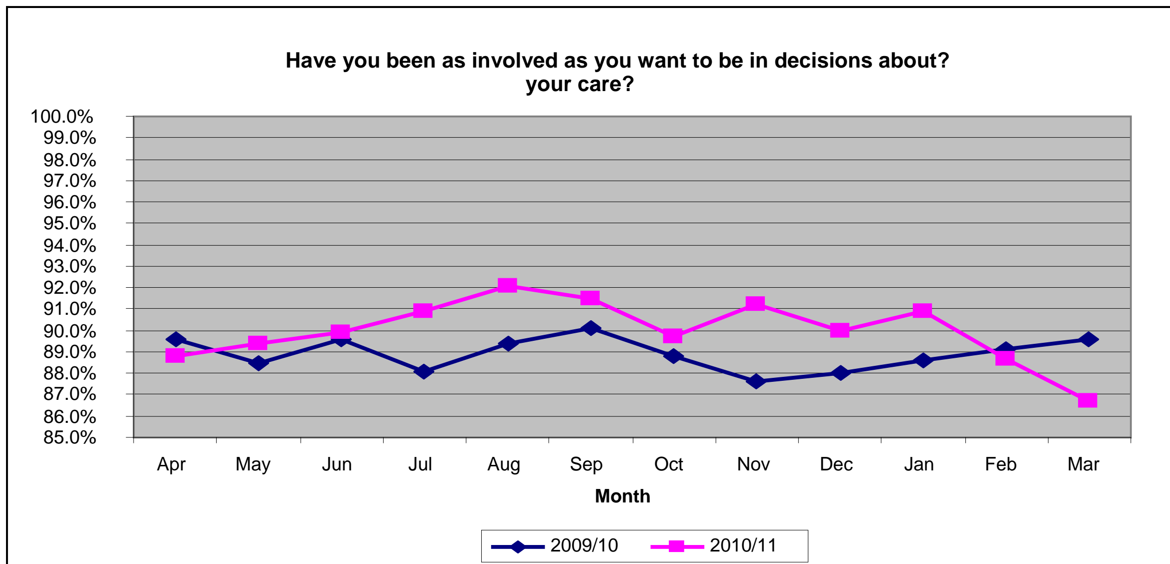
The Trust utilises patient experience tracker devices to obtain real-time data from patients reflecting their levels of satisfaction with the care they receive, and has recently invested in more advanced devices to obtain a wider range of more detailed patient feedback. The following charts demonstrate satisfaction rates in respect of privacy and dignity, involvement in decisions about care and information about their condition and treatment. For each question, previous national patient survey data is included to demonstrate the journey that the Trust has taken over the last year and the impact of ongoing improvement measures introduced in response to the survey results. In future years, month-on-month comparisons can be made.

The 2009 National Patient Survey data for the Trust in respect of questions related to privacy when being examined or treated highlighted 91% in the emergency department (an improvement of 9% on the 2008 survey and within the top 20% of performance nationally) and 93% elsewhere (An improvement of 3% on 2008 performance. The most recent patient tracker feedback for February 2011 indicates a satisfaction rate of 94%. Overall performance for the year 2010/11 (based on the responses of 26294 patients) was 95.1%, an improvement of 1.1% on 2009/10.



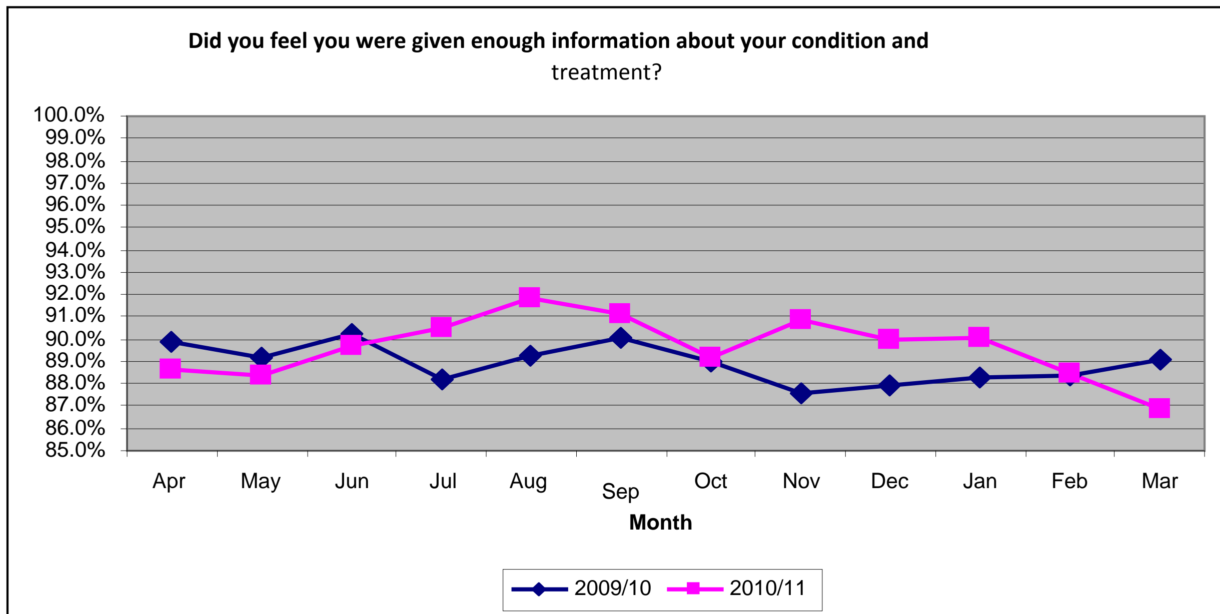
Source: Dr Foster Intelligence Patient Experience Tracker.

The 2009 Inpatient Survey data for the Trust reported 66% satisfaction in respect of the level of involvement of patients in decisions about their care, an improvement of 11% on 2008 performance. In February 2011, the Trust recorded satisfaction rate of 87% using the patient experience tracker and 89% for the year 2010-2011 based on the responses of over 30000 patients to the general question set. A further more detailed question set exploring factors that may influence patients response to the question has been developed for a group of clinical areas. To support improvement the Trust has introduced standards and guidance relating to Consultant ward-rounds and bedside handovers by nursing staff.



Source: Dr Foster Intelligence Patient Experience Tracker.

The 2009 National Patient Survey data for the Trust highlighted 76% satisfaction in the level of information about condition or treatment. The most recent Patient Experience Tracker results for February indicate 88.5% satisfaction for the same question and 89.6% for the year 2010-2011 based on the responses of almost 39000 patients.



Source: Dr Foster Intelligence Patient Experience Tracker.

NATIONAL INDIACATORS

Each month the Board of Directors monitors and discusses the Trust's performance against a range of national indicators. These targets exist to ensure hospitals provide good quality and timely care to patients. The Trusts assessment of its own performance indicates that of the 27 national indicators the Trust achieved in all but 4 areas giving an overall compliance rate of 85.1%. This represents a slight reduction on performance in previous years.

This year the Trust has faced significant operational difficulties due to severe adverse weather conditions and the emergence of swine flu during the winter months to meet the operational pressures arising from the swine flu outbreak. From the 4th December the Trust, in line with guidance received from the Strategic Health Authority, cancelled all elective major adult non-oncology surgery requiring critical support. During the first week of January the Trust were requested by the Strategic Health Authority to postpone all non life-threatening treatment to enable redeployment of resources to provide support in critical care and medical wards and to meet the high level of demand relating to the outbreak of Flu. Despite these challenges the Trust has maintained its A&E 4 hour wait, reduced the number of cancelled operations and shown continued improvement against all cancer performance targets, infection rates and Thrombolysis targets.

The Trust did not achieve the new Stroke Care standard – patients to spend 90% of their time on a designated stroke ward. The Trust has worked collaboratively with partner organisations throughout 2010-11 to develop and implement an integrated stroke pathway across primary secondary and community care. This service development work is ongoing pathway.

In October the Coalition Government issued an amendment to the Operating Framework for 2010/2011 in respect of operating standards around A&E and 18 week referral to Treatment time. This revision to the Operating Framework resulted in the 18 weeks performance standard no longer forming part of Monitors Compliance framework regime. Although the Trust consistently achieved the 18-week referral to treatment standards throughout the year there were 2 specialties where this was not delivered. The Trust predicted that these specialities would not be compliant due to a transfer of patients and activity from other acute Trusts across Lancashire and Cumbria to Lancashire Teaching Hospitals.

The number of expectant mothers who received a Health and Social Care Needs assessment within 12 weeks and 6 days of pregnancy was slightly below the target level for 2010-11. This was mainly due to late referrals and ladies who were unable to attend scheduled appointments. The Trust is working with the wider health community to ensure that expectant mothers are able to maximise any offer of an appointment appropriately.

The Same Sex Accommodation measure was a new operating standard introduced during 2010-11.

Summary Position of Key Targets

Indicator	Target %	Cumulative Performance	Achieved	Current Period
A&E - 4 hour standard	**95.0**	97.67	Y	% - Cumulative to End Mar 2011
Thrombolysis - 60 minutes call to needle	**68.0**	87.7	Y	% - Cumulative to End Mar 2011
Thrombolysis - 30 minutes Door to needle	**75.0**	78.0	Y	% - Cumulative to End Mar 2011
Cancer - 2 week rule (All Referrals) - New method	**93.0**	94.7	Y	% - Cumulative to End Mar 2011
Cancer - 31 day target - New method	**96.0**	98.4	Y	% - Cumulative to End Mar 2011
Cancer - 31 Day Target - Subsequent treatment – Surgery	**94.0**	96.8	Y	% - Cumulative to End Mar 2011
Cancer - 31 Day Target - Subsequent treatment – Drug	**98.0**	99.9	Y	% - Cumulative to End Mar 2011
Cancer - 31 Day Target - Subsequent treatment (Radiotherapy) Target effective from 1st Jan 2011, Q4 position only shown	**94.0**	98.1	Y	Quarter 4 2010-11
Cancer - 62 day target - total - New Method	**85.0**	86.6	Y	% - Cumulative to End Mar 2011
Cancer - 62 Day Target - Referrals from NSS (Summary)	**90.0**	94.6	Y	% - Cumulative to End Mar 2011
Cancer - 2 week rule - Referrals with breast symptoms From 1st Jan 10	**93.0**	96.3	Y	% - Cumulative to End Mar 2011
MRSA	**8***	3.0	Y	No of Patients - Cumulative to End Mar 2011
C.Difficile - Monitor Plan	**190***	111.0	Y	No of Patients - Cumulative to End Mar 2011
MRSA Screening as a percentage of Elective Activity	**100.0**	310.5	Y	% - Cumulative to End Mar 2011
Cancelled Operations - Non Clinical (% of Elective FFCE's)	**0.8**	0.54	Y	% - Cumulative to End Mar 2011
Cancelled Operations - Not Readmitted Within 28 Days	**5.0**	1.5	Y	% - Cumulative to End Mar 2011
Delayed Discharges - Acute	**3.5**	2.49	Y	% - Cumulative to End Mar 2011
Data Quality on Ethnic Group	**85.0**	94.28	Y	% - Cumulative to End Mar 2011
Rapid Access Chest Pain	**98.0**	100.0	Y	% - Cumulative to End Mar 2011

Infant Health: Smoking During Pregnancy	**20.1**	18.38	Y	% - Cumulative to End Mar 2011
Infant Health: Breastfeeding Initiation	**69.0**	68.77	N	% - Cumulative to End Mar 2011
Stroke Care - 90% of stay within designated stroke ward**	**80.0**	51.4	N	% - Single month - March 2011
TIA - Commencement of treatment within 24 hours**	**60.0**	60.00	Y	% - Single month - March 2011
18 weeks - Referral to Treatment - Admitted Patients	**90.0**	92.5	Y	% - Cumulative to End Mar 2011
18 weeks - Referral to Treatment - non-admitted patients	**95.0**	96.9	Y	% - Cumulative to End Mar 2011
18 weeks - Achievement of standards in all specialties***	**0***	24.00	N	% - Cumulative to End Mar 2011
18 weeks - Achievement of standards in Orthopaedics	**0***	0.00	Y	% - Cumulative to End Mar 2011
% direct access audiology within 18 weeks in month	**95.0**	100.00	Y	% - Cumulative to End Mar 2011
% patients waiting less than 13 weeks for diagnostics	**100.0**	99.997	N	% - Cumulative to End Mar 2011
% patients waiting greater than 6 weeks for diagnostics	**0.03**	0.08	N	% - Cumulative to End Mar 2011
Health & Social Care Needs Assessment within 12 weeks and 6 days of pregnancy	**87.0**	83.73	N	% - Cumulative to End Mar 2011
Same Sex Accommodation Breaches	**0***	272.0	N	Number of Patients - Cumulative to End Mar 2011

* Absolute Figures (i.e. number of patients)

** Report details single month compliance only as performance is measured against a progressive in year target in order to achieve a year end compliance rate

*** Summary reflects non compliance in 2 specialties only - Neurosurgery and Oral Surgery for a number of months during the year across both admitted and non admitted categories

Care Quality Commission Compliance

Lancashire Teaching Hospitals NHS Trust has declared compliance against 16 of the 16 Core Outcomes. The Care Quality Commission has not taken any enforcement action against Lancashire Teaching Hospitals NHS Trust during 2010/11. Lancashire Teaching Hospitals NHS Trust is not subject to periodic review by the Care Quality Commission.

Annexes

Annex 1:

Statements from External Stakeholders

As part of the engagement process stipulated in The NHS Foundation Trust Annual Reporting Manual 2010/11, Lancashire Teaching Hospitals NHS Trust distributed the draft Quality Accounts Report to the NHS Central Lancashire (PCT), Local Involvement Networks (LINks) and the Overview Scrutiny Committee (OSC). Each organisation was asked to review the draft report and provide their comments. In the case of the host Primary Care Trust a statement is a statutory requirement. In addition to this the Foundation Trust Governing Council were also invited to comment on the draft report.

Our response to Statements

Lancashire Teaching Hospitals NHS Trust reviewed the comments it received from NHS Central Lancashire PCT and Local Involvement Networks (LINks) on the Trust's draft Quality Accounts report. The comments provided general support to the focus and content of the document. Suggestions were made regarding the inclusion of safety and quality priorities and action plans for 2011/2012. In addition to this it was suggested that some adjustments to the wording be made to improve readability from a public perspective.

The Trust recognises the importance of providing public information in a format that is accessible and understandable and will produce an Executive summary containing forward plans for this purpose.

Annex 2:

Statement of Directors' responsibilities in respect of the Quality report.

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;

The content of the Quality Report reflects both internal and external sources of information. These include;

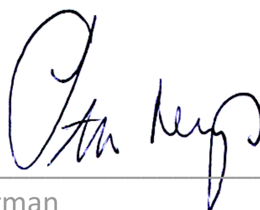
- Board minutes and papers for the period April 2010 to June 2011
- Papers relating to Quality reported to the Board over the period April 2010 to June 2011
- The Trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
- The 2010 national patient survey
- The 2010 national staff survey
- Care Quality Commission (CQC) quality and risk profiles

Assurance has been attained through feedback from;

- The Commissioners dated 17/05/2011
- The Governors dated 10/05/2011
- LINks dated 18/05/2011

The Quality Report 2010/11 presents a balanced picture of the Lancashire Teaching Hospitals NHS Trust performance over the period covered. There are appropriate internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice. The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed 106 definitions, is subject to appropriate scrutiny and review.

The Directors confirm to the best of their knowledge and belief they have complied with the Above requirements in preparing the Quality Report 2010/11.



24/6/11

Chairman Date

24/6/11

Chief Executive Date

Glossary

CEMACH	The Confidential Enquiry into Maternal and Child Health
CNS Disease	central nervous system disease
COPD	Chronic Obstructive Pulmonary disease
CQUIN	Commissioning for Quality and Innovation
DAHNO	Data for Head and Neck Oncology
ECAP	Essentials of Care Audit Programme
FFCE	First Finished Consultant Episode
MINAP	The Myocardial Infarction Audit Project
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NICE	National Institute for Clinical Excellence
NNAP	National Neonatal Audit Programme
NNU	Neonatal Unit
PROMs	National Patient Reported Outcome Measures programme
RCOG	Royal College of Obstetricians and Gynaecologists
RCPH	Royal College of Paediatrics and Child Health
SINAP	Stroke Improvement National Audit Programme
TARN	Trauma Audit and Research Network
VSGBI	The Vascular Society of Great Britain and Ireland

Lancashire Teaching Hospitals NHS Trust

Chorley and South Ribble Hospital
Preston Road
Chorley
PR7 1PP
✆ 01257 261222

Royal Preston Hospital
Sharoe Green Lane
Fulwood
Preston
PR2 9HT
✆ 01772 716565

www.lancsteachinghospitals.nhs.uk