

Quality report and accounts 2009/10



Part one – statement on quality from the Chief Executive

Quality is at the heart of everything we do at The Dudley Group of Hospitals NHS Foundation Trust and all of our staff play a vital part in achieving the high quality of care people expect. This standard consists of care which is safe, effective and patient centred. We can only deliver that standard of quality across our services with the full involvement of staff who help to provide those services, our volunteers, patients, Members and Governors.

Our vision is to be 'the hospital of choice' for both patients and staff. This is underpinned by the quality of services we provide. A key part of delivering quality care is for our staff to live our values: care, respect, pride, effectiveness, responsibility and partnership in everything we do.

Last year was the first year we publicly reported our chosen priority areas for quality measures. We are proud that great progress has been made particularly in the areas of clinical effectiveness and safety. One of our priority areas (priority one) won a prestigious Health Service Journal/Nursing Times National Patient Safety Award for our work on the deteriorating patient (see pages 4-6). We are also proud to have one of the lowest rates of healthcare associated infections in the West Midlands for MRSA and have greatly reduced our rates of Clostridium difficile infection, while also being one of the first trusts regionally to achieve all the national cancer waiting times. We recognise that there is still some work to be done to improve our patient experience of the services we provide and more can be found on this work on pages 10-11.

We continue to embed the culture of quality throughout the Trust with ongoing work to ensure staff are provided with good quality information on which to monitor their performance. The introduction of Nursing Care Indicators is just one example of a measure we have introduced to ensure monthly reporting straight to the Trust Board on key quality issues for nursing staff such as nutrition, falls assessments and patient experience helping to ensure the channels of communication between the Trust Board and wards are open and easy to assess.

The Trust is currently reviewing our information technology systems to ensure we are able to monitor and evaluate quality as precisely as our financial information. Work is also underway to ensure our organisational objectives are still relevant and fit for purpose to ensure our Trust becomes 'Your Hospital of Choice'. We recognise that there is much hard work ahead but we are setting the strategy to ensure we achieve our vision to provide the best possible patient care.

I can confirm that, to the best of my knowledge, the information contained in this document is accurate.

Signed

Date: 27th May 2010



Paula Clark
Chief Executive

What are quality accounts?

Quality accounts are annual reports to the public from NHS bodies about the quality of services they provide, focusing on three dimensions of patient safety, clinical effectiveness and patient experience. They are designed to sit alongside financial accounts that describe how we are looking after the money and aim to help people understand:

- What we are doing well
- Where improvements in service quality are required
- What are our priorities for quality improvement for the coming year are
- How we have involved service users, staff and others with an interest in the Trust in determining the priorities.

How we have prioritised our quality improvement initiatives

We are committed to delivering a patient-centred service that has high quality at its heart, underlined by the Trust values which are our promises to patients. The NHS Constitution sets out the rights patients have to levels of service and care and we are striving to provide every time those levels of care that we would all expect for ourselves and our families.

To embed the quality improvement cycle within the Trust, we have this year set up a Planning for Quality Steering Group, chaired by Director of Nursing Denise McMahon, with representation from all sectors of staff, as well as our Local Involvement Network (LINK) and Council of Governors. The group, which meets quarterly, reports into the Trust Board and is responsible for monitoring quality improvements against our priorities and making proposals for new quality initiatives.

There are many measures of performance and quality across the NHS and this report is designed to give patients, staff and the public information about the standards of quality that we feel are priorities and any areas where improvements are needed. It is not a comprehensive list of all the quality measures we have in place.

Involving our patients and public in quality improvement

Throughout the year we have engaged with our patients and the public about what is important to them in our quality accounts. At a recent event organised by the Primary Care Trust, 32 out of 37 people said they will use quality accounts as a way to evaluate the performance of their local NHS organisations. During our own engagement with the Local Involvement Network, our Governors and other patient groups' key suggestions for priorities for quality improvement plans were raised, these included:

- Communication between organisations and professionals
- Being treated with dignity and respect
- Staff taking the 'time to care'
- Communication and changes of appointment times

As well as the feedback we have gained from patients, the public and staff, we have used the three main dimensions of quality – safety, effectiveness and experience – to help set our priorities and, following Trust Board agreement, the five priorities for quality in 2010/11 will be:

Priority one: Maintain the levels of cardiac arrests as per the December 2009 figure (17) by December 2010 and ensure that there is a 15 per cent improvement in the recording of patient observations from the December 2009 figure every quarter through to December 2010

Priority two: Reduce our MRSA rate in line with the national and local priorities. We will only be measured in 2010/11 on post-48 hour cases and our target is no more than two.

Priority three: Reduce our Clostridium difficile rate in line with the national and local priorities – this is no more than 161 for 2010/11.

Priority four: Increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.

Priority five: Increase the number of hip fracture patients who undergo hip fracture surgery within 36 hours from admission to the Emergency Department (where clinically appropriate to do so).

Following discussions with patients, community groups and staff, we have decided this year to keep the first four priorities the same as last year as people feel they are useful indicators of quality and important to many. We have also added the hip fracture priority as we recognise the length of time taken from admission to surgery has an impact on the outcome for patients.

Part 2 – Priorities for improvement

Priority one: consolidate the reduction in the number of cardiac arrests and improve recording of patient observations

Following the publication of the National Institute of Clinical Excellence (NICE) Guidance on 'Acutely Ill Patients in Hospital', the Trust set up a multi-disciplinary group to implement the recommendations. The introduction to the guidance states: *'Any patient in hospital may become acutely ill. However, the recognition of acute illness is often delayed. This may result in late referral and avoidable admissions to Critical Care and may lead to unnecessary death'*. Our multi-disciplinary team set out to improve our systems in this regard.

Progress during 2009/10

Last year, the following aims were set:

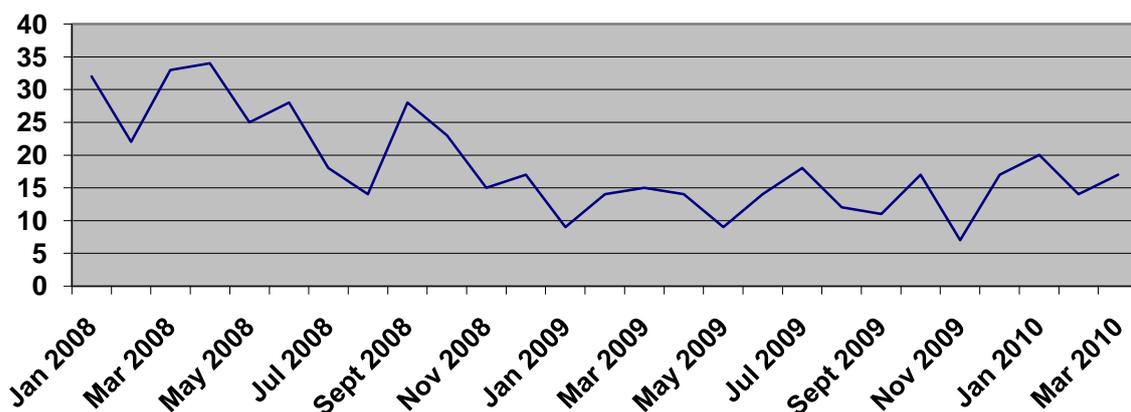
- a) Reduce the number of cardiac arrests from the January 2008 figure by 30 per cent by June 2009
- b) Reduce the number of cardiac arrests from the June 2009 figure by five per cent by June 2010

✓ It can be seen on the table below that by June 2009 the Trust had in fact reduced the rate by over 40 per cent and so both targets were achieved together. The work that has been done to achieve this fall has been recognised both internally and externally by a number of awards:

- Winner of Performance Excellence Award for the Outreach Team at the Trust's Committed to Excellence Staff Awards 2009
- Winner of Critical and Intensive Care Award at the National Patient Safety Awards 2010 (Health Service Journal/Nursing Times)
- Runner up of Patient Safety Award at West Midlands Health and Social Care Awards 2009

Figures to June 2009 show a 53 per cent decrease in the rate of cardiac arrests:

Number of cardiac arrest calls



Following the marked fall in cardiac arrests, the team agreed that we should endeavour to maintain these levels over the next year. In addition, it has been agreed to improve the accuracy and timeliness of bed-side patient observations and completion of the colour coded 'track and trigger' observation chart. This is fundamental to maintaining improvement because the observations are the basis of the alerting process and trigger the Critical Care Outreach and Medical Emergency teams. Because this is such an important component of the project, we have set an ambitious target for improvement.

Also in 2009/10, the team piloted a system to ensure that nurses requesting help from the Outreach Team use a common communication tool so that the outreach staff can prioritise requests.

Main aims/goal for 2010/11

- Maintain the levels of cardiac arrests as per the December 2009 figure (17) by December 2010

- b) Ensure that there is a 15 per cent improvement in the recording of patient observations from the December 2009 figure every quarter through to December 2010

Measuring and recording

The numbers and details of cardiac arrest calls are collected as they occur and monitored by the multi-disciplinary group at its regular meetings throughout the year with a summary made available to the Trust's Integrated Governance Committee. Data on the patient observations undertaken by nurses are collected from all wards on a monthly basis. This information is also monitored by the multi-disciplinary group. It is also part of a wider collection of nursing quality indicators, which is monitored by the Trust Board.

Multi-disciplinary Group Members

Dr M. Cushley, Consultant Physician
Dr J. Sonksen, Consultant Anaesthetist
Dr D. Pandit, Consultant Physician
Dr C. Patel, Consultant Anaesthetist
R. Anslow, Outreach Lead
W. Dainty, Resuscitation Officer
D. Eaves, Clinical Governance Co-ordinator
D. Powell, Lead Nurse
K. Sheppard, Matron

Priority two: to further reduce our MRSA rate

Progress during 2009/10

We are proud to have among the lowest MRSA infection rates in the West Midlands region and this, coupled with feedback from patients, community groups and the Care Quality Commission, has meant we have decided to keep our infection control targets in the quality priorities for 2010/11.

Our target is agreed locally with our Primary Care Trust (PCT) and was no more than 12 cases for pre and post 48 hour cases for 2009/10. Pre 48 hour cases are those patients considered not to have acquired the infection in hospital but rather to have developed the infection before admission to hospital. Those patients who develop MRSA infection after they have been in hospital for more than two days are considered post 48 hours.

- ✓ We are pleased that during 2009/10 we have continued to reduce the number of MRSA infections with only two of the ten cases being post 48 hours. We have also achieved our health economy target of no more than 12 pre and post cases for 2009/10.

Main aim/goal for 2010/11

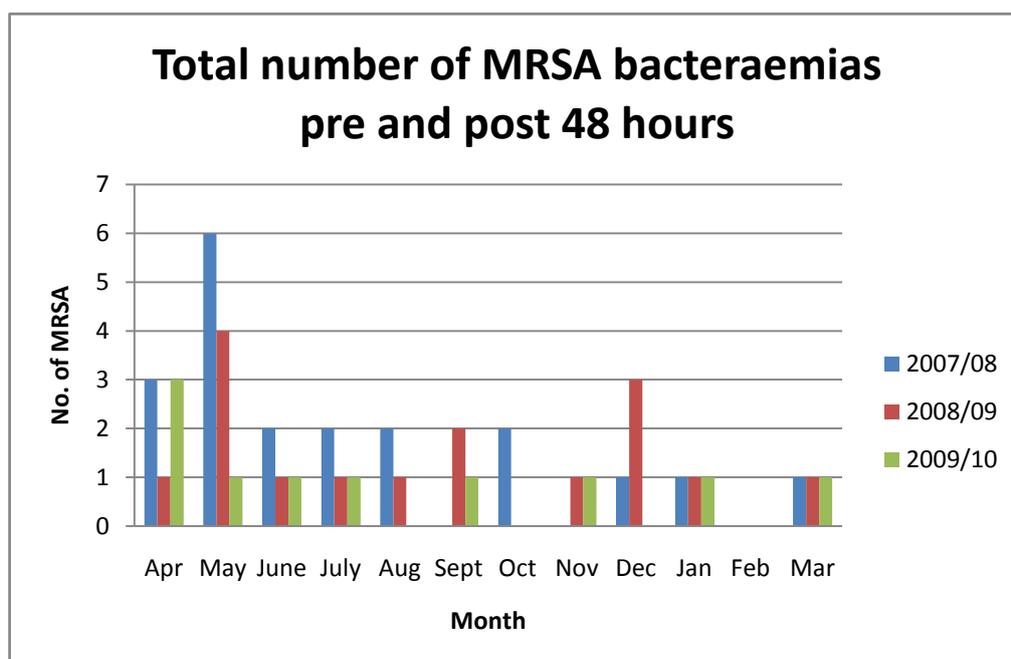
To reduce our MRSA rate in line with the national and local priorities. We will be measured in 2010/11 on only the post 48 hour cases and our target is no more than two.

Measuring and recording

When our pathology laboratory has a positive result for MRSA the information is fed directly into the MESS (MRSA Enhanced Surveillance System) national database. From here the data for all trusts nationally is collated and sent to the Health Protection Agency (HPA) for publication.

Current status

The graph below shows the continued reduction of MRSA bacteraemia cases (pre and post 48 hours), from a total of 19 in 2007/08 to a total of 10 in 2009/10.



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2007/08	3	6	2	2	2	0	2	0	1	1	0	1	20
2008/09	1	4	1	1	1	2	0	1	3	1	0	1	16
2009/10	3	1	1	1	0	1	0	1	0	1	0	1	10

Identified areas of improvement for 2010/11

- Strengthen a zero tolerance approach to all infections including MRSA and C difficile
- Continue to improve partnership working with the community services to ensure people do not contract MRSA or C difficile in other settings outside of hospital
- Improve our root cause analysis process for MRSA bacteraemia and C difficile
- Continue to enforce 'Bare Below the Elbows' in clinical contact

Initiatives in 2009/10

- Appointment of four infection control champions to work alongside ward staff to challenge practice, complete audits and carry out ward-based teaching

- Appointment of a consultant nurse in Infection Control to lead the infection control service and develop future strategies
- Major initiatives on promoting hand hygiene, 'Bare Below the Elbows' and environmental cleanliness. Regular audits on compliance with these initiatives and challenges to non-compliance
- Monthly audits against the Department of Health Saving Lives High Impact Interventions with the development of a web-based tool for Saving Lives audits
- Sharing of Infection Control patient management system with the PCT infection control team
- Joint working with the PCT on root cause analysis developed
- Quarterly environmental audits by matrons started with reports to the Board
- Appointment of Surveillance/Practice Development Nurse to enhance the surgical site surveillance programme at the Trust and develop training and education programmes, including e-learning, induction and mandatory refresher programmes

Board Sponsor: Denise McMahon, Director of Nursing

Operational Lead: Dawn Westmoreland, Consultant Nurse, Infection Control

Priority three: to further reduce our Clostridium difficile (C difficile) rate

Progress during 2009/10

We are proud to have continued to reduce our rates of C difficile infections during the year. This, coupled with feedback from patients, community groups and the Care Quality Commission, has meant we have decided to keep our infection control targets in the quality priorities for 2010/11.

- ✓ We have continued our progress on reducing C difficile infections and are pleased to have achieved a 47 per cent reduction in numbers of C difficile cases during 2009/10. The target set for 2009/10 was no more than 238 but the Trust only had 126 post 48 hour cases.

For the purposes of this report we have shown the number of C difficile cases classed as post 48 hours. It is important to note patients who develop their infection after they have been in hospital more than two days are known as post 48 hours. Those patients who develop their infection within 48 hours of admission are not counted as hospital acquired.

Since 2007/08 we have reduced the number of C difficile infections from 355 to 126 in 2009/10.

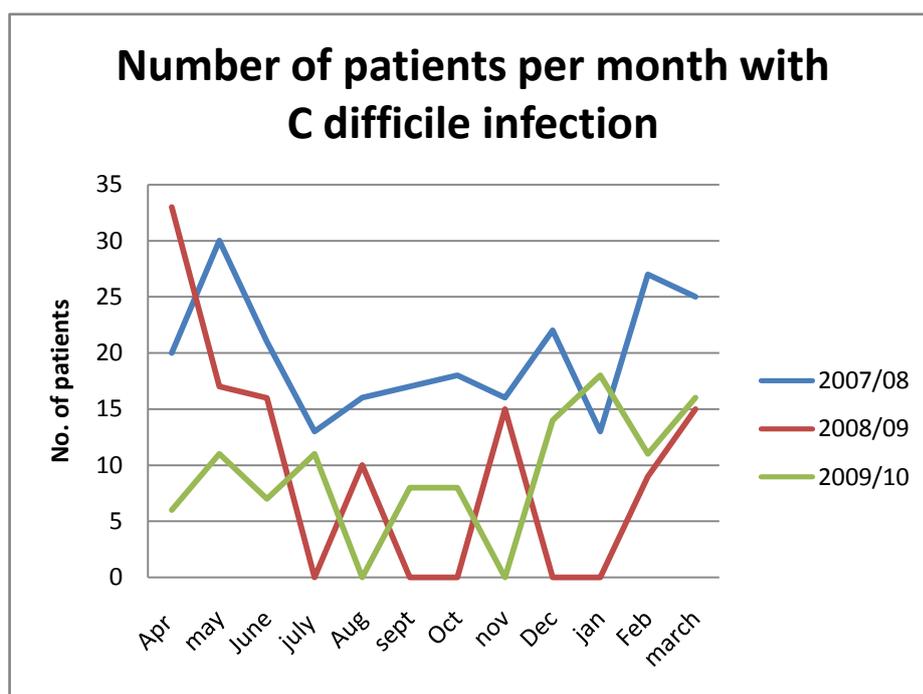
Main aim/goal for 2010/11

To reduce our C difficile rate in line with the national and local priorities – this is no more than 161 for 2010/11.

Measuring and recording

If a patient shows symptoms of C difficile, a sample is taken and sent to the laboratory for testing. When our pathology laboratory has a positive result for C difficile the information is fed directly into the MESS national database. From here the data for all trusts nationally is collated and sent to the Health Protection Agency (HPA) for publication.

Current status



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
2007/08	20	30	21	13	16	17	18	16	22	13	27	25	238
2008/09	33	17	16	9	10	7	7	15	7	9	9	15	154
2009/10	6	11	7	11	7	8	8	9	14	18	11	16	126

Identified areas of improvement and initiatives in 2009/10

As per priority two MRSA see pages 6-8.

Board Sponsor: Denise McMahon, Director of Nursing

Operational Lead: Dawn Westmoreland, Consultant Nurse, Infection Control

Priority four: increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.

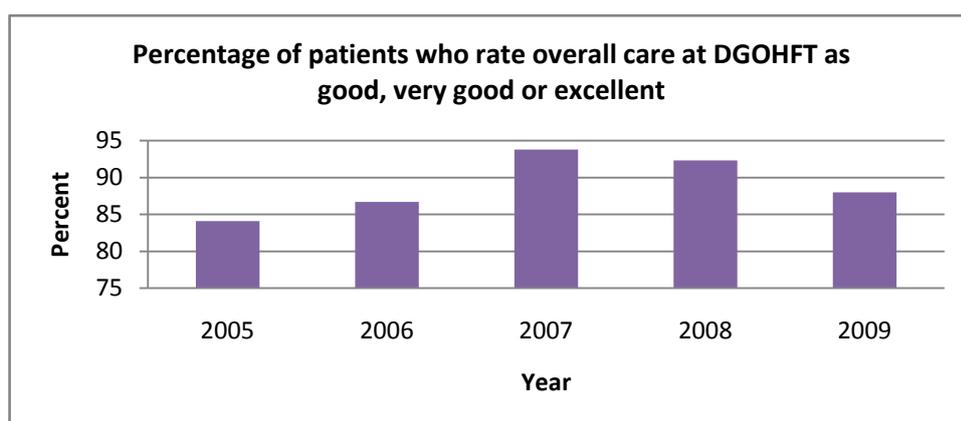
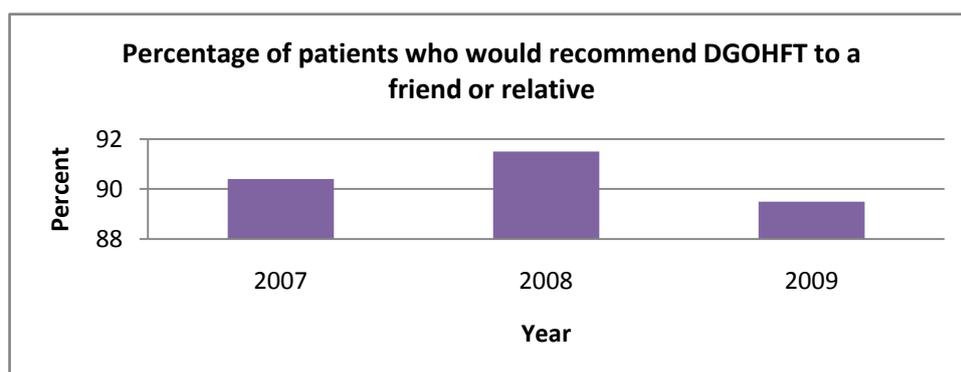
Patient experience feedback is a vital part of how the NHS makes clinical improvements and it is more important now than ever before that trusts are responsive to the needs of their patients.

Progress during 2009/10

Last year, the following aims were set:

- Increase the number of patients who rate their overall care highly from 92 per cent in the national inpatient survey to 95 per cent
- To show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative

We are disappointed by the fall in the two measures of patients' experience we have used for 2009/10 as shown in the graphs below.



Measuring and recording

The Trust takes part in the annual National Patient Surveys for the Care Quality Commission (CQC). The surveys are conducted by an independent partner for the Trust and a sample of 850 inpatients and 850 outpatients are surveyed each year. The results of the surveys are fed directly to the CQC for national comparison and publication. The results also form part of the way the CQC monitor trusts.

Main aims/goals for 2010/11

- a) Increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent (we have changed the target for this aim to ensure we are being realistic about the levels of change we can achieve in one year)
- b) To show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative

Identified areas of improvement for 2010/11

- Ensuring enough assistance is provided to those who need it at mealtimes
- Improve patient information in advance and while in hospital

Initiatives in 2009/10

In recognising the need to improve our patients' experience we have this year implemented a continuous patient survey system helping to give staff more real time feedback on what people think of our services and help plan improvements. We have also reinvigorated a Patient and Public Engagement Steering Group which reports into the Trust Board to ensure we capture all sources of patient feedback and have a coordinated approach to improvement planning.

We have actively recruited extra volunteers specifically to provide mealtime assistance and these have been trained to be able to provide this assistance. The initiative is currently being piloted on a couple of wards before roll out across the Trust.

New Patient Information Officer appointed to the Patient Advice and Liaison Service to improve the quality of our patient information and ensure new developments are progressed. This person has already reviewed and revised our patient information policy and archiving systems and is working on templates to help standardise patient information across the Trust.

New initiatives to be implemented in 2010/11

- Review the patient 'pulse' surveys to ensure they are providing useful information to staff to make improvements and also whether patients feel they are useful in getting their views across
- Ensure all sources of patient experience feedback are coordinated into a central system to provide more useful information to staff to enable service improvements where needed
- Embed and implement the new patient information template and identify new areas for improvement following audit of patient information

Board Sponsor: Denise McMahon, Director of Nursing

Operational Lead: Liz Abbiss, Head of Customer Relations and Communications

Priority five: hip fracture surgery

Good hip fracture care depends on minimising pre-operative delay, which currently varies widely across the UK. Delays which are not clinically necessary can contribute towards a poorer result for the patient and adds to costs. National Hip Fracture Database (NHFD) participation offers routine monitoring and evaluation of the effectiveness of measures we take.

Main aims/goals for 2010/11

To reduce unexplained variation in quality and adopt best practice:

- Where clinically appropriate, hip fracture patients to be operated on within 36 hours of arrival in the Emergency Department (or time of diagnosis if an inpatient) to the start of anaesthesia
- Admit patients under the joint care of a consultant orthopaedic surgeon and orthogeriatrician
- Admit patients using an assessment protocol agreed by Orthopaedics, Anaesthesia and Geriatric Medicine
- To have an assessment by a geriatrician within 72 hours of admission
- To have postoperative multi-professional rehabilitation that promotes mobility and self-care and prevents falls

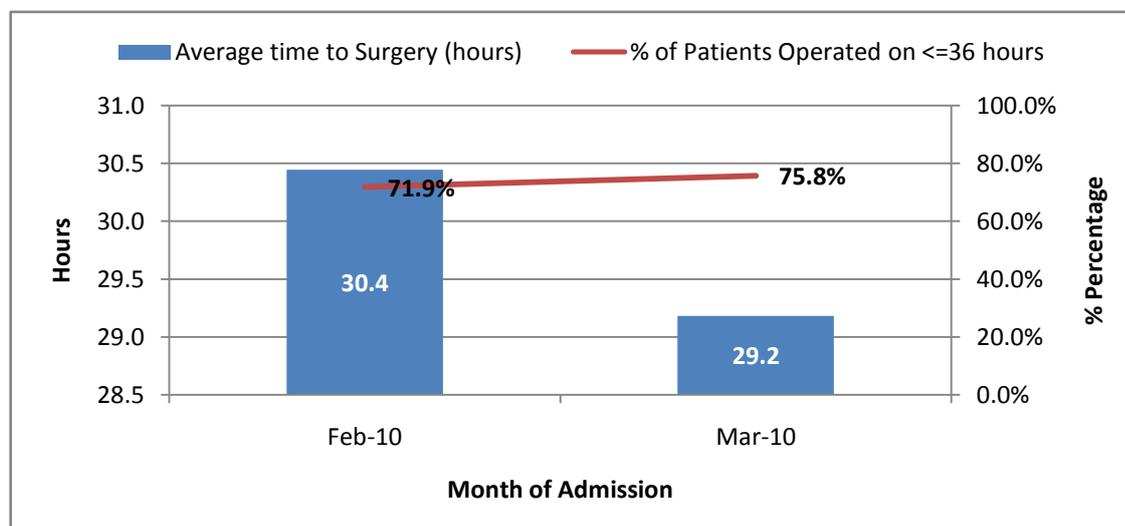
Initiatives in 2009/10

Hip fracture practitioners provide a seven day service during the busy times of 8am to 8pm.

Current status

	Month of Admission	
	Feb-10	Mar-10
No. of Patients Operated	32	33
Average time to Surgery (hours)	30.4	29.2

No. of Patients Operated on <=36 hours	23	25
% of Patients Operated on <=36 hours	71.9%	75.8%



New initiatives to be implemented in 2010/11

- Review of current integrated care pathway for hip fractures to include all elements of national best practice
- Improve systems of data collection enabling both easier analysis internally and benchmarking with national data
- Capture patient experience of hip fracture journey through patient experience interviews

Measuring and recording

As soon as a patient is admitted to hospital with a hip fracture, data is submitted to the National Hip Fracture Database (NHFD). This data remains live until the patient has completed all of their care, including any intermediate care and rehabilitation if necessary, following their surgery.

Board Sponsor: Richard Beeken, Director of Operations (from 15th June 2010)

Operational Lead: Jennie Muraszewski, General Manager

Review of services

During 2009/10 The Dudley Group of Hospitals NHS Foundation Trust provided and/or sub contracted 38 NHS services.

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

The above reviews were undertaken in a number of ways. With regards to patient safety, the Trust Executive and Non-Executive Directors undertake Patient Safety Leadership Walkrounds. These commenced in January 2009 and remain ongoing and a regular schedule is in place.

Also covering patient safety but including the second element of quality (effectiveness), is the morbidity and mortality reviews undertaken by the Chairman, Chief Executive and Medical and Deputy Medical Directors. From 2010, the Non-Executive who is the Chairman of the Trust Audit Committee will be invited to attend. These occur within an 18 month rolling programme covering all services. Each service presents information from a variety of sources, including internal audits, national audits, peer review visits, as well as activity and outcome data such as readmission rates, day case rates and standardised mortality rates.

For all general inpatient areas, a monthly review of the quality of nursing care takes place and the results are presented to the Trust Board.

For the final third element of quality (patient experience), all areas within the Trust have taken part in the 'patient pulse' surveys, which gain patient views of the services. The results are presented to the Trust Board.

The income generated by the NHS services reviewed in 2009/10 represents 99.4 per cent of the total income generated from the provision of NHS services by the Dudley Group of Hospitals NHS Foundation Trust for 2009/10.

Participation in national clinical audits and confidential enquiries

During 2009/10, 35 national clinical audits and five national confidential enquiries covered NHS services that the Trust provides.

During that period the Trust participated in 32 (91 per cent) national clinical audits and five (100 per cent) 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 the Trust was eligible to participate in, actually 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.

National Clinical Audits

Title	Lead/Contact	Participated Yes/No	% Submitted
The National Bowel Cancer Audit Programme (NBOCAP)	Mr R Patel/H Coyle	Y	100
Data for Head and Neck Oncology (DAHNO)	Dr C Brammer/H Coyle	Y	100
National Lung Cancer Audit (NLCA)	Dr M Healy/H Coyle	Y	100
British Thoracic Society (BTS); Emergency Oxygen	N Millard/Dr M Doherty	Y	100
BTS; Non-Invasive Ventilation (NIV)		N	-
BTS; Adult Asthma		N	-
Oesophago-gastric (stomach) Cancer	Mr J Dmitrewski/H Coyle	Y	80 *
Mastectomy and Breast Reconstruction	Mr P Stonelake/H Coyle	Y	100
National Neonatal Audit (NNAP)	P Smith/Dr A Mohite	Y	18^
Diabetes (National Diabetes Audit NDA)	Dr J Dale/K Obrenovic	Y	100
Renal registry; Renal Replacement Therapy	J Pain/B Capewell-Dubber	Y	100 +
National Kidney Care Audit Patient Transport – Russells Hall	J Pain	Y	50-60°
National Kidney Care Audit Patient Transport – Kidderminster	J Pain	Y	80-90°
National Joint Registry (NJR)	R Rai/C Hipkiss	Y	99.7

Title	Lead/Contact	Participated Yes/No	% Submitted
MINAP (Myocardial Infarction National Audit Programme)	Dr J Martins/A Hunter/M Massey	Y	100
National Sentinel Stroke Audit	A Gregory	Y	100
Services for people who have fallen	Dr A Michael/B Howells/K Obrenovic	Y	100
Continence	Dr S Duja/K Obrenovic	Y	100
Hip Fracture Database	Mr S Quraishi/C Sylvester/Dr A Michael	Y	88
Vascular Society Database	Mrs S Shiralkar	Y	42
ICNARC (Intensive Care National Audit & Research Centre); Adult Critical Care Units	Dr J Sonksen	Y	100
National Elective Surgery PROMs (Patient Reported Outcome Measurement): Hip Replacement	J Muraszewski/K Holmes	Y	100
National Elective Surgery PROMs: Knee Replacement	J Muraszewski/K Holmes	Y	93
National Elective Surgery PROMs: Varicose Veins	J Muraszewski/K Holmes	Y	39
National Elective Surgery PROMs: Groin Hernia	J Muraszewski/K Holmes	Y	42
TARN (Trauma Audit & Research Network)		N	-
NHS Blood and Transplant; Potential Donor Audit	Dr J Sonksen/Rebecca Timmins	Y	100
National Comparative Audit of Blood Transfusion; Blood Collection	Dr C Taylor/C Stone	Y	100
National Comparative Audit of Blood Transfusion; Bedside Transfusion	Dr C Taylor/C Stone	Y	100
National Comparative Audit of Blood Transfusion; Use of Red Cells in Neonates/Children	Dr C Taylor/C Stone	Y	100
Emergency Medicine Asthma	Mr N Stockdale/K Obrenovic	Y	100
Emergency Medicine Fracture Neck of Femur	Mr N Stockdale/K Obrenovic	Y	100
Major Complications in Airway Management in UK (Royal College of Anaesthetists)	Dr H Becker Phase 1	Y	100
	Dr H Becker Phase 2	Y	100
Management of Osteoarthritis related to NICE Guidance	Dr N Erb	Y	100

* Total number of eligible patients

+ Calendar year 2009

“ Numbers up to March 2010

° Patient questionnaires

^ The Trust (like others in the West Midlands) submitted all cases into the intermediary West Midlands database but the whole data was not then transferred to the national database

National Confidential Enquiries

Title	Lead/Contact	Participated Yes/No	% Submitted
NCEPOD (National Confidential Enquiry into Patient Outcome & Death): Parenteral Nutrition	Dr N Fisher/A Duffill	Y	52
NCEPOD: Elective and Emergency Surgery in Elderly	A Duffill	Y	88
CMACE; (Centre for Maternal & Child Enquiries); Stillbirths	J Edwards	Y	100
CMACE; Neonatal Deaths	J Edwards	Y	100
CMACE; Obesity in Pregnancy	J Edwards	Y	100

The reports of five national clinical audits were reviewed by the provider in 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Appointment of local transplant coordinator
- Transfusion safety awareness campaign to be launched in the Trust by the Hospital Transfusion Team including posters and leaflets to be distributed to all staff with payslips
- Patient scenario competition to be rolled out during patient safety week
- Business case submitted for electronic bedside checking system. If implemented, this system would almost eliminate the risk of a wrong unit of blood being transfused and would ensure all required checks are performed and recorded
- Use of timers to remind staff to perform required observations, piloted successfully on EAU. To be rolled out Trust-wide
- Improve the numbers and timing of brain scans for stroke patients
- Improve the nutritional screening of stroke patients
- Improve the numbers of stroke patients who have a swallowing screen within four hours of admission

The reports of 130 local clinical audits were reviewed by the provider in 2009/10 and the Trust has taken, or intends to take, the following actions to improve the quality of healthcare provided:

- Redesign of GP referral for DEXA scanning and osteoporosis service
- Have direct referrals from the Emergency Department to the Maternity service to reduce delays in examination and treatment
- Undertake pre-operative assessment of obese pregnant women at the High Risk Obstetric clinic
- Re-write the information leaflet regarding the pre-operative fasting of children
- Include cannula forms in all intravenous cannula packs to improve documentation
- Introduce a new prescription chart with Enoxaparin and TED (surgical) stockings explicitly stated to improve Venous-thromboembolism (VTE) prophylaxis
- Introduce a specific informed consent form for laser treatment in ophthalmology
- Draw up a new guideline on augmentation of labour with syntocinon
- Have a specific checklist of risks and benefits of vaginal birth after caesarean section
- Introduce a 'hold' request on blood group and save requests to reduce unnecessary laboratory work
- Introduce three new clinical fellows in obstetrics/gynaecology

The Trust participates in large multi-centre trials in the fields of cancer, cardiology and musculoskeletal medicine, undertaking both academic and commercial studies. The provision of a dedicated laboratory in the Clinical Research Unit has been instrumental in facilitating participation in commercial research, providing specimen storage and centrifuges for sample preparation.

Recruitment can be broken down into interventional and observational studies. During the period 01/04/2009 to 31/03/2010 364 patients were recruited into interventional and 794 into observational studies. Approximately six per cent of these subjects were recruited into commercial studies.

The Dudley Group of Hospitals is co-sponsor of TRACE RA, a large multi-centre placebo-controlled clinical trial, with a target recruitment of 3,808 subjects, investigating the use of statins in patients with Rheumatoid Arthritis (RA). The Trust also hosts two Arthritis Research Campaign clinical research fellows. One researcher is investigating lipid profiles; the other is designing an educational intervention to reduce cardiovascular disease in RA sufferers.

The number of patients receiving NHS services provided or sub-contracted by The Dudley Group of Hospitals in 2009/10, that were recruited during that period to participate in research approved by a research ethics committee, was 1158.

CQUIN framework

A proportion of The Dudley Group of Hospitals income in 2009/10 (amounting to 0.5 per cent or £1.008m) was conditional on achieving quality improvement and innovation goals agreed between The Dudley Group of Hospitals and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation Payment Framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the Director of Operations.

2009/10 CQUINS

- a) TIA patients scanned within 24 hours of admission
- b) Smoking status during pregnancy
- c) Breastfeeding status
- d) PROMs – pre-operative questionnaires Item 1: Hips
PROMs – pre-operative questionnaires Item 2: Knees
PROMs – pre-operative questionnaires Item 3: Varicose Veins
PROMs – pre-operative questionnaires Item 4: Hernias
- e) Electronic discharge summary

2010/11 CQUINS

Goal no.	Description of goal	Quality Domain(s)
1	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Safety
2	Improve responsiveness to personal needs of patients	Patient Experience
3	Missed doses	Safety
4	Warfarin prescribing medicines acute	Safety
5	Smoking acute	Safety Effectiveness
6	Think Glucose	Safety Effectiveness Patient Experience
7	Tissue viability	Safety Effectiveness
8	Dementia pathway	Effectiveness Innovation
9	Breastfeeding	Effectiveness
10	End of life care Advance Care Planning (ACP) enables patient choice and preferences, improves patient experience and quality of care	Experience Effectiveness

Care Quality Commission (CQC)

The Dudley Group of Hospitals is required to register with the Care Quality Commission and its current registration status is 'registered' with the Care Quality Commission with no conditions attached to registration.

The Care Quality Commission has not taken enforcement action with The Dudley Group of Hospitals during 2009/10.

The Dudley Group of Hospitals is subject to periodic reviews by the Care Quality Commission and the last review was on 5th November 2009.

The CQC's assessment of The Dudley Group of Hospitals following that review was that the Trust had implemented recommendations and carried out suggested improvements to four areas highlighted by the CQC following an initial inspection on 15th September 2009.

The Dudley Group of Hospitals has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust has implemented and maintains a number of arrangements to monitor improvements in quality. These include the use of performance dashboards, a clinical audit programme, the review and introduction of Quality Care Indicators, Nursing Care Indicators and robust monitoring against local and national targets for healthcare associated infections (HCAI).

CQC Registration 2010/11

We are pleased to announce that The Dudley Group of Hospitals has successfully registered for the Care Quality Commission's (CQC) new system for monitoring standards, and were delighted to be named as one of the first organisations in the country to be granted a licence without any conditions by the CQC on 19th March 2010.

The new system requires trusts to assess their compliance against 16 new quality and safety standards. Registration is carried out by self-assessment and, as we were not satisfied we could give sufficient assurance in five areas, we declared non-compliance to give us the opportunity to meet the high standards we set ourselves and those demanded by the CQC. The five areas were:

Standard number	Standard type	Actions to be taken
Outcome 11 Regulation 17	Safety, availability and suitability of equipment	Evaluate guidelines and reflect in training for all staff
Outcome 12 Regulation 21	Requirements relating to workers	Review equal opportunities for career progression, implement a revised appraisal process and mandatory training process
Outcome 13 Regulation 22	Staffing	Reassess and implement revised structured workforce planning
Outcome 14 Regulation 23	Supporting workers	Implement revised appraisal process and subsequent training
Outcome 21 Regulation 20	Records	Include record tracking and filing in Trust induction and centralise creation of temporary folders

To ensure we are compliant with the standards as soon as possible, we have provided the CQC with credible, robust action plans which will be monitored on a regular basis by inspectors from the CQC.

Care Quality Commission Rating 2009/10

Every year trusts have to self-assess against a list of standards to ensure they are delivering high standards of health care for patients. Trusts have to declare compliance, non-compliance or insufficient assurance for each of the standards which are then independently reviewed by the CQC.

2009/10 was a year of transition prior to the introduction of a new system of registration and regulations for all Health and Social Care organisations with the Care Quality Commission (CQC). During this interim period the Trust was required to provide a mid-year declaration of its compliance against the Core Standards for Better Health for the period of 1st April to 31 October 2009. In December 2009 we declared full compliance against these standards. Following this any changes to the Trust's assurance of compliance during the remainder of the transitional assessment year (1st November 2009 to 31st March 2010) were then notified to the CQC in March 2010. On revisiting the standards and re-assessing our assurance against each item the Trust decided to declare insufficient assurance against standard C9 Element 1 relating to records management. An action plan has now been put in place to address the shortfall on this standard including improved tracking of health records and regular training updates.

Care Quality Commission Rating 2008/09

The Care Quality Commission's ratings for 2008/09 were announced on 15th October 2009 and the Trust was pleased to receive top marks for standards of care and dignity and respect for our patients, but extremely disappointed by the overall rating of weak for quality of services. Our consistently high standard of financial management was recognised with an 'excellent' score which enables the organisation to invest in services which directly benefit patients and our scores on the standards of care, dignity and respect and safety reflect this.

However, we believe that an overall weak rating for quality of services is not acceptable and by the time of the announcement we had already improved in several of the areas in which we under achieved. We would like to reassure patients that patient care and safety is always our top priority and we have worked hard during 2009/10 to ensure we improved on meeting our targets and on the quality of our information and data which were the main areas of concern for 2008/09.

In our 2008/09 CQC declaration the Trust declared insufficient assurance against one core standard – core standard C2 Safeguarding Children. Following the Baby P incident the Trust reviewed its safeguarding arrangements and decided that while there were systems in place for safeguarding the Trust Board had received very little management information for assurance purposes. For this reason insufficient assurance was declared while actions were implemented to remedy this, such as quarterly boarding reporting. Since this time the Trust's auditor's Deloitte's have undertaken an internal review of our safeguarding purposes and we are pleased to report their findings of full compliance.

Quality of data

The Dudley Group of Hospitals NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data (based on April – February 09/10 SUS data):

which included the patient's valid NHS number was:

99.5 per cent for admitted patient care;

99.8 per cent for outpatient care; and

97.9 per cent for accident and emergency care

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

100 per cent for admitted patient care;

100 per cent for outpatient care; and

100 per cent for accident and emergency care.

The Dudley Group of Hospitals NHS Foundation Trust score for 2009/10 for Management Requirements for which the Information Quality and the Records Management Agenda is addressed, when assessed using the Information Governance Toolkit was 79 per cent.

The Dudley Group of Hospitals 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 procedures coded incorrectly	6.3 per cent
Secondary procedures coded incorrectly	5.2 per cent
Primary diagnosis coded incorrectly	11.3 per cent
Secondary diagnosis coded incorrectly	9.7 per cent
percentage of spells changing HRG	6.6 per cent

The areas reviewed in the audit were as follows:

THEME – Paediatrics (100 episodes)

SPECIALTY – Pain Management (100 episodes)

CHAPTER – EB, Cardiac Disorders (70 episodes)

HRG – QZ14B, Vascular access except for renal replacement therapy without complications (30 episodes)

During 2009/10 there was one incident involving personal data. Six referral forms to the district nurse office were sent in error to a private fax address which had one digit difference to the correct number. The relevant patients were informed, the number was corrected for future use and staff instructed on ensuring they followed the correct process.

Part 3 – Additional information

Quality overview – performance against selected quality indicators

The following measures are ones the Trust has chosen to measure itself against.

Our indicators have remained the same for 2010/11 as the Board and our stakeholders believe these take into consideration both national and local targets which will be important to patients and give a good overall view of the Trust's quality of care.

Patient experience metrics:

	Actual 2007/08	Actual 2008/09	Actual 2009/10	Target 2009/10	Target 2010/11
% of patients that would recommend hospital to relative/friend**	90.4%	91.5%	89.5%	95%	95%
% of patients who would rate their overall care highly**	93.8%	92%	88%	Increase from 92%	Increase from 91%
% of patients who spent less than 4 hours waiting in A&E (national target)	98.13%*	95.32%	98.13%*	98%	98%
% of patients who felt they were treated with dignity and respect**	97.4%	95.9%	94.6%	N/A	N/A

*Dudley health economy mapped figure

Data source: **Data from national inpatient surveys conducted for CQC

Safety measures reported:

	Actual 2007/08	Actual 2008/09	Actual 2009/10
Patients with MRSA infection/1,000 bed days*	N/A	0.07	0.04
Patients with C difficile infection/1,000 bed days*	1.45	0.97	0.9
Number of cases of Deep Vein Thrombosis presenting within three months of hospital admission	49	48	48
Source: Patient Administration System			

*Data source: Numerator data taken from infection control data system and denominator from the occupied bed statistics in patient administration system. *NB MRSA/C diff figures may differ from data available on HPA website due to different calculation methods and Trust calculations using most current Trust bed data.*

Clinical outcome measures reported:

	Actual 2007/08	Actual 2008/09	Actual 2009/10
Trust Readmission Rate for Surgery Vs Peer group West Midlands SHA	4.6% Vs 4.1%	3.9%* Vs 4.3%	4.1% Vs 4.2%
Source: CHKS Signpost			
Number of cardiac arrests	397	250	170
Source: logged switchboard calls			
Never events	0	0	0
Source: adverse incidents database			

*3.8 per cent for 2008/09 in last year's report was April 2008 to February 2009 only

Our performance against key national priorities and National Core Standards

National targets and regulatory requirements	Actual 2009/10	Actual 2008/09	Actual 2007/08	Target 2010/11
The Trust has fully met the CQC core standards, and national targets	23/24***	23/24	24/24	N/A see page 19
A maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.13%	95.32%	98.1%	98%
A maximum two-week wait for standard for Rapid Access Chest Pain Clinics	98.75%	99.89%**	99.98%	100%
Genito-urinary medicine – percentage of patients offered an appointment within 48 hours	99.83%	99.59%	N/A	98%
Percentage of patients who have operations cancelled for non-clinical reason to be offered another date within 28 days	100%	100%	100%	100%
Clostridium difficile year on year reduction	126	154*	N/A	161
MRSA – maintaining the annual number of MRSA bloodstream infections as per the PCT contract	10 (only two of which were post 48 hrs)	16 (only seven of which were post 48hrs)	N/A	No more than 2 post 48 hrs
Screening all elective in-patients for MRSA	100%	N/A	N/A	100%
Maximum time of 18 weeks from point of referral to treatment (admitted patients)	95.8%	92.4%	N/A	90%

National targets and regulatory requirements cont.	Actual 2009/10	Actual 2008/09	Actual 2007/08	Target 2010/11
Maximum time of 18 weeks from point of referral to treatment (non-admitted patients)	99.1%	96.15%	N/A	95%
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	98%	100%	100%	100%
A maximum wait of 31 days from decision to treat to start of treatment for all cancers	99.3%	100%	100%	98%
A maximum wait of 62 days from urgent referral to treatment of all cancers	86.5%	99.9%	100%	85%
Proportion of women receiving cervical cancer screening test results within two weeks	97%	90%	90%	90%
Percentage of patients waiting five weeks or less for diagnostic tests	99.58%	99.73%	N/A	95%

All figures are final year end data for 2009/10

N/A applies to targets not in place at that time

*The outcome of verification of year end data for 2009/10 was confirmed after publication of last year's report which stated a figure of 152

**The outcome of verification of year end data for 2009/10 was confirmed after publication of last year's report which stated a figure of 99.98 per cent

*** See page 20 for details

Hospital Standardised Mortality Ratio

We are committed to ensuring the best possible outcome for our patients at The Dudley Group of Hospitals and were disappointed with the mortality ratio of 112.6 assigned to us by Dr Foster for 2008/09. Our internal monitoring systems, which include audits, mortality and morbidity reviews and detailed reviews in areas where mortality alerts have been generated, have not raised any concerns. The Trust also works with CHKS, an external independent organisation that provides comparative performance data in a number of areas, including mortality. This has given the Trust additional reassurance around mortality performance.

The Trust is not alone in having a retrospective increase in Dr Foster's mortality ratio applied to our performance. This is due to Dr Foster not only changing the base line for mortality during the year but also changing the methodology of calculating mortality ratio in year.

Annex to Quality Report/Account

Comment from NHS Dudley

NHS Dudley is pleased to provide a supporting statement for The Dudley Group of Hospitals NHS Foundation Trust Quality Accounts. We have carefully reviewed the contents of the Quality Accounts prepared by the Trust. It is our belief and understanding that the content of the accounts is a true and accurate reflection of the performance information recorded by the Trust. As such, we are happy to endorse the contents of the Quality Accounts and provide assurance that the figures recorded in the accounts reflect our current understanding of activity and performance at The Dudley Group of Hospitals NHS Foundation Trust.

We shared the Trust's disappointment when the Care Quality Commission highlighted areas of need for quality improvements and welcome the good progress being demonstrated through our joint Clinical Quality review system. We will continue to support the Trust in its robust endeavours to improve patients' experiences of care.

Furthermore, we welcome the 'Planning for Quality' steering group set up by the Trust and recognise the opportunities this affords the stakeholders involved, including Trust Governors and Members, to work together to agree priorities and drive improvements in quality and patient experience in the future.

Comment from Dudley Local Involvement Network (LINK)

Dudley Local Involvement Network (LINK) is pleased to comment on these Quality Accounts. The LINK has been working hard within the community to hear people's views and experiences and, because of the relationship that the LINK has built up with The Dudley Group of Hospitals, has enabled these views and experiences to be heard. Hopefully the contribution that the LINK has made is reflected in the improvements that these accounts show, as well as indicating to us that there is still work to do.

There is a very impressive statement on quality from the Chief Executive, Paula Clark. There is no doubt that a considerable effort has been made by all concerned to improve standards of quality across the provision of hospital services for our community. Great progress has been made in three of the four priority areas, namely:

Priority One: reduce numbers of cardiac arrests

The targets set to reduce the number of cardiac arrests were exceeded in substantial margin, which resulted in fact with several awards given for excellence. Winner of Performance Excellence Award for the Outreach Team at Trust, winner of Critical and Intensive Care Award at National Patient Safety awards 2010 etc.

Priority Two: reduce MRSA rates

The possibility of catching MRSA in Dudley hospitals has been a real concern to residents. A reduction in the MRSA rate of infection was substantially achieved and was one of the lowest recorded in the West Midlands region. The LINK believes that one reason for this reduction is the hard work and determination of Dawn Westmoreland and her team, as well as all the staff working within our hospitals.

Priority Three: to further reduce C difficile rate

Again, a substantial reduction was achieved. **A reduction of some 67 per cent from 2007/08.**

Priority Four: patient experience

Patient experience during 2009 was very disappointing, going from a high of some 94 per cent in 2007 of patients who rated for overall care to a low of some 88 per cent in 2009.

However, this trend has been recognised by management who have implemented a continuous patient survey system helping to give staff more 'real time feedback' on what patients think. We are pleased that a Patient Information Officer has been appointed to improve the quality of patient information.

Areas for improvement identified are: provide more volunteer assistance at mealtimes for patients and improve patient information in advance and in hospital. The LINK believes that this could include more information for outpatients for delays, and improved help and support for patients with impairments.

Priority Five: hip fractures

No previous figures are available for this comparison. The main aims this year will be to improve the 'hip fracture journey' for patients and to establish that all patients with a hip fracture who are medically fit should have surgery within 36 hours of admission.

Overview and Scrutiny Committee

The draft Quality Accounts were also emailed to the clerk of Dudley Overview and Scrutiny Committee (OSC) prior to publication for their comments, but due to the general election the OSC has been disbanded and was therefore unable to comment this year. We welcome its input in future years.