

Quality Report 2009 - 2010

Stockport NHS Foundation Trust's Definition of Quality

The purpose of this organisation is to provide care that meets its commitment that Every Patient Matters.

Every Patient Matters means that the Trust will:

- Provide evidence-based care to every patient, with the aim that each patient will achieve the best possible health outcomes,
- Provide safe care in a clean environment to every patient,
- Treat all patients, family members, and staff members with respect, dignity and compassion,
- Develop and support a dedicated, compassionate, skilled staff, and
- Achieve the above while remaining a vital organisation and a valuable asset to the communities the Trust serves.

PART 1: CHIEF EXECUTIVE STATEMENT

There has been a hospital on the Stepping Hill site caring for the residents of Stockport and the High Peak since 1904. The Foundation trust now serves a population of 320,000, has a budget of £220 million and is the biggest employer in the area with 4200 staff.

The Foundation trust continually strives to balance increasing demands for healthcare whilst improving the quality and standards of care and introducing new technologies and procedures for patients as these become available. The Trust motto "Every Patient Matters" is a core belief for the organisation, striving for quality in every patient experience and each contact with the hospital.

As a Foundation Trust, celebrating our sixth anniversary, we have been able to make quicker decisions and develop services which directly benefit patients and service users. We have also made great strides in becoming part of the community through the involvement of our Governors and members.

One of the most significant benefits of becoming a Foundation Trust was the freedom to reinvest surpluses to enhance the service we offer to patients from Stockport and the High Peak. Since becoming a Foundation Trust in 2004, we have:

- Built a £25million Cardiology and Surgical Unit.
- Developed a new Southern Sector Orthopaedic Theatre and Wards complex at the cost of £10.5million.
- Invested £3.6million in improving our Neonatal Unit and Maternity Theatre facilities.
- Invested £2.4million in a Ward Improvement Programme.
- Created an additional 500 car parking spaces and introduced new bus routes through the hospital site.
- Brought our portering and cleaning services in-house to help the ongoing fight against hospital acquired infections.

We have ambitious proposals to continue developing the hospital, which will be prudently progressed as finances allow.

Innovative working practices with partner healthcare organisations have led to improved care for patients and to more effective use of resources. Examples of this collaborative working are the provision of Urology Services by our staff for neighbouring organisations in Tameside and Macclesfield and the development of the Children's Unit as a provider of Surgical Services for South East Manchester. Our Radiology and Pathology Departments provide services for partner healthcare organisations.

We are proud to have been graded again by the CQC in 2008-9 as excellent for our financial management and good for the services we provide. We are proud, too, of the huge improvements that we have achieved in standards such as our Hospital Standardised Mortality Rate (HSMR), which has fallen to 96.1 and a dramatic decline in rates of infections such as MRSA and C. Difficile acquired in our hospital. In addition, our Maternity and Laboratory Medicine Services have been assessed as being of high quality with the former being placed in the Best Performing category by the HCC and the latter awarded a Charter mark for the second year running.

There is much still to do. We aspire to be among the top performing Hospital Trusts. We are taking part in a number of regional quality initiatives and aim to be in the top 25% of Trusts for the treatment of important and common conditions such as heart attacks, strokes and hip and knee surgery. Other quality objectives for this year include a commitment to the reduction of harm to patients especially with regard to the number of patient falls, earlier recognition of patients who have become acutely unwell in hospital and a reduction in the number of blood clots suffered by patients in hospital as a result of better preventative care.

Lastly, we believe the Trust should reach out into the community and be more than just a hospital. We have developed and supported ways of helping local people with poor employment prospects gain

their first experience of work. We also support an initiative to develop neonatal care for a community in Nigeria where our staff visit and help train healthcare staff in simple but effective measures such as resuscitation of the newborn and infant nutrition to reduce mortality.

Our success is the result of the dedication of our staff members and we are proud to have a talented and committed workforce that continually strives to improve outcomes for our patients.

I believe that the facts and evidence in this document are correct and I am confident that they may be independently verified. This document has been approved by the Board of Directors.

Dr. CF Burke
Chief Executive

PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

Performance in 2009/10 against priorities identified in the 2008/09 Report

The Trust's 2008/09 Annual Plan identified the following priorities for improvement:

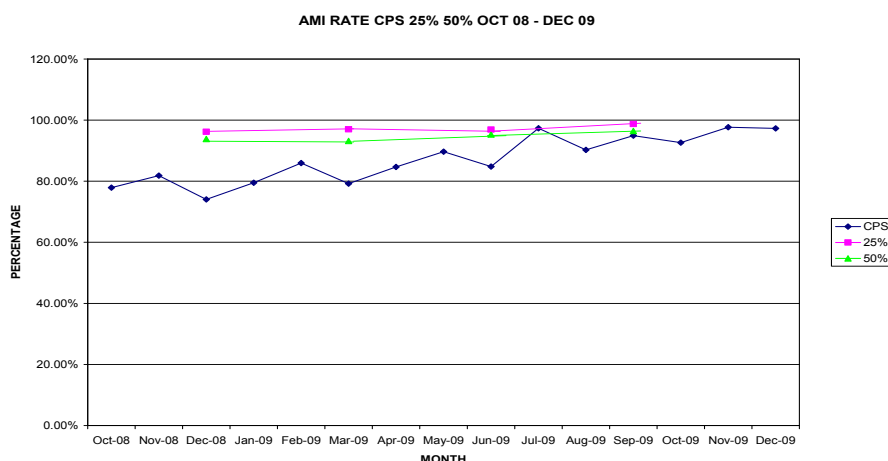
- **Advancing Quality** – an NHS Northwest project designed to improve the delivery of evidence-based care to patients with acute myocardial infarction, heart failure, hip and knee replacement and community acquired pneumonia. The aim is to achieve top quartile performance in all four clinical areas
- **Early Recognition of the Acutely Unwell** – identified as a cause of harm to patients. Aim is to reduce cardiac arrest calls in three target wards by 50% by end March 2010
- **Reducing harm from inpatient falls** – identified as a cause of harm to patients. The aim is to reduce falls on two target wards by 20% by end December 2009
- **Prevention of MRSA and C. Difficile** – identified as a cause of harm to patients. The aim is to have zero tolerance for hospital acquired infections
- **Care of patients with fractured neck of femur** – identified as a factor affecting mortality rates, and the subject of a recent Rapid Improvement Programme intervention
- **Patient and family engagement** – identified as central to all quality improvement and a key factor in improving the patient and family experience. The aim is to host at least 5 patient and family engagement events

Results achieved in 2009/10

Advancing Quality

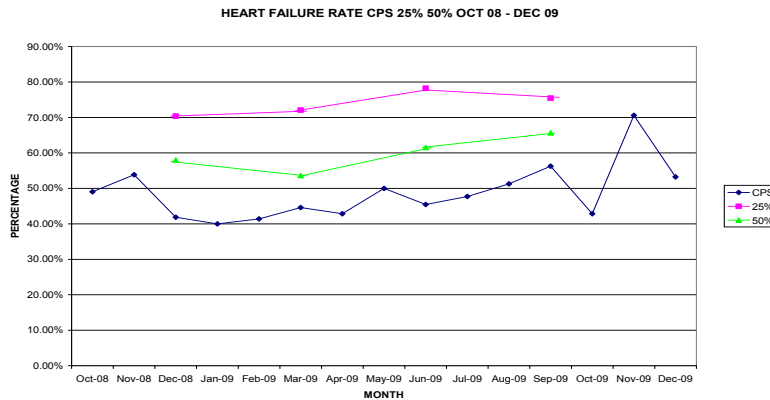
Advancing Quality (AQ) is an NHS Northwest programme designed to improve the delivery of evidence-based care to patients with acute myocardial infarction (AMI), heart failure (HF), hip and knee replacement and pneumonia. The Trust aim for 2008-09 was to achieve top quartile performance in all four clinical areas. The following graphs denote the Trust progress for the first AQ year, Oct 08-Sept09 and the first quarter of the second AQ year, Oct 09-Dec 09. This is the most recent data available from the SHA at time of publication.

Acute Myocardial Infarction (AMI)



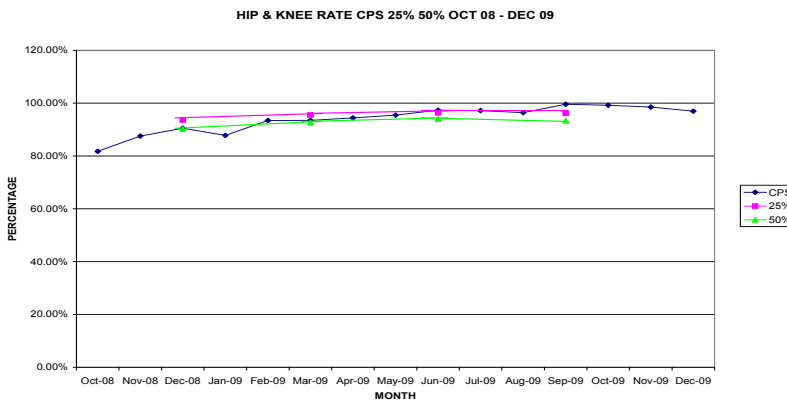
The Trust made consistent progress with AMI for the first AQ year reaching the top quartile in the third quarter. Work continues with ED and the implementation of the Cardiac Chest Pain Management guide will assist in ensuring patients receive the AQ clinical measures. Further work with cardiac rehab is scheduled for 2010-11.

Heart Failure (HF)



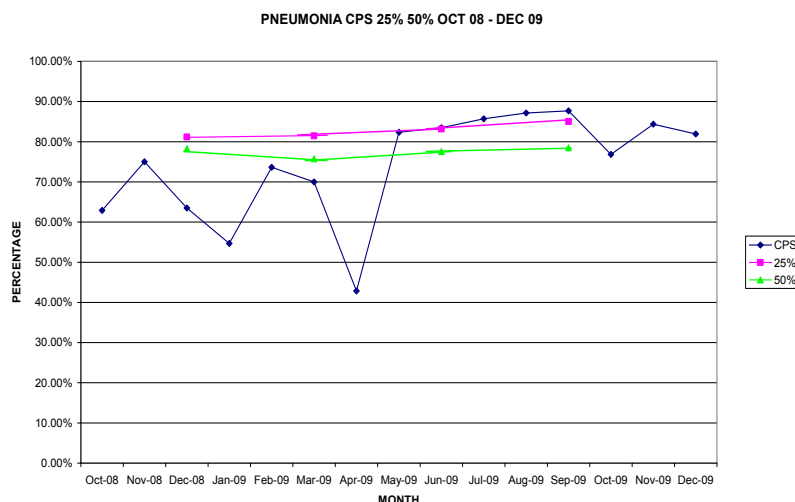
The Trust acknowledges there is no established acute HF service within the organisation. Despite consistent slow progress the Trust did not achieve top quartile performance within the first AQ year. Having secured funds from the SHA the Trust will pilot a HF educator role for 6 months in 2010, with the potential of continuing the role if AQ audit demonstrates success. Further improvement in April 2010 secured inpatient echo and achieved improvement in early diagnosis. This service is set to continue for 2010/11.

Hip and Knee Replacement



The measure group for Hip & Knee Replacement benefited from early clinical engagement across multiple professionals. The score for the top 25% and 50% performers was consistently high throughout the first AQ year. The Trust was successful in achieving top 50% performers at the end of the first AQ year and is eligible for incentive payment. The measure group is striving to maintain and improve on this progress and targets for 2010-11 will be focused on timely antibiotic administration and moving towards collecting and reporting on real time data.

Pneumonia



The Trust achieved top 50% in the third quarter and top 25% for the fourth quarter of the first AQ year for pneumonia. The measure group has benefited from Medical Admissions Unit and Emergency Department engagement at the later end of 2009 and the measure group plans to build on this for 2010-11. The areas of focus for 2010/11 will be appropriate antibiotic selection tailored to CURB 65 score and appropriate training of junior staff. Also, we will continue with smoking cessation documentation.

Early Recognition of the Acutely Unwell

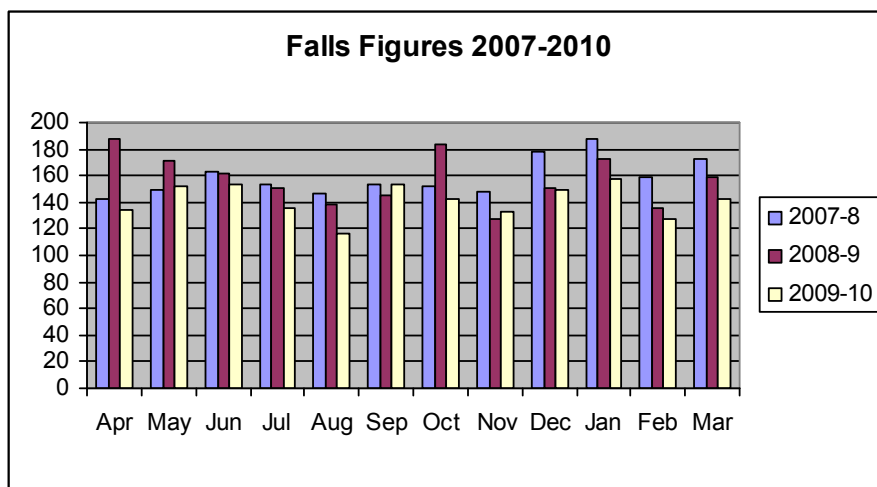
The Trusts aim for 2009/10 was to reduce cardiac arrests in three ward areas. We did not achieve this goal. Prior to initiating changes, we discovered that we needed to have a better understanding of the infrastructure necessary to improve the care of patients at risk for deterioration. Four key areas of improvement were identified by the project team:

- **Reliable, early nurse recognition** - a review of the Early Warning Score tool has been completed and standardised across the Trust and training of all clinical staff has been carried out.
- **Appropriate escalation** - the project team focused its attention on improving the escalation of care for patients who begin to deteriorate. The team has been developing reliable baseline data for cardiac arrest calls and has developed a policy to ensure all escalation calls are appropriate and response is timely. An audit of all cardiac arrests was carried out, this involved counting all our cardiac arrest calls and gathering key information to help identify problems and make improvements. We have benchmarked how the Trust's 24% survival rate following resuscitation compares with the national average
- **Appropriate response** – communication is an important step in the rescue of the acutely unwell, the Trust set standards for use of our communication tool (SBAR).
- **Evidence based care**- Nursing Care Indicators were introduced which included audit of observations monthly

The Trust also needs more robust measurement strategy, enabling project managers to be alerted to each arrest within hours so that appropriate review and intervention can be completed. This measurement is being developed now, with input from the Trust resuscitation team. We will continue to work in this area in the coming financial area.

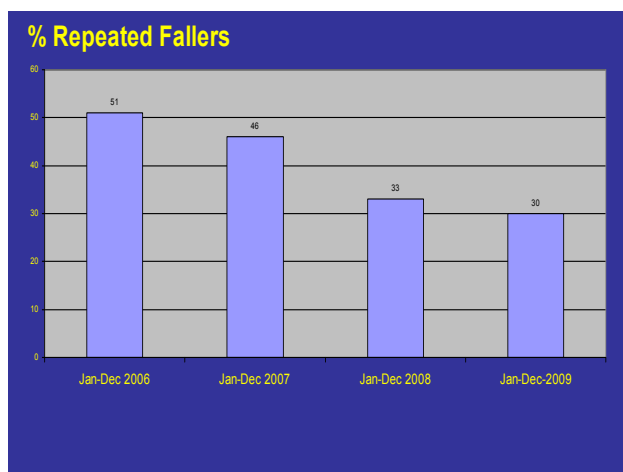
Reducing harm from inpatient falls

Incidents reported



Patient falls remain the highest reported incident in the Trust. Despite improved reporting and increased activity, the number of incidents still reduced.

The Inpatient Falls Group monitors patterns and trends identified in the incident reports throughout the year and develops action plans. An area that the Trust has continued to work on over the last few years is the number of patients experiencing more than one 'fall' whilst in hospital, which has accounted for approximately half of all those reported. The work undertaken has focused on the identification of, and subsequent management of such patients.

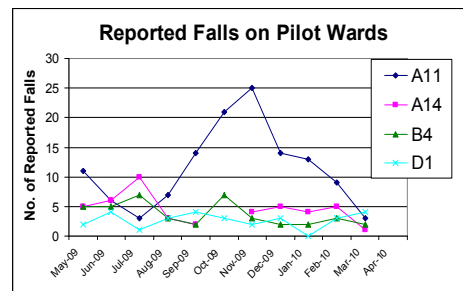
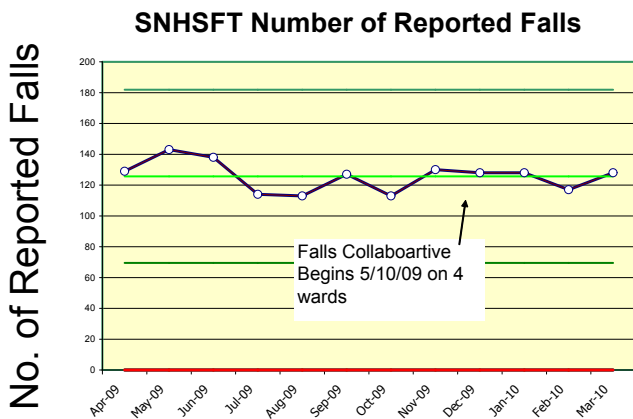


Trials have been conducted on equipment to assist staff in the management of high risk patients. This equipment included Bed/ Chair sensor alarms and low profiling beds both of which are now in regular use within the Trust.

Wards with the highest number of patient falls have been identified and standards are monitored through falls related audits and monthly Nursing Care Indicators. Actions are developed to improve practice where appropriate.

The Risk Management Department undertake targeted training for staff in these areas, in addition to the awareness raising provided at both Induction and Mandatory Training. This year the Trust participated again in the North West Regional Falls Audit.

In 2009-10 our Trust objective relating to falls was to reduce inpatients falls on A11, A14, B4, and D1 by 25% between Oct 2009 and Sept 2010.



The above graphs show the Trust wide falls since April 2009 and the falls reported in the 4 “Falls Collaborative Group” Wards.

In the pilot wards, the number of falls in October 2009 was 31. In March, that number was 10. This represents a reduction of 67%. The project target was to reduce the falls by 25% this has been achieved in the first 6 months. The aim is to continue to monitor this to see if this improvement is sustainable.

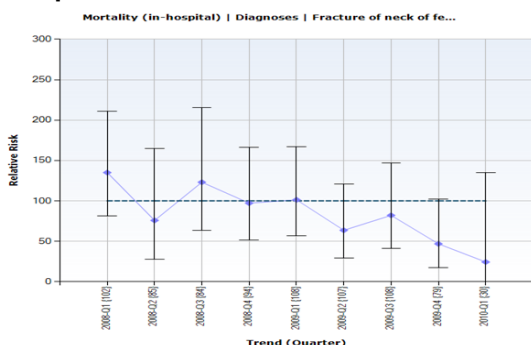
Looking to the future, in the coming year, we propose to focus on reducing harm from falls (as compared to the total number of falls). Additional bed and chair sensors have been purchased and will be used as part of our multi factorial falls work. These sensors are designed to support staff in caring for the high risk patients. Training and staff awareness programmes continue and protocol development for utilisation of low profiling beds and sensors have been developed to support practice.

Prevention of MRSA bacteraemia and C. Difficile

The Trust had two hospital-acquired and four community-acquired MRSA bacteraemias in 2009/10. This result was better than the Trust’s target of no more than 12 hospital-acquired MRSA bacteraemias. This performance followed focused efforts to enhance hand hygiene, implement Aseptic No Touch Technique, and investigate each MRSA bacteraemia as a serious untoward incident. This result is an improvement compared with 15 hospital and community acquired MRSA bacteraemias in 2008/09.

The Trust had 98 C. Difficile infections against a target of 204. This reduction is due to multiple interventions, including improved compliance with antibiotic guidelines, prompt detection and isolation of infected patients, and improved environmental cleaning.

Care of patients with fractured neck of femur



The graph on the left shows the Trust’s standardised adjusted mortality for patients with a fractured neck of femur during the period April 2008 - January 2010. It shows a decline in patient mortality beginning in February 2009 that resulted from the orthopaedic department’s participation in a Rapid Improvement Programme hosted by the Institute for Innovation and

Improvement. The most recent Dr. Foster adjusted mortality data suggests an HSMR among the top performers in the NHS for the most recent quarter.

Patient and family engagement

In 2009/10 the Trust expanded its efforts to engage patients and family members in the design and improvement of services. The Trust had a goal to host at least five events at which patient and family feedback would be shared and changes made as a result. During the year we hosted six events. This year's events have covered a range of topics:

- One session with patients and their guests who had received a knee replacement at the Trust to learn what their information needs were before, during and after their surgery. The patient information leaflet will be redesigned by August 2010 as a result.
- Two sessions related to the Trust's programme to improve outcomes, access and experience in elective surgery, the 'Listing to Discharge' project. The Trust used feedback from these sessions in redesigning several processes.
- Two sessions on providing a good experience for people with learning disabilities and their carers. A new staff information pack highlighting the care needs of people with learning disabilities was produced, approved by all, and disseminated.
 - One session on improving our response to formal complaints. The Trust asked people who had submitted complaints in the past to help the Trust design a better process for responding.

Quality Improvement Priorities for 2010/11

Strategic Objective 1: We will reduce patient harm by continuously improving the safety and cleanliness of patient care. We aim to achieve a 10% reduction in inpatient harm as measured by the Global Trigger Tool. Priorities will include:

- a) Reduce hospital-acquired infection even further by:
 - Reducing unnecessary catheterisation to reduce CA-UTI,
 - Reducing device related bacteraemia by 20%,
 - Meet or exceed national targets for MRSA and C-Difficile reduction.
- b) Achieve a 10% reduction in harm from patient falls.
- c) Reduce the number of hospital-acquired grade 3 and 4 pressure sores by 10%.
- d) Reduce the number of INR results above 8 for patients receiving anticoagulation by 25%

Strategic Objective 2: We will reduce patient mortality by continuously improving the delivery of effective care to patients. We aim to reduce HSMR by 10 points from the 2009/2010 baseline. Priorities will include:

- a) Achieve top 50% in the Advancing Quality programme by March 2011, by providing all indicated care to patients with Community Acquired Pneumonia, Heart Failure, Acute Myocardial Infarction, and Hip and Knee Replacement.
- b) Assess 90% of admitted patients for VTE risk and reliably provide appropriate prophylaxis.
- c) Improve patient mortality following surgery for fractured neck of femur by 10 points, as measured by the HSMR for this procedure.

Strategic Objective 3: Provide an excellent patient and family experience by continually involving service users in developing services and improving care

- a) Improve minimum ward standards by March 2011 using Clinical Care Indicators and Delivering Same Sex Accommodation Audits as the measures

- b) Address reasons for complaints using an efficient and effective process
- c) Engage patients and families to obtain feedback and deliver changes in practice
- d) Act on all areas for development identified in the annual patient surveys observing improvement year on year.
- e) Improve care at or near the end of life by ensuring 70% of patients expected to die in the Trust are cared for using the End of Life Care Pathway.

Statements of assurance from the Board

INFORMATION ON THE REVIEW OF SERVICES

During 2009/10 the Stockport NHS Foundation Trust provided the following 23 NHS services:

- Accident & Emergency
- Anaesthetics
- Breast Surgery
- Community Medicine
- Dermatology
- ENT
- General Medicine
- General Surgery
- Genito Urinary Medicine
- Gynaecology
- Haematology
- Medical Oncology
- Neurology
- Neurosurgery
- Obstetrics
- Ophthalmology
- Oral Surgery
- Orthodontics
- Paediatrics
- Rehabilitation Medicine
- Rheumatology
- Trauma & Orthopaedics
- Urology

The Stockport NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services by reviewing data related to the entire organisation, including infection rates, Trust-wide harm, Serious Untoward Incident reporting and investigation, and hospital mortality rates.

The income generated by the NHS services reviewed in 2009/10 represents 100% per cent of the total income generated from the provision of NHS services by the Stockport NHS Foundation Trust for 2009/10.

INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

During 2009/10 there were 23 national clinical audits and four national confidential enquiries on the NHS services that Stockport NHS Foundation Trust provides.

During 2009/10 Stockport NHS Foundation Trust participated in 83% of applicable national clinical audits and 50% of national confidential enquiries which it was eligible to participate in.

The national clinical audits that Stockport NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

Category	Title	Trust participation		
		Yes	No	N/A
Continuous	NNAP: Neonatal Care	√		
	NDA: National Diabetes Audit	√		
	ICNARC CMPD; adult critical care units		x	
	National Elective Surgery PROMs; Hip, Knee, Hernia	√		
	Congenital Heart Disease; paediatric cardiac surgery			x
	CEMACE: perinatal mortality	√		

	NJR: hip and knee replacements	√		
	Renal Registry: renal replacement therapy			x
	NLCA: lung cancer	√		
	NBOCAP: bowel cancer	√		
	DAHNO: head and neck cancer	√		
	Adult cardiac surgery: CABG and valvular surgery			x
	MINAP (inc ambulance care): AMI & other ACS	√		
	Heart Failure Audit		x	
	Pulmonary Hypertension Audit			x
	NHFD: hip fracture	√		
	NAPTAD: anxiety and depression			x
	TARN: severe trauma	√		
	NHS Blood & Transplant: intra-thoracic; liver; renal transplants			x
	NHS Blood & Transplant; potential donor audit	√		
	Adult cardiac interventions			x
Intermittent	National Kidney Care Audit (2 days)			x
	National Sentinel Stroke Audit (n=40-60)	√		
	National Audit of Dementia Care (n=40)	√		
	National Falls and Bone Health Audit (n=60)	√		
	POMH: prescribing topics in mental health services			x
	National Comparative Audit of Blood Transfusion : changing topics	√		
	British Thoracic Society: respiratory diseases		x	
	College of Emergency Medicine: pain in children, fractured neck of femur, severe and moderate asthma		x	
One off	National Mastectomy and Breast Reconstruction Audit	√		
	National Oesophago-gastric Cancer Audit	√		
	RCP Continence Care Audit	√		

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

Category	Title	Cases submitted/ Contact
Continuous	NNAP: Neonatal Care	Unknown / Dr C Heal
	NDA: National Diabetes Audit	Unknown / Dr Kong
	National Elective Surgery PROMs; Hip, Knee, Hernia	Unknown Annette Donegani
	CEMACE: perinatal mortality	Unknown / Carole Beales
	NJR: hip and knee replacements	Unknown/ Mr Johnson
	NLCA: lung cancer	Unknown / Steve Bellini
	NBOCAP: bowel cancer	Unknown / Steve Bellini
	DAHNO: head and neck cancer	Unknown / Steve Bellini
	MINAP (inc ambulance care): AMI & other ACS	95/95 (100%) of thrombolysed patients (April 08 – March 09. 940/973 (97%) discharged patients April 08 – March 09)
	NHFD: hip fracture	368 (100%) of patients entered approx 130/368 (35%) awaiting data completion
	TARN: severe trauma	As expected 65%-100% of HES patients
	NHS Blood & Transplant; potential donor audit	Dr J Rigg

Intermittent	National Sentinel Stroke Audit (n=40-60)	Data collection not required until post April
	National Audit of Dementia Care (n=40)	Data collection not required until post April
	National Falls and Bone Health Audit (n=60)	Data collection not required until post April
	National Comparative Audit of Blood Transfusion : changing topics	Unknown / Jane Uttley – Blood Bank Manager
One off	National Mastectomy and Breast Reconstruction Audit	Unknown / Steve Bellini
	National Oesophago-gastric Cancer Audit	Unknown / Steve Bellini
	RCP Continence Care Audit	11/80 (14%)

The reports of local clinical audits were reviewed by the Trust in 2009/10 and Stockport NHS Foundation Trust has taken or will take the following actions to improve the quality of healthcare provided:

- Assign Trust leads for each action plan
- Review progress of implementation at quarterly clinical audit meetings, which is chaired by the Medical Director
- Report to the Board of Directors quarterly on progress in implementing action plans.

101 local audits were completed in 2009/10 and 83 action plans were returned to the Clinical Audit team so that they could be tracked using the process described above. The Trust will take the same actions to implement changes based on local audit as those taken for national audits. In addition, the Trust is developing new audit policies to centralise the tracking and reporting of all audit activity.

Confidential Enquiries

The national confidential enquires that Stockport NHS Foundation Trust was eligible to participate in during 2009/10 were as follows:

- Surgery in Children
- Perioperative Care Study
- Parenteral Nutrition
- Elective and Emergency Surgery in the Elderly
- Deaths in Acute Hospitals
- Acute Kidney Injury

Of these, the Trust has participated in or is participating in:

- Surgery in Children
- Perioperative Care Study
- Deaths in Acute Hospitals
- Acute Kidney Injury
- Parenteral Nutrition

Finished reports have been received for

- Deaths in Acute Hospitals
- Acute Kidney Injury

INFORMATION ON PARTICIPATION IN CLINICAL RESEARCH

The number of patients receiving NHS services provided or sub-contracted by Stockport NHS Foundation Trust in the period 2009/10 that were recruited during that period to participate in National Institute of Health Research (NIHR) Portfolio research and/or commercial clinical trials approved by a research ethics committee was 472. In 2008/09 the figure was 408).

INFORMATION ON THE USE OF THE CQUIN FRAMEWORK

A proportion of Stockport NHS Foundation Trust income in 2009/10 was conditional upon achieving quality improvement and innovation goals agreed between Stockport NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from John Pierse at John.Pierse@stockport.nhs.uk or 0161 419 5164.

The monetary total for the amount of income in 2009/10 conditional upon achieving quality improvement and innovation goals was [insert total], and a monetary total for the associated payment in 2009/10 was [insert total].

INFORMATION RELATING TO REGISTRATION WITH THE CARE QUALITY COMMISSION (CQC)

Stockport NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against Stockport NHS Foundation Trust during 2009/10.

The Trust was subject to an unannounced visit on 1 December 2009 to review the implementation of the Hygiene Code. Following the visit, the CQC made recommendations for the Trust to improve on two specific areas concerning the environment and decontamination. An unannounced return visit was made on 3 February 2010 and, following a thorough check on all previously visited areas, the Trust was able to provide assurance that all the previous recommendations had been acted upon. There are no further outstanding actions under the Hygiene Code.

The Trust was also subject to a special review of its Dermatology services on 20-21 May 2009. As a result, recommendations were made and an action plan developed, which was fully implemented by 31 March 2010.

INFORMATION ON THE QUALITY OF DATA

Stockport 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:

- which included the patient's valid NHS Number was 99.76% for admitted patient care; 99.87% for outpatient care; and 97.36% for accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care; 100% for outpatient care; and 99.9% for accident and emergency care.

Stockport NHS Foundation Trust's score for 2009/10 for SUS and Clinical Information Assurance (used to be Records Management), assessed using the Information Governance (IG) Toolkit was 85% and 75% respectively. The overall IG Toolkit score was 71%.

Stockport 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 5.7% for Primary Diagnosis coding and 4.7% for Primary Procedure coding. This equated to an HRG error rate of 4% and net financial impact of 0.3% of the sample tested.

The results should not be extrapolated further than the actual sample audited. The services reviewed within the sample were Paediatrics, General Surgery, Spinal Disorders and Intermediate hip procedures for non trauma.

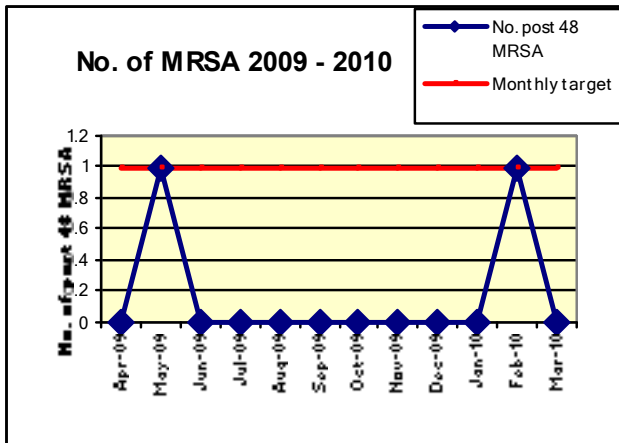
PART 3: OTHER INFORMATION

Patient Safety

MRSA

2009- 2010 Target: No more than 12 hospital-acquired MRSA bacteraemias

2009-2010 Trust Result: 2 hospital-acquired MRSA bacteraemias



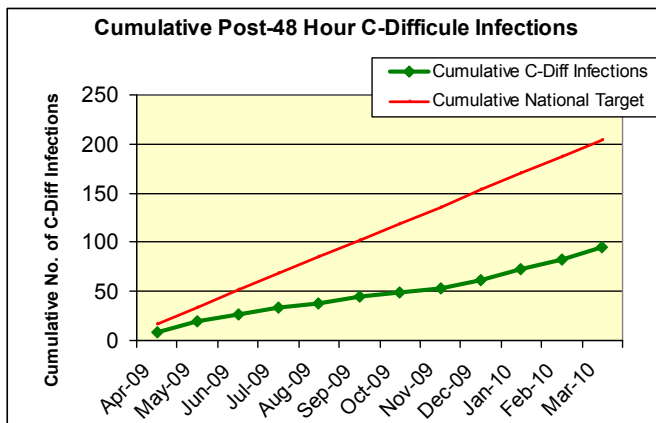
The Trust had a total of two hospital acquired MRSA bacteraemias in 2009/10, one infection in May 2009 and one in January 2010. Each of these infections has been investigated and actions have been taken to eliminate the risk of future infections.

The Trust recorded 4 community-acquired infections in 2009/10 for a total of 6 hospital- and community-acquired infections. This compares to 15 hospital- and community-acquired infections in 2008/09.

C-Difficile

2009- 2010 Target: No more than 204 infections

2009-2010 Result: 95 infections



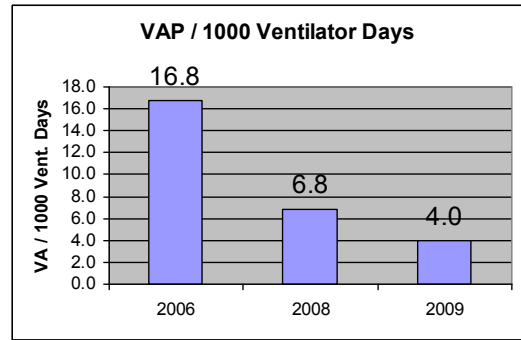
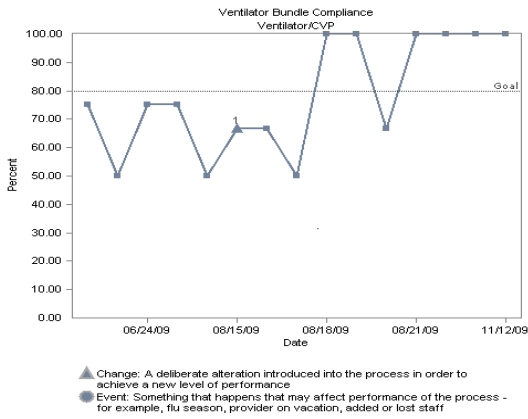
In 2009/10 the Trust had 95 hospital acquired C. Difficile infections, better than its target of no more than 204 infections. This compares with 92 hospital acquired C. Difficile infections in 2008/09.

While the Trust performed better than the national target its performance has remained at a plateau. In 2010/11 the Trust will enhance communication about and enforcement of hand hygiene protocols and antibiotic guidelines in to reduce the C. Difficile rate further.

Ventilator Associated Pneumonia

Ventilator-associated pneumonia (VAP) is a type of hospital-acquired pneumonia which occurs in people who are on mechanical ventilation. VAP leads to longer lengths of stay and even death. Evidence suggests that a group of care interventions – if done together – can dramatically reduce the incidence of VAP. These include:

- Keep the head of the patient's bed elevated 30-45 degrees at all times
- Interrupt patient sedation daily
- Deliver appropriate care to prevent venous thromboembolism (VTE)
- Deliver appropriate care to reduce the risk of stress ulcers
- Clean the patient's mouth regularly with Chlorhexidine



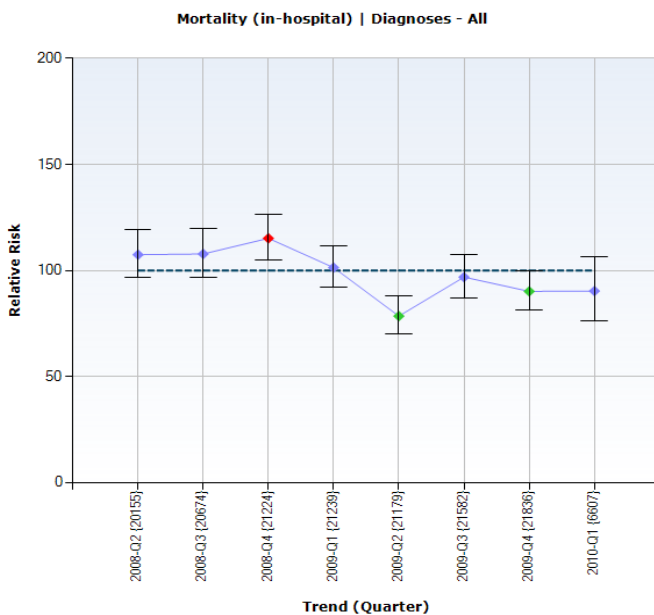
By implementing changes that ensure that all patients receive all the care that helps prevent VAP the Trust has reduced the incidence four-fold over three years. The graph above left shows the proportion of patients with a ventilator that received all the recommended care. The graph on the right shows the Trust's reduction in VAP infections per "Ventilator Days," a measure of how many patients had ventilators and how many days they needed it. The most recent comparative data shows that the Trust's 2008 VAP rate compares favourably with the two other best performers in the region. These Trusts had rates of 6.8 and 7.0 / 1000 Ventilator Days.

Clinical Effectiveness

Hospital Standardised Mortality

2008 – 2009 Result: 112.1

2009 – 2010 Result: 91.2



The Trust's adjusted mortality figure is calculated by Dr. Foster based on data submitted on each patient. It is influenced by the quality of care patients receive and the accuracy of the documentation of the care delivered.

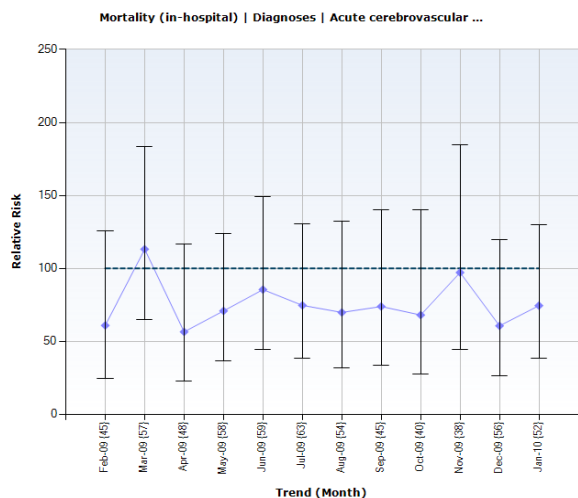
In 2008-2009 the Trust's HSMR was 112.1, indicating that the risk of dying was higher than other hospitals and hospital documentation was not as accurate as possible. For the 12-month period ending 31 January 2010 the HSMR was 91.2. Dr. Foster now estimates that care at Stockport NHS Foundation Trust has

significantly improved and is better than the average hospital in England. We achieved these improvements though focused efforts in reducing infection, improving care, and improving documentation.

The graph above shows Dr. Foster's calculation of Stockport NHS FT Trust's HSMR by quarter beginning April 2008.

Surviving a Stroke

Stroke is the second leading cause of death. The Trust's adjusted mortality for Stroke for the period February 2009 – January 2010 is



The graph at left is created by Dr. Foster and describes how patient survival following stroke at Stockport NHS FT compares with other NHS providers. For the 12-month period ending 31 January 2010, Dr. Foster calculated comparative stroke survival as 75.5, significantly better than the average NHS provider.

Patient and family experience of care

Monitoring patients' experience of care

The Trust regularly surveys patients regarding their experience. The Trust participates in the national inpatient and outpatient surveys, conducts quarterly surveys in all wards, and participates in the national end of life care audit.

Partnering with patients and family members

In 2009 – 2010 the Trust expanded its efforts to engage patients and family members in the design and improvement of services. This year's events have covered topics including:

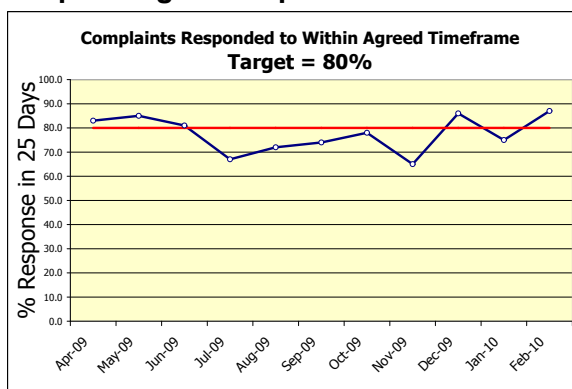
- patient and family information needs before during and after knee replacement
- improving service in the outpatient department
- Providing a good experience for people with learning disabilities and their carers
- Improving our response to formal complaints

Delivering same sex accommodation

The NHS is committed to protecting patients' privacy and dignity and requires all providers to provide same sex accommodation as a routine aspect of the hospital experience.

The Trust has achieved Department of Health requirements to provide same-sex accommodation. Improvements have included renovations on the wards and the creation of same-sex lists for procedures.

Responding to complaints

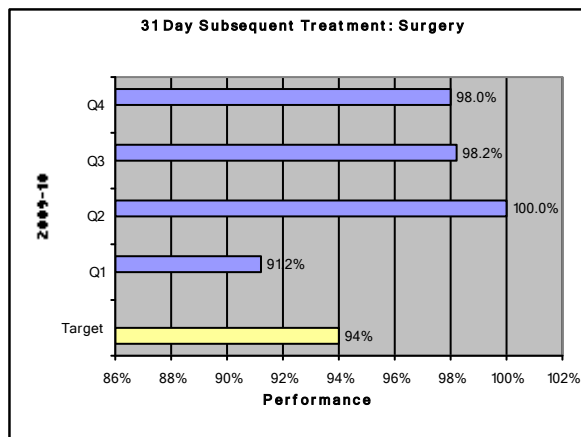
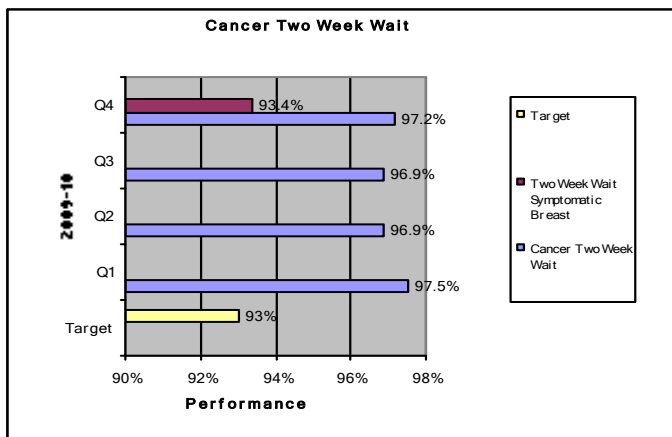


We strive to provide an excellent experience for patients and family members. When things do not go right, though, we also strive to provide timely, honest, complete responses and clear action plans to people who make formal complaints about the care they have received. In 2009 -2010 we set a goal to provide high-quality answers to complaints within 25 days to at least 80% of the time. We met that goal about half of the time and we are working now to improve our response rates. We are pleased about quality of our responses. If a person is not satisfied with the quality of a response they may

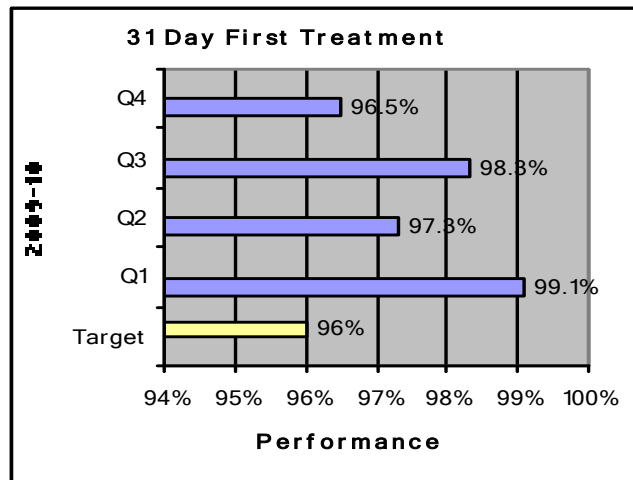
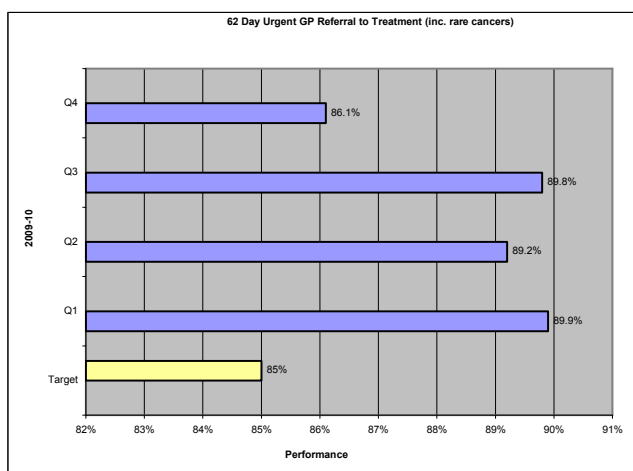
refer it to an NHS ombudsman. No complaints have been upheld by the ombudsman during 2009 – 2010, an indication that we undertake complete and accurate responses to all people who send complaints.

Performance against Key National Priorities and National Core Standards CANCER SERVICES

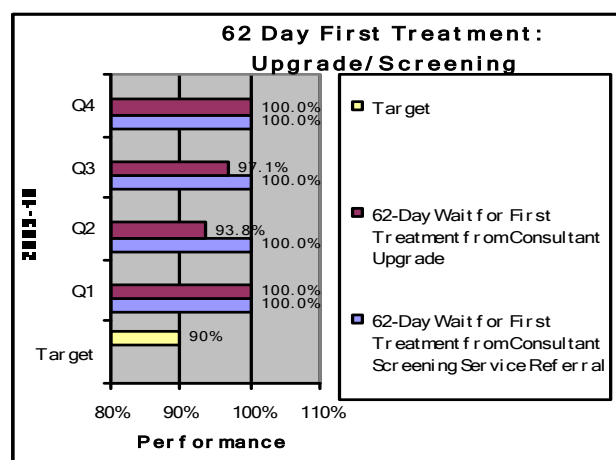
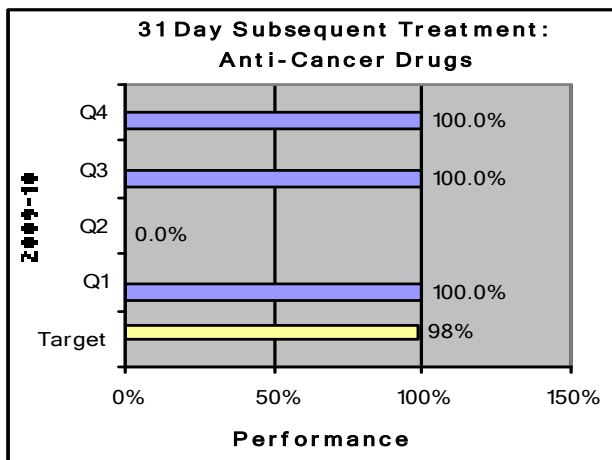
1. The Trust achieved all targets related to Cancer 2-week wait, including those for breast symptoms not yet diagnosed. The Trust also achieved 94% of patients receiving subsequent treatment within 31 days for the year.



2. The Trust achieved all targets related to 62 days urgent referral to treatment and 31 days to first treatment.



3. The Trust achieved 31 days to subsequent treatment with anti-cancer drugs. The 0% achieved for Quarter 2 represents 1 patient for whom the pathway was not evaluated until after the deadline for data upload had closed. This did not impact the Trust's achievement of the target for 2009/10. The Trust also achieved the 62 days to first treatment, upgrade/screening, target in all quarters.



Throughout 2009/10 we have been successful in delivering the cancer waiting times targets for all patients referred to the Trust as having a potential cancer diagnosis. This has been against a backdrop of an increase in demand for all elective and non elective work across the Trust.

We have had a total of 7864 patients referred with a potential cancer diagnosis. Of these, 1177 were diagnosed with a cancer and 658 patients received their first treatment at Stockport NHS Foundation Trust.

Essential to our success has been the co operation and teamwork across all specialties and Business Groups ensuring that our patients have smooth pathways of care. We also share the common purpose of our patients being diagnosed and treated within the Cancer Waiting Standards. All teams have continuously shown their commitment to achieving these standards for patients and the Trust.

We have worked closely with colleagues in the Greater Manchester & Cheshire Cancer Network taking the Cancer Reform Strategy agenda forward. We also work closely with our colleagues in neighbouring Trusts ensuring smooth pathways of care for patients being referred on to a tertiary treatment centre.

18 WEEKS FROM REFERRAL TO TREATMENT

The 18 week referral to treatment target sets out that 90% of Admitted patients will be treated within this timeframe and 95% of Non-Admitted patients.

In 2009/10 the Trust worked to achieve this target in each and every specialty within the Trust but this has presented a significant challenge in several areas.

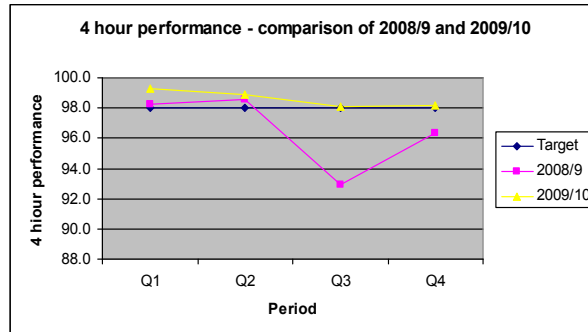
The overall targets of 90% and 95% were achieved in quarters 1-3. However, the Trust submitted a plan to Monitor in December 2009 to underperform against this target in Quarter 4 in order to deal with a backlog issue created by pressures in ENT and Orthopaedics.

At the end of the year the Trust has achieved the target in all specialties with the exception of Orthopaedics where there are still pressures with regard to the growing demand for the service. However, the current plan submitted to Monitor will see the achievement of the Target by specialty by Quarter 2 of 2010/11.

MEDICINE

The percent of A&E patients seen in 4 hours

The 4 hour target was achieved in all quarters of 2009/10. This was a considerable improvement on the previous year. The following graph compares performance in 2008/9, 2009/10 with the target.

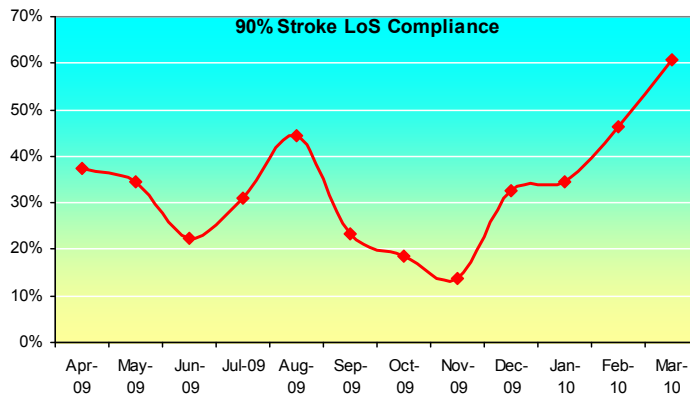


Thrombolysis in 60 minutes from call

This target is now being achieved consistently. The preferred method of treatment for these patients is now directly to South Manchester for Angioplasty and the number of patients on this protocol at Stepping Hill are very small.

Stroke care management: 90% of patients' stay is on a dedicated stroke ward

The rate of compliance with this target is increasing steadily and is currently near 60%



CHILDBIRTH

- Breast Feeding Status Apr09 - Mar10, excluding home births: 75.320%
 - 2008/09 result was 74.219%
 - 2007/08 result was 70.187%

- Smoking Status at Delivery Apr09 - Mar10, excluding home births: 17.145%
 - 2008/09 result was 17.240%
 - 2007/08 result was 17.005%

ANNEX: STATEMENTS FROM STAKEHOLDERS

NHS Stockport's Response to Stockport FT Annual Quality Report

NHS Stockport recognises and celebrates the considerable improvements in service quality made by Stockport NHS Foundation Trust over the last year building as they do on already high quality services. The report reflects the undoubted commitment to quality improvement of both clinical and managerial staff across the organisation from the ward to the board.

NHS Stockport receives a monthly quality report, monthly serious untoward incident reports and quarterly patient complaints data and uses these as the basis of a monthly meeting at clinical and executive level to discuss the quality of services provided. We also meet regularly with clinicians and managers through a network of clinical boards covering areas such as cancer, maternity, urgent care etc. These boards look at clinical pathways, performance and service redesign.

As a consequence of the full participation of Stockport NHS Foundation Trust in these structures and the routine information they provide we believe the facts and evidence as submitted are correct. We detail below examples of real improvements in areas we have tracked over the year; areas where we wish to support their desire for further improvement; and a brief comment on the overall approach to quality the Trust has demonstrated.

NHS Stockport welcomes the considerable improvements in patient safety over the past year monitored through CQUIN arrangements. In particular it is worth noting their considerable reductions in serious infections, MRSA and Clostridium Difficile. This builds on a strong underlying position and thus is evidence of real drive for excellence in this field. Other noteworthy improvements in safety have been the introduction of the World Health Organisation (WHO) surgical check list and the reduction of patient falls across the organisation.

We recognise the considerable effort that has gone into reducing HSMR and the impact this has on public confidence in their local hospital. This has been achieved through an ongoing systematic analysis of the factors influencing this. The Trust has shared these with NHS Stockport, with the Medical Director attending the PCT Board in May 2009 to discuss this issue in detail. One area that we highlight has been the improved early recognition of the acutely unwell through among other things standardised approach to Early Warning Score (EWS) and monthly auditing of nursing care indicators. Another issue that in the past concerned NHS Stockport was the significant delay for people with fracture-neck-of femur to theatre. This has significantly improved in the past 12 months.

In the clinical effectiveness field Stockport Foundation Trust have shown a willingness to benchmark their clinical performance against other Trusts across the North-West through a full and active commitment to the Advancing Quality initiative. Good progress has been made in most areas. We would encourage the Trust to carry out more quality benchmarking visits to other hospitals in the future across a wider range of issues.

We also recognise the progress that has been made over the last 12 months in monitoring patient experience. There are a number of pieces of work outlined in the report that show a deepening level of attention to the patient. One particularly noteworthy point is the Trust has again had no complaints upheld by the ombudsman. This is unusual for an organisation of this size and shows a genuine commitment to understand and investigate patient concerns.

We would encourage Stockport NHS Foundation Trust to go further in this direction. We would ask them to consider segmentation of patient experience data to reflect equality target groups as required in equality legislation, and to strengthen systems to systematically identify and address issues of poor patient experience for example cancellations of surgery at the last moment. NHS Stockport would also like to see the Trust actively participate in developing an economy wide approach to monitoring patient experience as patient's rarely understand or remain within single organisational structures.

We would like to encourage the Trust to adopt a more partnership approach to quality at the organisational interface. We have already commenced work with them and partners elsewhere in the health and social care economy to look at the "end of life" pathway and system. Elsewhere GP's and the public have raised concerns about discharge arrangements. In particular on issues of discharge information and planning for discharge, and the hospital themselves have raised concerns about the responsiveness of other parts of the

system. This has implications for patient safety, patient experience and clinical effectiveness and will require further work.

Another area where a similar partnership approach is required is in safeguarding children and vulnerable adults. The Trust plays its part in local economy wide arrangements and we would urge that this is given additional attention in the year ahead and that reference is made within this report accordingly in future years.

In CQUIN the one area of noticeably weak performance was in relation to public health, in particular to alcohol screening and those elements of AQ that were smoking related. The Trust is taking action to address this and we fully endorse them in doing so and encourage them to give full attention to a range of public health activities in which they can make a significant contribution to the wider local health economy, for example alcohol screening, smoking cessation advice and breastfeeding. We are confident that they will do this as they have a good reputation in this area, in which connection we congratulate them on successfully hosting the 2010 WHO Health Promoting Hospitals Conference.

NHS Stockport as well as endorsing the accuracy of this report and recognising the undoubted successes fully support the approach to quality improvement adopted by the Trust. The International Health Institute (IHI) is a world leader in thinking on quality improvement in healthcare and this thinking underpins the quality strategy and plans outlined in the report. This along with their willingness to share findings from serious incidents and complaints, benchmarking through AQ, systems thinking on end of life and the strengthening patient experience tracking all give NHS Stockport confidence that already high standards will improve further in the year ahead.