

Quality Accounts 2009/10 - First Draft

London Borough of Hillingdon

External Services Scrutiny Committee - 31st March 2010

Introduction

The Darzi Report 'High Quality Care for All' set out the vision for making quality improvement the organising principle for everything done in the NHS. The report recommended that trusts should publish quality accounts to sit alongside their financial accounts and that these should be given equal prominence and weight. This recommendation has been enshrined in law (Health Act 2009). All NHS organisations are required to produce Quality Accounts details of the contents of which are set out in the NHS (Quality Accounts) Regulations 2010. The Department of Health has published a Quality Accounts Toolkit and this has been used to draft the quality accounts which follow. Once finalised the regulations require that the quality accounts are published on NHS Choices.

As a recently authorised Foundation Trust, this will be the first set of Quality Accounts that have been produced. Longer established Foundation Trusts first produced quality accounts for the period 2008/09. Monitor has also issued guidance on their requirements for the Quality Reports section of the Annual Report. These go further than the regulations and contain additional requirements. The Trust can choose whether to produce one set of quality accounts containing all requirements both of the regulations and Monitor and to send these for consultation (see below) and then publish them in their entirety on NHS Choices, or can produce 2 versions, one meeting the requirements of the regulations and a second meeting the requirements of the regulations and the additional Monitor requirements. It should be noted that the duty to liaise with and include comments from commissioners, LINKs and Overview and Scrutiny Committees only applies to the regulations and not to the additional Monitor requirements. The reporting timetables are also different with the deadline for Annual Reports (Monitor) being 8th June and the deadline for publication of quality accounts on NHS Choices being 30th June.

The draft quality accounts which follow include all of the items required by the regulations.

Royal Brompton & Harefield NHS Foundation Trust

Draft Quality Accounts for the year ended 31 March 2010

Part 1: Statement on Quality from the Chief Executive

Royal Brompton & Harefield NHS Foundation Trust aspires through its overall vision to be *'the UK's leading specialist centre for heart and lung disease'* and has set out its strategic goals of;

- Service Excellence
- Organisational Excellence
- Productivity and investment

These are underpinned by a set of key objectives of which the most important is to continuously improve the patient experience. The Trust is committed to providing patients with the best possible specialist treatment for their heart and lung condition in a clean, safe place, ensuring that evidence-based care is provided at the right time, in the right way, by the right people.

In order to achieve this we have established a robust system of integrated governance to ensure that care is provided within a system through which the Trust is accountable for continuously monitoring and improving the quality of its care and services and safeguarding high standards. The Trust benefits from a highly skilled workforce which is dedicated to pursuing the best outcomes for patients through delivery of excellent clinical care and research into new treatments and therapies.

Our outcomes in both adult and paediatric care are amongst the best in the country and we have achieved some of the lowest MRSA and *Clostridium difficile* rates in England. We were inspected by the Care Quality Commission in November 2009 and found to be fully compliant with the Code of Practice in respect of infection control. Research Activity continues to expand and we continue to ensure the safe introduction of new interventional procedures for the benefit of patients.

The Trust continues to aspire to reliably delivering high quality, safe care for all patients and ensure that failings are dealt with promptly and openly so that better and safer systems of care are developed

Signed by the Chief Executive to confirm that, to the best of his knowledge, the information in this document is accurate.

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Robert J. Bell

Part 2: Priorities for improvement and statements of assurance from the board

The Trust has chosen the following three priorities for improvement in 2010/11.

Patient safety – improvement of surgical site infection rates.
Clinical effectiveness – training staff in safeguarding children
Patient experience – improving the patient discharge process

The three priorities above align with the CQUIN scheme agreed with commissioners. Proposed priorities were put forward by a working party consisting of clinicians and management. These were then shared with stakeholders including local LINKs, commissioners, FT governors and Overview & Scrutiny Committees.

[how progress against priorities will be measured and monitored]

[how progress against priorities will be reported]

Review of services

During 2009/10 Royal Brompton & Harefield NHS Foundation Trust provided NHS services to adults and children in the areas of heart and lung disease.

Royal Brompton & Harefield NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services represents all of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2009/10.

[possible mention of patient safety walk-rounds]

Participation in clinical audits

During 2009/10, 24 clinical audits and 5 national confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides¹.

During that period Royal Brompton & Harefield NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	Intensive Care National Audit RC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health Promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Adult Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
National Confidential Enquiries	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust participated in during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome

¹ Please note: National Clinical Audits have been determined from the projects listed by the Healthcare Quality Improvement Partnership <http://www.hqip.org.uk/national-clinical-audit/> and include relevant projects from both the 'National Clinical Audit and Patient Outcomes Programme' and 'Other national clinical audits and other registries'

National Clinical Audits	
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	ICNARC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
National Confidential Enquiries	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield 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.

National Clinical Audits²			
Lung Cancer (LUCADA)	98%	Blood transfusion (all)	100%
Adult Cardiac Interventions	98%	Cardiac Arrest ³	Starting in Mar 10
Adult Cardiac Surgery	98%	Sudden Adult Death Syndrome	98%
Cardiac Rhythm Management	98%	Chronic Obstructive Pulmonary Disease	98%
Heart Failure	98%	Cardiac Rehabilitation	98%
Myocardial Ischemia (MINAP)	98%	Potential Donor	100%
Congenital Heart Disease	98%	ICNARC (all)	100%
Paediatric Intensive Care (PICANet)	98%	Major Complications of Airway Management	100%
Transcatheter Aortic Valve Implantation (TAVI)	98%	Health promotion	100%
Pulmonary Hypertension	98%	Surgical Site Infection Surveillance System (SSISS)	98%
Thoracic Surgery	98%	UK Transplant (Cardiothoracic)	100%
UK Cystic Fibrosis Registry	98%	Endocarditis	98%
National Confidential Enquiries			
Deaths in Acute Hospitals	100%	Surgery in Children	On-going
Parenteral Nutrition	71%	Peri-operative Care Study	only started 01/03/10
Emergency and Elective Surgery in the Elderly	100%		

² The minimum dataset will be submitted for: LUCADA, Cardiac Rhythm Management, Thoracic Surgery, Heart Failure. For all other audits, the full dataset has been/will be submitted. All registries have had data routinely submitted throughout the year, and a year-end submission will be made by the cut-off date of 3rd May 2010. Therefore, 100% is the expected submission – 98% has been quoted as an estimated value to allow for minor discrepancies.

³ The first submission will be in March 2010. Once the upload facility is provided by the national sponsor for this audit, the remaining cases for 2009-10 will be submitted. This facility is expected to be launched in April/May 2010

The reports of top 10 national clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 11 national clinical audit reports were reviewed and details of these can be provided on request.

National Clinical Audits	Actions to be taken
6 th National Adult Cardiac Surgical Database Report	<p>Routine monitoring of all cardiac surgery outcomes has been amended to take into account the new groups and recalibrated euroscore which were first published in this report</p> <p>In addition, reporting compares Trust outcomes against the latest national rates published in this report</p>
National Audit of Congenital Heart Disease Report 2009	<p>Survival outcomes have been incorporated into routine reporting.</p> <p>Reporting is being amended to incorporate funnel plots, mirroring the style of reporting found here</p>
Angioplasty and Stents to treat Coronary Artery Disease 2008	<p>Data completeness has improved to 100% of cases submitted, and over 90% completeness for all key fields.</p> <p>Submission of data is now on a monthly basis.</p> <p>The style of Trust reporting has been amended to incorporate the national benchmark data</p> <p>Focus on the patient pathway for primary angioplasty has improved the door-to-balloon time to be one of the best in the country.</p> <p>Focus is now on reducing the overall length of stay below the national median</p> <p>Mortality results are routinely reported in the Trust in-line with the national benchmarks</p>
National Heart Failure Audit 2008/09	<p>The national rates provided in this report are to be incorporated into routine outcomes reporting within the Trust, allowing benchmarking against other organisations.</p> <p>The fields which have been mapped to NICE and NSF requirements are now being routinely monitored to demonstrate compliance with these.</p>
National Lung Cancer Audit 2009	<p>Trust has moved to electronic data collection for all thoracic surgery on both sites, which will improve the speed and quality of the returns.</p> <p>This will also more easily allow routine monitoring of outcomes for patients undergoing surgery for lung cancer</p> <p>Having regular access to this data will allow benchmarking and identify areas for improvement across the patient pathway</p>
National Sentinel Stroke Audit 2008	<p>The Trust is not eligible to participate in this national audit.</p>

National Organisational Stroke Audit 2009	<p>However, the findings have been reviewed, and as a result we have now setting up our own monitoring programme for patients who develop neurological injuries. This has 2 parts:</p> <ul style="list-style-type: none"> a) All patients who develop a neurological injury have their case reviewed by a panel of clinicians to identify any preventative measures or improvements in care that could be taken b) For patients who develop a stroke, we monitor whether our care meets the national standards as outlined in this report, which are applicable to our services c) We are about to review whether our organisational structure for provision of care of patients which neurological injury is appropriate – benchmarked against the Organisational Audit report
Caring to the End?	<p>All recommendations have been reviewed in a clinical-led meeting.</p> <p>The relevant recommendations have been feedback to the Trustwide project responsible for reviewing the running of the hospital through the day and at night</p> <p>PAR scoring has been introduced in 2009, to ensure compliance with the monitoring of vital functions and recognising deterioration recommendations</p> <p>Anaesthesia recommendations are being taken forward at a local level</p>
Adding Insult to Injury	<p>All recommendations have been reviewed in a clinician-led meeting. Most recommendations were already met.</p> <p>A local audit has been conducted to demonstrate that electrolytes are routinely checked on admission</p> <p>The recommendations relating to handover have been feedback to clinical teams and are to be incorporated into a Trustwide project</p>
Heart of the Matter	<p>A detailed review of all the recommendations has been undertaken by Cardiac Surgery, involving several local audits of practice. This has demonstrated that the Trust is now compliant with all the recommendations.</p>
National Health Promotion in Hospitals Audit 2009	<p>We participated in this audit, generally scoring highly compared to the national average. This work has now been incorporated into the Essence of Care benchmark for Health Promotion. A webpage has been launched to collect further information form staff on what health promotion they are giving. Following this, a detailed plan for where health promotion could be improved will be devised</p>

The reports of the top 20 local clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 78 local audits were conducted and details of these can be provided on request.

Local Clinical Audits	Actions to be taken
Chest drain audit 2009	<p>To demonstrate compliance with the NPSA alert.</p> <p>Although results showed that radiological imaging was not always used, there were no complications following this procedure and a high % of staff had been trained in the procedure.</p> <p>Recommendations were for training to be maintained, and radiological use to be considered by consultants where appropriate.</p>
Post-operative bleeding	<p>Audit of reasons for re-operation for post-operative bleeding. This audit was conducted as routine monitoring of outcomes had suggested that this rate was higher than expected.</p> <p>A detailed consultant-led audit on both sites has demonstrated that the results are reasonable, but this has led to the development of a trustwide protocol on 'the management of surgical haemostasis'</p> <p>The re-audit is scheduled for April 2010</p>
Peri-operative Hypothermia	<p>Audit of NICE guidance on Perioperative hypothermia, demonstrated poor compliance in several areas. Recommendations included:</p> <ul style="list-style-type: none"> a) Continuous temperature monitoring b) Increased use of Bair Huggers c) Increased use of blankets d) Future audit proposed for September 2009 e) Pre operative temperature now recorded <p>Re-audited 4 months later demonstrating significant improvement in all areas.</p> <p>Regular auditing now occurring every quarter.</p>
Consent Audit 2009	<p>To improve completion of consent form via refresher training at Clinical Governance sessions (specifically areas identified in recommendations 1-4)</p>
	<p>To remove all HH generic consent forms and replace with consent forms 1,2,3 and 4</p>
	<p>To identify staff from the audit time period who still require consent training via training records from risk management and L&D</p>
	<p>To enrol the outstanding staff identified onto consent training</p>

Local Clinical Audits	Actions to be taken
	Carry out a re-audit against the consent policy
Device Audit 2009	To introduce computerised system for data collection so that information is available in a few clicks
Diabetes Audit 2009	<p>Although not legible to participate in the National In-patient Diabetes Audit, we used the same tool to conduct our own local audit.</p> <p>This has demonstrated a reasonable level of diabetes management, recommendations include:</p> <p>To apply for funding for near-patient testing of HbA1c – so that patients can have their diabetes control assessed and improved at pre-admission clinics</p> <p>To encourage the incident reporting of insulin-related medication errors</p> <p>To review the current specialist support for diabetes and consider the need for further specialist diabetes nurses</p>
Discharge Planning Audit 2009	Nursing staff need to be reminded to start assessment of education needs as early as possible, re-assess when appropriate and follow up on any needs identified - Ward managers and practice educators need to re-enforce this amongst their ward teams
	Make the second section of the discharge planner more prominent in the ICPs
	The Cardiology ICPs need to include section on assessment of the ability to take medication – to amend cardiology ICP
	Better information to be given to patients about their discharge medicines - Implementation of the electronic discharge letter to provide this information
	Estimated discharge dates – need for staff to record these dates - Ensure that all wards have a white board in the ward office which has a column with the date of discharge on.
Familial Hypercholesterolaemia Audit 2009	More patients to be reviewed when the re-audit takes place
Health Promotion Audit '09	To disseminate national NHPHA report from Stockport when published in 2010
	Remind staff the importance of documentation of all patient data and ensure compliance
	To consider gathering feedback from patients and staff on health promotion in the Trust

Local Clinical Audits	Actions to be taken
	To consider adding another section to all ICPs to capture health promotion and related data
Information Governance Toolkit 2009 - Comparison of Patient Registration Sheet Data with Data on PAS	Appointment of new medical records manager
	All data items included on patient registration sheet should be located on a single PAS screen
	New frontsheet is printed for every patient admission/attendance - Review and revise current process
Omalizumab audit 2009	100% compliance was found against the standards set by NICE – no actions
Patient Identification Audit 2009	Audit just being written up now. Actions will be finalised by end of March 10.
Records Management - adult heart division	To remind admin and ward staff of their obligation to file and not send loose notes to MRL
	To provide training to admin / ward staff on how to file correctly if required - To establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - To remind all relevant staff of requirements
Records Management - Children's Services	To provide training to admin / ward staff on how to file correctly if required - To establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - To remind all relevant staff of requirements
	To remind admin and ward staff of their obligation to file and not send loose notes to MRL
Records Management - Harefield 2009	To present/discuss ward findings to relevant staff - Forward audit results to Heads of Departments in Division and Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to send as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to label clinical sheets and file notes logically and correctly
	When paper documents are printed for the notes to ensure they are securely filed in the notes and not just inserted in the front of the folder

Local Clinical Audits	Actions to be taken
	To improve on filing within the notes in the right section
	Repeat audit at annual intervals (to reassess frequency once improvements made)
Records Management - Respiratory Medicine 2009	Forward audit results to Heads of Departments in Lung Division at fortnightly meeting
	Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to post as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to file notes logically and correctly
	Work with Clinical Audit to produce results/report and recommendations to disseminate to divisions
Thoracic epidural anaesthesia '09	To become part of routine monitoring and reporting.
Tracking of Clinical Records RBH 2009	All relevant staff in Lung and Adult Heart Division to be reminded of their responsibility to track records in their possession
	To establish whether further training is required by relevant staff on how to track records
	To repeat the audit in other divisions on a rotational basis - Repeat audit in each division at annual intervals
Transfer between Critical Care and Ward 2009	Develop ability to print a summary of transfer info from ICIP/CAREVIEW system
	Develop a standardised transfer document for incorporation into the integrated care pathway documentation.
Usage of blood products in paediatric cardiac surgery '09	To include heparin monitoring intra CPB to guide accurate protamine dosing post CPB.
Audit on peri-operative ACE-I use	To continue use in patients with low ejection fraction
	To write a policy on peri-operative ACE-I use
	To re-audit focusing on patient factors such as ejection fraction and surgical complexity

Research

As a specialist NHS Foundation Trust, research is a core part of our mission. During 2009/10 the number of Trust patients that were recruited into research approved by a research ethics committee was 1842⁴ (1504 into NIHR portfolio studies plus 338 into industry studies). Twenty-seven percent of these patients were entered into cardiovascular research studies and 73% into respiratory research studies.

Compared to the previous 12 month period, this reflected an 11% increase in recruitment into NIHR portfolio studies. This continued increase in recruitment into research studies demonstrates the Trust's commitment to improving the health and outcomes of the patients we treat. It should be noted that the ability of the Trust to engage in portfolio studies is determined by the specialist patient population for which it provides care. The majority of the NIHR portfolio studies undertaken in the Trust are therefore initiated and led by our own staff.

In addition, the Royal Brompton & Harefield NHS Foundation Trust is home to two NIHR Biomedical Research Units; (one for respiratory disease and one for cardiovascular disease). Both Units are focussed on increasing the throughput of new therapies from the laboratory to the clinic in advanced and complex cardiovascular and respiratory disease in collaboration with Imperial College London. The new facilities that this funding provides will significantly enhance our research capability and our patients' research experience when they open in summer 2010.

Goals agreed with commissioners

A proportion of Royal Brompton & Harefield NHS Foundation Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield 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 the Director of Service Development, Harefield Hospital, Hill End Road, Harefield, UB9 6JH

⁴ These accrual figures are 12 months estimates extrapolated from actual accrual figures between April 09 and January 10

Statements from the Care Quality Commission (CQC)

Royal Brompton & Harefield NHS Foundation Trust is required to register with the CQC. A registration application has been made, the outcome of which is currently pending. All trusts will be notified of the outcome of the registration process by 1st April 2010. Once finalised the registration status will be published in this section of the Quality Accounts, together with details of any conditions imposed by the CQC.

Royal Brompton & Harefield NHS Foundation Trust is subject to periodic review by the CQC and the last review was for the year 2008/09. This review used the information and the methodology inherited from the Healthcare Commission and was published by CQC in October 2009. The CQC's assessment of Royal Brompton & Harefield NHS Foundation Trust following that review was excellent for both quality of services and quality of financial management.

Royal Brompton & Harefield NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

NHS Number and General Medical Practice Code Validity

Royal Brompton & Harefield NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episodes 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:

90.8% for admitted care patients;
96.9% for out patient care; and
accident and emergency care – not applicable

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

99.8% for admitted care patients;
99.9% for out patient care; and
accident and emergency care – not applicable

Information Governance Toolkit attainment levels

Royal Brompton & Harefield NHS Foundation Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit is forecast to be 75% for the items selected by the Department of Health for inclusion within the Quality Accounts. All Toolkit requirements scored level 2 or above.

Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust carries out a Payment by Results Clinical Coding Audit every year. The error rates reported in the 2009/10 Payment by Results Clinical Coding Audit for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect	6%
Secondary Diagnoses Incorrect	2%
Primary Procedures Incorrect	4%
Secondary Procedures Incorrect	3%

Part 3: Review of Quality Performance

Quality Account Indicators February 2010

This report gives an update on the current results for the indicators chosen for inclusion in the Quality Account for 2009-10. Those in *italics* are also CQUIN measures. Where available, data for previous years has been provided.

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10 YTD	Score 2008-09	Score 2007-08	Overall result / comments
Patient Safety							
1. Surgical Checklist	Implementation of WHO Surgical Checklist	National target: Implemented by 1 st February 2010	By 1 st Feb 2010	HH: ✓ RBH: ✓	n/a	n/a	Achieved
2. Pressure Ulcers	Number of patients who develop pressure ulcers in-hospital per 100 bed-days	Internal target: 0.5 or below	Apr-Dec 09	0.2	n/a	n/a	no target for 2009-10 – using this year to set benchmark as no national figures available
3. Patient At Risk	Compliance with PAR tool	Internal target: 90% or above	Apr-Dec 09	91%	n/a	n/a	Achieved

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10 YTD	Score 2008-09	Score 2007-08	Overall result / comments
4. Catheter-related bloodstream infection	Compliance with the CRBSI care bundle	Internal target: 90% or above	Apr-Dec 09	HH: 86% RBH: 89%	n/a	n/a	Almost achieved Expected to be above 90% on both sites by year-end
5. Ventilator acquired pneumonia	Compliance with the VAP care bundle	Internal target: 90% or above	Sep-Dec 09	HH: 72% RBH: 70%	n/a	n/a	Almost achieved Data collection only started in Sep 09, and is compliance is improving – should be close to 90% by end of year
6. Surgical Site Infection⁵	% of patients who develop a surgical site infection following a CABG procedure via sternotomy (SSISS data)	5.86 or below - Reduction of 25% from Trust baseline score (calculated as Q1 2009-10)	Apr-Dec 09	7.78	7.81	n/a	Underachieved - the rate has decreased slightly from the baseline score (calculated as Q1 2009-10)

⁵ Surgical Site Infection data comes from the Health Protection Agency national surveillance programme (SSISS)

Patient Outcomes							
7. Hospital Standardised Mortality Rate (HSMR)⁶	Standardised mortality relative risk	Internal target: In top 20 hospitals nationally	Apr-Dec 09	66.4 (19th)	60.2 (12 th)	61.6 (10 th)	Achieved
8. In-hospital Mortality Rates for Benchmark Procedures⁷	1 st time, isolated, elective CABG	National rate for 2007-08: 1.0% or below	Apr 06-Dec 09	0.9%	0.9%	1.0%	Achieved
	1 st time, isolated, elective AVR	National rate for 2007-08: 2.0% or below	Apr 06-Dec 09	1.7%	1.8%	1.7%	
	All PCI's	National rate for 2008: 2.0% or below	Apr-Dec 09	1.8%	1.6%	1.5%	
	All paediatric congenital procedures	National rate for 2006-07: 1.4% or below	Apr-Dec 09	1.0%	1.1%	1.2%	
	1 st time heart transplant (30 day	National rate for 2007-08:	Apr-Dec 09	9.6%	33.3%	6.4%	

⁶ HSMR comes from the Dr Foster data

⁷ Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies

	mortality)	15.0% or below					
	1 st time lung transplant (30 day mortality)	National rate for 2007-08: 6.0% or below	Apr-Dec 09	4.1%	5.9%	5.9%	
9. Heart Attack Treatment Times⁸	Median time from call for help to angioplasty	National target for 2009-10: <150 mins for 75% <165 mins for 100%	Apr-Dec 09	80.2% 88.4%	n/a	n/a	Achieved Almost achieved
	Median time from entering hospital to angioplasty	National average for 2008-09: 46 mins	Apr-Dec 09	22	23	n/a	Achieved
	Mortality following primary angioplasty	National rate for 2008-09: 6%	Apr-Dec 09	5.2%	5.3%	5.2%	Achieved
10. Neurological injury	% of patients with a neurological injury started on a Care Pathway	Internal target: 90% or above	Apr-Dec 09	84.6%	n/a	n/a	Almost achieved

⁸ Heart attack treatment times come from the Myocardial Ischemia National Audit Programme (MINAP)

Patient Experience ⁹							
12. Patient Satisfaction with their stay	% of patients who would recommend this hospital to their family/friends	National rate for 2009-10: 95%	2009	99%	99%	99%	Achieved
13. Food and Nutrition	% of patients who were offered a choice of food	National rate for 2009-10: 79%	2009	91%	92%	91%	Achieved
	% of patients who always had enough help with eating meals	National rate for 2009-10: 66%	2009	79%	75%	78%	Achieved Better than national average, but could improve
14. Dignity and Respect	% of patients who felt they were treated with dignity and respect	National rate for 2009-10: 80%	2009	91%	92%	90%	Achieved
15. Hospital cleanliness	% of patients who felt that the room or ward was clean or very clean	National rate for 2009-10: 96%	2009	100%	99%	98%	Achieved
16. No. of complaints	No. of complaints per 1000 patient contacts	Internal target for 2009-10: <4	Apr-Dec 2009	3.2	4.0	3.8	Achieved

⁹ All these indicators come from the NHS Inpatient Survey 2009

Staff Experience ¹⁰							
17. Annual Turnover	% turnover rate	Internal target: 12%	Apr-Dec 09	10.3%	12.0%	14.6%	Achieved
18. Staff Sickness	% of staff sickness	Internal target: 3% or below	Apr-Dec 09	2.45%	2.98%	3.11%	Achieved
19. Staff Survey*	Staff satisfaction with quality of work and standard of care given to patients	National rate for 2009: 73%	2009	93%	80%	n/a	Achieved
	Recommendation of trust as a good place to work	National rate for 2009: 56%	2009	75%	71%	n/a	Achieved
	Fairness and effectiveness of reporting of errors, near misses or incidents which could hurt patients	National rate for 2009: 3.43	2009	3.58	3.55	n/a	In 2008-09, trust scored 96%

¹⁰ All these indicators come from the NHS Staff Survey 2009

Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

[must insert if received]