



QUALITY REPORT 2008/09





“ The past year has been a significant year for the Dudley Group, highlighted when the Trust achieved Foundation Trust status in October. Our application was driven by our desire to take advantage of the new financial freedoms as a vehicle to making our hospitals Your Hospital of Choice. Our quality strategy is central to our core business as we implement additional quality improvement initiatives designed to improve the safety, experience and outcomes for all our patients, staff and visitors. As well as testing and implementing quality measures across the Trust we also seek to embed further our vision and values which provoke and encourage a culture of quality improvement. We would like to thank everyone for all their achievements during the past year and look forward to continuing our progress over the coming years. ”



Paul Farenden
Chief Executive

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Alf Edwards
Chairman

A handwritten signature in black ink, appearing to read 'Alf Edwards'.



QUALITY-

Embedding the principles of 'Board to Ward'

We are committed to delivering a patient centred service that has high quality at its heart, this is underlined by the Trust Values which are our promises to patients. We are delighted to be working with the King's Fund on a national project sponsored by the Burdett Trust to make tangible these promises. We are working on implementing our own quality indicators that measure and describe care, patient satisfaction and staff satisfaction. King's Fund are also observing and advising the Trust Board on the strategy of quality and care and how the Board assure themselves of the quality of patient services.



KEY DIMENSIONS OF QUALITY

QUALITY

SAFETY

"Ensure that providers do no harm"

E.g. Reduce infection rates

EFFECTIVENESS

"Evaluate clinical quality of care, and clinical and functional outcomes"

E.g. Reduce the amount of cardiac arrest calls through early intervention for the deteriorating patient

EXPERIENCE

"Ensuring good quality of non clinical care"

E.g. Make patient experience central to quality improvements

How we have prioritised our quality improvement initiatives

Quality is embedded within our Integrated Business Plan which was developed with extensive consultation with staff and public, on the three elements of quality, marketing and finance. We have set out to differentiate from others on the quality of care we provide through: ensuring good patient experience within a customer care culture, patient safety, our impressive facilities and environment, motivated workforce, partnerships with commissioners and the freedom to invest surplus back into improvements in service quality.

We have used the three dimensions of quality (on page 4) to prioritise our quality measures and initiatives and following Board agreement the four priorities for quality in 2009/10 will be:

Priority 1:

To reduce the number of cardiac arrests from the January 2008 figure by 30% by June 2009 and a further 5% from the June 2009 figure by June 2010.

Priority 2:

To continue to reduce our MRSA infection rate and achieve the national target of no more than 12 per year.

Priority 3:

To continue to reduce our Clostridium difficile rates and achieve the national target of no more than 238 cases.

Priority 4:

- a To increase the number of patients who rate their overall care highly from 92% in the national inpatient survey to 95%.
- b To show an increase in patients that would recommend Dudley Group Of Hospitals NHS Foundation Trust to a friend or relative.

These have been signed off by our Trust Board.

The four priorities have come from our Integrated Business Plan, which sets out the Trust's strategic plans for the next five years, our involvement in the national Patient Safety First campaign and feedback from our patient experience surveys. We have also considered areas highlighted from inspection reports and national standards.

Each of the priorities with proposed initiatives for 2009/10 are described in detail on the following pages.





PRIORITY 1:

Care of the Deteriorating Patient

Description of issue and rationale for prioritising

Following the publication of the NICE Guidance on 'Acutely Ill Patients in Hospital', the Trust set up a multidisciplinary group to implement the recommendations.

As 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 deaths.' Our multidisciplinary team set out to improve the system with regards to these issues at the Trust.

Main Aims/Goals

- a** Reduce the number of cardiac arrests from the January 2008 figure by 30% by June 2009.
- b** Reduce the number of cardiac arrests from the June 2009 figure by 5% by June 2010.

Current Status



Identified Areas of Improvement

Introduce a new 'Trigger System', which is an early warning system for intervention, for ward staff to call for assistance.

Extend and enhance the Cardiac Arrest Team so that it also responds to medical emergencies.

Extend the availability of nurse 'Outreach' Team from the limited weekday hours to 24 hours per day, seven days per week.

Current Initiatives in 2008/09

In October 2008, the Medical Emergency Team (MET), a 24 hour Outreach Nursing Team and a new Trigger system was introduced.

New Initiatives to be implemented in 2009/10

A system to ensure that nurses requesting the Outreach Team use a common communication process so the Outreach Team can easily prioritise the requests.

To ensure that all patients have a clear physiological measurement plan and the prescribed measurements are undertaken.

Multidisciplinary Group Members:

- Dr M Cushley, Consultant Physician
- Dr J Sonksen, Consultant Anaesthetist
- Mr A Mukherjee, Emergency Department Consultant
- Dr D Pandit, Locum Consultant Physician
- Dr C Patel, Consultant Anaesthetist
- Mr P Stonelake, Consultant Surgeon
- R Anslow, Outreach Lead
- W Dainty, Resuscitation Officer
- D Eaves, Clinical Governance Co-ordinator
- D Powell, Lead Nurse
- K Sheppard, Matron



PRIORITY 2:

To further reduce our Methicillin Resistant Staphylococcus Aureus (MRSA) rate

Our target for MRSA is agreed locally with our Primary Care Trust (PCT) and was 12 post 48 hour cases for 2008/09. Patients who have developed their infection after they have been in hospital for more than two days fall within this category. Those patients who develop MRSA within 48 hours of admission are not considered to be hospital acquired by our regulator Monitor. This is because they are deemed to have already had the infection prior to coming in to hospital.

Description of issue and rationale for prioritising

Despite a reduction of over 40% from the previous year the number of MRSA bacteraemia in 2007/08 was above the target of 12 (pre and post 48 hour combined) with 20 reported cases. We have introduced further measures to reduce the number of MRSA bacteraemia during 2008/09 in line with the national priority to reduce all hospital acquired infections. The national target for 2008/09 for pre and post 48 hours considered together was 15. However we achieved 16 cases which narrowly missed the national target.

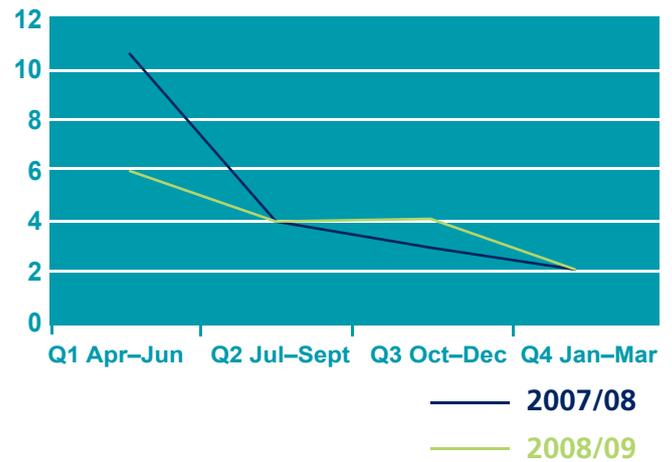
In 2008/09 the local PCT target of 12 post 48 hour cases was achieved as of the 16 cases, seven were post 48 hour and nine cases came into hospital with the infection.

Aim/Goal

To reduce our MRSA rate in line with the national and local priorities. The PCT and national target for 2009/10 is no more than 12 cases for pre and post 48 hours.

Current status

Total number of MRSA bacteraemias per quarter



The graph above identifies the continued reduction of MRSA bacteraemia cases (pre and post 48 hours)

Identified areas of improvement

- Strengthen MRSA root cause analysis process
- Strengthen a zero tolerance approach
- Audit of interventions with improved system of feedback to clinical directorates

Current initiatives in 2008/09

- Revised root cause analysis system for MRSA bacteraemias
- Introduction of a 'Bare Below the Elbow' policy
- Infection control champions seconded from clinical areas to support the infection control agenda

New initiatives to be implemented in 2009/10

- MRSA screening for all elective patients
- Infection control champion posts appointed on a permanent basis
- Appointment of an Infection Control Nurse Consultant

Board sponsor:

Denise McMahon, Nursing Director

Operational lead:

Yvonne O'Connor, Associate Operations Director



PRIORITY 3:

To further reduce our Clostridium difficile (C difficile) rate

Our target for C difficile is a national target. Patients that 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.

Description of issue and rationale for prioritising

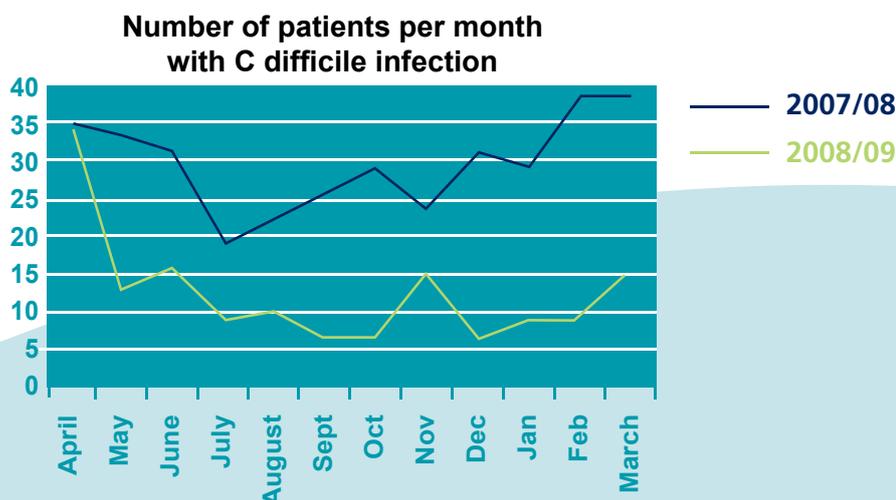
In 2007/08 the number of C difficile cases was approximately 9% above our national target of 329 cases. This was not satisfactory to the Trust, nor was it in line with the national priority of reducing C difficile infections. As a result we prioritised reducing the rates of C difficile. In 2008/09, the target of no more than 299 cases was achieved with the Trust recording 152 cases which was an excellent reduction.

Aim/Goal

To reduce our C difficile rate in line with the national and local priorities. The national and Primary Care Trust target for 2009/10 is no more than 238.

Current status

The graph shows the number of post 48 hour cases of C difficile per month.



Identified areas of improvement

- Increase training and awareness of C difficile
- Further promote handwashing initiatives to patients and visitors
- Strengthen root cause analysis process

Current initiatives in 2008/09

- Revised root cause analysis system for C difficile infections
- Review of the Trust cleaning policy in line with national guidance
- Infection control champions seconded from clinical areas to support the infection control agenda

New initiatives to be implemented in 2009/10

- Improved system of audit through use of Quality Care Indicators

Board sponsor:

Denise McMahon, Nursing Director

Operational lead:

Yvonne O'Connor, Associate Operations Director



PRIORITY 4:

Patient experience counts

Description of issue and rationale for prioritising

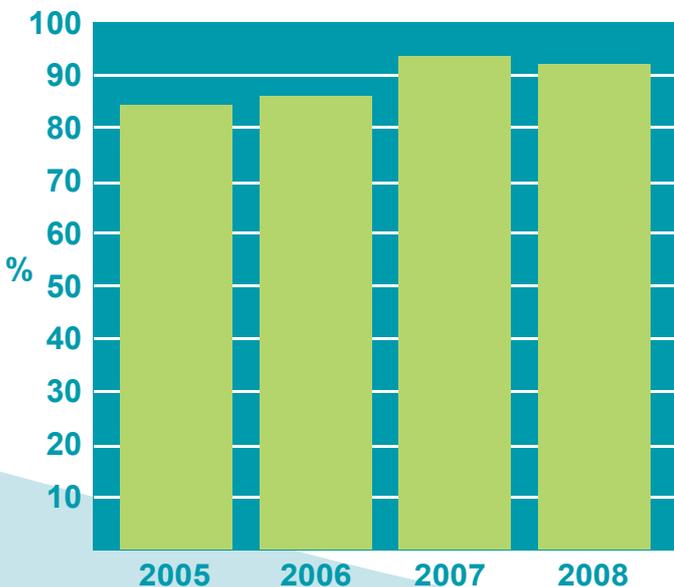
The Darzi review 'Our NHS, Our Future' set the scene nationally for improved quality, not only through measurable clinical improvements, but also through patient experience of the services. We are committed to ensuring the patient experience is central to how we make service improvements.

Main Aims/Goals

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

Current Status

Percentage of patients who rate over all care at DGOHFT as Good, Very Good or Excellent



Identified areas of improvement

Discharge co-ordination – patients are not involved and informed of their plans soon enough after discharge.

Current initiatives in 2008/09

The Patients Accelerating Change Project to make improvements based on patient feedback from national surveys.

New initiatives to be implemented in 2009/10

- Introduction of a quarterly patient 'Pulse' survey to measure 'real time' patient experience to incorporate into quality care indicators.
- Recruit extra volunteers to help collect patient feedback, wayfinding and mealtime assistance.
- Recruit to a new post in the Patient Advice and Liaison Service to improve and co-ordinate patient information.

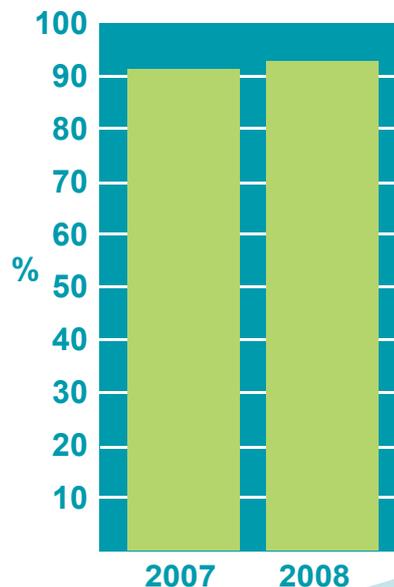
Board sponsor:

Denise McMahon, Nursing Director

Implementation lead:

Liz Abbiss, Head of Customer Relations and Communications

Percentage of patients who would recommend DGOHFT to a friend or relative



Response to feedback from our stakeholders, members and Governors

The Trust has a strong history of patient and public engagement in developing services and has begun to develop a relationship with the newly established Local Involvement Network (LINK) to work on joint initiatives to drive public engagement in quality improvements.

We are developing the role of our Council of Governors in patient feedback and will be considering new ways of working in this area during 2009/10.

We are striving to forge stronger links with our wider communities and there are several stakeholder groups that we work with on specific issues including:

The ADC group

The Learning Disability Partnership Board

Dudley Cancer Centre

Dudley LINK

Pensioners' associations

Local schools and colleges

The Overview and Scrutiny Committee

During 2008/09, we have reintroduced the Patients Accelerating Change Programme, where we encourage Governors and patients to get involved in stakeholder days to help us with our action plans. The programme gives members of the public a real chance to have their say on how we improve on our national patient experience surveys and the actions we take to make those improvements real.

Some examples of feedback from the public included:

- Length of time waited for pain relief in A&E
- Concern over the lack of information about the hospital people receive on admission

The Trust has implemented 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 and robust monitoring against local and national targets for healthcare acquired infections (HCAI).

During 2008, the Trust received a follow-up visit from the Department of Health HCAI team with positive findings. The Trust also underwent an unannounced Hygiene Code inspection in February 2009, which identified a recommendation within the Hygiene Code at duty 4. The Trust immediately implemented robust actions following the Healthcare Commission's inspection and has increased the frequencies of audits undertaken to monitor the action taken. The remainder of the inspection was positive with the Trust evidencing that it met the remaining sub-duties.

The Trust also participated in the Healthcare Commission's Safeguarding Children Review (March 2009). The Trust has not received any feedback to date.

The Trust has monitored its annual performance against the Healthcare Commission's 'Criteria for assessing core standards in 2008/09 (Acute Trusts)'. The Trust considered all aspects of their services against the criteria in order to judge whether they had reasonable assurance that they met the published criteria for assessment. Evidence reviewed to consider assurance included Trust Board and sub-committee reports and minutes together with other internal assurances and external assurances (for example, internal audit reports and external service reviews). The Trust declared itself compliant against all core standards with the exception of safeguarding children. Following the Baby P incident, the Trust reviewed its safeguarding arrangements. While the Trust has systems in place including a Trust Board lead, a Named Doctor and a Named Nurse, it was evident that little management information had been received by the Trust Board. The Board therefore decided to declare 'insufficient assurance' for this standard. The Trust has already implemented actions relating to this which includes the receipt of a quarterly report on safeguarding by the Trust Board and is confident it will be able to declare compliance with this standard for the 2009/10 declaration.

Quality Overview - Performance of our Trust against selected metrics

We have chosen to measure our performance against the following metrics:

Safety measures reported:

	2008/09	2007/08
Patients with MRSA infection/1,000 bed days	0.07	N/A
Patients with C difficile infection/1,000 bed days	0.97	1.45
Number of Deep Vein Thrombosis and pulmonary embolisms presenting back to the trust within three months of hospital admission	48	49

Clinical outcome measures reported:

	2008/09	2007/08
Readmission Rate for Surgery	3.8%*	4.6%
Number of cardiac arrests	250	397
Never events	0	0

* April 2008 – February 2009

Patient experience reported:

	2008/09	2007/08
% of patients that would recommend hospital to relative/friend	91.5%	90.4%
% of patients who would rate their overall care highly	92%	93.8%
% of patients who spent less than four hours waiting in A&E	95.32%	N/A
% of patients who felt they were treated with dignity and respect	95.9%	97.4%

National targets and regulatory requirements

	2008/09	2007/08	Target 2009/10
The Trust has fully met the HCC core standards, and national targets	23/24	24/24	24/24
Clostridium difficile year on year reduction	152	N/A	238
MRSA – maintaining the annual number of MRSA bloodstream infections as per PCT contract (post 48 hour)	7	N/A	12
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	100%	100%	100%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	100%	100%	98%
Maximum waiting time of 62 days from all referrals to treatment for all cancers	99.9%	99.9%	95%
18-week maximum wait from point of referral to treatment (admitted patients)	92.4%	N/A	90%
18-week maximum wait from point of referral to treatment (non-admitted patients)	96.15%	N/A	95%
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95.32%	98.1%	98%
Percentage of patients waiting five weeks or less for diagnostic tests	99.78%	N/A	95%
Percentage of patients waiting two weeks or less to be seen at Rapid Access chest pain clinic	99.98%	99.88%	100%
Genito-Urinary Medicine – percentage of patients offered an appointment within 48 hours	99.59%	N/A	98%

* N/A applies to targets that were not in place in 2007/08



