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I am delighted to introduce to you the Trust’s first Quality Account. This outlines some of the work the Trust is doing to ensure that all patients receive good quality treatment and care.

University Hospitals of Morecambe Bay NHS Trust (UHMBT) has three main hospital sites, Royal Lancaster Infirmary (RLI), Furness General Hospital (FGH) and Westmorland General Hospital (WGH), and two other sites in Ulverston and Morecambe. We serve a population of around 363,000 people from South Cumbria and North Lancashire and cover a geographic area of over 1000 square miles.

The quality and safety of care and treatment is what matters most to anyone who is, or will be, a patient. Patients want to be confident that hospital staff will be friendly, supportive and respectful, that they will receive effective and prompt treatment and that the hospital will provide a safe and clean environment.

During 2009/10 we saw approximately 45,000 inpatients/day cases, 95,000 patients at their first Outpatient appointment, and just over 100,000 Emergency Department attendances. The Trust must ensure that there are clear processes in place to monitor the standards of services being provided to our patients. The NHS requires regular reports on some indicators, but not all. Trust staff have taken the initiative in developing additional measures of quality to check that standards are being met.

The Trust routinely receives reports on what patients on each ward think about their care. Clinical staff are developing new ways of assessing treatment outcomes. Cleanliness and hygiene levels are regularly and thoroughly checked and reported. A further important development has been the establishment of the Patient Service and Experience Sub-Committee, which ensures that the views of patients are accurately reflected in the way quality is measured and assessed. All of this work makes heavy demands on clerical and administrative staff as well as clinicians and thanks are due to all staff involved in this work.

Dr June Greenwell
Chair, Clinical Quality and Safety Committee
University Hospitals of Morecambe Bay NHS Trust
It gives me great pleasure to present our very first Quality Account for University Hospitals of Morecambe Bay NHS Trust (UHMBT).

The Department of Health’s final report from Lord Darzi’s next stage review *High Quality Care for All* made it clear that Quality Accounts would be an important way of making information on quality available to the public.

Quality Accounts are annual reports from organisations which provide NHS services. They are intended to give patients, the wider public and others with an interest in our services information about the quality of the services which we deliver.

In writing this report as an aspirant NHS Foundation Trust, we have consulted widely with our shadow membership, our shadow governors, our staff and most importantly our patients. This report gives an account of the many areas of quality which we have addressed this year, and importantly, it also lays out our quality agenda for the coming year. During 2010/2011 we will be developing a Quality Improvement Plan and working with our commissioning Primary Care Trusts (PCTs) to review progress against a number of quality improvement priorities. This quality improvement agenda has been driven by our patients and other local groups and we remain committed to our vision that ‘the needs of our patients will drive everything we do.’

In the past two years, we’ve done a considerable amount of work to ensure that our governance structure is better than ever before and also fit to address the quality agenda. As you know, quality is measured by safety, patient experience and clinical effectiveness. You will see that these areas run through the Quality Account like three intertwining threads which together ensure that everybody working in this Trust puts quality first and foremost.

I am always keen to receive comments about your experiences in our hospitals and I look forward to continuing to lead the organisation as we strive further to improve the quality of our services.

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

Tony Halsall
Chief Executive
University Hospitals of Morecambe Bay NHS Trust
Statement of Trust Board’s responsibilities in respect of the Quality Account 2009-2010

The Board is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Account for each financial year.

In preparing this account, the Board is required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of our performance between 1 April 2009 and 31 March 2010,
- The performance information reported in the Quality Account is reliable and accurate,
- There are internal controls covering the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they work effectively,
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review,
- The Quality Account has been prepared in accordance with relevant requirements and guidance issued by the Department of Health.

The Board Members confirm that, to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Account.

Signed on behalf of the Board

Tony Halsall
Chief Executive

Professor Eddie Kane
Chair

Peter Dyer
Medical Director

Jackie Holt
Director of Nursing and Modernisation
Performance review for the year 2009/2010

<table>
<thead>
<tr>
<th>Money</th>
<th>The Trust generated a surplus at financial year end</th>
<th>✓ Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>National targets</td>
<td>18 weeks waiting time from referral to treatment</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>All cases of suspected cancer to be seen within two weeks</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>Time taken to treat cancer following the decision to treat</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>Four hour Accident and Emergency target</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>Time from calling for ambulance to receiving clot busting treatment (Thrombolysis: standard 60 minutes)</td>
<td>Not Achieved: We are working with North West Ambulance Service to improve the call to needle time. Every breach of the standard is investigated in detail, this affects a very small number of patients.</td>
</tr>
<tr>
<td></td>
<td>Time from arriving at hospital to receiving clot busting treatment (Standard 30 minutes)</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>Screening patients for meticillin-resistant staphylococcus aureus (MRSA) who have planned operations</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td>Core Standards for Health</td>
<td>National standards</td>
<td>✓ Achieved</td>
</tr>
<tr>
<td></td>
<td>Care Quality Commission Registration with no conditions</td>
<td>✓ Achieved</td>
</tr>
</tbody>
</table>

“I felt completely at ease with the staff in particular with two members of day staff that helped me with bathing and hair washing. That meant so much”.

Patient comment, Inpatient survey 2009
Acute Services Review – new referral pathways for acute medicine patients at WGH. The Trust has been meeting with Cumbria Health and Well-Being Scrutiny Committee to monitor the Acute Service Review. We have received positive feedback from this Committee.

Clinical Strategy – service reviews have been undertaken of Ear, Nose and Throat (ENT) and ophthalmology which have led to improved patient experience. Reviews in cardiology and paediatrics are leading to redesigned clinical pathways.

Lorenzo:
- electronic patient record

Delivery of reliable care for patients undergoing cystoscopies in the community

Implementation of an enhanced recovery programme for patients having major colorectal surgery to reduce their length of stay in hospital

Participation in the venous thromboembolism (VTE) safety node collaboration with NHS North Lancashire and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust

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“The ward was very calm from the moment I came in”.

Matrons’ questionnaires (Nov 2009 – April 2010), Patient, Westmorland General Hospital

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**Table of recent significant events**

<table>
<thead>
<tr>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services Review – new referral pathways for acute medicine patients at WGH. The Trust has been meeting with Cumbria Health and Well-Being Scrutiny Committee to monitor the Acute Service Review. We have received positive feedback from this Committee.</td>
</tr>
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<td>Clinical Strategy – service reviews have been undertaken of Ear, Nose and Throat (ENT) and ophthalmology which have led to improved patient experience. Reviews in cardiology and paediatrics are leading to redesigned clinical pathways.</td>
</tr>
<tr>
<td>Lorenzo:</td>
</tr>
<tr>
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</tr>
<tr>
<td>Participation in the venous thromboembolism (VTE) safety node collaboration with NHS North Lancashire and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust</td>
</tr>
</tbody>
</table>
Quality overview
2009/2010
“Q: What was good?
A: I was impressed by the care and attention he received at the period prior to his death”.

Public Member of the Trust, Quality Accounts Questionnaire, March 2010

Safety
Monitoring hospital death rates

Definition of hospital standardised mortality rates (HSMR)

HSMR is a measurement system which compares a hospital’s number of deaths with the predicted number of deaths. The prediction calculation takes account of factors such as the age and sex of patients, their diagnoses and whether their admission was planned or an emergency.

If the Trust has a HSMR of 100, this means that the number of patients who died is exactly as predicted. A HSMR above 100 means more patients died than would be expected, and one below 100 means that fewer than expected died.

UHMBT has monitored death rates (mortality) throughout the year. This helps us to assess the impact of changes in the provision of emergency care and to assess the contribution of the work done on wards to monitor patients. It also helps us to recognise when a patient’s condition starts to deteriorate, so that the necessary specialised care can be given as soon as it is needed.

Results

Graph 1 shows the number of patients who died in hospital each month for the last two years. Compared with the previous year, 2009/10 saw a reduction in the number of patients who died in hospital.

There is a seasonal peak in the winter months, but this was lower than in previous years. This seasonal peak depends on a number of factors including temperature and the level of disease in the population. Increases in deaths from respiratory and circulatory diseases are responsible for most of the excess winter mortality with the elderly experiencing the greatest increases in death each winter. (Source: Office for national Statistics (ONS) website)

Graph 1. Patient deaths against time

Graph 2 shows the HSMR each month for the past two years. The graph shows a continuing reduction in HSMR. (Below 100=better than expected, above 100=worse than expected)

Graph 2. HSMR
Safety
Patient safety incidents

Keeping patients safe while in our care is the top priority for the Trust. We encourage staff to report any unintended or unexpected incidents. High volumes of incident reporting is thought (by the National Patient Safety Agency) to be good because it shows staff are aware of safety and it allows lessons to be learned from incidents even if no harm was caused.

In 2009/2010 staff at UHMBT reported the following numbers of incidents:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient safety incidents</td>
<td>3697</td>
</tr>
<tr>
<td>Patient accidents (slips, trips or falls)</td>
<td>3036</td>
</tr>
<tr>
<td>Staff, visitor or contractor incidents (health and safety)</td>
<td>1060</td>
</tr>
<tr>
<td>Other incidents (e.g. security, fire, theft)</td>
<td>444</td>
</tr>
</tbody>
</table>

(The majority of these did not cause actual harm, however important learning has come from many of these incidents whether or not they caused harm).

Of this total of 8237 incidents reported during 2009/2010, 7221 or 88% incidents were "near misses" – meaning they caused no harm or required simple first aid. The number of serious incidents during 2009/2010 was nine which represent 0.1% of all reported safety incidents for the year.

Serious patient safety incidents

Serious patient safety incidents are formally investigated by a senior member of staff. When the investigation is complete recommendations are reported to the Chief Executive and the executive team. Action plans and changes as a result of the investigation are monitored by the Clinical Quality and Safety Committee and reported to the Board of Directors. Our commissioning Primary Care Trusts (PCTs) scrutinise the outcomes of all serious patient safety investigations and monitor the changes made.

A summary of lessons learned from serious incidents in 2009/2010 is given below:

Lessons learned:

**Communication**
- National Screening Programme
- Notification of deaths
- Breaches of IT policy

| • Identified staff lead for specific programme areas
| • Introduction of protocols
| • Strengthened links with national networks
| • Raised staff awareness

**Medication**

| • Review and amend procedures
| • Reviewed protocols
| • Emphasis on checks of prescription and dosage
| • Some higher strength drugs removed from wards

**Patient self harm/ self discharge**

| • Increased cooperation with other healthcare agencies
| • Estates adaptations

"My emergency admission was a very positive experience for me".

Patient comment, Inpatient survey 2009
Safety
Reducing healthcare-associated infections

MRSA stands for meticillin-resistant *staphylococcus aureus*. It is a common skin bacterium that is resistant to some antibiotics. Media reports sometimes refer to MRSA as a ‘superbug’. *Clostridium difficile* (*C difficile*) is a bacterium that is present naturally in the gut of around 66% of children and 3% of adults.

*C difficile* does not cause any problems in healthy people. Some antibiotics that are used to treat other health conditions, however, can interfere with the balance of ‘good’ bacteria in the gut. When this occurs, *C difficile* multiplies and produces toxins (poisons) which cause illnesses such as diarrhoea and fever. At this point a person is considered to be infected with *C difficile*.

National targets to halve MRSA bacteraemia (bloodstream) infections were set by the Department of Health four years ago. UHMBT was set a limit of no more than 12 MRSA bacteraemia cases in a year. Similarly, a gradual reduction in *C difficile* rates was set in 2007/08, stating that by March 2011, UHMBT should not exceed 154 cases a year. The Department of Health has issued new MRSA bloodstream objectives for 2010/11; UHMBT has been set a limit of six cases.

<table>
<thead>
<tr>
<th>Period</th>
<th>Target</th>
<th>Actual MRSA bacteraemias</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>2007/08</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>2008/09</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>2009/10</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

As the MRSA rates were not falling quickly enough during 2007/08, we were supported by a Department of Health improvement team from the spring of 2008 for a year. The improvement team felt that good progress had been made by spring 2009 and therefore they signed the Trust off. In 2009/10 the limit of 12 cases was achieved for the first time since being set.
“I was happy with my visit overall. I was impressed with the Nurse who kept going into all the different waiting areas and checking people were in the right place so people didn’t miss their appointment”.

Patient comment, Outpatient survey 2009

**Clostridium Difficile**

There were 85 C difficile infections (CDI) attributable to UHMBT in 2009/10 against a target of no more than 292 cases.

**CDI Cases for 2009/10**

<table>
<thead>
<tr>
<th>Period</th>
<th>3 yr Target for community and hospital cases</th>
<th>Actual total cases for community and hospitals</th>
<th>Cases attributed to UHMB Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09*</td>
<td>424</td>
<td>353</td>
<td>195</td>
</tr>
<tr>
<td>2009/10</td>
<td>292</td>
<td>180</td>
<td>85</td>
</tr>
<tr>
<td>2010/11</td>
<td>154</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part way through 2008/2009 it became possible to separate CDI cases into those attributable to the community and those attributable to UHMBT. The table above shows the actual CDI cases for the community and hospitals combined and also those cases that were attributed to UHMBT hospitals alone (end column). It can be seen from the table that the third year target of 154 was achieved a year ahead of schedule.
A range of initiatives have been put in place to reduce healthcare-associated infections further.

- Hand hygiene training and assessment,
- Checks on high impact clinical interventions known to reduce infections,
- Rapid investigation of all MRSA and *C difficile* cases to identify cause,
- Revised uniform policy and ‘bare below the elbows’ campaign,
- Introduction of new intensive cleaning products,
- Screening of patients for MRSA before or on admission to hospital,
- Unannounced infection prevention spot checks by infection prevention Matron.

**Unannounced infection prevention spot checks**

Spot checks of all wards and departments started in August 2009 and were initially either random or targeted on wards where there had been a case of MRSA bacteraemia. Reports are issued to ward managers and Matrons, an action plan is generated and progress is monitored by the Infection Prevention Committee.

Sixty-five clinical areas have been inspected and rated since August 2009. Ten areas were judged to be green, 44 were amber and 11 areas red.

Areas judged as red required immediate improvement, were re-assessed and have since improved to amber or green.

“The cleaners who cleaned my room, took into consideration my condition and took great care not to disturb my bed and cause me added undue pain”.

NHS Choices, Royal Lancaster Infirmary, Patient, August 2009
Effectiveness
Stroke and transient ischaemic attack (TIA) services

Delivering reliable care for patients

During 2009/2010 we have made improvements in the quality of care for stroke patients and these are demonstrated by a number of key indicators:

- The percentage of swallowing assessments undertaken on patients within 24 hours of admission has improved from 53.85% in September 2009 to 73% in January 2010,
- The percentage of patients receiving aspirin within 24 hours of admission has improved from 60% in October 2009 to 73% in January 2010,
- The percentage of patients admitted to the stroke unit who were weighed at least once has improved from 15% to 47%,
- In 2008, the percentage of patients with a suspected stroke who were scanned within 24 hours of admission was 54%. Over the last year, this has improved to 80% and we are maintaining this rate with the aim of achieving at least 90%.

Further improvements in stroke services

During 2010 we aim to achieve at least 90% compliance on nine quality indicators:

- CT Scan within 24 hours of stroke,
- Swallowing assessment within 24 hours,
- Aspirin within 24 hours,
- Patient to be weighed during admission,
- Physiotherapy assessment within 72 hours,
- Occupational therapy assessment within four days,
- Mood assessed during admission,
- Multi disciplinary team goals agreed and recorded,
- Patient to spend at least 90% of their time in hospital on a stroke unit.

Effectiveness
Advancing Quality

Delivering reliable care for patients

UHMBT has participated in a regional programme known as Advancing Quality. Its aim is to record and report the level of compliance to a set of evidence-based measures that clinical staff have agreed all patients should receive.

The data required to measure the care given is collected manually from patients’ health records. Documented evidence is found from each patient who has had a hip or knee replacement; been diagnosed with community acquired pneumonia; heart attack or heart failure. This system of assurance of reliable care to patients is new to the NHS.

The first year of this programme ran from October 2008 to September 2009.
Improvements achieved

- Reliable processes for clinical coding and data collection implemented,
- Clinical checklist for pneumonia treatment in place,
- Clinical referral process for smoking cessation services improved,
- Clinical referral processes to community heart failure team reviewed.

Aim of the Advancing Quality programme

To improve the quality of care received by patients with:
- Acute myocardial infarction (AMI)
- Heart failure (HF)
- Community-acquired pneumonia (CAP)
- Hip and knee replacement (H&KR)

Programme results for UHMBT October 2008 to September 2009

<table>
<thead>
<tr>
<th>Measure</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% accurate</td>
<td>Achieved – verified by the Audit Commission</td>
</tr>
<tr>
<td>90% included</td>
<td>Achieved – verified by NHS Northwest</td>
</tr>
<tr>
<td>AMI (acute myocardial infarction)</td>
<td>89.71% of care measures delivered. This was just below the average performance in the north west</td>
</tr>
<tr>
<td>HF (heart failure)</td>
<td>53.77% of care measures delivered. This was just below the average performance in the north west</td>
</tr>
<tr>
<td>CAP (community acquired pneumonia)</td>
<td>83.02% of care measures delivered. This was in the top 25% in the north west</td>
</tr>
<tr>
<td>H&amp;KR (hip and knee replacement)</td>
<td>92.82% of care measures delivered. This was in the top 50% in the north west</td>
</tr>
</tbody>
</table>

“Excellent team work throughout my illness. Shown kindness and given plenty of time when feeling distressed”.

Patient comment, Inpatient survey 2009
Patient experience
“The team on the whole gave 100% care though they worked under a great deal of pressure”.

Patient experience
Complaints summary for 2009/2010

The graph above shows the number of complaints by site in each of the last two years. Whilst numbers have decreased only slightly, the number of patient contacts has increased, lowering the ratio of complaints to patient contacts.

Patient contacts in these years were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patient contacts</td>
<td>662811</td>
<td>682673</td>
</tr>
<tr>
<td>Number of complaints</td>
<td>482</td>
<td>473</td>
</tr>
<tr>
<td>Number of complaints per 100 care contacts</td>
<td>0.073</td>
<td>0.069</td>
</tr>
</tbody>
</table>

Ombudsman cases

Two investigation reports were received:

- One relating to a 2003 breast screening complaint – the complaint was not upheld,
- One relating to a 2005 complaint about care post miscarriage. The complaint was upheld but the service had already been reviewed and improvements made a considerable time before receipt of the report.

The Ombudsman’s office also reviewed the documentation relating to eight other cases but declined to investigate them, and encouraged a further six complainants to continue with local resolution action.

Where we provide services:

RLI - Royal Lancaster Infirmary
FGH - Furness General Hospital
WGH - Westmorland General Hospital
QV - Queen Victoria Hospital
ULV - Ulverston Community Health Centre
Main categories of complaint:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Inadequate Treatment / Care&quot;</td>
<td>• Piloting of Matrons’ surgeries to facilitate early raising and addressing of concerns,</td>
</tr>
<tr>
<td>Whilst some complaints make a specific allegation such as erroneous diagnosis, a considerable number do not but comprise a list of issues which have caused concern. It is this latter group which are recorded under “Inadequate treatment / care”.</td>
<td>• Introduction of Nursing Quality Assessment Tool (NQAT). 15 standards of fundamental nursing care with appropriate actions to be taken if results are not satisfactory.</td>
</tr>
<tr>
<td>&quot;Outpatient appointment arrangements&quot;</td>
<td>• An action plan with timeframes has been produced to address the issue of cancelled appointments as part of the ‘Front end of our patients’ journey’ project and improvements will be monitored through HMT.</td>
</tr>
<tr>
<td>Cancellations / postponements</td>
<td></td>
</tr>
<tr>
<td>&quot;Communication / Information Issues&quot;</td>
<td>• Review of outpatient letter templates,</td>
</tr>
<tr>
<td>Various</td>
<td>• Production of individual patient discharge information packs.</td>
</tr>
</tbody>
</table>
UHMBT was one of five north west Trusts to pilot the implementation of vital signs care cards in 2009. The idea was to improve communication between patients and nursing staff. A set of cards was used to describe aspects of care which are known to be important to patients. The cards contain nine statements about emotional or physical aspects of care:

- **Self-confidence** – I want to feel confident in managing my own health
- **Respect** – I want to feel treated with respect
- **Reassurance** – I want to feel reassured
- **Effectiveness** – I want my treatment to make me feel better
- **Safety** – I want to feel safe
- **Comfort** – I want to feel physically comfortable
- **Understanding** – I want to understand my treatment and condition
- **Honesty** – I want to feel staff are open and honest with me
- **Open card for other comments**

The care cards were tested with patients undergoing hip and knee operations at the three main hospitals. Staff used the cards to explore the emotional needs and preferences of patients. A survey showed that making time for meaningful conversations about aspects of care was valued by both patients and staff and meant that care plans could be tailored to meet the emotional needs of patients while in hospital. Our patients reported that their emotional needs and preferences were recorded and addressed.

**Summary findings**

- 94% of patients reported that care cards were helpful in expressing preferences for their care,
- 99% of patients reported that the preferences were acted on by staff,
- 99% of patients reported that they would recommend the hospital.

We continue to use care cards as a means to improve relationships and communication between patients and staff and are looking at widening their use so that more patients will benefit.
Patient experience
Delivering same-sex accommodation

Every patient has the right to receive high quality care that is safe and effective and which respects their privacy and dignity. UHMBT is committed to eradicating mixed-sex accommodation and improving the patient experience.

Men and women would not normally have to share sleeping accommodation or toilet facilities but there may be exceptions, in agreed cases of clinical need, when patients require emergency, highly specialised or ‘high-tech’ care.

Aim
To ensure that all patients are admitted to single-sex accommodation unless an overriding clinical need makes this impossible.

Improvements achieved to date

- Medical Unit Two refurbishment completed at the Royal Lancaster Infirmary,
- Improvements within endoscopy units,
- All toilet signs renewed,
- Ongoing work in Medical Assessment Units to look at how we manage same-sex accommodation.

Patient experience
Matrons’ questionnaires

Matrons’ questionnaires are completed each month by all Matrons across the Trust. Each Matron is responsible for overseeing the completion of 10 questionnaires by patients meaning that every month we collect the views of more than 100 inpatients at our hospitals.

The questionnaire asks patients ten questions about their experience during their stay as an inpatient. These questions include:

- When you were first admitted to a bed on a ward did you share a ward or sleeping area with someone of the opposite sex?
- Were you treated with dignity and respect during your stay in hospital?
- During this hospital stay, how often did nurses/midwives explain things in a way you could understand?
- In your opinion, how clean was the hospital room, toilets and bathrooms that you used in hospital?
- How would you rate the hospital food?
- Overall, how do you rate your stay in hospital?

“I have been very happy with the conditions in the hospital and the care and kindness I have received from staff”.

Matrons’ questionnaires (Nov 2009 – April 2010), Patient, Royal Lancaster Infirmary
How patients rated their stay in our hospitals – Results from Matrons’ questionnaires January to March 2010

The graph shows the ratings for the Trust as a whole between January and March 2010

The graph shows the ratings by hospital site between January and March 2010

FGH – Furness General Hospital
RLI – Royal Lancaster Infirmary
WGH – Westmorland General Hospital

“The ward and staff were excellent. The ward I was in was immaculately clean. I felt very confident and safe in their care and Doctors, Nurses and all staff very helpful capable and nothing was too much trouble for them”.

Patient comment, Inpatient survey 2009
What action have we taken as a result of patient feedback?

A summary of some of the actions taken is given below:

- Comments about food and catering have been referred to our catering departments,
- Discharge has been identified as one of our quality improvement priorities for 2010/2011,
- We are committed to delivering the same-sex accommodation requirements and have a comprehensive action plan to make sure patients are not required to share sleeping, toilet or bathing areas with someone of the opposite sex unless in approved cases of clinical need.

Progress

The Trust has been using Matrons’ questionnaires as a way of gathering feedback on patient experience for approximately 18 months and we will continue to use the responses as the base on which to review and improve practice. We also collect patient experience from a range of other sources including electronic handheld devices which collect patient experience measures (PEMs) relating to specific conditions and patient-recorded outcome measures (PROMs) whose purpose is to find out the effectiveness of an operation or procedure after a person has left hospital.

The way we record and report back on patient experience, particularly in relation to same-sex accommodation, is currently being developed within the Trust to ensure that we continue to improve the patient experience and to meet statutory requirements. During 2010/2011 we will be capturing patient and carer feedback in real time using the electronic tools we have purchased to collect this information.

Patient experience

Productive Ward

According to the NHS Institute for Innovation and Improvement, ward Nurses spend an average of 35% of their time on direct patient care.

The NHS Releasing Time to Care: Productive Ward programme helps ward staff to improve their performance by giving Nurses and therapists the authority to make changes to their physical environment and work processes which cut out waste and thus allow staff to invest more time in direct patient care.

Productive Ward training has been delivered to 360 clinical or ward-based Nurses, Ward Clerks, Clinical Support Workers and Matrons on all 54 wards across UHMBT. Productive Ward projects have included:

- Centralising and transferring ordering responsibilities for stationery,
- Designing safer processes to highlight empty oxygen cylinders,
- Adopting a new system of materials management across our three main hospitals, meaning that a nurse working in Furness General Hospital would have access to the same piece of equipment as a nurse working in Royal Lancaster Infirmary or Westmorland General Hospital,
- Refashioning clean utilities to accommodate smoother, safer processes for preparing intravenous medication,
- Using alternative approaches to the flow of patients between Medical Assessment Units and Emergency Departments,
- Introducing a new assessment area lounge at the medical assessment unit (MAU), Furness General Hospital,
- Creating new storage in labour rooms so that Midwives avoid having to leave women in labour.

“The team on the whole gave 100% care though they worked under a great deal of pressure”.

Patient comment, Inpatient survey 2009
GURU is an innovation in recording a series of ward-based measures or metrics to show how wards are performing against various aspects of service, for example, sickness absence, patient experience. The metrics are designed to help nurses to monitor the impact of Productive Ward initiatives on the time they spend providing direct patient care. GURU will promote improved performance across the trust and enable wards to measure the impact of the changes they make through Productive Ward and other innovations.

Since the implementation of GURU, compliance with essential data collection such as real time inputting of admissions, discharges, transfers and recording ethnicity has improved.
Performance

GURU is an innovation in recording a series of ward-based measures or metrics to show how wards are performing against various aspects of service, for example, sickness absence, patient experience. The metrics are designed to help nurses to monitor the impact of Productive Ward initiatives on the time they spend providing direct patient care.

GURU will promote improved performance across the trust and enable wards to measure the impact of the changes they make through Productive Ward and other innovations.

Since the implementation of GURU, compliance with essential data collection such as real time inputting of admissions, discharges, transfers and recording ethnicity has improved.

Patient Feedback

Throughout the implementation of Productive Ward, patient and staff surveys have been distributed. The Trust has developed an individual ward resource folder which collates feedback from patients, staff and senior manager visits. This resource is used to motivate ward staff to make improvements based on feedback from both staff and patients. Any changes made as a result are documented and kept as evidence on the ward.

Project Sustainability

The current project team will disband in June 2010. We have developed a sustainability plan to ensure improvements are not only sustained but continue to be developed on all wards.

In partnership with Preston College, UHMBT is supporting staff to gain accreditation to NVQ Level 2 in Business Improvement Techniques for the lean training provided during the Productive Ward project. Currently a pilot group is working with Preston College to further support, create and enhance existing improvement initiatives across UHMBT.

“The staff on trauma and orthopaedics very helpful when I phoned to change my address and telephone number. A credit to the hospital”. — Patient comment, Inpatient survey 2009
Our priorities for quality improvement – 2010/2011
Our priorities for quality improvement – 2010/2011

What information and feedback have we used to set our priorities for 2010/2011?

- Staff and patients via NHS surveys,
- Governors in focus groups,
- Members by questionnaire survey,
- NHS Choices, patient-reported outcomes, Matrons’ questionnaires,
- PCTs (our priorities have been cross referenced with the quality priorities of our commissioning PCTs and these appear in our contracts and Commissioning for Quality and Innovation (CQUIN) schemes for 2010/2011),
- Customer care – complaints and compliments,
- Local Involvement Networks (LINks) - local community groups questionnaires.

Emerging themes to help us to prioritise for 2010-2011

- Outpatient appointments cancelled at short notice,
- Records not available in clinics,
- Better information on discharge,
- Better information about care and treatment,
- Reducing the risk of patient falls,
- Reducing medicine prescribing errors,
- Reducing variation in standards of fundamental care e.g. pressure ulcers, nutrition.

“Q: What was good?
A: The front of house facilities-such as reception and being met and directed to specific clinics”.

Cumbria LINk member, Questionnaire, Furness General Hospital, March 2010
**Quality Improvements for 2010-2011**

**Safety**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Anticipated outcome</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication safety:</strong></td>
<td>• Number of reported incidents related to medicines will rise,</td>
<td>• Review incident reporting,</td>
</tr>
<tr>
<td>• Safe use of medicines,</td>
<td>• The level of risk will fall,</td>
<td>• Review staff knowledge about medicines safety.</td>
</tr>
<tr>
<td>• Learn from mistakes,</td>
<td>• Staff knowledge of medicines will increase.</td>
<td></td>
</tr>
<tr>
<td>• Improve reporting of incidents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physiological Observation Track and Trigger System (POTTS) and Early Warning Score (EWS):</strong></td>
<td>• Staff will understand and respond appropriately to the protocol,</td>
<td>• Weekly audit results to measure compliance with the POTTS chart,</td>
</tr>
<tr>
<td>• To increase staff recognition and response to an early deterioration in a patient's condition.</td>
<td>• Observations will be accurately recorded on the POTTS chart,</td>
<td>• Audit the number of cardiac arrest calls to switchboard,</td>
</tr>
<tr>
<td>• The monitoring plan will be completed appropriately,</td>
<td>• Protocols will be displayed in all clinical areas.</td>
<td>• Audit the number of patients readmitted to Intensive Therapy Unit.</td>
</tr>
<tr>
<td>• Protocols will be displayed in all clinical areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reducing inpatient falls:</strong></td>
<td>• Raise awareness amongst staff,</td>
<td>• Measurable reduction in number of falls using a monthly audit and assessment.</td>
</tr>
<tr>
<td>• Review patient footwear,</td>
<td>• Reduce number of falls by 20% minimum in pilot wards and spread good practice.</td>
<td></td>
</tr>
<tr>
<td>• Identify high-risk patients,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Member of regional group to reduce falls.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“Q: What was good? A: Sufficient time for meaningful discussion with consultant and radiologist, who explained treatments available, and indicated other sources of information”.

Lancashire LINk members, Questionnaire, Royal Lancaster Infirmary, March 2010
### Quality Improvements for 2010-2011

#### Effectiveness

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Anticipated outcome</th>
<th>Measure</th>
</tr>
</thead>
</table>
| **Discharge:**  
  • Improving patient discharge.  
  • All patients will have an expected date of discharge (EDD) as part of their care plan within 48 hours of admission,  
  • Improved written and printed information after discharge. | • Audit of EDD,  
• Improved experience reported by patients and carers. | |
| **The patient journey:**  
  • To reduce the number of hospital cancelled or rearranged outpatient clinics.  
  • Provide patients with sufficient notice of clinic appointment,  
  • Reduction in the number of hospital cancelled appointments. | Use of key indicators such as numbers of hospital cancelled appointments broken down by Division and speciality reported to Hospital Management team | |
Quality Improvements for 2010-2011
Patient Experience

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Anticipated outcome</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction of the Nursing Quality Assessment Tool (NQAT):</strong></td>
<td>• Areas of weakness will be identified,</td>
<td>• Continuous audit of all clinical areas</td>
</tr>
<tr>
<td>• Designed to support Nurses and Midwives to continually drive up standards of care and root out unacceptable variations in standards.</td>
<td>• Nursing staff will be given authority to take actions based on audit outcomes,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Centralise data into GURU,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify and eliminate unacceptable variations in fundamental care standards across the Trust,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To improve areas of care where patients rate their experience as average or below (national survey).</td>
<td></td>
</tr>
<tr>
<td><strong>Information prescriptions:</strong></td>
<td>• Better information delivery for patients and carers,</td>
<td>• Reduction in repeat consultation and readmittance,</td>
</tr>
<tr>
<td>• Developing information prescriptions to improve the patient experience.</td>
<td>• Improved patient experience,</td>
<td>• More patients taking the appropriate medicine(s) or treatments at the appropriate time.</td>
</tr>
<tr>
<td></td>
<td>• Partnership working,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Help individuals to access information so that they feel more able to participate fully in decisions about their care.</td>
<td></td>
</tr>
</tbody>
</table>

“The receptionist was very quick, pleasant and efficient”.
NHS Choices, Furness General Hospital, Patient, December 2009
Review of services
2009/2010
Between 1 April 2009 and 31 March 2010 UHMBT provided and / or sub-contracted the following NHS services:

**Treatment of disease or injury**

The Trust provides treatment for a disease, disorder or injury by or under the supervision of:

(a) a healthcare professional, or a multi-disciplinary team which includes a healthcare professional in the specialties / departments listed below:

<table>
<thead>
<tr>
<th>Emergency Department</th>
<th>Anaesthetics</th>
<th>Cardiac</th>
<th>Care of the elderly</th>
<th>Dermatology</th>
<th>Diabetes</th>
<th>Dietetics</th>
<th>Geriatric acute</th>
<th>GU medicine</th>
<th>ITU</th>
<th>Medicine</th>
<th>Nephrology</th>
<th>Neurosciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapy</td>
<td>Ophthalmology</td>
<td>Oncology</td>
<td>Paediatrics</td>
<td>Pharmacy</td>
<td>Physiotherapy</td>
<td>Rehabilitation</td>
<td>Respiratory medicine</td>
<td>Rheumatology</td>
<td>Special care babies</td>
<td>Speech therapy</td>
<td>Therapies</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Urology</td>
<td></td>
</tr>
</tbody>
</table>

**Surgical procedures**

The Trust undertakes surgical procedures (including all pre-operative and post-operative care associated with such procedures) carried out by a healthcare professional for:

(a) the purpose of treating disease, disorder or injury in the specialties / departments listed below:

<table>
<thead>
<tr>
<th>Anaesthetics</th>
<th>Orthopaedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>General surgery</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Theatres</td>
</tr>
<tr>
<td>Oral and maxillofacial</td>
<td>Vascular</td>
</tr>
</tbody>
</table>

**Diagnostic and screening procedures**

The Trust carries out diagnostic and screening procedures involving:

(b) a healthcare professional, or a multi-disciplinary team which includes a healthcare professional in the specialties / departments listed below:

<table>
<thead>
<tr>
<th>Haematology</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histology</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>Radiology</td>
</tr>
<tr>
<td>Medical microbiology</td>
<td>Theatres</td>
</tr>
</tbody>
</table>
Maternity and Midwifery services

The Trust provides Maternity and Midwifery services carried out by, or under the supervision of a healthcare professional.

Termination of pregnancies

Terminations of pregnancies are only offered by the Trust to women who require a termination for medical reasons such as fetal abnormality.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FGH</td>
</tr>
<tr>
<td>Treatment of disease or injury</td>
<td>✓</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>✓</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity and Midwifery services</td>
<td>✓</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td>✓</td>
</tr>
</tbody>
</table>

Income

The income generated by the NHS services reviewed in 2009/2010 represents 99 per cent of the total income generated from the provision of NHS services by the University Hospitals of Morecambe Bay NHS Trust for 2009/2010.

This figure represents the percentage of NHS clinical income and is based on the total income from activities shown in the Trust’s Annual Accounts for the year 2009/2010.

Quality of care

UHMBT has reviewed all the available data on the quality of care in all of the NHS services it provides.

“Q: What was good? A: Care, attention and explanation by staff.”

Public Member of the Trust, Quality Accounts Questionnaire, March 2010
Participation in clinical audits

During 2009/2010, 24 national clinical audits and four national confidential enquiries covered NHS services provided by UHMBT. During that period we participated in 24 out of 27 (88%) national clinical audits and in 100% of the national confidential enquiries.

We did not participate in the national diabetes audit but contributed to the national diabetes inpatient audit, the results of which were presented at the Diabetes UK conference. We did not participate in the national heart failure audit but we collect heart failure data for Advancing Quality. We also partially participate in the National Joint Registry.

The national clinical audits and national confidential enquiries that we participate in are as follows:

<table>
<thead>
<tr>
<th>Audits participated in 2009/10</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain in children</td>
<td>British Association for Emergency Medicine (BAEM)</td>
</tr>
<tr>
<td>Asthma in adults</td>
<td>BAEM</td>
</tr>
<tr>
<td>Fractured neck of femur</td>
<td>BAEM</td>
</tr>
<tr>
<td>Asthma</td>
<td>British Thoracic Society (BTS)</td>
</tr>
<tr>
<td>Audit of critical care</td>
<td>Intensive Care National Audit and Research Centre (ICNARC)</td>
</tr>
<tr>
<td>National Trauma Audit (UKTARN)</td>
<td>Healthcare Commission</td>
</tr>
<tr>
<td>Epilepsy in children</td>
<td>Royal College Paediatrics &amp; Child Health.</td>
</tr>
<tr>
<td>Sentinel stroke audit</td>
<td>Royal College of Physicians (RCP)</td>
</tr>
<tr>
<td>National audit of dementia</td>
<td>RCP; Royal College of Nursing (RCN); Royal College of General Practitioners (RCGP)</td>
</tr>
<tr>
<td>National comparative audit of blood transfusion</td>
<td>Blood &amp; Transplant NHS</td>
</tr>
<tr>
<td>Myocardial Ischaemia National Audit programme (MINAP)</td>
<td>RCP</td>
</tr>
<tr>
<td>National audit of continence care</td>
<td>RCP</td>
</tr>
<tr>
<td>National audit of falls and bone health</td>
<td>RCP</td>
</tr>
<tr>
<td>National lung cancer audit</td>
<td>RCP</td>
</tr>
<tr>
<td>Familial Hypercholesterolaemia</td>
<td>RCP</td>
</tr>
<tr>
<td>National inflammatory bowel syndrome audit</td>
<td>RCP</td>
</tr>
<tr>
<td>National elective surgery patient reported outcome measures (PROMS)</td>
<td>RCS &amp; Health Services Research</td>
</tr>
</tbody>
</table>
"People doing the procedures were kind and helpful. Everything was satisfactory and any phone enquiries I have made were dealt with well".

Patient comment, Outpatient survey 2009

### Participation in clinical audits continued

<table>
<thead>
<tr>
<th>Audits participated in 2009/10</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data for Head and Neck Oncology (DAHNO)</td>
<td>Care Quality commission (CQC)</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>Healthcare Quality Improvement Partnership (HQIP); Association of Coloproctology of Great Britain and Ireland (ACPGBI)</td>
</tr>
<tr>
<td>Oesophagogastric cancer audit</td>
<td>Oesophagogastric cancer audit Association of Upper Gastrointestinal Surgeons of Great Britain (AUGIS), British Society of Gastroenterology (BSG)</td>
</tr>
<tr>
<td>National mastectomy and breast reconstruction audit</td>
<td>NHS</td>
</tr>
<tr>
<td>Elective and emergency surgery in the elderly</td>
<td>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</td>
</tr>
<tr>
<td>Parenteral nutrition</td>
<td>NCEPOD</td>
</tr>
<tr>
<td>Peri-operative care</td>
<td>NCEPOD</td>
</tr>
<tr>
<td>Perinatal mortality</td>
<td>Confidential Enquiry into Maternal and Child Health (CEMACH)</td>
</tr>
<tr>
<td>Surgery in children</td>
<td>NCEPOD</td>
</tr>
<tr>
<td>National health promotion audit</td>
<td>Public Health</td>
</tr>
<tr>
<td>National hip fracture database</td>
<td>British Orthopaedic Association (BOA)</td>
</tr>
</tbody>
</table>
We reviewed over 266 local clinical audits in 2009/2010 via the bimonthly audit report which is submitted to the Board via the Clinical Audit and Effectiveness Sub-Committee.

The Trust intends to take the following actions to improve the quality of healthcare provided:

- Reports will continue to be presented to the clinical audit and effectiveness sub-committee,
- Any recommendations are taken forward by the relevant clinical team, supported by the associate medical directors and discussed within the division where relevant action plans are developed,
- Improvements may include a change to the patient pathway, a change in a policy or procedure and any necessary education and training as required.

In 2010/2011 the Trust will ensure that the audit programme reflects quality objectives in line with the Trust vision.

Participation in clinical research

The number of patients receiving NHS services provided (or sub-contracted) by UHMBT in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee was 373. A further nine studies involving 263 patients were carried out. This brings the number of patients involved in clinical research to 636.

CQUIN: Commissioning for Quality and Innovation Framework

A proportion of UHMBTs income between 1 April 2009 and 31 March 2010 was conditional on achieving quality improvement and innovation goals agreed between UHMBT and NHS Cumbria and NHS North Lancashire through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009-2010 and for the following 12 months are available on request from: trusthq@mbht.nhs.uk.

Care Quality Commission registration

UHMBT is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to registration. The Care Quality Commission has not taken enforcement action against the Trust during 2009-2010.

UHMBT is subject to periodic reviews by the Care Quality Commission; the last review was on 19 January 2010 (inspection of the prevention and control of infections). The CQC’s assessment of UHMBT following that review was “On inspection we found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.”

UHMBT has not participated in any special reviews or investigations by the CQC during the reporting period.
Data quality
NHS and General Medical Practice Code validity

UHMBT submitted records during 2009-10 to the Secondary Uses service 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:
- 99.5% for admitted patient care,
- 99.7% for outpatient care,
- 98.1% for accident and emergency care.

Which included the patient’s valid General Medical Practice Code was:
- 100% for admitted patient care,
- 100% for outpatient care,
- 100% for accident and emergency care.

Information Governance toolkit attainment levels:

The UHMBT score for 2009/2010 for information quality and records management, assessed using the Information Governance toolkit, was 80%.

Clinical coding error rate

UHMBT 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) was 7.3%.

“Q: What was good?
A: Courteous and friendly attitude of Reception staff, nurses and radiologist”.

Lancashire LINk members, Questionnaire, Royal Lancaster Infirmary, March 2010
Feedback

LINks (Local Involvement Networks), local OSCs (Overview and Scrutiny / Health and Wellbeing Scrutiny Committees) and commissioning PCTs (Primary Care Trusts)
As part of the assurance process of our Quality Account we are required to invite comment from the following organisations:

- Cumbria LINk - joint response received with Cumbria Health and Wellbeing Scrutiny Committee,
- Lancashire LINk - were unable to provide comments to Trusts within their area this year because of timescales involved,
- Cumbria Health and Wellbeing Scrutiny Committee - joint response with Cumbria LINk,
- Lancashire Health and Wellbeing Scrutiny Committee – were unable to provide a response this year because of timescales involved,
- NHS Cumbria – response received,
- NHS North Lancashire – response received.

We value the feedback provided by our assurance organisations and have acted upon their feedback and comments. A summary of the main feedback themes is overleaf. We will also be providing detailed responses to the organisations providing these comments.

Copies of the full statements are also included. Any page numbers quoted in the statements refer to the draft Quality Account.

“Q: What was good?
A: Not having to wait too long to see the doctor”.

Public Member of the Trust, Quality Accounts Questionnaire, March 2010
### Summary of feedback themes

| Context setting | **We were advised to include the following:**  
|                | Description of Quality Accounts  
|                | Hospitals, population and area covered by UHMBT  
|                | Quality Improvement Plan and Quality Boards |
| Language       | **We were asked to ensure that:**  
|                | Clear explanations of medical and technical terms were given  
|                | To explain abbreviations and acronyms  
|                | To use language and terms that are easy to understand |
| Patient views  | **We were asked to:**  
|                | Include more patient quotes  
|                | Consider the use of patient stories (for Quality Accounts 2010/2011)  
|                | Include more information on carers views in future years |
| Quality priority setting | **We were asked to provide:**  
|                | More detail on who was involved in setting quality improvement priorities  
|                | An explanation of how we work with Commissioning PCTs, CQUIN, Contracts, Quality Boards |
| Presentation of data and information | **We were asked to provide:**  
|                | Comparative trends  
|                | Clear explanations of graphs/data  
|                | More figures and data  
|                | More information on targets |
| Lessons Learnt | **We were asked to:**  
|                | Include untoward incidents  
|                | Include complaints  
|                | Provide explanations of lessons learned/actions taken from incidents, complaints, audits |
| Moving forward | **In developing future Quality Accounts, assurance organisations would like to see:**  
|                | Early stakeholder engagement  
|                | Quality Improvement Plan –working together during the year  
|                | In-year progress reports  
|                | Direct meetings |
Dear Jackie

Re Draft Quality Account 2009/10

Thank you for your letter dated 30 April 2010 and attached Draft Quality report. Members of the Cumbria Health and Well-being Scrutiny Committee met with members of Cumbria LINk on 21 May 2010 and this is a joint response:

1. We were conscious of national advice that Quality Accounts are public documents and that Tool-kit Department of Health guidance to NHS Trusts states that data should be accessible to all. Although the document’s print size is large and clear, we did not feel that the document as a whole was particularly user friendly or clear to the lay reader that is meant to be the primary audience. In particular:

   - Data could be better expressed in terms of trends and comparative data where available.
   - Better explanation is needed on what the two graphs mean on pages 7 and 8. Some comparison with other (regional) hospital’s performance might assist understanding.
   - Although ‘improvements achieved’ are listed on pages 12 and 13, it is less clear what targets were not achieved and so seems to lack balance.
   - Twice describing performance on page 13 as ‘just below the average performance in the North West’ is vague and would be better set out in a table with actual figures.
   - There are examples of use of clinical or professional language that could be simplified e.g. use of the phrase ‘ward based metrics’ on page 18 where ‘metrics’ is unexplained as a concept.
   - Some acronyms are not explained and you should give a full title at least once in the document e.g. ENT and VTE on page 6 and RLI, FGH and WGH on page 16. Others are explained e.g. AMI (acute myocardial infarction) but remain opaque to the lay reader. There is an assumption that MRSA and CDI are commonly understood terms which may not be the case.
   - Although a few patient quotes from surveys are given on page 16, we feel that other patient quotes e.g. at page 14, would assist in demonstrating patient involvement.

2. In general, it would be useful to have an explanation of what Quality Accounts are and the reason they are being produced (as set out in Department of Health guidance).

Members of both organisations hope that these comments will prove useful and look forward to receiving the finalised report. We welcome your offer to meet with representatives of both organisations to discuss Quality Accounts in detail and would suggest that it would help, in future, if an opportunity is given to comment at an earlier stage in the process on issues to be addressed in the draft Quality Account.

Yours sincerely

Paul Glazebrook
Health Scrutiny Manager
Our ref: JSC/JG/GAC
Direct Line: 01524 519201

Ms Jackie Holt
Director of Nursing and Modernisation
University Hospitals of Morecambe Bay NHS Trust
Westmorland General Hospital
Burton Road
Kendal
Cumbria LA9 7RG

10 June 2010

Dear Jackie

UHMB Quality Account – NHS North Lancashire Narrative

PCTs have a statutory duty to secure continuous improvement in the care that they commission.

We acknowledge that this is the first year that the Quality Account has been produced and recognise the work that has been undertaken to produce the document. Our involvement during this first year has been limited, but we are looking forward to working with the Trust throughout the coming year to develop the content of the 2010/2011 Quality Account.

Having taken reasonable steps to validate the information contained within the document, NHS North Lancashire can confirm that the University Hospital Morecambe Bay NHS Trust’s Quality Account for 2009/10 provides an accurate and fair representation of the quality of services described.

We were pleased to be consulted on the content of the draft document and make a number of comments and observations which have subsequently been included in the document.

The Trust has told us that it plans to develop the Quality Account and the information it contains so that it can increasingly provide patients and commissioners with a clear picture of the quality and effectiveness of the services provided.

The Trust has also told us that it plans to continue to develop the ways that patients’ and other stake-holders’ views can be captured so that, in future, those opinions and experiences will more strongly influence the quality improvement priorities.

Yours sincerely
Janet Soo-Chung CBE
Chief Executive

Supporting a healthier, better life
27th May 2010

Mr Tony Halsall
Chief Executive
University Hospitals of Morecambe Bay NHS Trust
Westmorland General Hospital
Burton Road
Kendal
Cumbria
LA9 7RG

Dear Mr Halsall

Your Trust’s Quality Accounts 2009/10

Thank you for submitting your Trust’s Quality Account information to the Lancashire LINk for comment.

In view of the relatively short time scale that the quality account process has allowed in its first year for responses from other bodies (such as the LINk), the LINk Board has agreed that the LINk will not be commenting on this year’s quality account submissions from its relevant NHS trusts.

However, I can assure you that the LINk intends to take part in the quality account process in future and is developing protocols for this.

Yours sincerely

Walter D Park MBE
Chair of Lancashire LINk
UMBHT QUALITY ACCOUNTS Comments from NHS Cumbria

Introduction

As part of the final, published Quality Accounts 2009/2010, the Trust is required to include comments from their partners including the PCT.

1. Do you feel the Quality Accounts 2009/2010 are written in a way that will be easy for patients, the wider public and partner organisations to understand?

The report is laid out according to the guidance and is clear and concise. It may be enhanced by some illustrations of a situation—e.g. with a patient story or example but this may be something to consider next year. The report is a good baseline for improvement.

2. Do you think the information provided on quality for 2009/2010 provides a balanced overview of significant events and achievements within University Hospitals of Morecambe Bay NHS Trust (UHMB) during 2009/2010?

Overall yes we do but one notable exception is that there is no mention of achieving and sustaining aggregate 18 weeks RTT Target. We feel this is worth including.

3. Do you agree with the priorities for quality improvement which have been defined for 2010/2011?

Yes and we like the use of the 3 Darzi sections this helps focus. We like the illustrations on p19 and the inclusion of developing systems for patient feedback. Can you please also include carers views in that section. You may also want to say something more about public perception and working with local communities.

In the patient safety section we would like to see an inclusion of and examples of how you are learning from incidents, complaints etc

Effectiveness – could there be more examples

P27 – where you have listed the audits could you please put in what you are doing with the results. We would recommend that a quality improvement
plan is included in the document with named responsibilities for delivery. This work should be monitored in the quality subgroup.

Patient pathways may be worth mentioning and the work across agencies and where this is challenging e.g. discharge.

4. Have we provided enough information about who we involve in deciding these priorities?

You may want to strengthen this relationship with commissioners and include the quality monitoring through the subgroup and more about your incentive programme via CQUIN and the fact that it is agreed across both North Lancs and ourselves and the new locality commissioning. As above re communities.

5. Is there anything else you would like to have seen detailed in the Quality Accounts document?

With the exception of the initiative for 2010/11 ‘to reduce the number of cancelled or re-arranged outpatient clinics’ and ‘records not available in clinics’, there is no other mention of the patient’s out-patient journey. ‘Patient Experience’ questionnaires and patient feedback has been centred around inpatient stays. Obtaining patients’ views on their outpatient journey may elicit further areas for improvement.

6. How can we improve the process of compiling our Quality Accounts for 2010/2011, particularly in terms of patient, public and partner involvement?

More engagement with stakeholders, workshops on quality which we will support, work in the quality subgroup, giving feedback in year re progress on quality setting expectations for patients.

7. Any other comments

Well done for this first account.

Signed:

Moira Angel
Associate Director Nursing and Quality

Dr Hugh Reeve
Lead GP, South Lakes Locality
**Alternative formats**

This document is also available in other formats such as large print and other languages; please contact us to request a copy.

**Your views / comments**

Your opinion matters. Please contact us to let us know what you think about our Quality Account, or any other aspect of our services.

You can contact us by:

Tel: 01539 716695  
Email: trusthq@mbht.nhs.uk  
Web: www.uhmb.nhs.uk

Or you can write to us at:

Trust HQ  
Westmorland General Hospital  
Burton Road  
Kendal  
LA9 7RG

We are working towards becoming a Foundation Trust (FT), which means you can get more involved in our future. By becoming an FT member, you will be helping us become a FT and the benefits that come with it, including spending our money how we wish and tailoring local services, which can only be better for patients and their families.

You can join by completing the application form, via the Trust’s website (www.uhmb.nhs.uk), by phoning 01539 716684 or picking up a leaflet, readily available at Furness General Hospital, Royal Lancaster Infirmary and Westmorland General Hospital.

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**No Smoking**

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites.

Giving up smoking is the best thing you can do for your health.

You can contact your local NHS Stop Smoking services on: 01524 845145 for NHS North Lancashire  
01900 324222 For NHS Cumbria