



Quality Accounts

2009/10



Quality report

As Chief Executive and Accounting Officer of Central Manchester University Hospitals NHS Foundation Trust to the best of my knowledge the information in the following quality report is accurate:

The Trust remains firmly committed to ensuring the highest levels of patient safety and clinical quality and this is reflected in our three operational priorities which are:

- PATIENT SAFETY AND CLINICAL QUALITY
- PATIENT AND STAFF EXPERIENCE
- PRODUCTIVITY AND EFFICIENCY

Being able to set targets and monitor the impact of what we do is a fundamental part of our quality strategy. In addition to the national clinical targets on which we have reported for some time we have a range of indicators covering the three domains of patient safety, clinical effectiveness and patient experience.

Performance against this enhanced range of indicators is reported through our Intelligent Board report to the Board on a regular basis, giving a more complete picture of our services. This year we have added several new indicators to that report continuing to strengthen our monitoring arrangements.

As reported last year we partake in the Strategic Health Authority Northwest Advancing Quality programme which routinely measures performance for a range of five clinical conditions:

- Acute myocardial infarction
- Coronary artery bypass grafting
- Hip and knee replacements
- Heart failure
- Community acquired pneumonia

We have presented some of our results on this programme later in this report.

We are very proud to have opened our new state-of-the-art healthcare and research facilities on the Oxford Road site this year. The facilities have been appreciated by all who use them and it is the culmination of many years of planning and hard work. These facilities provide an environment in which to deliver care that meets the requirements of the 21st century and provide greater privacy and dignity for patients. We look forward to the completion of the central boulevard which concludes the project in Autumn 2010.

The Quality Campaign launched in 2009/10 continues to go from strength to strength with a number of quality improvement projects being completed during the year. One example has been the introduction of 'Safety Huddles' across many of our wards and departments enabling staff to have dedicated time to the discussion of important safety issues for each shift period.

An area of continued success is Healthcare Acquired Infections. We recognise that this is a matter of great concern to both staff and the public. Good practice in relation to infection control is firmly embedded across the organisation and infection rates continue to decrease year on year.

During 2009/10 we have achieved national targets in infection control, emergency access, cancer waiting times, achieved the 18 weeks pathway and are compliant with all the core standards set by the Healthcare Commission. The Trust was registered with the Care Quality Commission without conditions.

In 2009/10 our top priorities for quality improvement were:

Hospital Mortality: A comprehensive programme of mortality review has been undertaken and themes emergent have been included in work programmes for 2010/11. These reviews have informed our work on areas such as clinical record keeping and improvements to End of Life Care.

Infection Control: We have continued our zero tolerance approach to MRSA bacteraemia acquisition and *Clostridium difficile* resulting in a year on year reduction and the Trust performing 'Best in Class' measured against peer Trusts.

Preventable Harm: We have worked hard to reduce harm from falls and high risk medications and this work continues this year with targets set for reduction as part of our Patient Safety work programme. Following a Falls Audit we have agreed a 10% reduction in level 4 and 5 falls incidents reported against a background of increased incident reporting. Similarly we have agreed reductions in medication errors i.e. 10% reduction for levels graded 1 to 3 and a 50% reduction for levels graded 4 and 5.

Stroke: In March 2009 we began a full review of our stroke service and introduced monthly monitoring to observe improvements and identify further work-streams. The National Stroke Sentinel Audit is undertaken every two years and benchmarks the performance of stroke services. Our composite score in 2008 was 59%. Our local audit result for March 2010, of 88%, represents a significant improvement to our previous score.

Urgent Care: During 2009/10 a significant focus was given to redesigning and improving urgent care pathways which has included:

- Dedicated in-patient consultant-led ward round at the weekends and Bank Holidays for all the Acute and Rehabilitation wards.
- The introduction of a new computer system to support the management and flow of patients within the Emergency Department.
- The temporary development of a short stay facility to manage the additional pressures traditionally associated with the winter months.
- A significant financial investment has been made to redevelop the physical infrastructure of the Medical Assessment Unit.

The urgent care access standard specifies that 98% of patients should be treated within four hours of arrival, in 2008/09 we achieved 97.51%, for 2009/10 our performance improved and we achieved 98.2%.

Patient Satisfaction: As part of the Quality Campaign we set an internal target to move from the bottom 20% to the top 20% in patient experience based on the national in-patient survey benchmarks. We targeted five areas all of which have demonstrated an improvement and which will remain a focus for next year, in addition we will be adding a further five indicators for 2010/11 from the in-patient survey in line with national reporting. Evidence from this year has shown that where there is a concentrated effort on a smaller number of indicators improvement can be demonstrated. We wish to continue with the work from 2009/10 because we believe we can improve further, the additional indicators will provide a much higher stretch target for the organisation.

QUALITY RESULTS AGAINST SELECTED METRICS

Definition	Patient safety	2007/08	2008/09	2009/10
Intelligent Board Report – Dr Foster (April to December 09) 2009/10 benchmark available October 2010	Hospital Standardised Mortality Ratio (HSMR)	116.9*	102.8*	94.4
Intelligent Board Report	Methicillin-Resistant Staphylococcus Aureus (MRSA)	21	17	8
Intelligent Board Report	C difficile	378	177	179
Intelligent Board Report	Falls	554	1116**	1553**
Intelligent Board Report (IBR)	Medication Errors	1271	1405**	1509**

* Updated to reflect the in year benchmarks

** This reflects our encouragement for staff to report all incidents and is not an indication of an increase in the number of incidents

Definition	Patient safety	2007/08	2008/09	2009/10
IBR - Sentinel audit (March 2010)	Stroke - time spent on Stroke ward	-	24.90%	58.5%
Full year - IBR – Surgical Division	Surgical Non Elective admissions - operated on within 24 hours	-	49.20%	61.9%
October 2009 - Year to Date	Primary Coronary Angioplasty - time to revascularisation less than 90 minutes	-	51.40%	47%
December 2009 – IBR	Fracture neck of femur - time to operation less than 48 hours	-	72%	76.64%

Definition	Patient safety	2007/08	2008/09	2009/10
Ward audit – In-patient Audit	Clean wards	n/a	85%	91.8%
Ward audit – In-patient Audit	Infection control	n/a	95%	95.2%
Ward audit – In-patient Audit	Hotel services	n/a	80%	81.0%
Ward audit – In-patient Audit	Communication	n/a	93%	95.7%
Ward audit – In-patient Audit	Nutrition	n/a	86%	90.9%
Ward audit – In-patient Audit	Experience of pain control	n/a	85%	90.8%
Ward audit – In-patient Audit	Privacy & Dignity	n/a	87%	92.4%
IBR (2008/09 based on locally arranged response) – April 09- August 09 ¹	Complaints replied within the time-frame agreed by the complainant (following initial response within 48 hours)	n/a	100% ¹	78%

Definition	Patient safety	2007/08	2008/09	2009/10
AQ (Advancing Quality) performance summary	Acute myocardial infarction (AMI) (Heart attack)	96.11%	97.02%	96.11%
AQ performance summary	Heart Failure	74.65%	74.65%	74.65%
AQ performance summary	Coronary artery bypass graft (CABG)	98.71%	98.71%	98.71%
AQ performance summary	Pneumonia	88.50%	82.11%	88.50%
AQ performance summary	Hip & Knee Surgery	94.37%	94.52%	94.37%

Blue figures mean that these are preliminary and are awaiting for the Audit Commission's evaluations to conclude.

Quality metrics were selected either through national requirements and through the results of ward audits, in-patient survey results and through the outputs of the Quality Campaign. In addition the Board had chosen a number of patient quality metrics through the Intelligent Board Reports.

PATIENT SURVEY

National targets and regulatory requirements

Definition	Indicator	2007/08	2008/09	2009/10	Target 2010/11
	Care Quality Commission core standards and national targets	22/22	24/24	24/24	22/24
Intelligent Board Report	C difficile	378	242	179	266
Intelligent Board Report	MRSA	21	17	8	26
2008/09 = Quarter 4 (2009/10 April 09-February 10)	Maximum wait 31 days from decision to treat to start of treatment extended to cover all cancer treatments	n/a	100%	99.9%	96%
(2008/09 = Quarter 4 (2009/10 April 09-February 10)	Maximum waiting time of 62 days from urgent referral to treatment for all cancers	n/a	88%	88.0%	85%
Intelligent Board Report (year end position – March 10)	18 weeks maximum wait from point of referral to treatment (admitted patients)	95%	91%	91.9%	90%
Intelligent Board Report (year end position – March 10)	18 weeks maximum wait from point of referral to treatment (non admitted patients)	97%	98%	97.6%	95%
QMAE – reported	Maximum waiting time of 4 hours in A&E from arrival to admissions, transfer or discharge	95%	97%	98.1%	98%
Intelligent Board Report	People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)	68%	n/a	n/a	68%
Intelligent Board Report	Maximum waiting time of two weeks from urgent GP referral to first out-patient appointment for all urgent suspect cancer referrals	100%	99%	94.2%	98%

PLANNING FOR 2010/11

We are aiming to improve quality across a wide range of areas in 2010/11, a number of these, and the reason for their inclusion in our programme of work are set out here:

Venous Thromboembolism VTE (blood clots): VTE is a national patient safety issue. We aim to improve the safety of all of our patients by ensuring that every patient, aged 18 years or over, admitted for care receives a comprehensive risk assessment and the appropriate preventative treatment.

We will monitor this work through our clinical effectiveness indicators and this will be reported at Board level.

Pressure sore prevention: The acquisition of a pressure sore is considered a serious complication for any patient and is reported as a clinical incident. We aim to have a zero tolerance approach to hospital acquired pressure sores and work closely with our community partners in their prevention.

We have put in place a series of education and training programmes including a care pathway that will trigger

appropriate clinical intervention and have established a performance management process to review all incidents with a target of reducing grade 4 hospital acquired pressure ulcers by 20%.

Recognising and responding to deterioration: The recognition and early appropriate response to the deteriorating patient is another nationally recognised safety issue. We will further develop our implementation programme of an electronic patient observation recording and alert system which will provide alerts to the appropriate doctors and nurses to provide a quicker response for patients whose condition shows signs of deteriorating. In addition we are also using a number of tools including mortality review and an analysis of every emergency bleep call to understand what further improvements can be made in this area.

The Mortality review process is overseen by the Medical Director and themes will be reported to the Board of Directors. The monitoring of emergency bleep calls and incidents related

to recognising patient deterioration are reviewed at a case review meeting on a weekly basis to establish what further improvements can be made to ensure staff have the skills and knowledge to manage acutely ill patients.

Patient experience: In addition to the five areas previously stated (food, cleanliness, pain, communication, privacy and dignity) we have listened to the concerns raised by patients in 2009/10. We have done this using a Patient Tracker system, a tool which enables us to ask patients, whilst they are in the hospital allowing for real time responses to concerns or issues raised. Also we have obtained their views on our services through the national In-patient Survey and through our Complaints and Patient Advocacy Liaison Service (PALS). We aim to further improve the experience of our patients by focussing on five key areas in line with the national CQUIN (Commissioning for Quality and Innovation) requirements:

The choice of questions incorporates the productive ward questions and CQUIN in-patient questions:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition and treatment?
- Did a member of staff tell you about medication side effects and what to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Patient experience metrics are received through a programme of Board level senior leadership walks in the hospitals and will be reported in the Intelligent Board Framework which is monitored at every Board meeting.

All Board members undertake monthly leadership walks throughout the year providing valuable feedback to staff as well as taking away issues of patient safety and patient experience that have not been resolved at ward or department level, examples of improvement have included:

- Faster response to small works
- Changes to the environment
- Feedback and subsequent changes to patient information and patient appointment letters.

Organ donation: We are participating in a national scheme to improve rates of organ donation. In doing this we seek to improve the chances of early treatment for all those members

of our local community who may require an organ transplant. We are aiming to improve rates of donation by 50% over the next two years.

Organ donation rates are now reported on a quarterly basis to the Organ Donation Committee, progress will be reported to the Clinical Effectiveness Committee, a sub-committee of the Board of Directors.

The Board of Directors of Central Manchester University Hospitals NHS Foundation Trust is assured that the priorities for quality improvement agreed by the Board are closely monitored through robust reporting mechanisms in each clinical division. Action plans are developed where performance becomes unsatisfactory and regular reports are received at the Board meetings and through the Board sub committees e.g. the Clinical Effectiveness Committee and the Risk Management Committee.

During 2009/10 the Trust provided and/or sub-contracted the provision of all services set out as Mandatory Services under the Terms of Authorisation.

The Central Manchester University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services. The information presented in the Intelligent Board Report covers a wide range of performance indicators for safety, clinical effectiveness, patient experience, performance and productivity and covers all services provided. This process enables all Board Members to drill down and interrogate data to a local level when the need arises.

Therefore all the services fundamentally involved in the generation of NHS service income in 2009/10 were subject to a review of quality data.

CLINICAL AUDITS

During 2009/10 24 national clinical audits and related national confidential enquiries covered NHS services that Central Manchester University Hospitals NHS Foundation Trust provides.

During 2009/10 Central Manchester University Hospitals NHS Foundation Trust participated in all (17, 100%) of the mandatory clinical audits and clinical data collection exercises for which it was eligible, as required by the Healthcare Quality Improvement Partnership (HQIP). In addition the Trust also participated in all (7, 100%) of the National Confidential Enquiries and Centre for Maternal and Child Enquiries relevant to its services.

The national clinical audits and national confidential enquiries that Central Manchester University Hospitals NHS Foundation Trust participate 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:

Clinical Audit/Clinical Quality Data Collection	✓/✗	Target	N	%
Cancer				
Lung Cancer (LUCADA)	✓	All applicable patients	184	40.7%
Bowel Cancer (NBOCAP)	✓	All applicable patients	135	90%
Oesophago-gastric (stomach) Cancer – clinical	✓	All applicable patients	129	81.6%
Mastectomy & Breast Reconstruction	N/A			
Head & Neck Cancer (DAHNO)	✓	All applicable patients <i>(undertaken by The Christie on our behalf)</i>	-	100%
Cardiac				
Adult cardiac interventions (e.g. angioplasty)	✓	All applicable patients	2,695	100%
Adult cardiac surgery	✓	All applicable patients	699	100%
Cardiac Ambulance Services	N/A			
Cardiac rhythm management (Pacing/Implantable Defibrillators)	✓	All applicable patients	251	100%
Heart failure	✓	All applicable patients	89	100%
Myocardial Ischaemia (MINAP)	✓	All applicable patients	807	100%
Congenital heart disease (children and adults)	✓	All applicable patients	152	100%
National Carotid Interventions Audit	✓	All applicable patients		100%
National Stroke Audit				
National Stroke Audit – Clinical	✓	60	62	104%
Children's ICU (Intensive Care Unit)				
Neonatal Intensive Care	✓	All applicable patients		100%
Picanet	✓	All applicable patients		100%
National Continence Audit				
Continence – Clinical Audit	✓	65+ Urinary - 25 Faecal - 15 18-64 Urinary - 25 Faecal - 15	31 7 37 13	124% 47% 148% 87%
National Paediatric Asthma Audit				
Paediatric Asthma	✓	20	41	205%
National Database				
National Hip Fracture Database	✓	All applicable patients	177	100%
NCEPOD (National Confidential Enquiry into Patient Outcome and Death) Studies				
Parenteral Nutrition	✓	29	6	21%
Elective and Emergency Surgery in the Elderly	✓	11	6	55%
Cosmetic Surgery	N/A			
Surgery in Children	✓			Data collection still in progress
Peri-Operative Care	✓			Data collection still in progress
CMACE (Centre for Maternal and Child Enquiries) Programme				
National Maternal and peri-natal mortality surveillance	✓	All applicable patients		100%
Maternal death enquiry	✓			100%
Obesity in Pregnancy	✓			100%



The Trust was eligible to participate in 24 national clinical audits and related clinical quality data collection programmes, such as national confidential enquiries, covering services it provides. It elected to participate in 24 (100%) of these. The full list of potential audits and those the Trust participated in are listed above.

In relation to the Trust's participation:

- The Trust participated in 100% of the national clinical audits for which it was eligible (Stroke, Paediatric Asthma, Continence). The remainder being data/benchmarking collection exercises.
- In the national audits for which a target figure was given 86% of data for all cases was submitted.
- In most cases it was possible to submit more than the 100% required.
- For patients with faecal incontinence where the target figure was not achieved this was due to difficulties in identifying patients with this problem.

The Trust undertakes a programme of local audit on clinical performance which is reported in a number of committees.

We undertake a comprehensive programme of clinical audit across the organisation. Each specialty is required to produce

an annual audit calendar which is based on national, local and speciality priorities for the year.

Performance against this plan is monitored on a quarterly basis and reports provided for review at the Trust Clinical Audit Committee. We have over 400 local Clinical Audits this year ongoing or completed for 2009/2010.

All audits are deemed incomplete until an action plan in response has been completed. This year a number of Trust wide audits have required the development of individual action plans for each area, examples of this are the Divisional action plans in response to the Record Keeping and Consent audits. Thus all audits are reviewed and actions completed to ensure improvement based on the audit outcome.

We are committed to improving the quality of patient care by responding to both local and national audits and reports. Specific examples of work planned include:

National Stroke Audit: A continued programme of work to ensure the service received by patients suffering from a stroke improves by implementing standard care bundles for those patients and ensuring performance against national standards is monitored on a regular basis.

National Hip Fracture Database: As well as contribution to the database the Trust has and continues to undertake a detailed programme of work in relation to patient falls. This has been overseen by a specialist team and includes investment in specialist beds and equipment and improvements to risk assessment based on local learning.

NCEPOD Acute Kidney Injury: Adding Insult to Injury: We have embarked on a detailed internal review. 500 sets of patient case notes are being examined based on the clinical standards recommended and a detailed action plan will be produced. In addition we have a focussed programme of work on recognising and responding to deterioration which includes investment in electronic monitoring equipment and a wide ranging training programme.

The Trust participates in the Patient Safety First Campaign and as part of this has implemented the Five Steps to Safer Surgery, Leadership Walk Rounds and participation in the Matching Michigan project.

Examples of other improvements include:

- An implementation programme, Trust-wide, of the World Health Organisation Safe Surgery Checklist.
- Implementation of a mandatory programme of Patient Safety Training for team leaders in the Trust in response

to the National Confidential Enquiry into Peri-operative Deaths (NCEPOD).

- Implementation of a higher level training programme on consent for all consultant medical staff.
- Increased referral to the Dietetic Services following implementation and audit of the nutritional screening tool.
- Review of major post partum haemorrhage in response to the Confidential Enquiry into Maternal and Child Health (CEMACH).

Each year national and local audit work is showcased at the Trust annual Clinical Audit and Risk Management Fair. This year the fair took place in November and over 100 poster presentations were made. Every year prizes are awarded to those posters presenting audit work which has significantly improved safety or quality of care, this year the prizes went to the following titles:

- A collaborative simulation education course pathway – the North West Deanery Tracheostomy Course.
- Blood transfusion: Promoting safety through working in partnership.
- What happens with MUST (Malnutrition Universal Screening Tool) nutrition screening scores?
- Rapid discharge guidelines for Central Manchester patients approaching their last few days of life who wish to die at home.
- Walking patients to theatre.
- Raising low awareness – a clinical audit.

RESEARCH AND INNOVATION

Commitment to research as a driver for improving the quality of care and patient experience.

We recognise the selfless contribution that patients make in enabling research to be undertaken, and this is reflected in our focus on the safety and quality of our research, through our research governance systems.

Research is integrated into our mainstream business systems and processes and is an essential part of our commitment to constantly improve the services that we offer to our patients. The Trust is designated as one of the National Institute for Health Research Biomedical Research Centres and works closely with its academic partner The University of Manchester.

Our research activity is conducted with a range of national and international academic partners and we work very closely

with industry to support the development and introduction of new therapeutics, devices and diagnostics for the NHS. Our research activity is described below:

The number of patients receiving NHS services provided or sub-contracted by us in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was **6,020**.

We exceeded our target, based on 2008/09 figures, aiming to achieve a 100% increase in recruitment by 2014. This increasing level of participation in clinical research from an already high baseline demonstrates our commitment to improving the quality of care we offer and making our contribution to wider health improvement, as stated in the Trust's mission statement.

We are conducting **680** clinical research studies, including 73 in the follow-up stages.

The Trust used national systems to manage the studies in proportion to risk. Of the 242 new studies given permission to start, **191 (79%)** were given permission by an authorised person less than 30 working days from receipt of a valid complete application.

100% of all appropriate studies were established and managed under national model agreements.

Over the period of 2009/10, **111** Research Passports were processed (67 Letters of Access and 44 Honorary Research Contracts).

In 2009/10 the National Institute for Health Research (NIHR) supported **151** of these studies through its research networks.

In the last three years of data collected from our researchers **2,340** publications have resulted from our research, helping to improve patient outcomes and experience across the NHS.

The Trust has a long term commitment to developing a culture of open innovation to improve the services that it provides for its patients and in its role as a teaching hospital, providing leadership in innovation for the healthcare community.

The Trust is host to the National Technology Adoption Centre, which it was contracted to establish to provide the NHS with practical advice on the adoption of high impact technology based innovations. The Centre is a national resource for the NHS operating from its Trust base and we benefit from its participation in the Centres adoption programme eg. the Oesophageal Doppler.

We have also worked closely with TrusTECH, the North West Regional Innovation Service, to develop and evaluate innovative products and services that will provide quality and efficiency benefits. Examples are:

- Patientrack which is an IT based alert system that has been trialled and shown to reduce mortality and length of stay for patients.
- MR VICTOR which is a tool developed by senior nurses to assist in assessment and management of the levels of infection in central venous catheters. This is being used successfully within the Trust and is being purchased for use in hospitals across the UK.

COMMISSIONING FOR QUALITY AND INNOVATION

A proportion of Trust income in 2009/10 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and the bodies entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN). The value of this was £2 million and subject to final reconciliation following Quarter 4 data the vast majority was achieved. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from Helen Ainsbury, Director of Informatics. Tel: 0161 276 4754.

WHAT OTHERS SAY ABOUT THE TRUST

Central Manchester University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered without conditions applied.

The Care Quality Commission has not taken enforcement action against Central Manchester University Hospitals NHS Foundation Trust during 2009/10.

Central Manchester University Hospitals NHS Foundation Trust is not subject to periodic review by the Care Quality Commission.

Central Manchester University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Trust declared compliance with all of the Core Standards as set out by the Healthcare Commission (now the Care Quality Commission).

From 1st April 2010 the Trust is registered with the Care Quality Commission against the 20 applicable standards without any conditions applied.

QUALITY OF DATA

In records submitted to the Secondary Uses System (SUS) for inclusion in Hospital Episode Statistics (HES), the percentage of records including the valid patient's NHS Number was:

In-patients – 97% Out-patients – 98.4% A&E – 87.4%

The Trust's error rate for clinical coding (for diagnosis and treatment coding), as reported by the Audit Commission in the latest Payment by Results (PbR) clinical coding audit, is:

Procedure – 7.05% Diagnosis – 11.2%

In records submitted to the Secondary Uses System (SUS) for inclusion in Hospital Episode Statistics (HES), the percentage of records including the valid patient's General Practitioner Registration Code was:

In-patients – 99.8% Out-patients – 99.8% A&E – 99.5%

The Trust's score for Information Quality and Records Management, assessed using the Information Governance Toolkit was:

In-patient – 90% Out-patient – 89% Waiting List – 86%

CLINICAL CODING

The Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 8.3% (national average 12.8%). The Healthcare Resource Group (HRG) error rate was 5.0% (national average 8.1%) These results should not be extrapolated further than the actual sample audited, which covered:

- i) General Surgery (specialty 100)
- ii) HRG Chapter CZ (Mouth, Head Neck and Ears Procedures and disorders)
- iii) HRG BZ06A Oculoplastics category 2: 19 years and over

SERVICE CONTRACTS

During 2009/10 the Central Manchester University Hospitals NHS Foundation Trust provided 97 NHS services, including sub-specialties.

Mike Deegan, Chief Executive

7th June 2010

NHS MANCHESTER

We welcome the opportunity to provide a statement for Central Manchester University Hospitals NHS Foundation Trust's first Quality Account. For this purpose, we have reviewed information available to us and also consulted with associated commissioners.

We have checked the accuracy of the information as far as we are able to and can confirm this.

We regularly review publically available information on the quality of our main provider hospitals (see <http://www.manchester.nhs.uk/aboutus/corporate/patientsafetyclinicalquality/quality%20of%20local%20health%20services.html>). This is of course limited in nature, but judged against this information, one may have expected to see more detail on, for example, the Trust's work in reducing in-hospital mortality. Similarly, any Never Events as defined by the National Patient Safety Agency might have been reported here.

Another area which has been a particular focus of attention within the Trust, as well as of our quality reviews of the Trust during the year is the care of stroke patients. The Trust is not meeting its vital signs target, and it is perhaps optimistic to state that 'significant improvements' were made in stroke care during 2009/10. However, work in this area is ongoing.

As commissioner, we have specified quality requirements in the contract with the Trust, including a second Commissioning for Quality and Innovation (CQUIN) scheme for 2010/11. These requirements are reviewed regularly, and any additional information, be it from Quality Accounts, audits, reviews, serious incidents, patient feedback or complaints, is taken into account also. The Trust

achieved the majority of its CQUIN goals for 2009/10, and for 2010/11 we have again endeavoured to support the Trust's quality initiatives, and cover some of the identified priorities in the areas of safety and patient experience. The new CQUIN scheme also covers other areas, including some which target the effectiveness of care for particular patient groups, e.g. the care of patients with stroke, diabetes, and chronic obstructive pulmonary disease.

Readers will probably want to know more detail about the comprehensive Quality Campaign the Trust is undertaking, as well as the detailed plans for 2010/11 and specifically, how related improvements will be demonstrated and reported publically next year. We thus welcome Quality Accounts as a tool for open reporting on quality priorities, and in addition aim to provide increasingly more information publically through our own PCT Board reporting.

Explanation of changes made to the Quality Report following feedback from NHS Manchester

The Trust welcomes the feedback from NHS Manchester, its lead commissioner of services. As a result of feed back we clarified the number of local audits undertaken which were confirmed as 400 and ensured that the information regarding the number of national audits and enquiries undertaken was easily interpreted. Further detail of actions taken following audit reports to improve the quality of healthcare was added. The composite score for stroke and the date were confirmed. We would add that significant improvements have been made during 2009/10 as confirmed by our performance against the Sentinel Stroke Audit indicators which are regularly monitored. Following feedback the timescales of targets were further clarified.

In view of the relatively short timescale that the quality account process has allowed in its first year for responses from other bodies (such as LINK), the LINK Steering Group has agreed that the LINK will not be commenting on this year's quality account submissions from its relevant NHS trusts.

Chair, Manchester LINK

Thank you for the opportunity to comment on your Quality Accounts. On this occasion, the Health and Wellbeing Overview and Scrutiny Committee is not able to provide a detailed statement on the Quality Accounts due to the limited time we have available. We have made representations to Monitor about the timetable for Quality Accounts and to ask them to take account of election purdah periods to allow sufficient time for the Committee to comment in the future.

At its meeting on 24th June 2010, the Committee reviewed the commentary provided by NHS Manchester and we support the comments contained within that statement about the quality of the service provided by CMFT and the accuracy of the data.

The Committee looks forward to doing a detailed piece of work around how commissioners and providers ensure the quality of services for Manchester residents in preparation for next year's Quality Accounts.

Councillor Susan Cooley, Chair of the Health and Wellbeing Overview and Scrutiny Committee, Manchester City Council

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The Quality Report presents a balanced picture of the foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations – published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have been complied with the above requirements in preparing the Quality Report.

By order of the Board

Peter W Mount, Chairman 7th June 2010

Mike Deegan, Chief Executive 7th June 2010



WE WOULD LIKE TO THANK EVERYONE WHO HAS CONTRIBUTED TO PRODUCING THIS QUALITY ACCOUNT.

For further information contact:

Director of Corporate Services • Telephone: 0161 276 6262

For further information about the organisation visit our website:

www.cmft.nhs.uk

