Quality Account
2009 - 2010
Contents

2. Chief Executive’s Foreword
3. Accounting for Quality
4. Statement on Quality from the Chief Executive
7. Looking Forward, Priorities for Improvement 2010/11
9. Priorities already agreed for 2009/10
10. Priorities for Improvement 2010/11 Key Objectives
18. Monitoring Progress
19. Looking Back – Statement of Assurance from the Board
27. Looking Back – How we listened and learned
29. Goals agreed with Commissioners
30. Looking Back – Review of performance against last year’s targets
33. 2009/10 Quality Indicators
34. Stakeholder Comments
38. Appendix One – Clinical Audit
43. Contact Details for Further Information
In this our second Quality Account, we report on the priorities we have established for improving quality in the financial year April 2010 to March 2011 (Looking forward) and report on our achievement against the priorities we set for the year from 1st April 2009 to 31st March 2010 (Looking Back).

The Board has made quality its key priority and this is reflected in the 7 strategic objectives set out in the Trust’s Integrated Business Plan – a plan not just focused on achieving key targets, but on delivering high standards of care to our patients.

Much progress has been made in improving the experiences of our patients over the last year, including the provision of single sex accommodation, continued reductions in rates of MRSA and Clostridium Difficile and the achievement of a range of national quality targets.

This year has also seen the centralisation of acute services onto the Watford site and the successful commissioning of a purpose built Acute Admissions Unit.

Sir David Nicholson, Chief Executive of the NHS, visited the unit in January 2010 and was very impressed, commenting that “Most of the good practices that I see demonstrated up and down the country in different places can be found here at Watford General. Patients get a top drawer service.”

The Trust has more to do and is developing a Quality Strategy as a means to consolidate and further strengthen the many improvement initiatives already in place and taking effect. This is part of an overall commitment to embedding a strong culture of continuous quality improvement. We will work closely with all our staff and stakeholders to go further, faster, in pursuit of quality.
From 1 April 2010, all providers of NHS Healthcare services have to publish a Quality Account about the quality of services they provide. Quality Accounts are intended to make NHS organisations more accountable for the quality of care they provide and should help patients and other stakeholders to understand:

- What the provider is doing well
- Where improvements in service quality are required
- What the priorities for improvements are for the coming year
- How the provider has involved service users, staff and others with an interest in the organisation to determine the priorities for improvement.

Our Quality Account demonstrates the Trust’s commitment to quality as its overarching aim, it takes into account the views of our local community and it reflects the commitment of our Board and all our staff to continuous quality improvement.

**Defining Quality**

“High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect.” (Lord Darzi, 2008)

These words reflect the aspirations for the health care delivered by West Hertfordshire Hospitals NHS Trust. The Trust has adopted Lord Darzi’s dimensions of quality, which provide the 3 key themes against which we will account for the quality of our services:

- Safety – maintaining save standards of care and reducing the likelihood of harm
- Effectiveness – evaluating and continuously improving the clinical outcomes of the services we provide; and
- Experience - ensuring that, from a patient’s perspective, we continually review and improve the way we deliver care to the local population we serve.
In its Integrated Business Plan 2010 to 2015, West Hertfordshire Hospitals NHS Trust has outlined 7 strategic objectives that seek to deliver consistent excellence across a range of care, year in, year out:

1. Provide safe patient care
2. Improve outcomes and quality of care
3. Improve the patient experience
4. Sustain and improve performance
5. Be financially sound
6. Work in active partnership
7. Attract, retain and motivate an appropriately trained workforce

All of these objectives can be linked directly to patient care and reflect the Trust’s commitment to quality as its number one priority.

Throughout 2009/10 we have continued to develop our services, including a reconfiguration of services to achieve improvements to the care given to patients attending as acute admissions. We have made great strides in combating and indeed preventing the incidence of hospital acquired infection and have achieved most of the National Performance Targets, only narrowly missing the achievement of ensuring that 98% of our patients wait no longer than 4 hours to receive appropriate treatment.

The 2007 patients’ survey was very disappointing, showing some of the lowest patient satisfaction ratios in England. Immediately we received the 2007 results I established a high level Patient Survey Steering Group to address the issues raised. This group has overseen a wide-ranging programme of improvements in all aspects of the patient experience. The Group, which includes the Director of Nursing and other senior clinical staff, continues to monitor and direct progress on a monthly basis.

One of the things we developed was a Trust Pledge to our patients – it was launched on 1st September 2008 and I am pleased to report that the commitments set out in the Pledge have made a huge difference to the organisation’s culture and the attitude of all staff towards our patients.
The 2008 patient survey showed major improvements across the Board and the 2009 survey (published in May 2010) demonstrated sustained and continued improvement. For example, in 2008, patients rated us worse than average in 25 out of 75 questions; in 2009 this had shrunk to only 4.

In late 2008, the Trust introduced 48 hour follow up calls to patients following their discharge to check if they had any outstanding problems or queries post discharge. Information gained from these calls is fed back to wards to enable them to take the steps necessary to deal with any general problem identified. We also now run our own patient surveys and place comment boxes in key areas of the Trust and encourage patients and visitors to provide immediate feedback.

Actions taken in response to concerns raised are monitored closely and progress reports are posted onto listening boards to ensure learning and awareness is shared as widely as possible.

The Trust’s maternity services have made significant progress in addressing problems identified following the Healthcare Commission’s national review of maternity services in 2007 and have met the requirements set out in the Department of Health’s Maternity Matters. In January 2010 the unit received a visit from the Chief Nurse for East of England who expressed her satisfaction that the unit demonstrated high standards of care for patients. In February the service was awarded CNST Level 2 with an almost perfect score and high praise from the Assessors.

In October 2009 the Care Quality Commission rated the Trust as ‘fair’ for quality of services. Following the enactment of the Health and Social Care Act 2008, health Trusts are now being assessed for compliance with the Essential Standards of Quality and Safety, which form the basis of the new system of registration with the Care Quality Commission. Registration requires that the Trust can demonstrate it is meeting the Essential Standards of Quality and Safety on an ongoing basis, rather than via an annual assessment process. This replaces the Core Standards Assessment, which the Care Quality Commission used, together with ratings on two additional sets of standards relating to quality. On these two sets of standards the Trust has improved compared to 2008/9, scoring the equivalent of a ‘good’ rating. I am pleased to report that in April 2010 the Trust was registered, without conditions, with the Care Quality Commission.

The new registration system brings new challenges in demonstrating the quality of our services. The old assessment system was very much focused on systems and processes and we have worked hard to develop robust systems of clinical governance. However, under registration,
it will be for the Trust to demonstrate it has achieved good outcomes for patients, both in their experience of being cared for, as well as for the quality of the treatment they have received.

As I have outlined briefly above, we believe we have made very good progress in focusing on our patients’ experiences, particularly through gaining information directly from them about our services. However we need to further develop our approach, to ensure our system of quality assurance focuses on outcomes. This is why we have identified this as our fourth priority for improvement.

We believe our progress in improving the quality of our services in 2009/10 provides a solid foundation for us to move forward over the coming year. We will strive to maintain performance in those areas where we are doing well, and will address those areas that we have identified as requiring further improvement.

Jan Filochowski, Chief Executive
In agreeing our priorities for improvement we consulted with people both inside and outside the Trust in reviewing what the key issues are. We talked to patients, including sharing ideas with our Patient Panel. We talked to the Primary Care Trusts who buy our services on behalf of local people. We talked to the local Conclave, representing GPs who refer our patients. We talked to staff; we shared our ideas with the Local Involvement Network and with the Hertfordshire Overview and Scrutiny Committee.

We also used many internal mechanisms for identifying priorities for improvement. These include themes and trends emerging from incident reports submitted by staff, through issues identified through clinical audit and service review. They also include findings from the Trust’s local patient surveys, including the recently introduced Patient Experience Trackers. We also receive feedback through formal complaints and through informal feedback and referrals through our Patient Advice and Liaison Service (PALS).

Following this process we agreed the following priorities for improvement in 2010/11:

1. Enhancing the patient experience
2. Advancing Patient Safety
3. Promoting Clinical Effectiveness
4. Further developing the Trust’s Quality Management System

**Priority 1: To enhance the patient experience**

**Why we chose this priority**

The National Patient Surveys for 2007 - 2009 and the National Outpatients’ Survey in 2009 have indicated that our patients continue to have concerns about their experience with us. We want to address these in order to ensure that all our patients receive a positive experience when being treated at the Trust. We especially want to ensure that patients are treated with dignity, respect and compassion, no matter how busy we are or how challenging our targets.
**Priority 2: To advance patient safety**

*Why we chose this priority*

Our consultations tell us that patients want to be treated in a safe, clean environment in which the risk of hospital-acquired infections is minimised. Patients are concerned to ensure we act on learning from incidents. Whilst this Trust has one of the lowest standardised mortality rates in the country (a measure of safety related to the number of deaths that would be expected with our patient case mix) we recognise that patient safety is achieved by ensuring safe, sustainable practices that minimise the likelihood of preventable harm. The Trust is further developing its systems to ensure, through robust root cause analysis that all serious patient safety incidents are properly understood and that actions are taken to ensure, as far as possible, such harm incidents are eliminated.

The Trust is participating in Wave 6 of the **Leading Improvements in Patient Safety Initiative** delivered by the NHS Institute for Innovation and Learning, which will assist us in strengthening our patient safety governance structure, which will underpin our safer care programme.

**Priority 3: To promote clinical effectiveness**

*Why we chose this priority*

The Trust recognises the importance of maintaining and measuring national quality standards. Many of these are linked to national targets, and it is important to the Trust that it is meeting these standards of care. Quality standards are a key component of the Trust’s contract with its commissioning Primary Care Trusts, which purchase services on behalf of the community. The Trust’s Clinical Effectiveness programme includes ensuring the implementation of NICE guidance and interventions and ensuring the robust and timely implementation of patient safety alerts.

**Priority 4: To further develop the Trust’s Quality Management System**

*Why we chose this priority*

The Trust has systems in place to review and act upon issues that impact on the quality of care our patients receive. However, it is in the process of further refining these systems in light of the broader assurance challenge presented by the new system of regulation with the Care Quality Commission. The Trust recognises that too much bureaucracy can reduce value to patients and it wants to establish a system of
achieving continuous quality improvement through integrated governance systems, clear lines of accountability and robust performance management to deliver internal assurance and external confidence.

As also indicated in the Chief Executive’s statement on quality, the Trust’s compliance with essential standards does not just depend on having systems and processes in place. It depends on these systems and processes being consistently observed by staff in order to ensure the best possible experience for patients and of course, the best possible outcomes. We will do more to develop our processes for measuring outcomes for patients, not just through quantitative data but also through obtaining robust qualitative information on how our patients experience their care and whether the outcomes have met their clinical needs.

The Trust’s priorities were selected, as indicated, through consultation with staff, patients and key stakeholders. However these are not the only indicators for the quality of care provided by West Hertfordshire Hospitals NHS Trust:

- The Trust must meet the quality targets established through its contract with the Primary Care Trusts that purchase services on behalf of patients. Achievement of some of these quality targets attract specific contractual payments and are known as CQUIN targets – this year’s achievement against targets are set out on page 29.

- The Trust Board agreed the targets we set for 2009/10 in July 2009. The 2010/11 targets form part of our 2010/11 contract.

- In September 2009 the Trust Board approved a specific set of nursing and midwifery targets, which are intended to inform and drive safe, effective and compassionate nursing and midwifery care. These are in the process of being reviewed against the Trust’s quality targets for 2010/11.
**Priority 1  Enhance the patient experience**

**Objective One:** Reduce the incidence of cancelled appointments

- Reduce incidence of general cancelled operations by 10% of the baseline set at Q1 (2010/11)
- Ensure that no more than 0.8% of operations per month are cancelled on day of admission
- Reduce the incidence of cancelled outpatient appointments by 10% of the baseline set at Q1 (2010/11)

**Objective Two:** Achieve consistent performance of more than 98% achievement of target for waiting times in the Acute Admissions Unit.

**Objective Three:** From the 2009/10 baselines, demonstrate a reduction in the number of complaints relating to:

- Communication
- Privacy and Dignity
- Information about care

**Objective Four:** From the 2009 baseline of the National Outpatients’ Survey, identify a year on year improvement in satisfaction scores in 5 key areas:

- Understanding of treatment plan and supporting information
- Communication between clinician and patient
- Environment
- Experience of patients whilst waiting for their appointment
- Ease of way finding and assistance given on arrival
Objective Five: From the 2009 baseline of the National Inpatient Survey, identify a year on year improvement in satisfaction scores for 5 key questions:

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

Objective Six: Improvements in care at the end of life – this work stream will be undertaken in partnership with NHS Hertfordshire

- Establish an accurate mechanism to record the use of integrated care pathways
- Monitor the Trust’s actions to support the wishes of patients about their care at the end of life
- Promote the use of the Liverpool Care Pathway

Objective Seven: Reduce unnecessary follow up appointments

- Achieve a new to follow up ratio of less than 1:1.7 appointments (excluding maternity follow up appointments)
Priority 2  Advancing Patient Safety

Objective One:  Sustain the reductions achieved in hospital-acquired infections

Ensure the achievement of stretch targets for:

- MRSA
- Clostridium Difficile
- Reduce incidence of avoidable surgical site infections of the large bowel and Surgical Joint Prostheses (Hip and Knee)
- Consistent implementation of Surgical Site Infection Care Bundle

Monitored by Infection Control Committee and reported to Clinical Quality Committee

Objective Two:  Maintain low levels of peri-natal mortality

Objective Three:  Eliminate transfers out of the Intensive Care Unit between 10.00 pm to 8.00 am

- Improve needs-based transfers to step down care

Objective Four:  Ensure we are meeting our Duty of Care to Safeguard Vulnerable Adults and Children

- Ensure all staff attend mandatory training and updating to a level relevant to their role
- Maintain quarterly audits of Safeguarding Policies and Procedures
- Ensure learning from National Safeguarding Reports and Serious Case Reviews
- Monitor safeguarding incidents via Safeguarding Adults and Safeguarding Children’s Committees and reporting to Clinical Quality Committee.
Objective Five: Reduce the incidence of cardiac arrests in hospital

- Ensure action is taken on observations through use of Medical Early Warning System
- Audit all cardiac arrests
- Ensure the Trust participates in the National Cardiac Arrest Audit to inform benchmark review
- Monitoring through Resuscitation Group

Objective Six: From a 2009/10 baseline, reduce the number of medication incidents that resulted in patient harm (also a Leading Improvement in Patient Safety target)

- Audit adherence to Medicines Management Policy
- Ensure implementation on time of all Medication Safety Alerts
- Ensure full reporting of medication incidents
- Improve thematic review of medication incidents and feedback
- Increase doctors’ reporting of medication incidents
- Ensure monthly audits
- Improve discharge communication in relation to medicines
- Decrease incidents of medicines not given

Objective Seven: Continue to reduce readmission rates following an operation

Objective Eight: Ensure safe transfusion practices for patients according to the Blood Safety and Quality Regulations (2005/50 & 2005/1098) and National Recommendations

- Monitor Serious Hazards of Transfusion (SHOT) by the Transfusion Committee and report to the Clinical Quality Committee
- Ensure legal compliance in reporting Serious Adverse Blood Reactions & Events (SABRE) to the Medicines & Healthcare Products Regulatory Agency (MHRA)
- Aim for 100% legal compliance with traceability mandates of blood and blood products, in accordance with EU Directive 2002/98/EC
Objective Eight/cont:
- Ensure well trained and competent staff
- Reduce blood sampling errors
- Aim for only urgent transfusions at night

Objective Nine: Reduce the incidence of avoidable patient falls

Achieve a 10% reduction in severity of harm* caused to patients as a result of a fall in hospital based on 2009/10 data:

By ensuring:
- Robust reporting
- Improved risk assessment and documentation
- Being Open with Patients and their relatives/carers
- Monitoring by a Trust wide Management and Prevention of Falls Group and reported to Clinical Quality Committee

*Harm as measured by (i) extended length of stay (ii) sustained fracture or head wound (iii) deterioration linked to fall

Objective Ten: Reduce the incidence of avoidable post-operative venous-thromboembolism (VTE)

By ensuring:
- 100% of adults being admitted receive a VTE risk assessment on admission (This is a CQUIN target also)
- Robust recording of assessments
- Root Cause Analysis of all hospital acquired VTE

Monitoring by Thromboembolism and Anticoagulation Group (TAG) and reporting to Clinical Quality Committee
Objective Eleven: Reduce, by 50%, the incidence of avoidable hospital acquired pressure ulcers (Also a Leading Improvements in Patient Safety target and a CQUIN target)

By ensuring:

- Robust reporting
- Improved risk assessment, care planning and documentation
- Improved access to prevention devices following risk assessment
- All grades 3 and 4 pressure ulcers being subject to Root Cause Analysis

Monitored by Nursing and Midwifery Strategy Group and reported to Clinical Quality Committee

Objective Twelve: Maintain standardised mortality rates* below peer, in all specialties

By ensuring:

- Enhanced scrutiny of performance by specialty, using CHKS data
- Analysis of mortality within 30 days of specific procedures
- Reduce deaths in hospital within 30 days following emergency admission with Fractured Neck of Femur
- Review of all deaths during or within 48 hours of a surgical procedure

* A measure of safety related to the number of deaths that would be expected with our patient case mix (weighted measure of type or mix of patients treated by a hospital taking into account the severity of illness and complexity and risk of treatments delivered)
Priority Three: To promote clinically effective practice

Objective One: Increase Trust participation in national Clinical Audits to 75%
Objective Two: Reduce waits for procedures/operations
Objective Three: Reduce medical re-admissions within 28 days of discharge
Objective Four: Reduce the number of Level 3 (ventilated patients) being treated outside the critical care unit
Objective Five: Increase the percentage of discharges from the PMOK and AAU at weekends.
Objective Six: Improve the management of sickness absence and set and sustain or surpass a staff sickness absence target of no more than 4% from December 2010 by:
  - Focused sickness absence training for Managers
  - Sickness absence will be reviewed in Divisional Performance meetings
  - Focused training for new managers and managers reporting higher than target rates of sickness absence
  - Focused sickness absence management strategy for staff with persistently higher than target sickness absence rates
  - Review occupational health input into sickness absence management programme
  - Fast track management strategies for specific conditions: Musculo-skeletal conditions, stress related conditions

Priority Four: To further develop the Trust’s Quality Assurance System

Objective One: Ensure robust systems are in place to ensure thorough investigation and learning from Serious Untoward Incidents.
Objective Two: Ensure risk registers are updated and risk reviews over deadline are reduced by 10% from 2009/10 average baselines
Objective Three: Ensure Quality Reports are linked to the Board Assurance Framework
Objective Four: Further develop use of Patient Experience Trackers and other feedback tools to identify areas for improvement and to provide assurance that essential standards are being met.

Objective Five: Improve use of data from complaints, incidents, litigation and PALS referrals in identifying and prioritising areas for improvement relating to quality, safety and patient experience.

Objective Six: Increase participation in clinical governance programmes.
How we will monitor progress

Four clinical divisions deliver our clinical services:
- Clinical Support
- Medicine
- Surgery
- Women’s and Children’s

A Divisional Director heads each division. They are accountable to the Director of Delivery and the Director of Patient Safety (the Medical Director), monitors the quality of each Division’s clinical services.

Quality of services is monitored by various executive committees and through regular performance management processes:

Key Targets and Priorities are monitored by the Executive Delivery Service Group, Chaired by the Chief Executive

The Director of Patient Safety, the Medical Director, monitors qualitative Outcomes through the Business and Divisional Integrated Standards Executives.

The Board receives a report at each meeting on the Trust’s performance, which includes performance against key quality targets.

External Review:

On a quarterly basis we will review our progress in implementing our Quality Account priorities with our local PCT, Local Involvement Network, and local authority Overview and Scrutiny Committee.
During 1 April 2009 to 31 March 2010 West Hertfordshire Hospitals NHS Trust provided 43 different services and has reviewed the data available to them on the quality of care in these services.

The income generated by these services represents nearly 90% of the total income generated from the provision of NHS services by the West Hertfordshire Hospitals NHS Trust for 1st April 2009 to 31 March 2010.

The Trust has undertaken an initial review of the quality of care in all of its services and for the coming year will undertake a more in-depth analysis in line with the refined assurance processes required to maintain compliance with the Essential Standards of Safety and Quality set down by the Care Quality Commission.

Clinical Audit is one way in which the Trust monitors the quality of its services. Clinical Audit is a process that involves looking at the detail of care provided to actual patients treated by the Trust, and their outcomes, and comparing them with best practice outcomes locally and, in the case of national clinical audits, across the NHS.

38 national audits and 1 National Confidential Enquiry were undertaken during the reporting period 2009/10, which covered services that West Hertfordshire Hospitals NHS Trust provides. Of these, the Trust participated in 50% of national audits for which it was eligible to participate in and included the provision of data for the National Confidential Enquiry and the National Perioperative Case Study, achieving 100% participation.

The national clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust was eligible to participate in during 1st April 2009 to 31st March 2010 are detailed in Appendix One.

During 1st April 2009 to 31st March 2010 the West Hertfordshire Hospitals NHS Trust reviewed the reports of 7 national clinical audits and the Trust intends to take actions to improve the quality of healthcare provided.
West Hertfordshire Hospitals NHS Trust is in the process of improving its processes for monitoring the recommendations of National Audits and Confidential Enquiries for 2010/11 by ensuring:

- All published reports are easily accessible on the Clinical Audit intranet site.
- All recommendations are added to the Corporate Monitoring Template and monitored by the Clinical Audit Strategy Group.
- Divisional participation in national audits will be reviewed via the Business Integrated Standards Executive.

Examples of outcomes reported:

**Cardiac Ambulance Services (link to MINAP) undertaken by the Cardiology department, Division of Medicine.**
The findings have been reviewed and a report is awaited.

**Audit of the Blood Collection Process undertaken by the Haematology department:**
All staff are informed about the Blood Transfusion Policy and reminded at training that only staff who have been trained should undertake this procedure.

**National Diabetes Audit**
Patients were asked to identify a word that described how they felt about their diabetes care during their inpatient stay. Patients in Watford, Hemel Hempstead and St Albans Hospitals responded, with 69% identifying a positive experience.

**Cardiac Rhythm Management (pacing/implantable defibrillators) undertaken by the Cardiology Department of the Division of Medicine**
National audits demonstrate we were the highest implanting hospital in the UK in 2007 (for brady pacemakers) and in the top 3 in 2008, and have reasonable implant rates for CRT and ICDs. The Trust has been recognised as a beacon of good practice.

**Heart Failure Audit undertaken by the department of Cardiology, Division of Medicine**
The 2009 report demonstrated how important it is for Cardiology to be involved in care of patients with Heart Failure. Involvement improved outcomes for patients and was associated with better optimisation of drug therapy, especially with Beta Blockers.
During 1st April 2009 to 31st March 2010 West Hertfordshire Hospitals NHS Trust reviewed the reports of 27 clinical audits and the Trust is taking the following actions to improve the quality of healthcare provided:

West Hertfordshire Hospitals NHS Trust will further improve its processes for monitoring the recommendations of local Clinical Audits for 2010/11 by ensuring:

- All specialties develop a prioritised Clinical Audit forward programme, including planning for national clinical audits.
- The Clinical Audit Strategy Group will review implementation of actions resulting from the findings of clinical audit.

Findings and actions arising from local clinical audits include:

**Enhanced Recovery Audit (Colorectal)**
The audit was undertaken as a baseline following changes to the patient pathway for care in bowel surgery. Annual competencies of the pre-operative assessment nursing team should be maintained to sustain current levels of achievement. An annual review of the Pre Operative Assessment Protocol should continue in order to address identified key areas to maintain current levels of enhanced recovery.

**Arthroscopy Audit**
The audit demonstrated improvement to admissions for day surgery for arthroscopy since the 2008 audit, the majority of patients being identified for admission at time of outpatient appointment.

**Drug Storage Audit**
This audit found there was lack of full assurance about compliance with the Medicines Management Policy. All clinical areas have developed action plans and the findings will be discussed at the Clinical Practice Forum in order to identify any further action cross Trust.

**Medicines Reconciliation Audit**
The audits identified variances between medications patients were taking before admission and those prescribed for them. The design of the inpatient drug chart was reviewed to include a space for prescribers to print their full name and contact details to improve identification of prescribers. The Medicines Management Policy has been updated and the Pharmacy updated their list of prescribers to ensure they have copies of all signatures and initials for prescribers currently working in the Trust.
In Patient and DVT Clinic Anticoagulation Audits, January 2009

The Audit recommended a baseline INR should be included in the Trust’s Anticoagulation Guidelines and into the anticoagulation clinic referral form. Loading protocols will be made available as stand alone documents on the Trust’s intranet.

Findings and actions arising from:
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD);

Data submitted and currently being processed by the commissioning organisation
- Centre for Maternal and Child Enquiries (CMACE);

Data submitted and currently being processed by the commissioning organisation

Board Review
The Board did not review the findings of national clinical audit reports published in 2009/10.

Set out below are the clinical audit reports published in 2009/10 reviewed by the Board, and for each of these audits, the actions taken to improve the quality of services and the outcome of care:

Hand Hygiene (Infection Control) Local
The audit was reviewed at the March 2010 meeting of the Board which noted the average monthly compliance rates for hand hygiene was 96%. Where there is non compliance identified, this is addressed at the time with staff and areas achieving less than 90% receive a visit from the Director of Infection Prevention and Control.

Reputation Audit
The Board heard that the overall survey results demonstrated that local people rate the Trust positively, mainly based upon their own and their family and friends’ experiences. 89% of respondents rated the services overall at West Hertfordshire Hospitals NHS Trust as ‘fair’ to ‘very good’ and they are generally confident about the services they receive. A rigorous reputation management and staff motivation programme has been put into practice.
Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by WHHT in the 2009/10 financial year that were recruited during that period to participate in research approved by a research ethics committee was 617.

Patient recruitment into the United Kingdom Clinical Research Network (UKCRN) portfolio studies has risen dramatically over recent years as summarised below:

- 2007/08: 299 patients
- 2008/09: 371 patients
- 2009/10: 617 patients

The national ambition is to double the number of patients taking part in clinical trials and other well-designed research studies within five years and West Hertfordshire Hospitals NHS Trust has already achieved this from the 2007/08 baselines. For 2010/11 onwards, the support funding we receive for research will be directly related to the patient recruitment figures.

This increasing level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Trust was involved in conducting 82 clinical research studies and used national research governance systems to manage the studies in proportion to risk. The vast majority of the studies were established and managed under national model agreements. In 2009/10 the National Institute for Health Research (NIHR) supported 48 of these studies through its research networks.

In the last three years, 173 publications have resulted from our involvement in research, helping to improve patient outcomes and experience across the NHS.

In 2010/11 we will update our Research Strategy, with the overall aim to:

- Identify our research strengths, potential areas for growth and make proposals on where future investment should be targeted;
- State which type of research organisation (user, collaborator or lead) we aspire to be;
- Aim to increase income through increases in patient recruitment into trials; and
- Ensure that the results of research are systematically fed into local practice in continually improving quality.
The Trust is involved in local research partnerships and West Hertfordshire Hospitals NHS Trust employs three of the local research leads. The Medical Director has taken responsibility for the Trust’s research programme and we anticipate a significant increase in participation in portfolio studies during 2010/11.

**Goals agreed with Commissioners**

A proportion of West Hertfordshire Hospitals NHS Trust’s income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation Framework (CQUIN).

The agreed goals for 2010/11 will be available once the targets have been agreed. The Trust will include performance against these goals in its 2010/11 Quality Account.

**Statement relating to Quality of NHS Services Provided**

West Hertfordshire Hospitals NHS Trust has received unconditional registration status from the Care Quality Commission, following the application submitted in January 2010. This means that the Trust is meeting the essential standards of quality and safety required by the Care Quality Commission under its terms of registration.

The Care Quality Commission has not taken enforcement action against West Hertfordshire Hospitals NHS Trust during 2009/2010.

Prior to this, the Trust submitted its declaration of compliance with Core Standards for Better Health in December 2009, indicating there was in year lack of assurance with 4 standards:

- C1b – Safety Alerts
- C4d – Medicines Management
- C4e – Waste Management
- C14 – Complaints

Page 24
The Trust implemented robust action plans to address the issues revealed during our in year scrutiny of standards and achieved its objective to achieve 100% compliance by the end of the reporting year, 31 March 2010.

In October 2009, West Hertfordshire Hospitals NHS Trust received an unannounced inspection by the Care Quality Commission to review its compliance with the Hygiene Code and was found to be compliant with all requirements, subject to a local ward issue being addressed.

West Hertfordshire Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was in October 2009 (for the review period 1st April 2008 to 31st March 2009). The CQC’s assessment of West Hertfordshire Hospitals NHS Trust for quality of services was ‘Fair’.

West Hertfordshire Hospitals NHS Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009/10:

**Prevention and Control of Infections**

On inspection the CQC found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection. However there was one measurement identified by the CQC as requiring improvement. In response to this extra cleaning measures and environmental improvements were put in place.

West Hertfordshire Hospitals NHS Trust is now fully compliant with all nine measures.

**NHS Number and General Medical Practice Code Validity**

West Hertfordshire Hospitals NHS Trust submitted records during 1st April 2009 to 31st March 2010 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:

- % for admitted patient care: 99.6%
- % for outpatient care, and: 99.8%
- % for accident and emergency care: 90.1%
The percentage of records in the published data, which included the patient’s valid General Medical Practice Code was:

- % for admitted patient care: 100.0% (=99.99% rounded)
- % for outpatient care: 99.9%
- % for accident and emergency care: 97.37% WGH and SACH
- 0% Urgent Care Centre (systems are not yet compatible)

**Information Governance Toolkit attainment levels**

West Hertfordshire Hospitals NHS Trust score for 1st April 2009 to 31st March 2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 77%.
Following some disappointing results from the National Inpatient Survey undertaken using a sample of patients during August 2007, the Chief Executive set up the Inpatient Survey Group to ensure a focused response to the issues that patients were concerned about. The group includes the Director of Nursing and Patient Services, and staff from key departments concerned with patient services. Also involved are the Chief Pharmacist and a Modern Matron.

The main areas of concern highlighted in these results were around:

- Pre and post-operative explanations
- Pain relief
- Nowhere to keep personal belongings
- Lack of understandable answers from doctors
- Change of admission date

A common theme was around lack of communication, poor communication, staff not listening and staff not being responsive enough to patients’ needs.

The group developed a communications programme, which was cascaded to all staff through established Committees and also through informal and formal meetings. Departments were required to develop a response plan setting out how they would make improvements in the areas that patients were concerned about.

This programme identified that staff felt they had been doing a lot of work to improve services but accepted a more focused approach was needed to improve systems in order to improve the experiences of our patients.

A number of initiatives were developed, including:

- Hospital Discharge Lounge Project Group meets weekly to ensure a ‘smooth’ discharge from hospital
- Better liaison arrangements with patient transport service to reduce delays
- Inclusion of a medicine information helpline on the pink hospital discharge form given to all patients which explains about their medication, important telephone numbers and additional information that is personal to them
- Develop signage to keep patients informed about how long they may have to wait in the Discharge Lounge
- Supplying newspapers, food and drink to patients whilst they wait
48hr post-discharge telephone calls to patients discharged from the AAU and six other wards where patients are asked if they have any concerns or issues to share about their care. Feedback is collated and referred directly to relevant wards for comment. This is then reviewed by the Inpatient Survey Group to ensure issues are being addressed and resolved.

- Reduction in the average waiting times for medicines in:
  - AAU from over two hours to just over half an hour
  - In the Discharge Lounge from four hours to just over 2 hours

- Introduction of a Pharmacy Prescription Tracker system for ward staff to check online when medications are ready for collection
- Extension of Pharmacy access to weekends and increasing presence on wards
- Better pain management training

This work has been reinforced through an organisational development initiative driven forward by the establishment of the Trust’s Leadership Academy, which is a personal development programme for clinicians and managers with leadership responsibilities. This accredited programme has been developed in partnership with the University of Hertfordshire and provides:

- A sustainable staff development framework for embedding the Trust’s Pledge to patients
- All communication training is being aligned with the Trust Pledge
- New Corporate Induction focuses upon the patient experience and Pledge in Practice
- New Passport to Practice is being launched to provide a framework for staff development

The Trust has also launched a large improvement project to address the problems identified in the National Outpatients’ Survey taken in May 2009 and published in February 2010. Themes identified in that survey have informed the Trust’s priorities for improving patient experience in 2010/11.
In addition to the quality standards set out within the Trust’s contract with its commissioning Primary Care Trust, a proportion of the Trust’s income was conditional upon achieving Quality Improvement and Innovation Goals agreed between West Hertfordshire Hospitals NHS Trust and the lead Commissioning Primary Care Trust, NHS Hertfordshire. Above are the targets for 2009/10. Particular points to note are the significant achievements in relation to targets for MRSA and Clostridium Difficile as well as the sustaining of a hospital standardised mortality ratio significantly lower than the target set by Commissioners. It should also be noted that a target for caesarean rates was not agreed but an approach is being finalised for 2010/11.
Looking Back

Review of performance against last year’s targets

**Priority 1: To reduce further the numbers of patients who contract an MRSA or Clostridium Difficile in line with aspirational targets?**

**Actions and initiatives to be taken and progress as at 31 March 2010**

1. Consolidate the isolation facilities into a single ward

   Isolation facilities have been consolidated on Letchmore Ward. There is a policy in place for those patients not meeting the criteria for Letchmore Ward to be isolated in single rooms on other wards.

2. Implement MRSA screening for all planned surgery

   Our performance improved through the course of the year but we did not achieve the 100% target. Our performance in March was 95.1%.

3. Take corrective action in instances where best practice is not being followed.

   **The Infection Control Team, working in partnership with clinical leads, are reviewing clinical practice as part of day to day working practices.**

4. Continue to learn from the outcomes of root cause analyses undertaken on all cases reported in year.

   **Root causes analysis is undertaken for all MRSA bacteraemia and action plans are developed that reflect the learning outcomes that need to be embedded in our day to day practice.**

   In cases of hospital acquired Clostridium Difficile, the microbiologist undertakes root causes analysis.
Priority 2: To continue to deliver services with a lower mortality level than would be expected for the patients we see and conditions treated (a standardised mortality rate below 100 for all clinical divisions).

Actions and initiatives to be taken and progress as at 31 March 2010

1. Continue to maintain performance in those specialties where mortality is low.
2. Review performance in those specialties where performance is above peer group average and take appropriate actions in line with best practice to reduce levels of mortality.
3. To engage with the clinical body across the Trust to ensure that they continually monitor mortality data within their teams.

Mortality level data is reviewed by specialty each month, by Divisional Directors and Divisional Managers. Clinical sub-specialty lead and Divisional Director investigate any score above 100. The Trust Board considers a summary report each month.

Priority 3: Increase the percentage of people who, through the national inpatient survey and other in house surveys, indicated that they have had a positive experience in respect of communication and privacy and dignity aspects of their care.

Actions and initiatives to be taken and progress as at 31 March 2010

1. Reconfigure ward and other areas to ensure that they comply with national requirements for separate bathroom and toilet facilities for men and women in areas adjacent to their bedded bays.

   We are compliant with the Department of Health Delivering Same Sex Accommodation (DSSA) directive.

2. Roll out the pilot project of calling people 48 hours after discharge to discuss their experience and any issues arising

   The project has been rolled out across eight wards including our Acute Admissions Unit (AAU)
3. Utilise data from the Patient Experience Trackers (PET) to improve services based on patient feedback. We have achieved good participation in use of Patient Experience Trackers, holding PET tracker feedback meetings and ensure actions are in place to address issues raised.

4. Provide better communications training for all staff through the Leadership Academy.

   Our Leadership Academy delivered a comprehensive training programme through the course of the year.
### 2009/10 Quality Indicators

#### Perinatal mortality rate per 1,000 births (2008 UK = 7.6, EoE = 6.5)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.8</td>
<td>5.7</td>
<td>9.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>

#### Fractured neck of femur - mortality within 30 days of admission (target < 10%)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.6%</td>
<td>11.3%</td>
<td>4.5%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

#### Re-admission rates within 28 days - medical

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.8%</td>
<td>6.7%</td>
<td>7.1%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

#### Re-admission rates within 28 days - surgical

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.0%</td>
<td>3.2%</td>
<td>3.2%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

#### Hospital acquired pressure ulcers - grade 3 or 4 (count of ulcers rather than patients)

- The Trust has identified pressure ulcers as a patient safety priority for 2010/11

#### Hospital acquired infection - MRSA bacteraemia

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Hospital acquired infection - Clostridium difficile

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>14</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

#### Standardised mortality rate - risk adjusted mortality 2008 - Trust

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68</td>
<td>56</td>
<td>58</td>
<td>59</td>
</tr>
</tbody>
</table>

#### Standardised mortality rate - risk adjusted mortality 2008 - Peer group

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>73</td>
<td>71</td>
<td>74</td>
<td>71</td>
</tr>
</tbody>
</table>

#### Cancelled operations - all - % of elective admissions

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.9%</td>
<td>8.7%</td>
<td>11.0%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

#### Cancelled operations - on day of admission - % of elective admissions (target < 0.8%)

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.73%</td>
<td>1.10%</td>
<td>1.00%</td>
<td>1.18%</td>
</tr>
</tbody>
</table>

#### Waiting time in A&E - % <= 4 hours (target >=98%) - Trust

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.4%</td>
<td>98.4%</td>
<td>96.9%</td>
<td>97.3%</td>
</tr>
</tbody>
</table>

#### Waiting time in A&E - % <= 4 hours (target >=98%) – England

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.6%</td>
<td>98.7%</td>
<td>97.8%</td>
<td></td>
</tr>
</tbody>
</table>

#### The Trust is making progress towards achieving Cancer waiting times however it is did not achieve new access targets as indicated below:

- Cancer - 14 days from urgent GP referral to first outpatient attendance (new target 93%) - Trust
  - Cancer - 14 days from urgent GP referral to first outpatient attendance (new target 93%) - England
- Cancer - 31 days from decision to start of treatment (new target 96%) - Trust
  - Cancer - 31 days from decision to start of treatment (new target 96%) - England
- Cancer - 62 days from referral to start of treatment - (new target 85%) Trust
  - Cancer - 62 days from referral to start of treatment - (new target 85%) - England
- 18 week referral to treatment - admitted patients (target 90%) - Trust
  - 18 week referral to treatment - admitted patients (target 90%) - England
- 18 week referral to treatment - non-admitted patients (target 95%) - Trust
  - 18 week referral to treatment - non-admitted patients (target 95%) – England

#### The indicators to the right are those the Trust agreed to measure during 2009/10.

- The indicators comprise a mix of Clinical Quality and Safety metrics, Patient Experience metrics and national targets.

- Indicators highlighted in bold are those where we are achieving national targets or are achieving better than peer group.

- Performance figures in bold indicate we are achieving the target.
The Trust shared its draft Quality Account with the Local Involvement Network (LINks), the Hertfordshire Health Scrutiny Committee and NHS Hertfordshire. The Trust participated in a focus group discussion with members of the Hertfordshire Health Scrutiny Committee in March 2010 and the feedback received from that discussion has been incorporated into the final Quality Account.

The Trust also shared its draft Quality Account with members of the Patients’ Panel.

**Hertfordshire LINk’s response to West Hertfordshire Hospitals NHS Trust (WHHT) Quality Account**

A key concern of Hertfordshire LINk is the care of the very vulnerable (children and adults) in hospital and in the community. Patient surveys and possibly clinical audits should be able to identify the level of patient satisfaction and care outcomes for the very vulnerable. The very vulnerable are defined as those with severe sensory or physical disabilities, learning disabilities, Autism, Dementia and complex mental as well as physical health problems.

While WHHT is committed to improving patient experience, with the 48 hour follow up calls to patients following discharge procedure being a piece of good practice, the lack of differentiation between the very vulnerable and the general population means that their experiences tend to get lost in the general population statistics.

This issue might be dealt with in **Priority 2, Objective 4: Ensure we are meeting our Duty of Care to Safeguard Vulnerable Adults and Children**. The Trust also outlines some of the work it has done to Safeguard Vulnerable Adults in the ‘Safeguarding Vulnerable Adults’ Annual Report including staff training, which needs to continue and develop to ensure dignity and respect for all. In addition to the categories of vulnerable patients referred to in the above Annual Report, Hertfordshire LINk would like to see explicit reference to those with Autism and those with severe sensory or physical disabilities.

We are told that a new position of Liaison Nurse for Dementia Care had been created and filled, through whom will be delivered specialised training for nursing staff with a view to extending this to all Hertfordshire hospitals.
More specific and robust references are needed to the areas of serious underachievement such as cancer waiting times (lowest of all the
Trusts in the East of England); the percentage of people who spend 90% of time on a stroke unit and A & E performance which has not
complied with the operational standard. Specific responsibility needs to be assigned to these areas to ensure compliance with the Standards of
Quality and Safety. We would also propose that there is reference to the Trust learning from the SUIs.

Hertfordshire LINk welcomes the increased participation offered by WHHT and looks forward to working with the Trust to support quality
improvement.

Henry Goldberg, Chair Hertfordshire LINk
West Hertfordshire Hospitals NHS Trust
Quality Account 2009 – 2010

I can confirm that NHS Hertfordshire has received the Quality Account 2009/2010, and commend West Hertfordshire Hospitals Trust on the production of the second Quality Account.

The PCT has undertaken a review of the information provided within the Quality Account and checked the accuracy of data within the account which was submitted to us as part of the Trust’s contractual obligation. The PCT has made comments on the Quality Account which West Hertfordshire Hospital’s Trust has acknowledged and is addressing.

In 2009/10 the Trust made quality its key priority and set out how high standards of care would be delivered. The Trust acknowledges its challenge is to further improve the satisfaction of patients. There has been substantial improvement in the way information from service users and carers is sought and acted upon but further work is required to embed a culture of continuous improvement for patient experience throughout the Trust. A programme of service improvements and staff development is underway, with acknowledgement of the further progress to be achieved.

The Trust should be credited for improvements in patient safety, including continued reductions in the rates of MRSA and Clostridium Difficile, achieving lower than average rates of Hospital standardised mortality, as well as ongoing review of mortality data.

Full compliance with standards for Same Sex Accommodation has been achieved, with the Trust recognised throughout the East of England as an example of best practice.

NHS Hertfordshire endorses the Trust’s priorities for quality improvement in 2010/11. NHS Hertfordshire expects the Trust to increase its efforts on improving patient experience across the Trust and to continue the focus on patient safety and clinical effectiveness. We expect continued improvement in the measurement and reported quality of services provided, and welcome the Trust’s aspiration to demonstrate outcomes for patients that meet their clinical needs and provide a high quality patient experience.

We look forward to working with West Hertfordshire Hospitals NHS Trust in the coming year to ensure it delivers outstanding standards of clinical care, which reflect the needs and preferences of patients, families and carers, in the most financially efficient way.

Anne Walker
Chief Executive
NHS Hertfordshire
To: The Chairman & Chief Executive (sent to all district & borough councils in Hertfordshire)

Dear Sirs

SCRUTINY OF QUALITY ACCOUNTS 2009/10

Five members of the Health Scrutiny Committee (HSC) attended a workshop held at County Hall. The workshop was led by officers from West Hertfordshire Hospital NHS Trust with input from Hertfordshire Partnership NHS Foundation Trust, Hertfordshire Community Health Services and East and North Hertfordshire NHS Trust.

The aim was to raise awareness of Quality Accounts and develop an understanding of scrutiny’s involvement.

It was anticipated that as trusts worked towards their final Quality Account that a second meeting would be held with health to assess the Accounts and the nature of the contribution from HSC; however, due to a number of staff changes in the trusts and the impact of national and local elections it became clear that it was not feasible to undertake this work in the timescale.

In health scrutiny we very much value our relationship with health. Health staff at all levels have participated in scrutiny with honesty and rigour. I particularly appreciate the efforts made by all trusts to enhance elected members understanding of health issues. This is a sound platform from which to undertake future scrutiny, especially as we are now entering a difficult financial environment.

I would like scrutiny officers at the County Council and representatives of the trusts to develop a work programme for Quality Accounts that can be followed for the next round.

Yours sincerely

Sally Newton

Chair of Health Scrutiny Committee

Hertfordshire County Council
Clinical Audit

The national clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust participated in, and for which data collection was completed during 1st April 2009 to 31st March 2010, 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.

<table>
<thead>
<tr>
<th>Study</th>
<th>Division/Specialty</th>
<th>Participated 2009/10</th>
<th>% submitted cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Peri-Operative case study (NCEPOD)</td>
<td>Surgery</td>
<td>PARTICIPATED</td>
<td>100</td>
</tr>
<tr>
<td>Cardiac Ambulance Services (link to MINAP) (ASA/NCASP)</td>
<td>Medicine/Cardiology</td>
<td>PARTICIPATED</td>
<td></td>
</tr>
<tr>
<td>Audit of the use of red cells in neonates and children</td>
<td>Medicine/Haematology</td>
<td>PARTICIPATED</td>
<td></td>
</tr>
<tr>
<td>(National Blood Service)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Sentinel Stroke Audit (Stroke: hospital services)</td>
<td>Medicine/Elderly Medicine</td>
<td>PARTICIPATED</td>
<td></td>
</tr>
<tr>
<td>(Royal College of Physicians)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit of the blood collection process (National Blood Service)</td>
<td>Medicine/Haematology</td>
<td>PARTICIPATED</td>
<td>42.5</td>
</tr>
<tr>
<td>Pain in Children (CEM, CQC)</td>
<td>Medicine/Emergency Medicine</td>
<td>PARTICIPATED</td>
<td></td>
</tr>
<tr>
<td>National Falls and Bone Health Audit Programme (services for people who have fallen) Year 3 Clinical Audit (Royal College of Physicians)</td>
<td>Medicine/Elderly Medicine</td>
<td>PARTICIPATED</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
</tbody>
</table>

**National clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust was eligible to participate in during 2009/10**

<table>
<thead>
<tr>
<th>National Hip Fracture Database (NHFD) (BOA/BGS-NHFD)</th>
<th>Medicine/Elderly Medicine/Orthopaedics</th>
<th>PARTICIPATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractured Neck of Femur (CEM, CQC)</td>
<td>Medicine/Emergency Medicine</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>National Diabetes Audit (NCD/NCASP)</td>
<td>Medicine/Diabetes</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>British Cardiac Intervention Society (BCIS) eg angioplasty, opening up heart artery (BCIS/NCASP)</td>
<td>Medicine/Cardiology</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>Cardiac Rhythm Mgt (pacing/implantable defibrillators) (CCAT) (HRUK/NCASP)</td>
<td>Medicine/Cardiology</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>Heart Failure (BSH/NCASP)</td>
<td>Medicine/Cardiology</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>Myocardial Ischaemia (MINAP) (heart attack) (UCLH/NCASP)</td>
<td>Medicine/Cardiology</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>UK Inflammatory Bowel Disease 3rd Round (CEEu, Royal College of Physicians)</td>
<td>Medicine/Coloproctology/Gastroenterology</td>
<td>PARTICIPATED</td>
</tr>
</tbody>
</table>
### National Carotid Interventions Audit – preventing stroke (Carotid Endarterectomy – CEA, part of the National Vascular Database) Round 2 (RCE/VSGBI)

| Medicine/Elderly Medicine | PARTICIPATED |

### National clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust was eligible to participate in during 2009/10

<table>
<thead>
<tr>
<th>National Joint Registry (BOA/Northgate)</th>
<th>Surgery/Orthopaedics</th>
<th>PARTICIPATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Continence Care – CLINICAL (Royal College of Physicians)</td>
<td>Surgery/Urology</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>National Neonatal Audit Programme (NNAP) (RCPCH)</td>
<td>Women &amp; Children’s Services/Paediatrics</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>Asthma in Adults (CEM/CQC)</td>
<td>Medicine/Chest Medicine</td>
<td>Did not participate</td>
</tr>
<tr>
<td>British Thoracic Society – Adult Asthma (British Thoracic Society)</td>
<td>Medicine/Respiratory</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD) Audit, Hampshire PCT</td>
<td>Medicine/Respiratory</td>
<td>Did not participate</td>
</tr>
<tr>
<td>National Lung Cancer Audit (NLCA) – LUCADA (RCP, NCASP, LUCADA)</td>
<td>Medicine/Respiratory</td>
<td>Did not participate</td>
</tr>
<tr>
<td>National clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust was eligible to participate in during 2009/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TARN Head Injuries</td>
<td>Medicine/Emergency Medicine</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Pulmonary Hypertension (NHS, IC)</td>
<td>Medicine/Cardiology</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Oesophago-Gastric Cancer Audit (NOGCA) (AUGIS/NCASP)</td>
<td>Surgery/Gastroenterology</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Bowel Cancer (NBOCAP) (ACP/NCASP)</td>
<td>Surgery/Cancer</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Multicentre Audit of current practice of Radiographically Inserted Gastrostomy Tubes in UK (Dept Radiology, Bradford Teaching Hospitals NHS Trust)</td>
<td>Clinical Support/Nutrition/Radiology</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Parkinson’s Disease Society Audit Tool: Service Description Audit and New Patient Audit (Parkinson’s Disease Society)</td>
<td>Medicine/Elderly Medicine</td>
<td>Did not participate</td>
</tr>
<tr>
<td>British Association for Sexual health and HIV (BASHH)</td>
<td>Medicine/GU Medicine</td>
<td>Did not participate</td>
</tr>
<tr>
<td>Major Complications of Airway Management in the UK – 4th National Audit Project (NAP4), Royal College of Anaes</td>
<td>Surgery/Anaesthetics</td>
<td>PARTICIPATED</td>
</tr>
<tr>
<td>National Vascular Database (Aortic Aneurysm, infrainguinal bypass and amputation operations (VSGBI)</td>
<td>Surgery/Vascular</td>
<td>Did not participate</td>
</tr>
<tr>
<td>British Thoracic Society – Paediatric Asthma (SIGN/BTS)</td>
<td>Women &amp; Children’s Paediatrics</td>
<td>Did not participate</td>
</tr>
</tbody>
</table>

**National clinical audits and national confidential enquiries that West Hertfordshire Hospitals NHS Trust was eligible to participate in during 2009/10**

| Heavy Menstrual Bleeding Audit (RCOG/London School of Hygiene & Tropical Medicine/Ipsos-MORI) | Women and Children’s Division/Obstetrics and Gynaecology | Did not participate |
| National Epilepsy Audit 12 | Women and Children’s Division/Paediatrics | Did not participate |
| Paediatric Intensive Care Audit Network (PICANet) (Universities of Leeds and Leicester) | Women and Children’s Division/Paediatrics | Did not participate |
Further information

A copy of our 2009/10 quality account is available on the internet at:

www.westhertshospitals.nhs.uk/foi_publication_scheme/policies_and_procedures.asp

For further information contact: 01923 217766
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