Paper 5.5

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD

24th June 2010

TITLE	**Quality Accounts**
EXECUTIVE SUMMARY	The Quality Accounts are presented in final form, subject to responses to be received from LINks, PCT and OSC. The PCT are planning to sign off Accounts on 28th May 2010 and will respond in June, as yet they have still to reply. The priorities have been further discussed by the Executive Directors and amendments have been made to reflect this. The Quality Account has been streamlined but the essential content is unchanged.
BOARD ASSURANCE (Risk) / IMPLICATIONS	None identified
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Quality Accounts are an important part of our public accountability and are intended to be a vehicle for patient engagement in Trust priorities. They will be published on our website when finally agreed.
EQUALITY AND DIVERSITY ISSUES	The Quality Accounts must be accessible to all our population including in relevant languages.
LEGAL ISSUES	None identified
The Trust Board is asked to:	Approve the final layout of the report
Submitted by:	Sarah Johnston on behalf of Caroline Becher
Date:	15th June 2010
Decision:	For Approving

Ashford and St. Peter's Hospitals NHS
NHS Trust

Quality Account

Assuring you of the quality of services at Ashford and St Peter's Hospitals NHS Trust 2009 - 2010

Patients first • Personal responsibility • Passion for excellence • Pride in our team

2009/2010
Introduction

We are proud of our first Quality Account for Ashford and St Peter's Hospitals (ASPH), for 2009/10. This publication describes just how seriously we consider quality and safety in our two hospitals and how we work to make improvements. Our Quality Account sets out our priorities for further investment and details how we have performed against some crucial quality measures over the last year, which should give significant assurance to our users.

Quality remains our top priority and we are determined it will continue to do so. Our patient focussed Trust Board has enhanced its links with front line staff and this investment has shown demonstrable improvements for the patients.
For example:

- One of the lowest mortality rates in country
- Reduced hospital acquired infections such as MRSA and Clostridium Difficile
- Developed a Quality Dashboard which has strengthened our quality monitoring across a range of measures which are benchmarked locally and nationally.

At ASPH the Trust Board has the Quality Report as its first agenda item allowing discussion and debate. Quality will continue to come first and meetings will be published on our website.

ASPH is ambitious and in order to deliver these priorities we need a highly skilled and motivated workforce that take pride in their work and feel part of our Hospitals and our Community. As a Board, in conjunction with our staff, we have developed a new set of values, which we will support with behaviours

Patients First
Personal responsibility
Passion for excellence
Pride in our team

Overall 2009/10 has been our strongest year in terms of performance since the two hospitals were merged. We now need to build on this positive year. One of our key challenges for 2010/11 will be to improve the way we engage our members and patients in developing this annual Quality Account, and in helping us set our priorities for further improvement.

Andrew Liles
Chief Executive

The information in this Quality Account is provided from our data management systems and our Quality improvement systems, and provided to the Board, and to the best of my knowledge is accurate, and provides a true reflection of our organisation

Quality measures – how we have performed 2009/10

We have chosen to measure our performance against a range of quality metrics. These have been divided into the three key quality areas; patient experience, effectiveness. and safety These continue to be developed.

Patient experience

Inpatient Survey

Whilst so many patients were delighted with the care we know as a Trust we do not do as well as we would like and our patient surveys support this view.

We have been working continuously to address the negative aspects of the surveys including:

- Improve the accommodation particularly around privacy and dignity
- Reduce the level of noise at night
- Improve our food
- Improving the car parking at the St. Peters site
- Development programme for staff focussing on our four values

One of the main achievements during 2009/10 is the huge improvement in our wards and clinical areas. The Trust invested in a refurbishment programme which included more bathrooms and toilets, replacing old floors and general improved refurbishment.

Patient comment cards

Patients staying in hospital are asked to fill in patient comment cards and we collate and publish the results. Over the last year some headline results on 'Would you recommend us to a family and friends'?

Period	Yes, definitely	Yes, probably	No	Total Responses
2008-9	81%	17%	2%	1884
2009-10	87%	12%	1%	2386

Safety

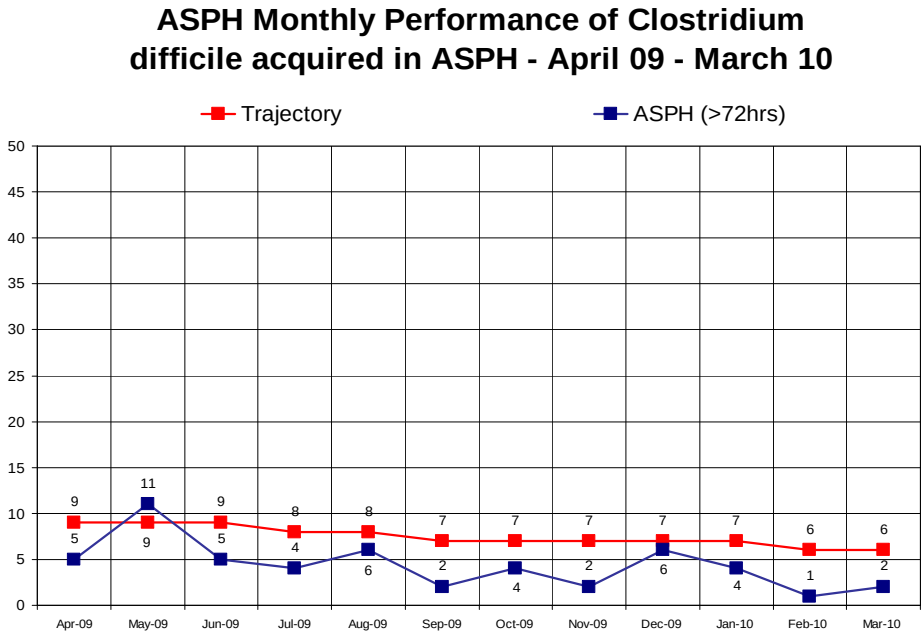
Measure	Target	2009/2010
Standardised mortality rate	Less than 100	82.6
Non elective mortality	Less than 100	82.1
Mortality 75+	Less than 100	83.8
Falls resulting in injury	Less than 29	32
MRSA (hospital and community acquired)	Less than 14	9
Clostridium Difficile	Less than 90	53

We are pleased to report we have a low mortality rate in ASPH and have also done well with controlling and reducing infection rates. We have not met our internal target of reducing patient falls that result in injury. We have reduced the overall number of falls in

the Trust bringing the average total falls to 71 from 89. We use a risk assessment tool and provide 1 to 1 care for patients that are confused and more at risk from falling. We also provide specific training to support care of patients with dementia. Reducing falls which result in injury is a priority for 2010/2011.

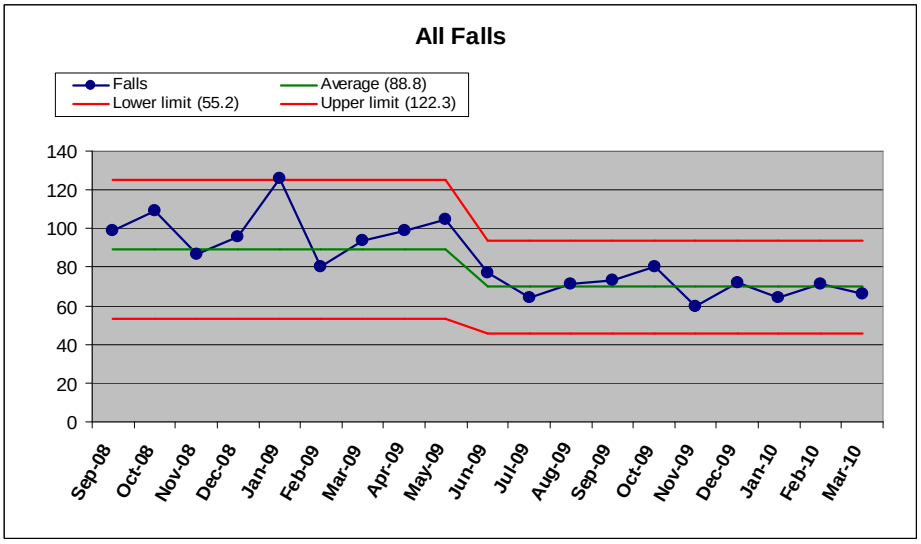
Infection control

This year we had only 3 hospital acquired MRSA cases compared with 10 last year and we have reduced our Clostridium Difficile cases to below target in all but one month.



Falls

We have reduced overall falls from an average of 89 to 71



Effectiveness

Measure	Target	2009/2010
Hip fractures treated within 48 hours	100%	83.6%
Readmissions within 14 days (within criteria)	2.6%	2.9%
Pressure Ulcers per 1000 bed days	16.5	11.7

A priority for 2010/11 is to treat patients with hip fractures within 36 hours.

Building capability in our staff to make improvements for patients

Our commitment to Quality requires the right staff, with the right skills to be able to make improvements. To that end we have introduced an EQUIP programme - **E**fficiency, **QU**ality, **I**mprovement and **P**roductivity – to support clinical teams to transform and improve the effectiveness of patient care.

Over the last year, we have concentrated on two main projects – improving the way we discharge patients from our medical and surgical wards. We will be continuing to work on new projects put forward by staff during 2010/11.

Medical discharge & Day Surgery: Examples of improvements implemented.

- Improving the experience of patients who stay for any time in our discharge lounge. Improved comfort and reducing both number of people involved in discharge process and the steps involved to arrange a successful discharge.
- Effective multi-disciplinary ward rounds aided by a workstation wireless technology.
- Reducing length of stay in our medical wards by approx. 2.5 days.
- Documentation – reducing core pieces of paper from 36 to 24.
- Increased number of patients having surgery as a day case.

Commissioning for Quality and Innovation

During 2009/10 ASPH had a number of measures which were agreed with Surrey PCT which are designed to improve Quality in the Trust.

Here's how we did:

Improving electronic discharge communication from hospital to GP -

This initiative intended GP's to have important information about their patients discharge within 48 hours. An audit of this process to identify how well we have done is currently underway.

During 2010/2011 this time will be halved to 24 hours.

Improving patient experience – areas we improved on based on the Findings from the National Survey include:

- Patients being involved in decisions about their treatment
- Control of pain
- Getting answers you could understand from doctors and nurses
- Having the opportunity to talk to a doctor
- Finding someone to talk to about worries and fears
- Cleanliness of toilets and bathrooms
- Provision of single sex toilet and bathroom facilities
- Discharge advice on the danger signals on conditions and reduced waiting times

Improving stroke care
Suspected stroke patients have a CT scan within 24 hours for 95% of eligible patients. In the months June to Dec 2009 we achieved this target giving us an average of 90% achievement over the year.

From Jan 2010 to Mar 2010 we had to achieve 75% of our eligible patients receiving their CT scan within 3 hours and we are delighted to have achieved this as it gives a better outcome for the patients.

Supporting patients to stop smoking –
We made 150 referrals against a target of 400 to the stop smoking services during 2009/10. We realise there is further work to do and have set up electronic system to make referring easier for 2010/11.

Alerting GP's to alcohol related attendances in A&E –
This is important information to provide to GP's and helps them to better support their patients; we achieved 100% of referral on all patients recognised with this problem.

Our priorities for improvement for 2010/11

Our top objective is to achieve the highest standards of patient care. Over the coming year, we have singled out some key priorities – described below – which we know represent areas most in need of improvement and against which we intend to deliver and set milestones for measuring this.

Improving the patient experience

Our Goal:
'To improve our patient survey results so we are among the top Trusts in the country by 2012'

Recent national patient surveys have shown us that although patients are generally happy with their medical treatment, there are areas – such as communication, cleanliness and

overall comfort – that we need to improve. Patient surveys help us to measure the rate of improvements or deterioration from one year to the next.

Key priority 1 – Increase our accountability in meeting our patient's needs.

Why have we chosen this priority?
We know it is crucial to understand how our patients feel about our services if we are to meet their expectations. Actively seeking out and acting on specific feedback will help improve the patient experience and achieve our goal of becoming one of the top Trusts nationally.

This year we aim to be a Foundation Trust and have already recruited over 8000 public and staff members. We plan to use our membership to help us be even more responsive to the community we serve.

How will we do this? We already actively seek patients views on our services in a variety of ways:-

- 6 monthly listening and learning postal survey, and our patient comment cards
- Chief Nurse walkabouts supported by Matron ward rounds
- Chair & Executive & Non Executive Director clinical visits

During 2010/2011 we plan to implement an already piloted hand held device to give real time feedback on whether our plans are working**.**

How will we monitor this? We will monitor our patient engagement through our Patient and Public Engagement Group examining patient survey results, complaints and comment cards.

Key priority 2 – Improving all aspects of communication with patients.

Why have we chosen this priority? We know this is a top issue for patients.
It is identified through our inpatient and outpatient national survey results, and PALS. We need to ensure that patients have all the information they want about results, diagnosis and treatment.

How will we do this? Increase training packages on ways of communicating, review all our written patient information ensuring it is clear and succinct and increase the number of letters that are sent electronically to GP's so they have immediate access.

How will we monitor this? Internal and external surveys and our Quality review meetings with assessing if we meet our targets by Commissioners of Service and our Patient Forums.

Maintaining High Safety Standards

Our Goal:
"To achieve highest possible standards for our patients, meeting and exceeding their expectations, in terms of outcomes, safety, and experience"

Quality and Safety is first on the Trust Board agenda so we can monitor and track our mortality ratio, infection rates, serious incidents and falls. We also include safety measures for each ward so we can track any improvement or decline.

Key priority 3: Reducing Hospital Acquired Infections

Why have we chosen this priority? This is a high National priority for all hospitals. The prevention and control of infections needs sustained high quality effort.

How will we do this? We will continue to make sure staff with influence are regularly supported, educated and monitored in giving this matter their highest attention at all times.

How will we monitor this? Results from the microbiology are reported to the Trust Board and commissioners and populate our dashboard.

Target: to stay within our target of 5 hospital acquired MRSA and 114 Clostridium Difficile cases for 2010/2011.

Key priority 4: Reducing Falls

Why have we chosen this priority? Nationally the number of patients that fall in hospital is of concern. With an ageing population this matter is given high priority and particularly minimising the risk of serious injury for patients that do sustain a fall.

How will we do this? We will continue to raise awareness amongst all staff of the importance of immediate risk assessments and if a patient is at risk introduce some of the known measures to stop a fall (bed rails) and minimise injury if they do fall for example hip protectors.

How will we monitor this? We will monitor this on our Ward Quality Indicators presented to the Trust Board monthly and at the PCT Quality review meetings.

Target: To achieve a 10% reduction on falls resulting in injury for 2010/11.

Effectiveness

Our Goal:
"To achieve highest possible standards for our patients, meeting and exceeding their expectations, in terms of outcomes, safety and experience"

Effectiveness is about providing the right care at the right time, in a way that gives the best value for money. Effective ways of working will reduce waste, reduce length of stay and provide the best environment for patients to get better.

Key priority 5: Ensuring that patients with a broken hip that are fit for undergoing surgery get their operation within 36 hours of admission

Why have we chosen this priority? This is a key national target which ASPH could do better on. It is a good example of how being more effective with resources can improve treatment and give patients a better and quicker recovery.

How will we do this? We want to introduce more trauma theatre lists to increase the number of broken hips we operate on within 36 hours.

How will we monitor this? We will report this monthly to the Trust Board on our Quality Dashboard and to our commissioners during our monthly CQUIN reports.

Target: 85% of patients with a broken hip, that are fit to undergo surgery get their operation within 36 hours of admission.

Key priority 6: Improving the effectiveness and efficiency of a Patient hospital stay

Why have we chosen this priority? We know that patients want to minimise the time they spend in hospital. We want to provide safe effective care with a length of stay appropriate to the treatment required, with no unnecessary delays.

How will we do this? Shortening our ward rounds and improving discharge documentation and planning to make the process more efficient.

How will we monitor this? We will monitor our patient length of stay.

These 6 priorities for 2010/11 have been chosen by our management teams. We have also consulted our Patient Panel and our LINks group, with final approval from the Trust Board.

How the Board is assured of our standards of quality

ASPH provided and or/contracted 19 NHS services between April 2009 and March 2010.

The Board has reviewed all the data available on the quality of care in all 19 of these NHS services through the governance and performance management frameworks.

The income generated by the NHS services reviewed in 2009/2010 represents 100% of the total income generated from the provision of NHS services by the Trust for 2009/10

Our Services
Ashford and St Peter's Hospitals NHS Trust provides services for adults and children across the following 19 specialties:

- Accident and emergency
- Diagnostics (imaging and pathology)
- General medicine
- Care of the elderly
- General surgery
- Paediatrics
- Cancer
- Obstetrics
- Gynaecology
- Orthopaedics
- Ophthalmology
- Urology
- ENT (ear, nose and throat)
- Oral and dental services
- Critical care
- Neonatal care
- Clinical support, e.g. therapies
- Specialised limb reconstruction
- Specialised bariatric surgery (gastric banding)

From 'Ward to Board'
Over the course of the year, we have established regular executive director and non-executive director walkabouts across our two hospitals, so directors can see first-hand the care and treatment patients are receiving.

We have also started to invite patients to come to present their 'story' – good or bad – to the Board so members get to hear first hand about people's individual experiences.

Similarly, our Matrons now give regular presentations to the Board, detailing how things are on their individual ward areas ensuring board level engagement at grass roots level.

Right: Non executive director Sue Ells and Chairman Aileen McLeish participate in ward cleaning supported by supervisor Gabrielle Ganancia.

Establishing our quality measures

Over the last year, the Trust Board has enhanced the reporting on quality. The Quality Dashboard has been instrumental for Board level tracking, monitoring and highlighting early, any areas of concern. This reporting includes the quality of our nursing

Every month a table which tracks around 11 of our key quality measures goes to the Board as part of our quality report. For each measure or indicator, we publish our target for the year and track this on a monthly basis, including a year to date position.

Participation in Clinical Audits 2009-10

Participation in Clinical audits nationally and locally is the mark of a service where clinical teams and individuals are constantly striving to improve their practice.

In 2009/10 there were 25 national clinical audits and ASPH took part in 20. (80%) (Table 1:12, Table 2:6, Table 3: 2) There were also 6 national confidential enquiries of which we participated in 100% (Table 4)

The national clinical audits and national confidential enquiries that ASPH was eligible to participate in during 2009/10 are identified in section 1 below:

Section 1 Participation in National Audits and Confidential Enquiries

Table 1: Continuous National Audits; all patients

Audit Title	Eligible	Participated
NNAP: neonatal care	Yes	Yes
NDA: National Diabetes Audit	Yes	No*
ICNARC CMPD: adult critical care units	Yes	Yes
National Elective Surgery PROMs: four operations	Yes	Yes
Congenital Heart Disease: paediatric cardiac surgery	No	N/A
CEMACH: perinatal mortality	Yes	Yes
NJR: hip and knee replacements	Yes	Yes
NLCA: lung cancer	Yes	Yes
NBOCAP: bowel cancer	Yes	No*
DAHNO: head and neck cancer	Yes	Yes*
Adult cardiac surgery: CABG and valvular surgery	No	No
MINAP: AMI & other ACS	Yes	Yes
Heart Failure Audit	Yes	Planned
Pulmonary Hypertension Audit	Yes	Yes
NHFD: hip fracture	Yes	Yes
NAPTAD: anxiety and depression	No	N/A
TARN: severe trauma	Yes	No*
NHS Blood & Transplant: intra-thoracic; liver; renal transplants	No	N/A
NHS Blood & Transplant: potential donor audit	Yes	Yes
Adult Cardiac Interventions	Yes	Yes

- Diabetes: lack of appropriate mechanism and resources to capture this data. It is considered that this national audit is more of a focus for primary care rather than acute care.
- NBOCAP our colorectal surgeons are keen to submit this data but our current IT systems will not support this work; mechanisms are being investigated.
- DAHNO data is submitted jointly through the Royal Surrey County Hospital Foundation Trust
- Heart Failure: planned and underway Issues regarding links to the database capturing the data are being investigated.
- TARN: there is substantial cost involved in joining this network in addition to the mechanisms and resources required for data submission. ASPH will participate in the 2010 audit.

Table 2: Intermittent Samples of Patients

Audit Title	Eligible	Participated
National Kidney Care Audit	No	No
National Sentinel Stroke Audit	Yes	Yes
National Audit of Dementia: dementia care	Yes	Yes
National Falls and Bone Health Audit	Yes	Yes
POMH: prescribing topics in mental health services	No	N/A
National Comparative Audit of Blood Transfusion: changing topics	Yes	Yes
British Thoracic Society: respiratory diseases	Yes	Yes
College of Emergency Medicine: pain in children; asthma; fractured neck of femur	Yes	Yes

Table 3: One-off; all patients

Audit Title	Eligible	Participated
National Mastectomy and Breast Reconstruction Audit	Yes	Yes
National Oesophago-gastric Cancer Audit	Yes	Yes
RCP Continence Care Audit	Yes	Yes (partial)

Table 4: Confidential Enquiries

Audit Title	Eligible	Participated
CMACE*: Perinatal mortality	Yes	Yes
CMACE: National Confidential Enquiry into Head Injury in Children	Yes	Yes
NCEPOD*: Peri-operative Care	Yes	Yes
NCEPOD: Parenteral Nutrition Study	Yes	Yes
NCEPOD: Paediatric Surgery Study	Yes	Yes
NCEPOD: Cosmetic Surgery, Organisation of services	No	
NCEPOD: Emergency and Elective Surgery in the Elderly	Yes	Yes

The national clinical audits and national confidential enquiries that ASPH participated in, and for which data collection was completed during 2009/10 are listed below. Additionally, 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 is presented.

Section 2 Participation in National Audits and Confidential Enquiries Completed in 2009-10

Title	% of total
British Society Pleural Procedures Pilot Audit	100%
College of Emergency Medicine: pain in children; asthma; fractured neck of femur	Not yet available
CMACE: National obesity in pregnancy audit	>75%
CMACE: Amniotic Fluid Embolus	>75%
National Comparative Audit of Blood Collection	>90%
National Diabetes Inpatient Audit	100%
National Falls and Bone Health Audit of the Organisation of Services	45%
National Mastectomy and Breast Reconstruction Audit	50%
National Oesophago-gastric Cancer Audit	11%* new ASP
NCEPOD: Emergency and Elective Surgery in the Elderly	100%
NCEPOD: Parenteral Nutrition Study	69%

The reports of 10 national clinical audits were reviewed by ASPH in 2009/2010 and we intend to take the following actions to improve the quality of healthcare provided in the next year 2010/11.

Acute Kidney Injury (AKI):End of Life Care: Diabetes: Pain Relief :Stroke:Systemic Anit- Cancer Therapy

- Provide education to all admitting junior doctors on AKI risk assessment.
- Develop a written guideline to support staff to deliver high quality care consistently
- Training / education for all healthcare workers and carers on end of life care
- Improvements on prescribing for symptoms / more leaflets
- Diabetes Specialist Nurse is increasing staffs knowledge information about diabetes care.
- Pain relief delivered even faster
- Setting up a Stroke User Forum: patients, / carers and local stroke groups
- Ensure patients spend majority of their time on the specialised stroke unit
- Ensure Thrombolysis treatment for stroke patients is available at all times
- Regular clinical audit will be undertaken on cases of neutropenic sepsis. This will help teams to compare their processes to others, share learning and make improvements.

The reports of 61 local clinical audits were reviewed by ASPH in 2009/2010 and we intend to take the following actions to improve the quality of healthcare provided.

1.Epidural Care, 2, Cancer Services, 3 Discharge Process, 4 Disease Prevention & 5 Medication

1. Epidural guidelines review and observation chart use. More training to ensure complications are minimized and information to support any aftercare.

2. Explain the role of "key worker" & copies of clinic letter will be routine for patients. Improve utilization of clinics & enhanced information. Setting up of a support group for breast care patients.

3. Extending discharge lounge to increase space and support privacy & dignity. Admission documentation enhanced to ensure patients and carers needs are met. Develop "Carers rights" training for front line staff.

4. Smoking cessation: a specialist advisor for patients who want to quit smoking. Medicine and Surgery to work together to provide an obesity service.

5. New dedicated pharmacist for Emergency Services and improve information to patients relating to medication

Participation in Clinical Research

Research enables NHS organisations to improve the current and future health of their patients and is an important element in driving quality improvements.

During 2009/10 The Trust Research Ethics committee approved research that involved 215 patients.

Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion (0.5%) of ASPH Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and Surrey PCT through the 'Commissioning for Quality and Innovation Framework (CQUIN)'.

The Trust is pleased it received, from its commissioners, incentive payments for CQUIN – 90% of the total possible income linked to delivering these important quality indicators during 2009/10, i.e. 0.45% of the PCT contract out-turn value. For 2010/11 this figure will increase to 1.5% of the total contract value, from 0.5% in 2009/10.

The Trust agreed the CQUIN measures for 2010/11 with Surrey PCT.

- To reduce avoidable death, disability and chronic ill health from venous thrombo-embolism

- To improve the way the Trust responds to patients' personal needs
- To improve patient safety by further improving electronic discharge summaries
- Improve data and the way we notify GPs of patients attending A&E with alcohol related diagnosis
- To engage in the Enhancing Quality Programme, this will measure our results in terms of patient care and treatment for five specific clinical conditions: heart attacks, heart failure, pneumonia, hip replacements and knee replacements.
- Chlamydia Screening - To improve sexual health of the local population by increasing Chlamydia screening at antenatal booking clinics.
- Stop Smoking - To improve the health of the local population by increasing referrals from Acute Trust to local NHS Stop Smoking Services (prior to elective surgery and selected OP specialities).

Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. "We can only be sure to improve what we can actually measure," Lord Darzi, *High Quality Care for All, June 2008.*

ASPH submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

How good is our data?

Using patients' unique NHS number helps NHS organisations to avoid patient misidentification incidents, so improving the quality of NHS number data has a direct impact on improving clinical safety. Accurate recording of patients' General Medical Practice Code (patient registration) is essential to inform GP on clinical conditions.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99% for admitted patient care
- 99.1% for out patient care
- 95.5% for accident and emergency care.

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

- 100% for admitted patient care
- 99.7% for out patient care

- 99.9% for accident and emergency care
-

Ashford & St Peter's Hospitals NHS Trust places a strong emphasis on the availability of timely and accurate clinical coding information to assist all staff in the delivery of best possible healthcare. We have obtained excellent results within the South Coast Strategic Health Authority for 2008/09; our Trust being rated as one of top performers by the Audit Commission in quite a few comparative indicators for inpatient clinical coding audits. The results for 2009-10 are to be published by the Audit Commission.

This year the Trust's Healthcare Resource Groups (HRG) error rate is 6.3%. The national average in 2008/09 was 8.4% and the South East Coast Strategic Health Authority average error was 12.1 %"

The Care Quality Commission (CQC)

The Trust was pleased to be registered with the CQC from 1st April 2010 and without any conditions and like all Trusts is subject to periodic reviews. The last review date was 31st March 2010.

We have benefited in learning from shared CQC special reviews and investigations relating to the following areas during 2009/10.

Safeguarding children

We have made the following progress by 31st March 2010 in taking action as recommended by the National review: the Trust has publicly declared our intention to safeguard children, and ensured all policies and procedures are in place and that all staff have been trained in child protection.

Hygiene Code

We had an unannounced inspection from the CQC in relation to the Hygiene Code in October 2009. The Trust was found to be compliant with all required measures with no areas of concern and many comments of praise.

What other people are saying about us:

PCT

LINks (Local Involvement Networks)

We believe that the Trust have strengthened their Quality monitoring and now set out much more clearly their performance achievement (against target) for various quality and safety issues.

The strength of this approach is that it takes individual measures and shows how the trust performs against targets, which enables management to focus on what is needed to achieve improvements. When it comes to what is proposed in terms of 'Improving the Patient Experience' which is the key priority for 2010/2011 this approach is not followed. In its place we have broad general goals 'to improve our patient survey results, so we are amongst the top 25% of Trusts' and broad measuring tools e.g. Picker surveys. We have noticed a tendency to sometimes carry out patient research without always being clear how the results are going to be used, instead of starting with a definition of what they need to find out and then deciding the appropriate patient research.

The approach we would like to see with regards to improving the patient experience is to take specific areas that need improving e.g. giving inpatients more information about what is going to happen, make the appropriate changes and then measuring improvement. This approach would enable the Trust in future Quality Accounts to report on how they have improves various individual aspects of patient experience.

Overview and Scrutiny Committee and Primary Care Trusts

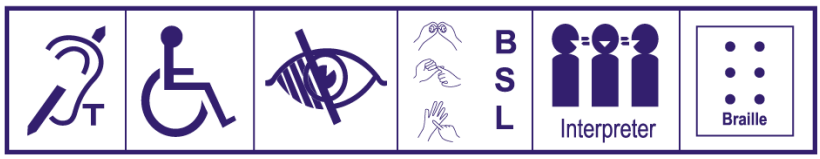
Further information

Further details of the agreed CQUIN goals for 2009/2010 and the following 12 month period are available on request from the Business Development Team, c/o St Peters Hospital, Guildford rd, Chertsey, KT16 0PZ

Your feedback

If you have any comments or suggestions on these Quality Accounts, we would welcome your feedback. Please contact: Sarah Johnston, Head of Quality and Integrated Governance at the Trust, either by email to sarah.johnston@asph.nhs.uk or by calling 01932 723647.

DN: to add in info on alternative formats, languages etc



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