Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
15th February 2011

TITLE	**Quality Accounts**
EXECUTIVE SUMMARY	The Quality Account is an annual document that is required by all trusts. It is relatively new in its creation, all trusts produced a document last year, and Foundation Trusts produced a document previous year as part of the pilot process. The purpose of the document is to produce more accountability for Quality improvement for the public and therefore the document is a priority for the Board of Governors to understand and participate in. Stakeholder engagement is a key part of creating a successful Quality Account. The paper gives an overview of the purpose of the document, describes the priorities the organisation set for 2010 (2009/2010 document) and an indication of how we are progressing so far. For this year the Council of Governors has the opportunity to help choose the indicators for the coming year, and the paper sets out how that might be achieved. For the future the paper sets out a suggestion of how Council of Governors can be more involved in the oversight and development of the Account as we go forward.
The Council is asked to:	Agree nominations to participate in the stakeholder event and also in the on-going Steering Group.
Submitted by:	Sarah Johnston, Head of Quality and Integrated Governance, on behalf of Suzanne Rankin, Chief Nurse
Date:	10th February 2011
Decision:	To agree

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Quality Account 2010/2011

1. Overview

The Trust is required to produce an Annual Quality Account. This is a requirement set out in the Health Act 2009 and is produced in line with guidelines issued by the Department of Health.

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

The final guidance on the format of the Quality Accounts is due in February however the format is likely to remain as identified previously. This takes the form of a look back at the previous year's achievements and where we did not do as well as we would have liked to, and using this to help set priorities for the coming year, and a range of prescribed information relating to clinical audit, data quality, and achievement of the CQUIN[1] targets. CQUIN targets are local priorities for improvement that are set between the PCT and the Trust.

2. Role of Council of Governors

The Trust sees the Council of Governors as playing a key role in development of the Quality Account. In order for our Quality Account to be meaningful to our community we must engage our stakeholders in our quality improvements and work together to set the priorities that mean the most to our patients and public.

For our 2010/2011 Quality Account we want to start this journey of continued stakeholder engagement in this work. We would like this to be active participation and would like the Council of Governors to be part of how this process develops, as well as providing input into the setting of priorities.

Recommendations at the end of this document set our how we might achieve this.

3. Where we are so far

In our 2009/2010 Quality Account we set ourselves 6 priorities, 2 each under the headings of Experience, Safety, and Effectiveness.

[1] The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals

EXPERIENCE

Priority 1 – we wanted to develop an increased accountability in meeting patient needs;

- We developed a postal survey to send out to patients in order for us to receive regular feedback on our care so we could identify where we needed to improve. We did this but wanted more real time feedback and we tested a number of devices to do this but decided to develop our bespoke process. Currently we have 'Your Feedback', a real time process of patient feedback which we analyse and feedback to our staff.
- We wanted to raise the profile of our matrons and ensure as many patients as possible see a matron during their stay. We have gone some way to achieving this but our feedback still tells us we need to do more.

Priority 2 – we wanted to improve our communication

- We reviewed all our patient information through a new patient information group to ensure the information was up to date, easy to read and provided quality information. We also instigated a new system for providing information for patients undergoing surgery.
- We aimed to increase our use of electronic discharge letters; this means that GPs get up to date information on what has happened to their patient in hospital much quicker which means they can give better care, support or advice to their patients. We aimed to have 70 practices up and running by the end of March 2011. We had 50 achieved by the end of November.

SAFETY

Priority 3 – reduce hospital infection

- Through support, education and continually improving practice we wanted to meet and exceed our MRSA maximum threshold of 5 cases and our C. Difficile maximum threshold of 67 cases. These are nationally set thresholds and we have remained within our threshold for MRSA cases and have performed very well on C. Difficile having only had 27 cases year to date.

Priority 4 - Reducing hospital falls which cause harm

- We aimed for a 10% reduction in hospital falls which might cause a fracture or other harm to patients. Our target was not more than 29 falls and we are on track to achieve this with 13 patients having had a fall in hospital which resulted in injury at end of December. We have changed our falls assessment process which all patients receive on admission; this helps us identify those patients at risk. We have an active falls group led by one of our clinicians, Dr Yeong, and through this multi-disciplinary group we identify actions to continue to improve the environment and care for these at risk patients.

EFFECTIVENESS

Priority 5 – we wanted to improve our care of patients with a fractured neck of femur (hip) by ensuring they are all treated within 36 hours for their operation.

- We had a target of 85% of patients to be treated within 36 hours and at end of December the numbers for the month were 90.9% with a year to date figure of 88.6%

Priority 6 – we wanted to improve the effectiveness of a stay in hospital

- We wanted to improve our discharge process including our documentation and discharge planning to give patients a better experience. We have a discharge group in place and have

a number of actions in place but we know there is still significant work to do to get this right for people.

4. Setting priorities for 2010/2011

The priorities will be guided by the NHS Outcomes Framework and its five domains, and will build on our previous priorities of improving experience, safety and effectiveness. There may be some indicators that we want to keep and continue to work on, and there may be others that we need to change. We will use our knowledge of patient feedback through our 'Your Feedback' process and our In Patient and Outpatient surveys to guide us to the key issues for patients. In addition we will use the new NHS Outcomes Framework to help steer us to the areas where we will have most impact for patients.

NHS Outcomes framework

The NHS Outcomes framework sets out a vision for the NHS which includes a shift in how the NHS defines its priorities.

This is described as a 'relentless focus on delivering the outcomes that matter most to people'. Quality Accounts are a key tool to enable the Trust to demonstrate this approach.

The framework sets out five domains

1. Preventing people from dying prematurely.
2. Enhancing quality of life for people with long term conditions.
3. Helping people recover from episodes of illness or injury.
4. Ensuring people have a positive experience of care.
5. Treating and caring for people in a safe environment and protecting them from harm.

Within these domains a range of indicators and improvement areas have been identified or will be developed, these indicators build on current indicators which aim to improve patient outcomes and experience, some of which are already built into our Quality Strategy and Quality Account.

Using all the above we will create a suite of indicators from which we will need to prioritise a minimum of 3. We would like support from the Council of Governors to consider which indicators should be chosen. The Quality Account will be presented to the Trust Board in the timescale detailed below.

5. Timeline for production of the Quality Account

Timeline for production of Quality Account

Stakeholder engagement	January and February 2011
Draft text produced following final guidance from Department of Health and circulation for comments.	March 2011
Final text provided to Trust Board for approval	Mid April 2011
Copy to be sent to PCT, LINks and OSC	By 30th April
Review by PCT, LINks, and OSC[2]	Completed and returned by 30th May
Production of Quality Account	May/June 2011
Publication	30th June 2011

[2] Overview and Scrutiny Committee

6. Actions requested of the Council of Governors

- For the creation of this year's Quality Account we will be holding a stakeholder event in the next few weeks involving representatives from the Council of Governors, LINks and the Patients Panel.

- For the longer term we will be setting up a Steering Group which will help oversee the Quality Account and its on going development. This Group will have defined Terms of Reference and will probably need to meet 3 or 4 times each year. We would welcome Council of Governor representation on the Steering Group**.**

7. Conclusion

Governor nominations to participate in the Quality Account work stream are requested.

Further information

Information on the Quality Accounts can be found on the Department of Health Website

http://www.dh.gov.uk and typing in Quality Accounts

Further information form the Trust can be had from:

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Submitted by:	Sarah Johnston, Head of Quality and Integrated Governance, on behalf of Suzanne Rankin, Chief Nurse
Date:	9th February 2011