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

Council of Governors

20th February 2012

TITLE	Quality Account
EXECUTIVE SUMMARY	Quality Accounts are annual reports to the public about the quality of services that providers of healthcare deliver and their plans for improvement. The purpose of Quality Accounts is to enable: • patients and their carers to make well informed choices about their providers of healthcare; • the public to hold providers to account for the quality of the services they deliver; • Boards of NHS providers to report on the improvements made to their services and set out their priorities for the following year. The document is a priority for the Council of Governors as stakeholder engagement is essential to establish an effective Quality Account. This paper provides information to support involvement in the process for delivering the Trust's Quality Account for 2011/12, reviewing progress made during 2011/12 and identifying the priorities for 2012/13.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The requirement to produce a Quality Account is set out in the Health Act (2009) including timescales for delivery. The Council of Governors would want assurance that the document provides the right information and that the priorities set are the right ones.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Quality Account must be accessible and understandable to stakeholders. The involvement of the Council of Governors will help to shape the document being created for our stakeholders.
EQUALITY AND DIVERSITY ISSUES	Non identified
LEGAL ISSUES	It is a legal requirement that the Trust produce a Quality Account. The process for creating the Account and the content of the Account will be scrutinised by the PCT, Overview and Scrutiny Committee and Local Involvement Network. In addition, the Audit Committee will commission an audit of the Quality Account. Consider involvement in a workshop and/ or other means of recommending priorities for 2012/13.
The Council of Governors is asked to	Decide how the group would like to be involved in consultations on the draft, and how feedback will be provided. Consider whether members of the group would like to be involved in the ongoing monitoring of progress with delivery of the targets.
Submitted by:	Heather Caudle, Associate Director of Quality, on behalf of Suzanne Rankin, Chief Nurse
Date:	3th February 2012
Decision:	For Decision and noting

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

Briefing for Council of Governors

Quality Account 2011/2012

1. Overview

The requirement to produce an annual Quality Account is contained within the Health Act 2009; guidelines are issued by the Department of Health.

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of their services. The primary purpose of the reports is to encourage Boards and leaders of healthcare organisations to assess the quality of all the healthcare services they deliver. The Quality Account enables leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, explaining their priorities for, and progress with, service improvements to the public.

The final guidance on the format for Quality Accounts 2011/12 is not yet available. Previous content includes: review of progress with last year's priorities; identification of priorities for the coming year and a set of mandated information relating to clinical audit, data quality, and achievement of CQUIN targets. (Commissioning for Quality Innovation, CQUIN targets are local priorities for improvement that are set between the PCT and the Trust).

2. Role of Council of Governors

The Trust invites the Council of Governors to take active participation in development of the Quality Account, ensuring that the report contains the priorities for service improvement that are relevant and meaningful to our patients and the public.

3. Priorities Set for 2011/12

In our 2010/2011 Quality Account, in consultation with our stakeholders and reference to the NHS Outcomes Framework, we set 7 priorities grouped under the headings of Experience, Safety, and Effectiveness.

EXPERIENCE

Priority 1 – To provide safe, high quality discharge for patients

Our actions include:

- Road-shows across both hospitals to reinforce to staff the importance of good quality discharge
- Training staff to be accountable for achieving good, efficient and safe discharge of patients
- Telephone calls to patients one day following discharge to provide follow-up
- Electronic prescribing to improve the time patients' wait for medicines on discharge
- Improvements to the working of the Discharge Lounge

Priority 2 – To provide high quality experience relating to nutrition and hydration

Our actions include:

- Introduction of hourly care rounds where nurses check patients including whether patients have the right food and enough to drink

- Introduction of monthly Best Care audits by Matrons with review of nutrition assessment and progress with care plans for patients at risk
- Regular audits undertaken by our Lead Practitioner Nurse in Nutrition and Dietetics, working closely with staff to ensure that patients are having the right food and enough to drink
- Re-launch of our protected mealtimes for patients
- A programme of nutrition events including nutrition awareness roadshows during June

SAFETY

Priority 3 – To provide confidence and reassurance for patients on infection control, including MRSA and clostridium difficile as well as other preventable infections

- Through support, education and continually improving practice we are currently exceeding our targets to reduce MRSA and C.Difficile

Priority 4 – To improve the quality of nursing care by setting and measuring a number of nursing sensitive indicators

Our actions include:

- Implementation of the Best Care Programme and the High Impact Interventions for Nursing and Midwifery with monthly audits and improvements
- Staff training and development ensuring the use of best practice evidence based nursing care
- Appointment of a Lead Nurse for falls prevention
- Ward level measurement and response to incidence of falls and pressure ulcers together with regional and national benchmarking
- Targeted support from our Tissue Viability Nurse Specialist

EFFECTIVENESS

Priority 5 – To reduce the hospital emergency and elective readmission rate

- Currently we are not achieving the target set to reduce the elective readmission rate but are on target to reduce emergency readmissions.

Priority 6 – To improve effectiveness of care for those with conditions most commonly associated with death in hospital: pneumonia and heart failure

- Currently we are achieving the targets set supported by work through the regional Enhancing Quality Programme.

Priority 7 – To improve the experience and clinical outcomes for those with long term conditions by improving outpatient management and collaborative working with primary and community services (focus on patients with Chronic Obstructive Pulmonary Disease)

- Currently we are achieving the target set with a reduction in the admission rates for COPD.

4. Setting priorities for 2012/2013

As for last year, the priorities for 2012/13 will be selected using the NHS Outcomes Framework, building upon our work to improve patient experience, safe care and the quality of clinical practice. A range of indicators will be produced including the current indicators for consultation with our stakeholders.

Most of the priorities for 2011/12 have targets that continue until 2014. Should it be decided that theses priorities do not need to be included as priorities for 2012/13, work will still continue within the Trust to deliver improvements and monitor progress to achieve the targets that have been set.

It could be decided to continue to include these targets for the next reporting period within the Quality Accounts, however, there might be changes to priorities recommended from engagement with our stakeholders on behalf of the local community.

5. Actions requested of the Council of Governors

- Consider involvement in a workshop and/ or other means of discussing and recommending priorities for 2012/13.
- Decide how the group would like to be involved in consultations on the draft, and how feedback will be provided.
- Consider whether members of the group would like to be involved in the ongoing monitoring of progress with delivery of the targets set.

6. Timeline for production of the Quality Account 2012

Stakeholder engagement	January / February
Draft text produced following final guidance from Department of Health and circulation for comments.	March
Final text provided to Trust Board for approval	April
Copy to be sent to PCT, LINks and OSC for review	By 10 April
Review by PCT, LINks, and OSC and returned	By 10 May
Production of Quality Account	May/June
Publication	30 June

7. Further Information

Information on Quality Accounts and the NHS Outcomes Framework from the Department of Health Website: http://www.dh.gov.uk

For further information from the Trust contact:
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Chief Nurse: Suzanne.rankin@asph.nhs.uk 01932 722126

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'. The 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 appositive experience of care
5. Treating and caring for people in a safe environment and protecting then from harm

Within these domains a range of indicators and improvement areas have been identified or will be developed with the aim of improving patient outcomes and experience.

Submitted by:	Heather Caudle, Associate Director of Quality, on behalf of Suzanne Rankin, Chief Nurse
Date:	3th February 2011