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

COUNCIL OF GOVERNORS
18th May 2011

TITLE	**Quality Account**
EXECUTIVE SUMMARY	The Quality Account is an annual document that is required from all trusts. The purpose of the document is to facilitate greater accountability for clinical quality improvement to the Trust's patients and other stakeholders. Following the last Council meeting a separate event (workshop) was held for Governors and other key stakeholders, with a particular focus on developing the quality priorities for 2011/12. Since then further work has taken place to compile the draft Quality Account which is scheduled to be approved by the Trust Board in May 2011. The external Auditors are required to provide external assurance on the Quality Account and this involves a general review validating the content together with a detailed review of the data quality and reporting on three priorities from last year's Quality Account. Two of the indicators are mandated by Monitor; MRSA and 62 Day Cancer Waits; the other has been chosen by the Governors *Ensuring that patients with a broken hip who are fit for undergoing surgery get their operation within 36 hours of admission.* The Auditors will prepare a limited assurance report for submission to Monitor and the Trust Board and for sharing with the Governors.. A copy of the notes from the Quality Account Workshop is attached together with an extract from the DRAFT Quality Account relating to priorities for 2011/12 which have been endorsed by the Trust Board.
The Council is asked to:	Note the progress
Submitted by:	Suzanne Rankin, Chief Nurse
Date:	4th May 2011
Decision:	To note

EXTRACT FROM DRAFT QUALITY ACCOUNT

Our Priorities for Improvement for 2011/12

In drawing up our priorities for improvement for 2011/12 we have taken into consideration our progress against last year's priorities some of which are now secured as business as usual whilst others require continued focus. We have also considered the local, regional and national picture, our overall performance as well as the views of patients, our Governors, commissioners and other patient representatives.

Following a process of engagement and consideration we have identified seven key priorities for this coming year which we believe should be our focus in improving patient experience, safety and clinical outcomes.

Improving our Patient Experience

Priority 1 – **to provide safe, high quality discharge for patients.**

Why have we chosen this priority?
Patients and their carers tell us that their experience of discharge from the Trust is not always as good as it should be. We also know that poor discharge practice can lead to preventable readmissions to the hospital.

How will we improve discharge?
A range of actions are underway and are centred on the Streamlining Discharge Programme which includes:

- a routine programme of Discharge Roadshows
- an improvement programme that includes; Trust wide staff training, implementation of a competency framework, enhancement of ward based accountability and practice
- pilot of post-discharge telephone calls to patients
- development of e-prescribing
- enhancement and improved utilisation of the Discharge Lounge.

How will we measure our improvement?
We will monitor patient experience of discharge via the Trust feedback mechanism, "Your Feedback" and the National Patient Survey.

We will measure improvement by monitoring the number of complaints received by the Trust that relate to discharge issues and practice.

Target: to reduce the number of patient concerns measured through formal complaints relating to discharge by **60%** by 2013/14:

- 2011/12 30%
- 2012/13 15%
- 2013/14 15%

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

Why have we chosen this priority? The provision of appropriate nutrition and hydration is essential for all patients receiving care in the Trust. This is particularly important for our most vulnerable patients where this priority will link to the Trust's ongoing work to provide high quality care for the vulnerable and elderly including those with dementia and who are at end of life.

How will we improve patient nutrition and hydration?

- our 'Best Care' programme includes a dedicated workstream to improve nutrition and hydration
- our Lead Practitioner Nurse in Nutrition & Dietetics will complete regular audits of the effective provision of nutrition and hydration and work with wards and clinical areas to give targeted improvement support
- protected meal-times will be re-launched
- monthly audits of screening patients for malnutrition using the MUST Assessment Tool will be undertaken and recorded. MUST screening skills and competence will be enhanced and the monthly Registered Nurse Development Days now include a session on the use of the MUST Nutritional Risk Assessment Tool
- Nutrition Focus Month will take place in June and will provide an opportunity for all staff in the Trust to consider the importance of nutritional assessment and support and to reflect on their practice
- the implementation of Care Rounds creates a formal opportunity on an hourly basis for nurses to check on and respond to patient's individual needs which will include the provision of nutrition and hydration.

How will we measure our improvement? Essence of Care Nutritional Audits and Indicators will form part of our regular reporting to the Trust Board whilst the nutrition workstream will be monitored by the Nutrition Steering Group who report to the Clinical Governance Committee.

What will our target be? to improve the Essence of Care Nutritional Audit results by 10% against the baseline nutrition audit conducted in December 2010.

Maintaining high safety standards

Priority 3 – to provide confidence and reassurance for patients on infection control, including MRSA and C. Difficile as well as other preventable infections

Why have we chosen this priority? Although the Trust has performed well in the reduction of hospital acquired infections it remains a key indicator of clinical quality and patients continue to require assurance that a heavy emphasis on infection control persists.

How will we do this?
We will continue and build upon our good practice and in particular focus on:

- prevention of peripheral and central line acquired infection
- prevention urinary catheter acquired infection
- good infection controls and hand hygiene.

How will we monitor this? Regular reports of the numbers of acquired infections will be made to our Clinical Governance Committee, Trust Executive Committee and the Board as part of our monthly Quality Report.

Target:

- no more than 4 MRSA bacteraemia cases for 2011/12
- no more than 33 cases of C.diff for 2011/12.

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

Two key areas of focus will be: the prevention of pressure ulcers and falls.

Why have we chosen this priority?
We know that sometimes our nursing care falls short of the very high standards our patients deserve. The incidence of pressure areas and falls are known to be credible indicators of nursing quality and are also amenable to high quality nursing intervention. As our patient population becomes increasingly elderly and vulnerable we want to ensure that our nursing care meets their needs and promotes well being.

How will we do this?

- implementation of the Best Care Programme and the High Impact Interventions for Nursing and Midwifery
- undertake 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 Tissue Viability Specialist Nurse.

How will we monitor this?
We will monitor these indicators at ward level via the Ward Quality Indicators which are reported to Board monthly.

Target:

- 10% reduction in falls that result in harm year on year;
- overall a 10% reduction in all reported falls year on year.
- 5% reduction in grade 2 or above hospital acquired pressure ulcers year on year.

Achieving high quality clinical care

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

Why have we chosen this priority? It is important for patients to have the most effective care that leads to discharge in a timely and safe manner with the required support to avoid readmissions to hospital within 30 days of discharge.

How will we do this?

- ensuring that care and treatment is of high quality and driving reductions in preventable harm or complications that can lead to readmissioms
- Streamlining Discharge Programme
- Experience Based Design (EBD) project focusing on understanding why patients represent and includes work with patients and with staff within the Trust and across into community care
- implementation of the Virtual Ward.

How will we monitor this? We are already monitoring readmission rates which are included on our monthly quality report to the Trust Board.

Target:

Reduction in elective readmissions within 30 days of discharge by **90%** by 2013/14:

- 2011/12 50%
- 2012/13 25%
- 2013/14 15%

Reduction in emergency readmissions within 30 days of discharge by **30%** by 2013/14:

- 2011/12 15%
- 2012/13 10%
- 2013/14 5%

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

Why have we chosen this priority? The NHS Outcomes Framework [1] has been developed to provide national level accountability for the outcomes the NHS delivers. It identifies five domains, the first of which is 'preventing people from dying prematurely'. This domain focuses on reducing avoidable deaths from cardiovascular, respiratory and liver disease.

The Trust is actively participating in a national programme (The Enhancing Quality (EQ) Programme) to improve the care and reduce the number of deaths of patients with pneumonia and heart failure; common cardiovascular and respiratory conditions.

How will we do this? The Trust's EQ Programme is guiding improvement work on these key, high volume, pathways with the objective of reduction in readmission rates, complication rates and improved patient experience and outcomes.

How will we monitor this? The EQ Programme has continuous data collection with improvement targets and milestones set by the region. Data submissions are monitored on a monthly basis and reported via the EQ Steering Group. The Trust will be reporting Crude (CMR) and Standardized Mortality Rate (SMR) for pneumonia and heart failure patients.

Target:

- Reduction of 5% SMR for Heart Failure by 2013/14
- Reduction for hospital acquired Pneumonia of 1% SMR year on year.

Priority 7 – to improve the experience and clinical outcomes for those with long term conditions by enhancing outpatient management and collaborative working with primary and community services

Why have we chosen this priority? High numbers of patients are seen daily in our outpatient clinics (**Need number over 2010/11**) This high number presents a significant opportunity for the Trust to enhance the experience of patients, and impact on the care and treatment, given through improved outpatient management and organisation.

How will we do this? develop a better understanding of the high volume pathways and patients passing through our Outpatient Department and benchmarking this information with national data to identify focus for improvement activity.

How will we monitor this?
Rates of attendance and admission for those patients in the selected pathways.

[1] *NHS Outcomes Framework,* Department of Health, December 2010. London: HMSO

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Target:

- To be within top 20% of best performing Trusts for selected patient pathways.

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

Quality Accounts Workshop

Tuesday 8th March 2011

Room 1, Postgraduate centre, St Peter's Hospital

2.30 – 4.30

Attendance

Howard Manuel	Public Governor – Woking
Judith Moore,	Public Governor – Guildford
Sue Harris,	Staff Governor – Nursing and Midwifery
David Frank	Public Governor - Surrey Heath
Maurice Cohen	Public Governor - Woking
John Diamond	ASPH LINk
Dr Alan Witts	Patients Panel
Suzanne Rankin	Chief Nurse
Dr Mike Baxter	Medical Director
Vanessa Avlonitis	Head of Nursing
Jill Down	Head of Customer Affairs
Jane Gear	Company Secretary / Head of Corporate Affairs
James Harley	Membership Manager
Dr Anne Spiropolous	Head of Clinical Effectiveness
Sarah Johnson	Head of Quality and Integrated Governance

Minute **Action**

QAW-1/11 Welcome and Introduction

Suzanne Rankin, Chief Nurse welcomed everyone to the meeting. The Group was informed that the work-shop was a follow up from the presentation on Quality Accounts that was given to Governors on Tuesday 15th February 2011. The purpose of the session was to identify, develop and propose the 3-5 priorities to be identified in the Quality Account for 2011/2012.

QAW-2/11 Introduction to Quality Accounts

The Head of Quality and Integrated Governance, Sarah Johnson gae a brief refresher presentation on the central guidance within which Quality Accounts are prepared.

QAW-3/11 Presentation of where we are now

The workshop was shown a review of the 2010/2011 Quality Account priorities and discussion followed. The following four points were raised:-

Minute **Action**

1. Action Doc Man

The Workshop queried whether Docman had been fully implemented across the hospital and GP Surgeries.

2. Review OPA letter

DF informed the workshop that there were still issues of concern with the quality of Out-Patients appointment letters which had been raised by another Governor. It was agreed that copies of the letters could be shared with the Council of Governors for information.

3. Communication with community matrons

A need to develop further the existing relationships that ASPH has with Community Matrons

4. LINk reviewing discharge led by Geoff Freemantle

It was noted that Geoffrey Freemantle, from Hounslow Link and Public Governor for Hounslow was carrying out a review of hospital discharge and would be reporting back to the Trust through Link in the near future.

QAW-4/11 Group discussions to consider information and form a view of priorities for 2011/12

The workshop split up into three facilitated groups to consider information and form a view of Quality Account priorities for 2011/12.

The three groups were:-

- Effectiveness
- Safety
- Patient Experience

QAW-5/11 Feedback from Groups

The groups fed back the main outcomes that came from their own discussions looking at priority areas for the following years quality account.

(i) Patient Experience:

1. Discharge Process (safe and high quality):

2. Nutrition and hydration:

(ii) Effectiveness

1. Re-admissions rate - elective and emergency

Minute **Action**

2. Improve effectiveness of care for those conditions most commonly associated with death in hospital:

3. Outpatients: links to improving the experience/quality of life for those with LTC

(iii) Safety:

1. Infection Control:

2. Nurse Sensitive Indicators - nursing quality

QAW-5/11 **Next Steps**

Suzanne thanked everyone for their contribution. The Quality Department would now incorporate these proposals in the draft Quality Accounts for review and agreement by the Trust Board. There would be a signing session at the end for the governors