

**Trust Board
27th May 2010**

TITLE	Quality Accounts
SUMMARY	<p>The Quality Accounts are presented in final form, subject to responses to be received from LINKs, PCT and OSC.</p> <p>The PCT are planning to sign off Accounts 28th May 2010 and will respond in June.</p> <p>The priorities have been further discussed by the Executive Directors and amendments have been made to reflect this.</p> <p>Comments from Terry Price.NED, and Maurice Cohen have been received and incorporated as much as possible. The mandated statements have been left intact.</p>
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.
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:	Note the final layout of the report
Submitted by:	Sarah Johnston on behalf of Caroline Becher
Date:	19 th may 2010
Decision:	For Noting

Quality Account



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

2009/2010

Introduction

Welcome to our first Quality Account for Ashford and St Peter's Hospitals for 2009/10. This publication describes just how seriously we consider quality and safety issues in our two hospitals and how we work, year on year, to make the right improvements. We want both patients and visitors to feel confident of the quality of our services, and this Quality Account sets out our priorities for improvement and details how we have performed against some key quality measures over the last year.



We are determined to ensure quality remains our top priority, from the Board to the front line, and that our actions really do show improved results for patients. For example, we already have one of the lowest mortality rates in Surrey and in the country*, and over the last year have made significant improvements to reduce hospital acquired infections such as MRSA infection and Clostridium Difficile (C Diff) infections which is good news for our patients.

Over the last year we have considerably strengthened our quality monitoring, developing a range of measures (which we call our Quality Dashboard) drawn from local, regional and national targets deemed to best reflect quality and safety issues. These include standardised mortality rates*, patients readmitted within 2 weeks as emergencies, falls, complaints, serious untoward incidents and a 'summated adverse report index' - a measure of patients who experienced an adverse event. These key measures give an indication of quality and safety levels and are monitored month by month so swift action can be taken if required.

Together with other hard data and soft anecdotal evidence, these measures contribute towards a new Quality Report which is debated as the first agenda item at each of our monthly public board meetings and published on our website as part of the Board papers. Over the course of the last year, we have really strengthened the way quality issues are reported to the Board, to make sure Board members have a good understanding of how patients are being treated in our hospitals. For example, our Matrons give regular presentations to the Board, ensuring they hear directly from the 'shop floor' and we have also started to invite patients to come and tell their story (good or bad) to the Board, a real milestone in patient engagement.

However, we know that despite our efforts regular patient surveys are telling us we still have some important areas to work on which we are not getting quite right. This is why we have placed a high level of importance on improving the patient experience – how we communicate, keeping down noise at night, ensuring our wards and other areas are clean and in a good state of repair and decoration. We actively encourage patient feedback as we know this is a key driver to making the right improvements and have recently introduced new electronic survey devices to give us quicker feedback so we can be more responsive to patients' needs.

In order to deliver these priorities we need to ensure we have a highly skilled and motivated workforce that feel part of our organisation and have a responsibility to our community. As a Board, in conjunction with our staff, we have developed a new set of values that we want to be known by, the four 'P's:

***Patients First
Personal responsibility
Passion for excellence
Pride in our team***

We are now working to turn these into behaviours that become part of the way we care for our patients, every day and in every episode of care.

We have also introduced a new programme for transforming and improving services that really involves and engages our staff – our EQUIP (**E**fficiency, **Q**uality, **I**mprovement and **P**roductivity) programme. This is about teams of staff working together to take stock of problem areas to see how they can get rid of any unnecessary steps in a process to give better and more efficient patient care. This programme is beginning to show some real tangible results, particularly in the way we are discharging some of our medical patients and we are looking to expand the programme into other areas in the coming year.

Overall 2009/10 has been a positive year for establishing our direction for quality. We have put in a good amount of groundwork to be able to move forward with our improvements, knowing we have good measures in place and well motivated staff to deliver these measures. One of our key challenges for 2010/2011 will be to improve the way we engage patients in developing this annual Quality Account, and in particular for helping us set our priorities for improvement.



Andrew Liles
Chief Executive

The information provided 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.

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Our priorities for improvement for 2010/11

One of our four strategic objectives going forward is to achieve the highest standards of quality over the next few years. We have developed six work streams within the organisation to take these forward, with key milestones for improvement which we will be able to actively measure.

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 will be able to be held to account in a year's time.

Improving the patient experience

Our Goal:

'To improve our patient survey results so we are among the top 25% of 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 improvements we are making and can be used as an effective indicator which we can measure year on year.

Key priority 1 – Increase our accountability to our patients and public by developing the way we engage with and respond to our community



Why have we chosen this priority? We know that understanding more about how our patients feel about our services, and actively seeking out and acting on specific feedback will help us improve the quality of our services and the patient experience. We know we have improvements to make to achieve our goal of becoming one of the top 25% of Trusts in the national patient survey, and understanding our patient and public views is essential if we are to put the right actions in place

This year we aim to be a Foundation trust and have already recruited over 5000 members and governors. We plan to use our membership to help shape our future Quality Accounts.



How will we do this? We have already strengthened the way we gather patient feedback through a 6 monthly listening and learning postal survey, and our patient comment cards and we will continue to use these to check our actions to improve things are working. During 2010/2011 we plan to implement hand held devices to give real time feedback to our ward areas. This will help us to quickly see whether our key improvements are working for patients, for example have call bells being answered quickly enough, or whether patients have adequate information from doctors and nurses.

How will we monitor this? We will monitor our patient engagement through our Patient and Public Engagement Group, our patient experience work stream, and through our patient surveys and comment cards.

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

Why have we chosen this priority? We know this is the top issue for patients. It is identified through our inpatient and outpatient national survey results, and our local feedback mechanisms. Patients say they want better information from us, and we need to ensure that patients have all the information they want about results, diagnosis and treatment.

How will we do this? We will be reviewing all our written patient information and replacing it in a new standard format that is clear and succinct. We have set up a number of ways of providing training for our staff to improve the way we communicate with patients. We are working to improve our letters that are sent out to patients to invite them for an appointment, and we are working to increase the number of letters that are sent electronically to GP's so they have immediate access to the information that will help them care for their patients.

How will we monitor this? This will be monitored through our 6 monthly listening and learning survey, our national patient surveys results, and through our quality meetings with the Primary Care Trust (PCT)

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 and we regularly monitor our mortality ratio, infection control, any serious incidents, and falls. We use the dashboard to identify our target and to monitor progress against this target. We also include safety measures for each ward so we can track any improvement or decline.

Key priority 3: Reducing Falls

Why have we chosen this priority? The number of patients who suffer from a fall in hospital is a national issue as our patient populations become more elderly and we want to ensure that we do all we can to prevent patients falling when people are in our care. We have reduced the total number of falls and will continue to reduce this but more specifically we want to reduce the falls that result in injury such as a broken hip.

How will we do this?

We will do this by raising awareness amongst our staff, improving our falls assessment process, and better management of those patients most at risk.

How will we monitor this? Through the numbers of falls we record on our quality report, through our nursing report and quarterly incident reports.

Target: to achieve a 10% reduction in falls resulting in injury

Key priority 4: Reducing Hospital Acquired Infections

Why have we chosen this priority? This is an ongoing priority for all NHS organisations, and reducing the number of infections demonstrates infection control as a continued high priority for the Trust/

How will we do this? We will continue our good practice which has resulted in reducing our MRSA infection rates during 2009/2011. We will continue emphasis throughout the organisation on good infection controls and hand hygiene through implementation of high impact changes.

How will we monitor this? We will monitor this on our Trust Board reports, and at the PCT quality meetings.

Target: to exceed our national performance target of 5 MRSA cases and 114 clostridium Difficile cases in 2010/2011

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 appropriate for surgery, get their operation within 36 hours of admission

Why have we chosen this priority? This is a key national target which is a good example of how being more effective with resources can improve treatment and give patients a better and quicker recovery. We do less well than we would like to in this target.

How will we do this? We want to introduce weekend trauma 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 Board on our quality measures and to the PCT via our monthly Commissioning through Quality and Innovation (CQUIN) reports.

Target: 100% of patients with a broken hip that are appropriate for surgery get their operation within 36 hours of admission.

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

Why have we chosen this priority? We know that patients want to spend as little time in hospital as possible. 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? Through our EQUIP programme we have already begun making some changes to our processes; shortening our ward rounds and improving discharge documentation to make the process more efficient. We will use our LEAN approach to cut out things that do not add value to patients, and will focus on providing a more effective process for discharge medications.

How will we monitor this? We will monitor our length of stay to achieve our target.

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

Between April 2009 and March 2010 Ashford and St Peter's Hospitals NHS Trust provided and/or subcontracted 19 NHS services.

Ashford and St Peter's Hospitals NHS Trust has reviewed all the data available to them on the quality of care in 19 of these NHS services

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 Ashford and St Peter's Hospitals NHS Trust for 2009/2010

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)

Establishing our quality measures

Over the last year, we have focused on establishing baselines in terms of reporting quality, understanding what information we have and how we can use it, and ensuring we are reporting appropriately to the Board. We have developed what we call a 'Quality Dashboard' for our key measures (in the form of a simple table), which we can use to flag any areas of concern.

We have also devised a way of measuring the quality of our nursing care – which we call our 'nursing metrics' – by measuring certain sets of information for each of our wards. These categories include hand washing, cleanliness measures, medication errors, complaints and pressure ulcers.

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



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 and our overall forecast for the year to see if we are on track.

Participation in Clinical Audits 2009-10

Clinical audits are an important way of collating quality data; national audits help us to compare ourselves against other organisations, which is important in terms of continually raising standards. Participation in national and local clinical audits is the mark of a service that is constantly striving to improve. Furthermore, participation in national and local clinical audits is a way for clinical teams and individual clinicians to monitor and improve their practice.

During 2009/10 25 national clinical audits and 6 national confidential enquiries covered NHS services that Ashford and St Peters Hospitals NHS Trust provides.

During 2009/10 Ashford and St Peters NHS Trust participated in 80% of the national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Ashford and St Peters NHS Trust was eligible to participate in during 2009/2010 are identified in section 1 below:

The national clinical audits and national confidential enquiries that Ashford and St Peters NHS Trust participated in during 2009/2010 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		
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
- * TARN: there is substantial cost involved in joining this network in addition to the mechanisms and resources required for data submission and the Trust has decided not to participate.

Table 2: Intermittent Samples of Patients

Audit Title	Eligible	Participated
National Kidney Care Audit		
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 Ashford and St Peter's participated in, and for which data collection was completed during 2009/2010 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

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	Report 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 to trust
NCEPOD: Emergency and Elective Surgery in the Elderly	100%
NCEPOD: Parenteral Nutrition Study	69%

The reports of 10 national clinical audits were reviewed by Ashford and St Peter's NHS Trust in 2009/2010 and Ashford and St Peter's NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Acute Kidney Injury (AKI)

- Provide education to all admitting junior doctors on AKI risk assessment.
- Produce a written guideline developed to support staff to deliver high quality care consistently over all areas

End of Life Care

- Improvements on prescribing for symptoms.
- Training and education for all healthcare workers
- Timely communication with carers to involve them in planning around end of life care.
- Improve the range of patient / carer leaflets

Diabetes

- Diabetes Specialist Nurse is working to create a ward of excellence supporting more staff to gain knowledge and information about diabetes care.

Pain Relief

- Triage nurses to be trained to provide pain relief which means patients can get pain relief faster

Stroke

- Setting up a Stroke User Forum with stroke patients, their carers and local stroke groups.
- Monitoring our use of stroke unit to ensure stroke patients spend majority of their time on the specialised unit
- Care of the elderly teams working to ensure thrombolysis treatment for stroke is available at all times.

Systemic Anti-Cancer Therapy

- 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 where possible

The reports of 61 local clinical audits were reviewed by Ashford and St Peter's NHS Trust in 2009/2010 and Ashford and St Peter's NHS Trust intends to take the following actions to improve the quality of healthcare provided:

The reports of 61 local clinical audits were reviewed in 2009-10 and the following are some of the examples of actions taken to improve the quality of healthcare provided:

Epidural Care

- Review of trust epidural guidelines and the epidural observation chart
- More staff training to ensure complications are minimized
- Development of 'take home' patient information to support any aftercare

Cancer Services

- Help patients understand what a key worker is and improve patient access to their key worker
- All patients will be sent copies of clinic letter following consultation.
- Improve the management of clinics so clinic is not over full, and introduce announcements of any delays in the clinic
- Increase the range of information and include information on financial benefits available to patients
- Setting up of a support group for breast care patients.

Discharge process

- Extending discharge lounge to increase space and have an area to support privacy & dignity where staff can discuss discharge issues etc with patients / carers in privacy.
- Updating admission documentation to help staff think about discharge as soon as possible, including a discharge checklist.
- Working with the multi disciplinary team to ensure patients and carers needs are met
- We are planning some front of hospital awareness days for carers as well as a poster campaign to raise awareness of carer rights.

Disease prevention

- Smoking cessation: action to provide support for in-patients, a specialist advisor will be available for patients who want support and advice on quitting smoking.
- Medicine and Surgery to work together to provide a multidisciplinary approach to the obesity service.

Medication

- New dedicated pharmacist for Emergency services
- 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.

The number of patients receiving NHS services provided or sub-contracted by Ashford and St Peters NHS Trust in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee was 215.

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

A proportion (0.5%) of Ashford and St Peter's Hospitals NHS Trust's income in 2009/2010 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)'.

Incentive payments through CQUIN support helps to reinforce quality as a driving factor for NHS services and means that quality issues are at the heart of discussions between providers – for example hospital trusts – and their commissioners or the buyers of services (the PCT). In 2009/10 Trusts could earn an additional 0.5% of their contract value through CQUIN payments. For 2010/11 this figure will increase to 1.5%.

The Trust has worked with Surrey PCT to agree which quality measures will be measured through CQUIN for and these are listed below:

- 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 implementing electronic discharge summaries
- Improve data and the way we notify GPs of patients attending A&E with alcohol related diagnosis
- To improve quality through the regional Enhancing Quality programme which 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

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Business Development Team, c/o St Peter's Hospital, Guildford Rd, Chertsey, KT16 0PZ or via the Trust website at www.ashfordstpeters.nhs.uk .

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.

Ashford and St Peter's Hospitals NHS Trust 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. Similarly accurate recording of patients' General Medical Practice Code (patient registration) is essential to enable the transfer of clinical information about the patient from a trust to the patient's GP.

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; and
- 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; and
- 99.9% for accident and emergency care.
-

- The Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 76%
- The Trust was subject to Payment by Results clinical coding audit during the reporting period by the Audit Commission, and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:
 - Primary Diagnoses: Incorrect 8.3%
 - Secondary Diagnoses: Incorrect 3.1%
 - Primary Procedures: Incorrect 5.5%
 - Secondary Procedures: Incorrect 1.8%

Clinical coding is an important part of hospital measurement, it helps us understand the needs of our patient and helps us to plan our services to meet those needs. When measured against other Trusts in the 2008/2009 audit we are in the top 20% nationally. We anticipate doing even better in the 2009/2010 results.

The Care Quality Commission (CQC)

Ashford and St Peter's Hospitals NHS Trust is required to register with the CQC and its current registration status, from 1st April 2010, is registered without conditions. The CQC has not taken any enforcement action against the Trust during 2009/10.

The Trust is subject to periodic reviews by the CQC and the last review date was 31st March 2010. The CQC's assessment of the Trust following that review was registration without conditions.

We have participated in special reviews and investigations by the CQC relating to the following areas during 2009/2010:

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.

We had an enhanced 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.

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; safety, patient experience and effectiveness. These continue to be developed.

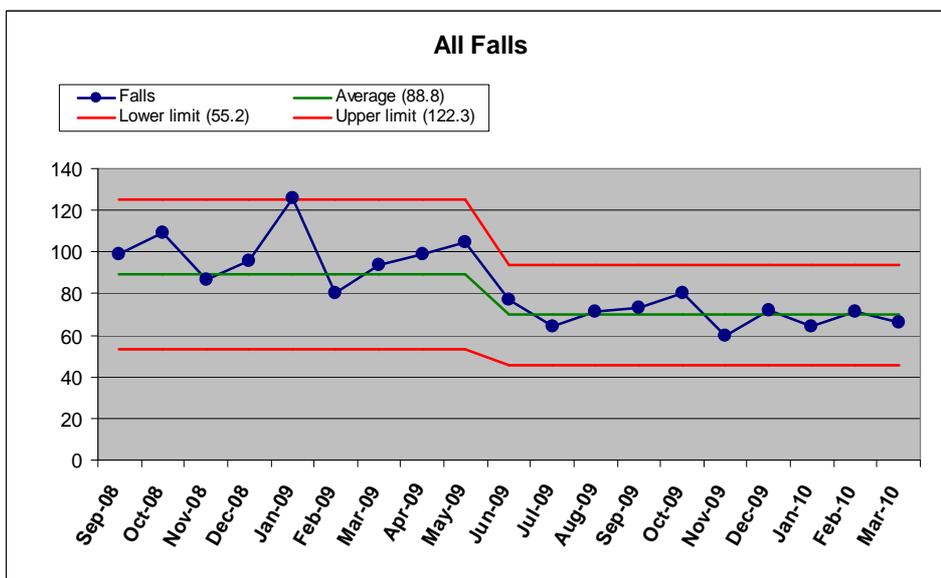
Safety

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	29	32
MRSA (hospital and community acquired)	14	9
Clostridium Difficile	90	53

We have a low mortality rate in Ashford and St Peters and have done well with our infection rates. Although we have not met our internal target for reducing falls that result in injury we have been able to reduce our minor falls, and we are ensuring that our more significant falls are a priority for 2010/2011 (see section 2)

Falls

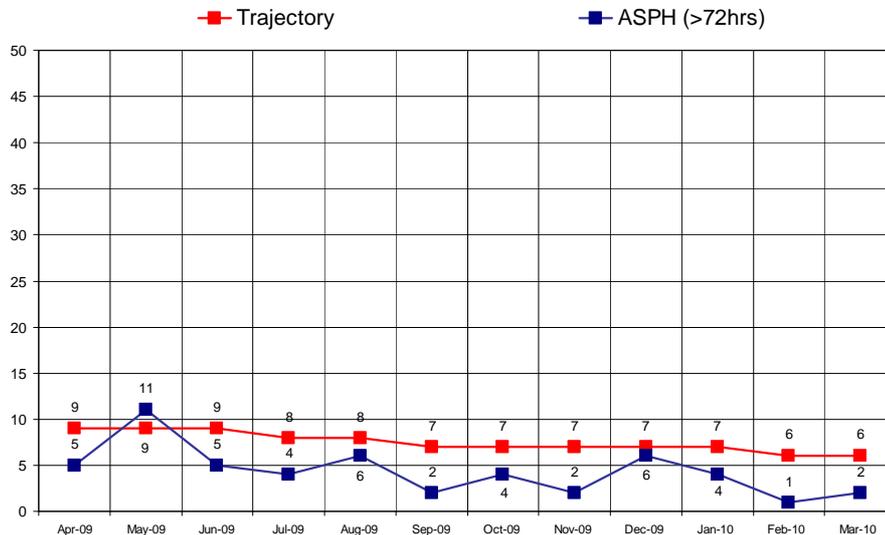
We have reduced the overall number of falls we have in the Trust bringing the average total falls to 71 from 89. We use a risk assessment tool, and provide 1 to 1 care for patients that are confused and more at risk from falling. We also provide specific training to support care of patients with dementia. 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 most months.

ASPH Monthly Performance of Clostridium difficile acquired in ASPH - April 09 - March 10



We have achieved this through our vigilance in monitoring high impact changes and our infection control interventions including implementing good hand hygiene, improved cleaning measures, and by analysing our MRSA cases to help us understand what we can put in place to prevent further infections.

Patient experience

Inpatient Survey

We know as a Trust that despite many improvements made we do not do as well as we would like in our inpatient survey with a low overall score in this survey.

We have been working to reduce the level of noise at night, to improve our food, and to improving the car parking at the St Peters site.

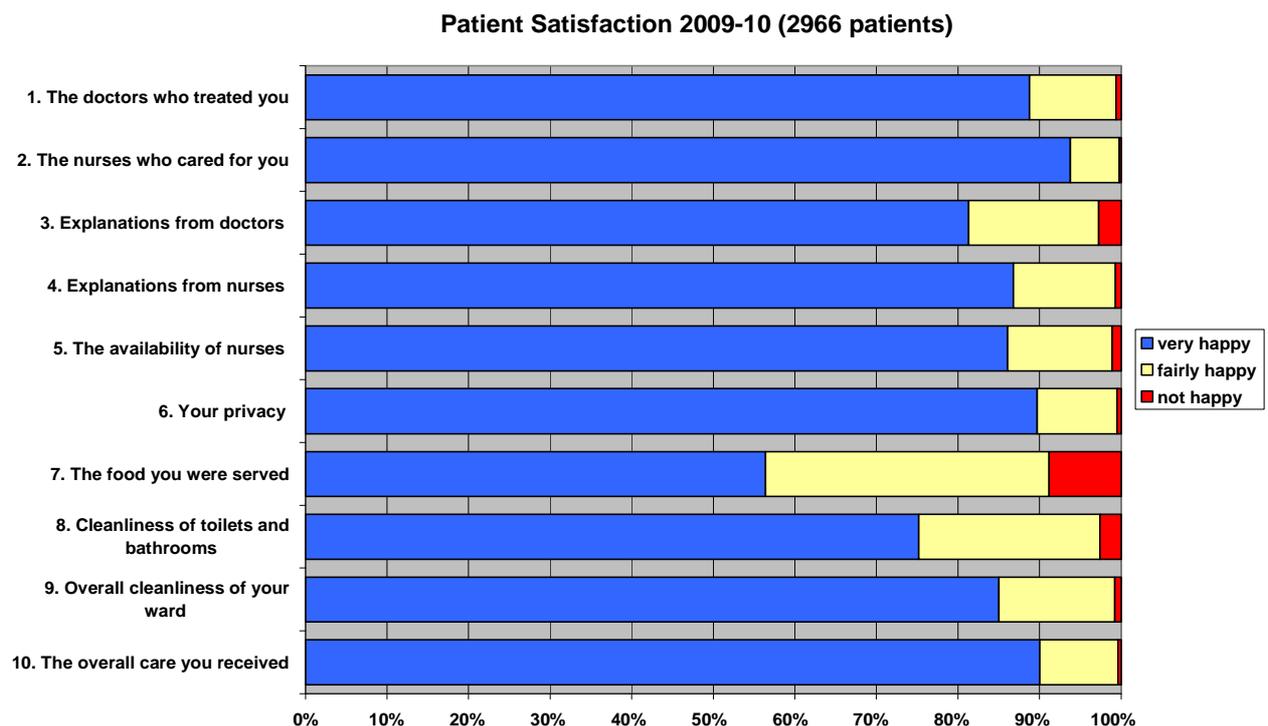
We have re-launched our matrons in a new scarlet uniform, making them more visible and available to patients to discuss any issues or concerns.

One of our main achievements during 2009/2010 is the huge improvement in our single sex accommodation. The Trust invested in a refurbishment programme which included ward areas, bathroom and toilet areas, and we have virtually eliminated mixed sex accommodation for our patients.

During 2009/2010 we have developed our Trust values – Patients First, Passion for Excellence, Personal Responsibility and Pride in our Team - our 4P's. We know our staff are important in ensuring patients and relatives have a good experience and we have invested time in setting our values, consulting our staff on their views and setting up a development programmes to support them in their work. We know that happy motivated staff will help to give our patients a better experience.

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, these were as follows:



We also asked our patients: would you recommend us to family and friends?

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

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

We are continuing with our plans to meet our target for treating hip fractures more quickly and have made this a priority for 2010/2011.

Building capability in our staff to make improvements for patients

As part of our commitment to Quality improvement we need to ensure the right staff have the right skills to be able to make improvements. We want our clinical staff to be able lead the quality improvement process.

Our EQUIP programme - **E**fficiency, **Q**uality, **I**mprovement and **P**roductivity – has been established to support clinical teams to transform and improve the effectiveness of patient care and in particular the processes we use to deliver that care.

Over the last year, we have concentrated on two main projects – improving the way we discharge patients from our medical wards, and day surgery, and we will be continuing to work on new projects put forward by staff during 2010/2011.

Medical discharge

- Improving the discharge lounge, with better patient flow, improved comfort and reducing both number of people involved in discharge process (reduced from 8 to 4) and the number of steps (from 29 to 17) in the process.
- Effective multi-disciplinary ward rounds, using a workstation on wheels with wireless technology to shorten ward rounds, a multi-disciplinary whiteboard to give staff instant access to information and better ward handovers.
- Reducing length of stay in our medical wards by approx. 2.5 days on demonstration wards.
- Documentation – reducing core pieces of paper from 36 to 24 and reducing staff time spent on paperwork.

Commissioning for Quality and Innovation

During 2009/2010 we had a number of measures which we set with Surrey PCT which are designed to drive forward Quality improvement in the Trust.

Here's how we did

- Improving electronic discharge communication from hospital to GP - Improving electronic communications with GP's means GP's can have important information about their patients discharge form hospital straight away, which helps them to be better informed when caring for their patients. During 2009/2010 we aimed to provide information within 48hours to our GP's, we have gone some way to achieving this and during 2010/2011 this time will be halved to 24 hours. An audit of this process to identify how well we have done is due to be undertaken at the beginning of this financial year.
- Improving patient experience – areas we improved on 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
 - Around discharge: being fully told of the danger signals, reduced waiting times.
- Improving stroke care - for patients attending our A&E services we had a quality indicator to perform 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 pleased to have been able to achieve this. Being able to provide out patients with a CT within 3 hours means doctors can diagnose and treat patients as quickly as possible which gives the best outcomes for patients.
- Supporting patients to stop smoking – we made 150 referrals to the stop smoking services during 2009/2010. Our target was 400 so we realise there is work to do here. We have put more focus on this area for 2010/2011 by raising awareness of this important role for staff at the trust, and have set up electronic systems to make referring a patient easier for staff and we expect to see a big improvement over the coming year.
- 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% in this target.

Part of our remit for driving Quality is to encourage and support innovation in the Trust. This year we held a competition to identify the best innovation, that would benefit patients, and which the Trust would commit to support.

The winning entry was a system to enable GP's to view urgent test results immediately, with a safety mechanism to alert the trust if they had not been viewed. This enables prompt diagnosis and less waiting for results and we know that is something patients want.

The other innovations were also excellent ideas and the Trust did take forward a second idea – text messaging to cancer specialist nurses when their patients attended A&E – this was thought to be really beneficial to patients and really supports continuity of care for patients dealing with the difficult and stressful conditions that can arise with cancer care.

What other people are saying about us:

Statements from Local Involvement Networks, Overview and Scrutiny Committee and Primary Care Trusts

comments to be included if received

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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