East Kent Hospitals University NHS
NHS Foundation Trust

Quality Account 2011/12

Available online at www.ekhuft.nhs.uk

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NHS Foundation Trust

Part 1

Statement on quality from the Chief Executive

Welcome to the third quality account from East Kent Hospitals University NHS Foundation Trust

I am pleased to confirm that the Board of Directors has reviewed this quality account and confirmed that it is a true and fair reflection of our performance. Each month the Board reviews progress against quality and safety standards and the information contained within this report draws from these regular reports produced by our Clinical Quality, Patient Safety and Operations Directorate.

In 2008, we launched an ambitious plan for quality improvement and patient safety. This year we reviewed our priorities for the Trust following a change in structure and a move to four clinical divisions. The aim of this 'Quality Account' is to report not just on our quality strategy but the quality of services and care delivered by the hospital as a whole.

We believe it is important to be open and transparent with the public we serve. In previous reports, we acknowledged the harm we can inadvertently cause patients through, for example infections and falls. Our range of projects, many of which are discussed in this report, were identified as they had the potential to directly impact upon avoiding harmful events. Since its launch, the plan has made significant progress and is making a positive impact on the care provided to patients at the Trust. This year has seen the Trust receive several prestigious national awards for safety. The next step is to evolve the plan into a quality strategy to make it clear to patients, staff and the wider population of East Kent.

The strategy is based on staff engagement and Board accountability for safety; this has already delivered results and saved additional lives as our performance in mortality reduction suggests. We are committed to keep on delivering great experiences and results for our patients year after year. Our staff continually strive to deliver safe, clean and personal care whatever their profession or department within the hospital.

We have clear plans and ambitions for our future. We want to build on our existing successes and continue to improve patient care. We want everyone who works at East Kent Hospitals University NHS Foundation Trust to share a set of values aligned to a culture of patient safety and quality. Patients have told us they want safe, clean and personal care every time and we are working (innovatively) every day to ensure that this is delivered. We have an aim to deliver high quality care effectively and efficiently to the local population enabling future investment in our services.

In light of changes being introduced by the Health and Social Care Bill, we have reviewed and updated our strategic objectives. Strategic objectives have been set in a range of domains; quality, stakeholder engagement, innovation and improvement, business development, infrastructure and finance, which are linked to the annual objectives. We have established the following six strategic objectives:

1. Deliver excellence in the quality of care and experience of every person, every time they access our services
2. Ensure comprehensive communication and engagement with our workforce, patients, carers, members, GPs and the public in the planning and delivery of healthcare
3. Place the Trust at the leading edge of healthcare in the UK, shaping its future and reputation by promoting a culture of innovation, undertaking novel improvement projects, and rapidly implementing best practice from across the world
4. Identify and exploit opportunities to optimise and, where appropriate, extend the scope and range of service provision
5. Continue to upgrade and develop the Trust's infrastructure in support of a sustainable future for the Trust
6. Deliver efficiency in service provision that generates funding to sustain future investment in the Trust

We hope our Quality Account reflects the fantastic achievements we have made in the realms of quality and safety. We also hope that readers will understand that this work doesn't stop here. Although we are proud of the achievements this year there are still improvements to be made.

A year of national achievement

- Monitor governance rating – Green; the highest level
- 2011 Safer Clinical Systems, Health Foundation award – improving discharge processes for the frail elderly
- Best of Health Awards - Primary Percutaneous Coronary Intervention (pPCI) - Outstanding contribution to Healthier people
- Health Service Journal - pPCI - highly commended
- Nursing Times - Infection control runner up
- Annual UK Stroke conference - best scientific paper.
- 2011 British Renal Society/Renal Association Conference – Acute Kidney Injury, best abstract.
- Award to review clinical handovers between medical staff over weekend and Bank Holiday periods.

- Havelock Training Award 2011 – the finance team were the national award winners for this award which recognises a significant contribution made towards finance skills development.

Key Local Achievements

- The Trust applied for Registration with the Care Quality Commission (CQC) in January 2010 in line with the Health and Social Care Act 2008 and has been 'Registered without Conditions' since this time. The CQC visited us four times during the year and we received positive responses from the CQC in their feedback.
- In September 2010 the Trust successfully achieved its Level 2 compliance against the NHS Litigation Authority Maternity Standards. The Trust gained Level 3 compliance for General Risk Management Standards in 2009; this is the highest level achievable for the management of risk and the delivery of safe care to its patients.
- Our hospital standardised mortality rate is 77.2 taken at 31 March 2012, and equates to 651 fewer deaths than expected this year.
- Moving specialised services back to East Kent from London. This included establishing the William Harvey Hospital in Ashford as a primary Percutaneous Cardiac Intervention (pPCI) centre for the whole of Kent and Medway area.
- In 2008, the Trust Board revised its agenda to devote one quarter of its time to the patient safety and all aspects of quality; this now includes a patient story at the start of each meeting. This is supported by the Patient Safety Board which drives the patient safety plan across the Trust.
- The Trust commenced Executive Patient Safety Visits in 2009 and has visited over 60 of wards/departments. These involve the Executive Team, the Non-Executive Directors and the Governors.
- The Trust has eliminated same sex accommodation across all sites and improved patients' satisfaction measured by real-time reporting against a series of questions (Patient Experience Tracker).
- The ratio of compliments to complaints has also increased and the response times to formal complaints have seen a significant improvement with 96 per cent of all complaints answered within the agreed time scale.

The information underpinning the measures of performance outlined in this report is, to the best of my knowledge, accurate.

Stuart Bain
Chief Executive

East Kent Hospitals University NHS
NHS Foundation Trust

Part 2

Priorities for improvement and statements of assurance from the Board of Directors

Looking forward

Quality is at the centre of all that we do, we can achieve this by delivering person centred, safe and effective care that is sustained through leadership and individual and team effectiveness.

The National Health Service (NHS) and our constituent private, public and voluntary sector partners are going through a period of rapid change – the challenge to deliver high quality services more affordably has never been more apparent.

We also recognise that the demographics of the people who are using our services has changed considerably and will continue to do so, for example in the last five years we have seen a 62% increase in the number of people over the age of 75 being admitted to hospital and a 33% increase in those with dementia. We want to consistently provide those who use our services and their carers and families with the highest possible quality care, so advancing their health and well being whilst using our resources in the most effective way.

During 2012/13 we will publish our new quality strategy which will ensure our services are of the highest possible quality. Our strategy will also enable us to articulate how we intend to continuously improve through a co-ordinated approach to delivery, improvement and governance.

We have an ambitious programme that will enable us to meet our vision to be known as one of the top ten hospital trusts in England and the Kent hospital of choice for patients and those close to them.

Our annual quality objectives are outlined below:

1. Implement the first year of the Trust's Quality Strategy demonstrating improvements in patient safety, clinical/health outcomes, and patient experience
2. Implement the second year of the emergency and planned care quality improvement programmes demonstrating improvements in access to ambulatory care and short-stay pathways, and more efficient patient flows for in-patient pathways
3. Deliver the nine CQUIN programmes commissioned by PCT/CCGs demonstrating quality improvement and associated financial benefits
4. Reduce the number of readmissions within 30 days of discharge following an elective and non-elective episode of care

Our quality ambition and our quality goals which have led to the production of our annual objectives have been developed following extensive engagement with a wide range of stakeholders which included our staff, our patients, members of the public and our health and social care partners between October 2011 and February 2012.

Our priorities for 2012/13 are focused on achieving our strategic quality ambition which is:

Deliver excellence in the quality of care and experience of every person, every time they access our services.

We will do this by working on our four quality goals and associated work programmes, which are:

1. Improving patient experience
2. Improving safety and reducing harm
3. Improving clinical effectiveness and reliability of care
4. Enabling quality improvement

The diagram below pictorially demonstrates our quality improvement programme.

We will place quality improvement across all four of our quality goals at the core of everything we do – both as ends in themselves, but also because delivering the best quality of care will ultimately yield the best value for the patient and from the whole system.

During 2011/12 we implemented our plans for reorganising the structure of our organisation, rather than 12 directorates we now have five divisions, which are:

- Urgent care and long term conditions division
- Surgical services division
- Specialist services division
- Clinical support division
- Corporate division

We strongly believe that our new structure will provide greater opportunities to accelerate our plans to deliver improved quality, operational and financial performance.

Goal 1 Improve patient experience

We want to deliver a high quality responsive experience that meets the expectations of those who use our services, we will do this by:

- **Increasing the number of co-designed pathways**
  By 50% by 31st March 2015
- **Transforming the point of care**
  As measured by increasing the number of people who would recommend our services to their family and friends so that by 2015 90% of people who use our services recommend us to their family and friends

During 2012/13 we will

- Ensure our new divisions have arrangements in place and have clearly identified patient experience champions
- Procure a new 'real time' patient experience handheld tracker system and develop alternative platforms for receiving patient feedback i.e. web surveys and text messaging
- Review the results of the CQC inpatient and outpatient survey and develop an action plan in areas that require improvement
- Develop, with help from our staff and our patients a clear set of service standards and behaviours for all of our staff
- Engage and use digital media such as NHS Choices, Patient opinion, Twitter and Face book to support and enhance confidence in our services
- Undertake a pilot to the use the 'friends and family test' (Net Promoter Score) which measures overall satisfaction with services. We will do this for a small range of our services with a view to implementing across our organisation
- Review the contribution of chaplaincy in improving patient experience and providing spiritual care for our patients and their loved ones
- Develop the volunteering role, initially focusing on nutrition and meal time champions
- Ensure all divisions have a speciality patient engagement group
- Agree a work programme for the trust patient and public involvement group
- Develop a role description for an experienced person to support our work on transformation
- Develop improvement metrics

How our plans will be monitored

Our plans for improving patient experience will be monitored twice yearly via our internal group called the Strategic Group. The Strategic Group is chaired by our Chief Executive and has senior representation from each of our four divisions.

The Trust will work with the Patient and Staff Experience Governors Committee and our Patient and Public Involvement Forum to ensure we maintain progress throughout the year.

Goal 2 Improve safety and reduce harm

We want to deliver safe care and remove avoidable harm and preventable death, we will do this by

- **Preventing avoidable deaths**
  By 10% in crude mortality and achieve a Hospital Standardised Mortality (HSMR) less than 75 by 31st March 2015
- **Removing avoidable harm**
  By 10% from 2008 Global Trigger Tool baseline by 31st March 2015
- **Delivering 'harm free' care**
  By 2015 95% of our care will be harm free (pressure ulcers, falls, catheter acquired infections and VTE)

During 2012/13 we will

- Continue with the Executive Patient Safety Walkabouts
- Ensure our new divisions have robust governance arrangements in place and have clearly identified patient safety leads
- Ensure our new divisions have developed a Patient Safety action plan as a result of the work undertaken by the Patient Safety Project
- Develop a communication plan and a single brand for our patient safety activity
- Undertake further work to ensure we have a consistent and systematic approach to handover and communication i.e. SBAR and the World Health organisation safe surgery checklist
- Increase the number of incidents reported via Datix
- Extend our training of Root Cause Analysis training so that more of our staff can investigate incidents and contribute to learning
- Improve the identification, management and escalation of deteriorating patients – supported by a new decision support tool called VitalPACS
- Ensure there is a fail-safe process for avoiding Never Events
- Maintain compliance with Healthcare Acquired Infections so that we maintain our good performance
- Continue to secure a reduction in the number of patients having a hospital acquired pressure ulcer, a catheter acquired infection, a fall or a venous thromboembolic event
- Develop improvement metrics

How our plans will be monitored

Our plans for improving safety and reducing harm will be monitored twice yearly via our internal group called the Strategic Group.

In addition, our Patient Safety Board will also review progress throughout the year and provide regular reports to the Clinical Management Board which is represented by a wide range of senior clinicians and managers. The Board of Directors, who spend at least 25% of their time discussing patient safety issues, will also ensure that progress is made.

Goal 3 Improve clinical effectiveness and reliability of care

Our aim is to reduce mortality from causes considered amenable to healthcare and increase the percentage of patients receiving optimum care and patient reported outcome benefits, we will do this by:

- **Increasing the number of patients receiving care through Enhanced Quality pathways**
  By 2015 all patients receiving care through the Enhancing Quality Pathways will receive optimum care
- **Increasing the number of patients receiving care through Best Practice Tariff pathways**
  By 2015 70% of eligible patients will receive care through Best Practice Tariff pathways
- **An increase in the number of patients self reporting satisfaction with outcomes in treatment**
  By 2015 60% of patients will report satisfaction with outcomes from treatments identified in the national Patient Reported Outcome Measures pathways.

During 2012/13 we will

- Agree with our local health partners a methodology for tracking the improvements and reduction in mortality
- Continue our involvement in the Enhancing Quality Programme with improvements in experience and outcomes for patients going through the existing pathways (community acquired pneumonia, acute myocardial infarction, heart failure and hip and knee surgery)
- Introduce two new Enhancing Quality Programme pathways, dementia and acute kidney injury
- Review our process for implementing the new NICE Quality Standards
- Use the Best Practice Tariffs as an opportunity to ensure that patients receive optimum care across fifteen different pathways, initially we will focus on reviewing our current performance and then optimising the care of all eligible patients
- Promote the use of Patient Reported Outcome Measures as a mechanism for improving both patient reported outcomes and service performance
- Develop patient stories of how we are improving outcomes of care
- Review our involvement in the national Healthcare Quality Improvement partnership clinical audit programme and ensure we are securing improvements in the outcomes of care identified through each of the audit areas

- Develop improvement metrics

How our plans will be monitored

Our plans for improving clinical effectiveness and reliability of care will be monitored twice yearly via our internal group called the Strategic Group.

The Clinical Management Board will also have the opportunity to contribute to reviewing our progress throughout the year.

Goal 4 Enabling quality improvement

Our workforce is our most valuable resource in delivering high quality care. The increasingly complex environment in which we operate will require new skills, new ways of working and strong and active relationships with our patients, their families and their carers, advocates and representative organisations, we will do this by:

- **Developing our culture**
  By 2015 95% of staff will report in the NHS staff survey, that their work makes a difference to patients and that care of patients is the Trust's top priority.
- **Engaging and involving our workforce**
  By 2015 80% of staff will report, in the NHS staff survey, senior managers try to involve staff in important decisions and that communication between senior management and staff is effective. By 2015 the Trust will be in the upper quartile of acute trusts, when benchmarked by the Department of Health in the annual staff survey, for staff engagement.
- **Team working**
  By 2015 95% of staff will report, in the NHS staff survey, that their immediate manager encourages effective team working.

During 2012/13 we will

- Improving internal communications and staff engagement in the organisation
- Undertaking Board development linked to organisational values and the change in culture
- Development of staff partnerships
- Implementation of improved appraisal systems for medical and dental staff
- Embed the competency framework for leadership and management and nursing.
- Extend the nursing competency framework to other healthcare professional groups
- Update reward and recognition processes in place within the organisation
- Roll out of the team development programme across the organisation
- Introduce an effective approach to talent management to ensure the organisation is working towards a properly managed succession plan.
- Develop a centralised quality improvement academy which will build on the organisation wide capability for improvement
- Develop improvement metrics

How our plans will be monitored

Our plans for enabling quality improvement will be monitored twice yearly via our internal group called the Strategic Group.

The Organisational Development Strategy Group will also have the opportunity to contribute to reviewing our progress throughout the year.

Goals agreed with our commissioners

A proportion of East Kent Hospitals University NHS Foundation Trust's income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between East Kent Hospitals University NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

For 2011/12 the baseline value of CQUIN was 1.5% of our contract value, which equates to approximately £6 million, and the CQUIN goals covered seven areas:

Patient Safety

CQUIN	Definition	Achievement
VTE	Ensuring patients receive a risk assessment to reduce the risk of venous thrombo-embolism happening (blood clot formation)	**Achieved**
Pressure Ulcer Prevention	Prevention of hospital acquired pressure ulcers of grade 3 and 4 by • Reduction by 20% from 2010/11 baseline on new hospital acquired avoidable grade 3 pressure ulcers and reduction by 25% from 2010/11 baseline on new hospital acquired avoidable grade 4 pressure ulcers.	**Achieved**
Nutrition	Improve nutrition risk assessment and appropriate care by • Increasing the number of adult inpatients who have been screened for malnutrition risk within 24 hours of admission to hospital • Increasing the number of adult inpatients who have been documented as having a MUST score of 2 or above who have been referred to a dietician • Increasing the number of adult inpatients who have been documented as having a MUST score of 2 or above and referred to a dietician, who have a specialist management plan in place within 2	**Achieved** **Achieved** **Achieved**

	working days of referral	

Patient Outcomes (reliable care)

CQUIN	Definition	Achievement
Productive Wards and Theatres	• 100% completion of 3 foundation modules and 2 process modules on all wards (55) • 50% of theatres (17 theatres) completed 3 foundation modules, 50% completed 2 enabler modules, and 25% completed 2 process modules.	**Achieved** **Achieved**
Dementia	Establish best practice in dementia care and improve staff knowledge of best practice dementia management by • Development of a training needs analysis • Develop a training plan • Deliver training	 **Achieved** **Achieved** **Achieved**
Enhancing Quality	• Acute myocardial infarction (heart attack) • Heart failure • Community acquired pneumonia • Hip and knee replacement.	**Achieved** **Partially achieved** **Achieved** **Achieved**

Patient Experience

CQUIN	Definition	Achievement
Patient Satisfaction	Improve responsiveness to personal needs of patients as measured by 5 questions in the national inpatient survey	**Not achieved**

Further details of the agreed goals for 2012/13 are available on request by either emailing general.enquiries@ekht.nhs.uk or phoning 01227 766877

The Trust will continue to work closely with its commissioners and the evolving Clinical Commissioning Groups to ensure that patient safety and service quality continue to be a primary focus.

What others say about us

Care Quality Commission

East Kent Hospitals University NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against East Kent Hospitals University NHS foundation Trust during 2011/12.

East Kent Hospitals University NHS Foundation Trust has participated in a special nationwide review by the Care Quality Commission relating to Dignity and Nutrition and we were found to be compliant in all of the areas reviewed.

The report can be obtained at

www.cqc.org.uk

In addition we have also participated in the national review of arrangements for the termination of pregnancy and are currently waiting for the report to be published.

In addition, we have participated in a number of unannounced visits as part of the Care Quality Commission's annual inspection programme and responsive visits. Each visit has demonstrated compliance with the essential standards for quality and safety, the visits are detailed below:

- Responsive visit to Kingston Ward (Kent and Canterbury Hospital)
- Compliance review of the 16 Essential standards of Quality and Safety at our three main hospitals sites

Kent Local Involvement Network

During 2011/12 we were visited on two occasions by the Kent Local Involvement Network as part of their review of outpatient services and hygiene and cleanliness in hospitals reviews.

www.thekentlink.co.uk

East Kent Hospitals University NHS
NHS Foundation Trust

Part 3

Review of quality performance
What we have achieved

Last year, through the delivery of our quality account we agreed to focus on four specific areas of quality improvement.

1. **Patient safety first**
2. **Patient experience improvement programme**
3. **CQUIN improvement programme**
4. **Healthcare associated infection reduction programme**

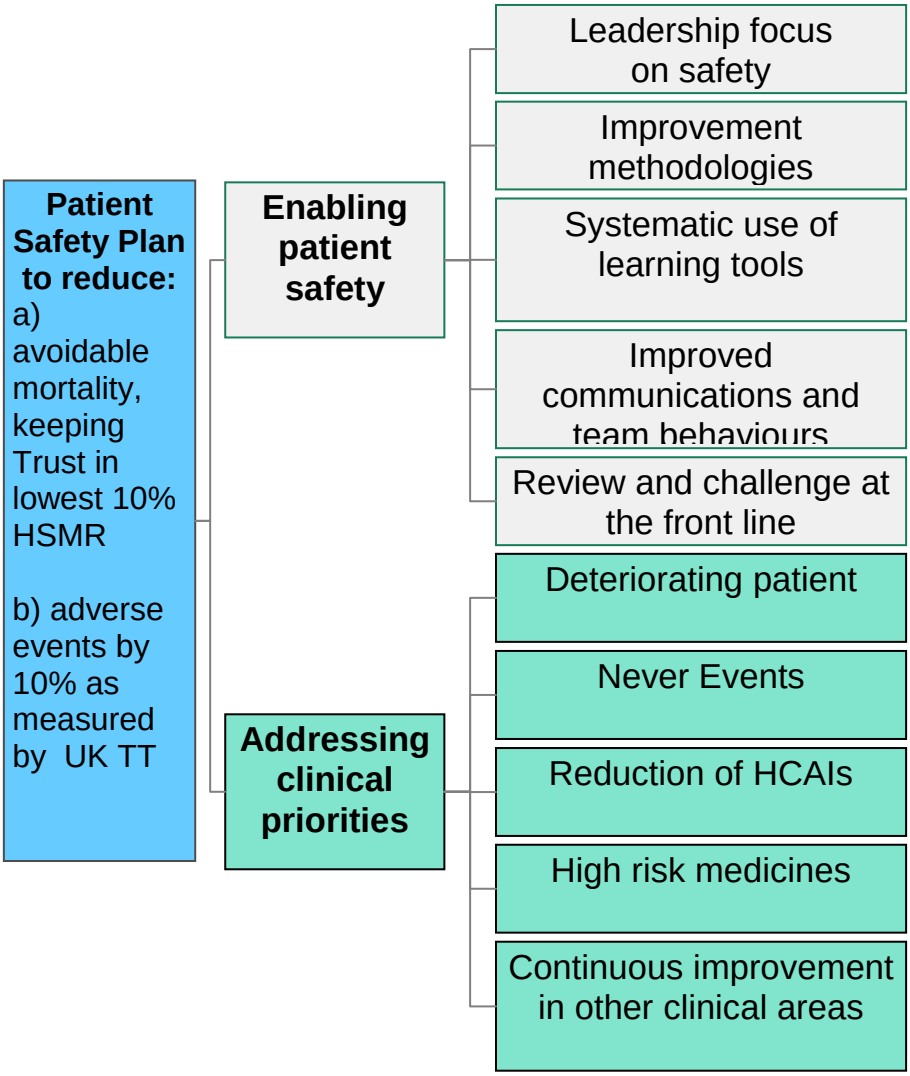
This section gives an account of how we have progressed during the past 12 months against or four areas of quality improvement plus other areas where we have been improving quality.

Patient Safety First

Organisational focus on safety

During 2011/12 we focused on delivering a programme that would review the Trust's patient safety strategy and ensure alignment of the new governance structure and patient safety programmes with the Trust objectives.

Working across our organisation we ensured that each of our new clinical divisions had robust plans in place to meet our high patient safety expectations. We also took the opportunity to refresh our patient safety programme which is outlined in the driver diagram below, it focuses on a range of activities that over the next 12 months will help us enable greater patient safety and address clinical priorities.



Executive Patient Safety Visits Programme

We started executive patient safety visits in April 2009.

The Trust Executive Directors lead the patient safety visits which involve talking to frontline staff about patient safety and other issues that staff may want to talk about. Any specific themes or actions to follow-up are reviewed at the Patient Safety Board.

All our Executive Directors and patient safety team take part in the patient safety visits; the Non-Executive Directors are also included.

The goals of the Executive Patient Safety visits are to:

- Increase awareness of safety issues among all staff
- Make safety a priority for senior leaders by spending dedicated time promoting a safety culture
- Educate staff about safety concepts such as incident reporting and a 'fair-blame' culture
- Obtain and act upon safety issues identified by staff

Achievements

- 62 visits conducted since April 2009.
- 94 wards/departments in the hospital have been visited.

During 2012/13 we will be making some improvements to out Executive patient safety visits programme which include:

- Increase in the number of visits per month in order to move more quickly through a full hospital cycle.
- Expansion of visit participants to include governors.
- 90-day executive follow up visit on action items.
- Expansion of scope to include support services such as domestics, security, and linen services.

Leading Improvements in Patient Safety (LIPS)

The LIPS programme is about building the capacity and capability within hospital teams to improve patient safety.

The programme aims to help NHS trusts develop organisational plans for patient safety improvements and to build teams responsible for driving improvement across their organisation.

Last year we participated in the eighth cohort of the LIPS programme, having previously participated in four previous cohorts. The senior clinical and management team who participated in the LIPS programme during 2011/12 have been developing a range of projects to improve patients safety. These are outlined below:

- Safer handover between Radiology and the Wards
- Medicines reconciliation
- Standardising serious incident reporting
- Introducing a tool to respond appropriately to the deteriorating patient Acute kidney injury management
- Improvements in Theatre processes

Reduction of Hospital Standardised Mortality Ratio (HSMR)

HSMR is a measurement system which compares a hospital's actual number of deaths with their predicted number of deaths.

The prediction calculation takes account of factors such as the age and sex of patients, their diagnosis, whether the admission was planned or an emergency. If the Trust has a HSMR of 100, this means that the number of patients who died is exactly as predicted. If HSMR is above 100 this means that more people have died than would be expected, an HSMR below 100 means that fewer than expected died.

In 2011/12, the Trust recorded an annual HSMR of 77.2, taken on 31 March 2012, which equates to 651 fewer deaths than was expected based on the national average. The table below demonstrates our HSMR over the last four years,

Table 1 HSMR over time

Year	HSMR
2008/9	82
2009/10	80
2010/11	85
2011/12	77.2

Source: Dr Foster Intelligence (as of 31st March 2012)

Reducing harm events – the UK Trigger Tool

The UK Trigger Tool allows us to objectively review a random selection of patients' medical records to identify where the care delivered may have resulted in harm. So far over 2,000 sets of medical records have been reviewed across the organisation since we started using the Tool in August 2008.

'Harm' is defined as 'any noxious or unwanted event occurring in association with medical care'. An example of unavoidable harm would be a wound following surgery, conversely an avoidable harm would be an infection of that wound.

Once we have understood how and why the type of harm occurred, targeted actions can be developed to remove the avoidable elements of the harm. So far we have identified two key areas of focus

- Management of patients who become unwell – the Trust has invested in buying an electronic patient alert system, Vital Pac, which will monitor all inpatients and immediately alerts staff if a patient's condition is worsening. The system is currently being implemented across the Trust.
- Readmission to hospital – as part of a national award, the Trust is concentrating on reducing the number of patients with long term conditions, like diabetes, who are readmitted. We are working closely with our colleagues in the community to review the support needed by patients after being discharged.

Reducing falls

Due to the complexity and nature of falls, we know there is no single preventative measure that will work. The sort of interventions identified as having an impact includes:

- Risk assessments
- Appropriate prevention interventions such as alarm floor mats
- Quick access to specialist nurse support

One of the key interventions introduced by the Trust is the sensor alarm project to alert nursing staff when a patient attempts to get up from their chair or bed. The alarms are used on patients identified as being at high risk of falls, following a risk assessment carried out on admission to hospital. Often,

these are patients who don't know they need help, or who don't want to ask for it.

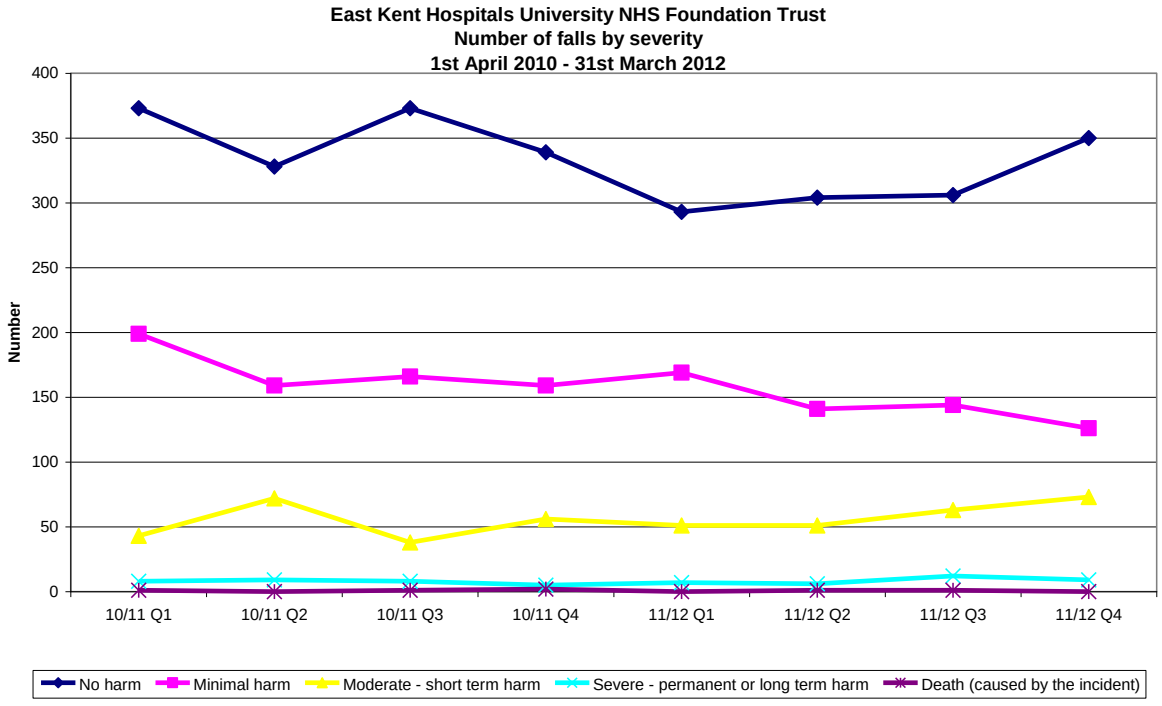
Keeping our patients safe when they are in hospital is an important priority for us, with an increasingly frail and elderly population who often have multiple clinical needs it is essential that we do all that we can to reduce the risk of falling.

When compared with last year (2010/11) we have had approximately 300 fewer falls and have seen a moderate decline in the level of harm experienced.

As part of our quality improvement programme we have identified that some additional work is required to achieve a reduction in the number of falls that result in a broken bone. During 2011/12 we had a slight increase of 34 falls resulting in a broken bone compared with 25 in the previous year.

Deaths from falls have reduced by 50% from four during 2010/11 to two during 2011/12

The chart below demonstrates our performance over the past two years for the number of falls by severity, there are peaks and troughs – this is normal variation which we would expect to see. During this time our reporting has improved which also adds to the variation.



In support of our programme to reduce the number of falls, during 2011/12 we have

- Revised our Policy for the Prevention of Falls and disseminated it to our clinical teams
- Delivered training programmes to ward based link nurses, monthly study days and ward based training
- Conducted detailed investigations of our most serious falls to ensure that lessons are learnt and changes to practice can be delivered throughout the organisation
- Improved our documentation for assessing the risk of falls
- Purchased more senor alarms to keep our most vulnerable patients safe
- Purchased more low level beds for our confused patients to stop them falling out of bed

Reducing avoidable hospital acquired pressure ulcers

Pressure ulcers represent a major burden of sickness and reduced quality of life for patients and create significant difficulties for patients, their carers and families. Pressure ulcers can occur in any patient but are more likely in high risk groups such as the elderly, obese, malnourished and those with certain underlying conditions.

A pressure ulcer is damage that occurs on the skin and underlying tissue. Pressure ulcers are caused by three main things:

- Pressure – the weight of the body pressing down on the skin
- Shear – the layers of the skin are forced to slide over one another or over deeper tissues, for example when you slide down, or are pulled up, a bed or chair or when you are transferring to and from your wheelchair
- Friction – rubbing the skin.

There are four grades of pressure ulcers

Grade 1	At this stage the pressure ulcer presents itself by the skin turning into a red colour, similar to the skin immediately after a minor burn. The skin may also appear a little harder than usual and than the surrounding areas. It may also be warmer than usual.
Grade 2	At this grade the skin now starts to look like a blister, with whitening of the skin whereas before it was red. It will now look like an abrasion or a blister. The skin can also appear cracked and broken.
Grade 3	By this stage the ulcer has usually started to open. The skin beneath is more visible and red. There may be a smell emanating from the ulcer. It now looks

	unpleasant.
Grade 4	There is now a deep ulcer with broken skin and you can see down through the layers of skin often including damage into the muscle, bone or supporting structures.

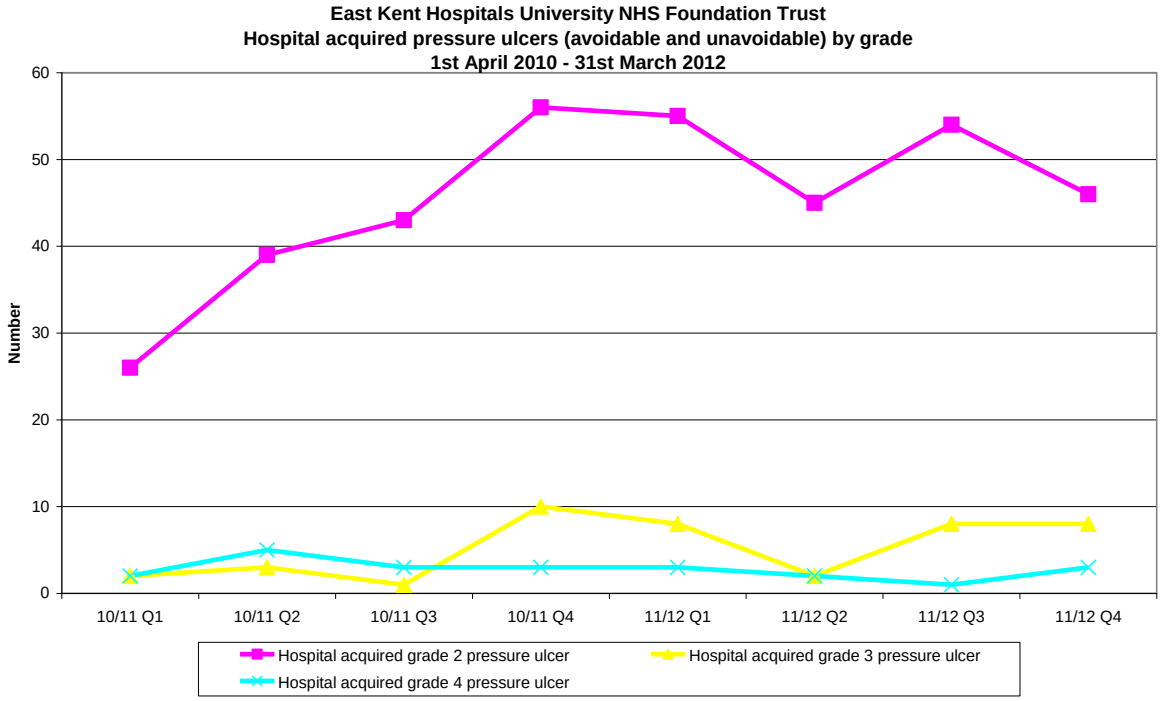
The most important thing for us is making sure that our patients do not get a pressure ulcer whilst they are in hospital, sometimes due to the characteristics of the patient and their clinical condition they are more susceptible to developing a pressure ulcer despite our best efforts, and we call these unavoidable hospital acquired pressure ulcers.

There are certain circumstances where we have missed an opportunity to prevent a hospital acquired pressure ulcer, sometimes due to a lack of assessment of risk or an inconsistent delivery of care, we call these avoidable hospital acquired pressure ulcers.

All avoidable and unavoidable hospital acquired pressure ulcers are investigated thoroughly and where appropriate learning is identified and shared.

During 2011/12 we were set a target by our commissioners to reduce grade three avoidable hospital acquired pressure ulcers by 20%, we achieved this. We were also asked to reduce by 25% the number of grade four avoidable hospital acquired pressure ulcers, we achieved this.

The chart below demonstrates our performance over the past two years for grades two, three and four hospital acquired avoidable and unavoidable pressure ulcers. During this time our reporting has improved which may account for the slight increase in numbers, particularly grade two pressure ulcers.



During 2011/12 we have been focusing on making sure that our patients have a timely assessment when they are admitted to hospital and receive the most appropriate plan of care, which will include prevention and early intervention.

In our annual prevalence audit of pressure ulcers undertaken in February 2012, 52% of our patients received a risk assessment within six hours of admission (20% in 2010/11), there was a 9% increase in the number of patients who had documented evidence of a repositioning chart and 90% of our patients were on the appropriate pressure relieving equipment.

The total number of patients with a hospital acquired pressure ulcer has reduced from 10.3% in 2010/11 to 7.4% in 2011/12.

In support of our programme to reduce hospital acquired pressure ulcers, during 2011/12 we have

- Revised our Pressure Ulcer Policy and disseminated Trust wide and standards audited
- Reinvigorated our Pressure Ulcer Steering group
- Delivered training programmes to ward based link nurses, monthly study days and ward based training
- Revised the tools and documentation to incorporate appropriate care plan
- Identified and raised awareness of learning points from reported incidents to improve early risk assessment and intervention, promote the use of heel offloading techniques and heel protectors, implementation of a new repositioning regime and revised our skin care protocol.

Never Events

Never events are defined as 'serious, largely preventable' patient safety incidents that should not occur if the available preventable measures have been implemented. While the term 'never' signals an aspiration, the occurrence of one of these events is potentially an indication that a hospital may not have put in place the correct systems and processes to protect patients.

The Department of Health first introduced a policy on never events in 2009, with a core list of eight. The list has now been expanded to 25, of which 23 apply to acute trusts. The full list can be found at

www.dh.gov.uk

Any never event reported is escalated via our serious incident process and is subject to a detailed analysis and review called a Root Cause Analysis (RCA), so that learning is identified and shared.

The underlying principle for the introduction of never events is to ensure that organisations report and learn from serious incidents and strengthen systems for prevention.

We declared five never events in 2011/12. The never events and associated learning and actions from each event is detailed in the table below

Never Event	Learning and actions
Misplaced nasogastric (NG) tube on two separate patients	• New Policy and Clinical Protocols to reduce the risk of misplacement developed and disseminated trust wide • We have replaced all of our nasogastric tubes to a version that are radio-opaque all the way along the tube which makes it easier to look at on an x-ray • Introduced a new CORTRAK™ system for inserting and tracking an NG feeding tube to enable safe placement by the patient's bedside.
Wrong size hip prosthesis implanted	• Implementation of a specific Orthopaedic checklist in theatre • Key implants to be kept in Theatres prior to the operating list • Surgeon / scrub nurse to read out loud the size documented on the implant box

	• Implant boxes to be kept until the end of the procedure for the surgeon to recheck • Implant sizes to be written on the theatre "white board" by the circulating nurse • Implement Productive Theatre and improving Team working
Retained swab following caesarean section	• Team development and improvements in team based working. • Safety briefings established at the start of any operation • Checking of swabs policy to incorporate Patient Safety Culture (SBAR, Safety Briefings and Team working) • All Staff to be comfortable with using SBAR as tool for communication • Team Brief - Safety Briefings and Debriefings post op.
Retained swab following childbirth	• Investigation still in progress

National Patient Safety Agency Alerts

The National Patient Safety Agency undertakes an analysis of all patient safety incidents across the NHS. It uses the information to produce alerts that flag up issues requiring action, to minimise the identified risks for patients. Compliance with the recommended actions is monitored through the national Central Alerting System.

There has been some concern nationally about the number of alerts that had not been actioned by NHS Trusts, giving rise to anxiety about the safety of services. In light of this, action has been taken to review and update local processes to ensure that action is taken and progress recorded as required. We have actioned all safety alerts that we received during 2011/12.

Reporting patient safety incidents

A high level of reporting for errors, accidents and near misses is a measure of a good safety culture. Over time and by taking action we hope to see a shift to fewer serious incidents and a greater proportion of near misses or low harm incidents. A reduction in the number of 'harm events' (as previously discussed) measured by the UK Trigger Tool can also be expected.

We introduced electronic reporting of incidents in April 2010 to make it easier for our staff to report and then manage the response to incidents.

During 2011/12, the number of incidents reported via our electronic system was 7,090.

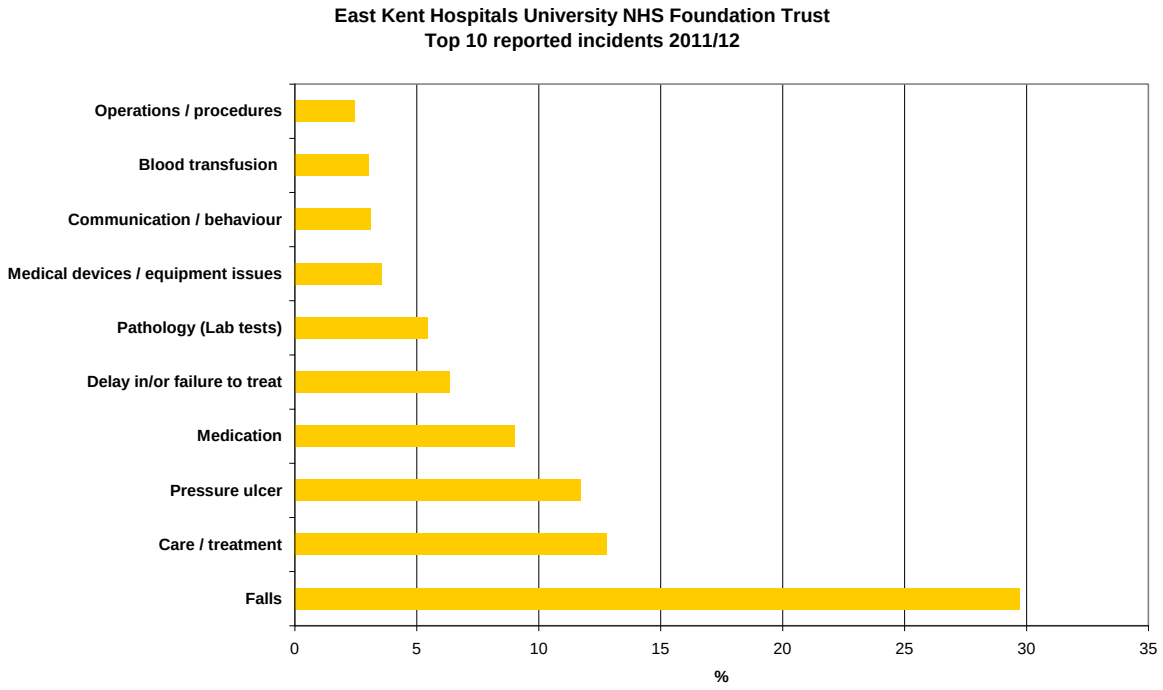
Every patient safety incident is reported to the National Reporting and Learning Service (NRLS), which compare our performance with similar sized trusts every six months. The latest report (covering April to September 2011) shows an improvement from 2.7 patient safety incidents per 100 bed days in 2010/11 to 4.1 in 2011/12. (A high figure shows the Trust has an open reporting culture).

Whilst we have improved significantly over the past 12 months we are still in the lowest 25% of the 41 reporting organisations we are compared with.

We will continue to promote incident reporting and encourage our staff to report incidents when they see them.

What types of incidents we are reporting

The chart below provides further information on the top 10 reported incidents during 2011/12.

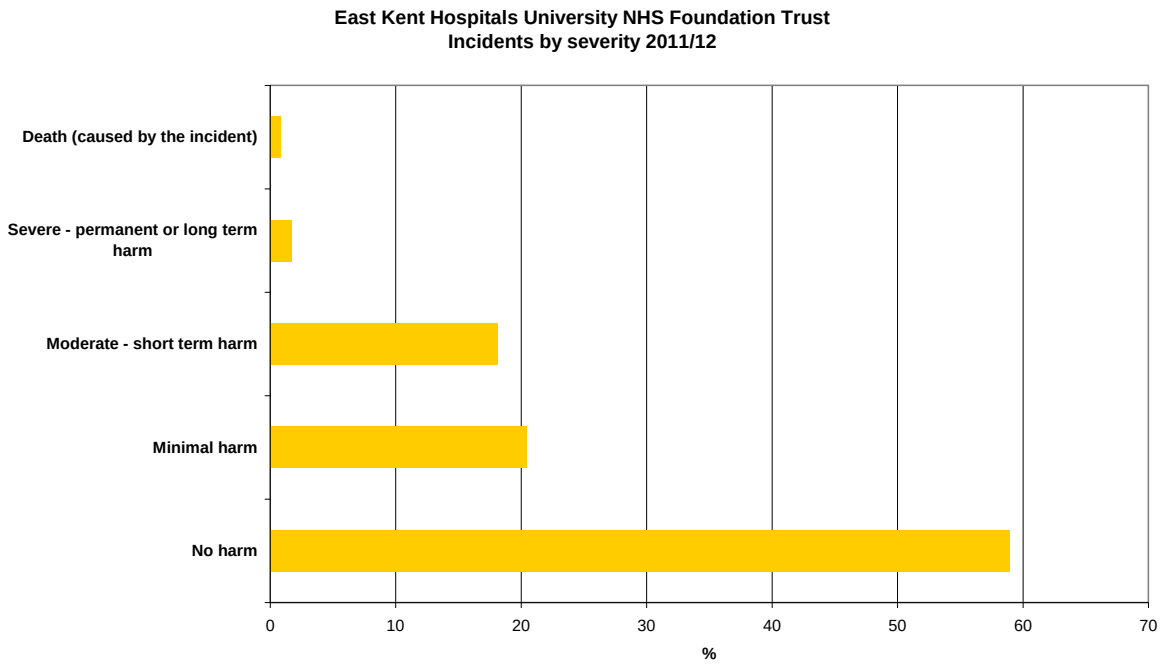


The level of harm

We categorise harm using a classification system of five levels, these are outlined in the table below:

Level	Description
No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care. Impact not prevented **–** any patient safety incident that ran to completion but no harm occurred to people receiving NHS-funded care.
Low	Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care.
Moderate	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.
Severe	Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.
Death	Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

The chart below provides further information on the level of harm identified through our incident reporting system during 2011/12. All episodes of harm are rigorously investigated through our RCA process which identifies areas for learning and where appropriate changes to our process and systems.



SoS Campaign and Patient Safety Week

During 2011/12 we launched out Shout out Safety campaign to coincide with Patient Safety Week.

The aim of this one day event which occurs each month is to promote awareness of safety issues through an open, honest and transparent culture that highlights safety issues within the work environment. The event is designed to encourage reporting of patient safety incidents and build a culture that actively promotes reporting and patient safety.

On SOS day any member of staff who has witnessed or experienced a Patient Safety issue during their day at work can e-mail in their experience to a designated email address which will then receive a follow up response.

Each day of Patient Safety Week focused on an element of patient safety, a full list is outlined below.

Monday	Learning from incidents
Tuesday	Safety strategy and culture awareness
Wednesday	Severe sepsis
Thursday	Paediatric Early Warning Score
Friday	The big SBAR handover

Patient Experience Improvement Programme

Eliminating mixed sex accommodation

All NHS providers are required to undertake a self assessment of their provision for same se accommodation, using the Department of Health's checklist of standards. A declaration of compliance or non compliance must then be provided.

We have been working with our Commissioners, NHS Kent and Medway to identify certain instances when it is in the best interests of the patient to be in an environment that has both male and female patients, these are:

- Coronary Care Units – for unwell heart attack patients
- Intensive Care Units – for unwell patients needing intensive medical and nursing care
- Clinical Decisions Units – where emergency patients are first assessed
- Stroke Acute Assessment Units – it is essential that patients with a stroke are monitored very closely by staff with the right skills and training

We declared compliance with the mixed sex accommodation standards during 2011/12, we recognise that this is an important aspect of the experience of care for our patients and will continue to maintain compliance.

We have not breached the mixed sex accommodation standards during 2011/12.

Our latest compliance statement can be found on our website at www.ekhuft.nhs.uk

Patient Environment Action Team (PEAT)

During 2011/12 we participated in the annual PEAT inspections. PEAT is self assessed and provides a framework for inspecting standards to demonstrate how well individual healthcare organisations believe they are performing in key areas including:

- Food
- Cleanliness
- Infection control

- Patient environment (including bathroom areas, lighting, floors and patient areas)

The scores demonstrate how well individual healthcare providers believe they are performing in key areas including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas.

PEAT is an annual assessment, established in 2000, of inpatient healthcare sites in England with more than ten beds.

The scores demonstrate how well individual healthcare providers believe they are performing in key areas including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas.

NHS sites and NHS trusts are each given scores from 1 (unacceptable) to 5 (excellent) for standards of environment, food and dignity and privacy within buildings).

Assessments are carried out by NHS staff (nurses, matrons, doctors, catering and domestic service managers, executive and non-executive directors, dieticians and estates directors).

We are pleased that we have continued our high performance during 2011/12, the assessments for each of our hospital sites is outlined below.

Hospital site	Environment Score	Food Score	Privacy and dignity Score
William Harvey Hospital	4 Good	4 Good	4 Good
Queen Elizabeth the Queen Mother Hospital	5 Excellent	4 Good	5 Excellent
Kent and Canterbury Hospital	4 Good	5 Excellent	5 Excellent

The NHS National Inpatient Survey 2011

All NHS Trusts in England are required to participate in the annual adult inpatient survey which is led by the Care Quality Commission (CQC). The survey provides us with an opportunity to review our progress in meeting the expectations of our patients who come into hospital. The inpatient survey results are collated and contribute the CQC's assessment of our performance against the essential standards for quality and safety.

The inpatient survey was conducted during the end of 2011 and is sent to 850 patients who were admitted to hospital for a stay of one night or more. The survey asks a range of questions in the following categories:

- The Emergency department
- Waiting list and planned admissions
- Waiting to get a bed on a ward
- The hospital and ward
- Doctors
- Nurses
- Care and treatment
- Operations and procedures
- Leaving hospital
- Overall views and experiences

Survey statistic for East Kent Hospitals:

- 450 patients completed a questionnaire
- A relatively equal number of men (46%) and women (54%) completed the survey
- Patients over the age of 75 made up the largest group of those who responded
- 52% of those surveyed were admitted as an emergency
- 45% of those surveyed were planned or waiting list admissions
- 67% of those surveyed had a planned operation or procedure during their hospital stay

Some key highlights from the survey

Question	2010 (%)	2011 (%)
The percentage of respondents who thought the hospital was either very or fairly clean	96	96
The percentage of respondents who rated the hospital food as either very good or good	45	48
The percentage of respondents who always had trust and confidence in the doctors treating them	75	79
The percentage of respondents who always had confidence and trust in the nurses treating them	71	76
The percentage of respondents that felt they were treated with respect and dignity whilst in hospital	78	81
The percentage of respondents who thought the doctors and nurses were excellent in the	34	42

way they worked together		
The percentage of respondents who would overall rate their care as excellent or very good	73	76

How we rate when compared with other organisations in Kent and Medway

One of the most important questions within the inpatient survey which is used as a proxy measure to gauge how well we are doing in looking after our patients is 'overall, how would you rate your care'.

A higher rating is indicative that patients are having a good experience and are generally satisfied with the quality of care they have received.

We are the best performing trust in Kent and Medway in relation to the overall experiences of care with aspirations to be one of the best performing trusts in England. The best performing NHS organisation has a rating of 84 %.

Patient experience CQUIN Performance

For the last three years we have been asked by our commissioners to make improvements in five specific questions in the NHS National Inpatient Survey. During 2011/12 we were set a 0.2% improvement against the overall composite score, regretfully we did not perform as well as we would have expected as outlined in the table below:

Question	Year			
	2011	2010	2009	2008
Were you involved as much as you wanted to be in decisions about your care?	70.7	69	68	71
Did you find someone in the hospital staff to talk to about your worries and fears?	58.3	57	57	54
Were you given enough privacy when discussing your condition or treatment?	79.4	81	80	82
Did a member of staff tell you about medication side effects to watch for?	44.7	46	49	45
Did hospital staff tell you who to contact if you were worried about your condition?	74.9	78	74	75
Total	**65.6**	**66.2**	**65.6**	**65.4**

As identified in the previous section we have a number of plans to make improvements in patient experience during 2012/13

The NHS National Outpatient Survey 2011

The NHS National outpatient survey is administered and used in the same way as the annual inpatient survey. The previous national survey took place in 2009.

The outpatient survey was conducted during June and October 2011 and is sent to 850 patients who attended an outpatient appointment. The survey asks a range of questions in the following categories:

- Before the appointment
- Waiting in the hospital
- Hospital environment and facilities
- Tests and treatments
- Seeing a doctor
- Seeing another professional
- Overall about the appointment
- Leaving the outpatients department
- Overall impression

Survey statistic for East Kent Hospitals:

- 474 patients completed a questionnaire
- More women completed the survey (59%) than men (41%)
- Patients over the age of 65 made up the largest group of those who responded

Some key highlights from the survey

Question	2009 (%)	2011 (%)
The percentage of respondents who were given a choice of appointment times	18	27
The percentage of respondents that knew what would happen to them during the appointment	32	44
The percentage of patients that were seen either on time or early for their appointment	18	29
The percentage of respondents who thought the outpatients department was very clean	55	60
The percentage of respondents who were given enough privacy when discussing their condition or treatment	84	87
The percentage of respondents that received a copy of the letter sent between the hospital doctor and the GP	28	38

The percentage of respondents who would overall rate their care in the outpatients department as excellent or very good	79	80

How we rate when compared with other organisations in Kent and Medway

As with the inpatient survey one of the most important questions is 'overall, how would you rate the care you received in the outpatients department'.

A higher rating is indicative that patients are having a good experience and are generally satisfied with the quality of care they have received.

When compared with other organisation in Kent and Medway we have similar ratings of 85%. The best performing NHS organisation has a rating of 92%.

During 2011/12 we were pleased to welcome the Kent LINk into our outpatient facilities as part of their thematic review of outpatient services across Kent, a report is due imminently.

Responding to feedback through NHS Choices and Patient Opinion

We monitor and respond to comments that are posted online via the NHS Choices and Patient Opinion websites. Where possible we identify the area of the Trust that has been commented on and inform staff or the clinical team about the feedback that has been given. We also take the opportunity to identify themes and trends so that we can make improvements where necessary.

During 2011/12 we have been using the feedback gained online and through our patient experience team to highlight the great work our staff do in providing high quality care, we have developed a 'magical moments' section of our weekly staff newsletter to highlight a positive experience received by one of our patients.

During 2011/12 we received over 150 comments from patients via www.patientopinion.co.uk

Compliments, concerns, comments and complaints (the 4 C's)

Patients and their carers who raise concerns and complaints as a result of the care and or treatment they have received forms an essential part of our services and shows us where people and unhappy with the service they are receiving.

The Trust's process for managing the 4 Cs is strongly patient-focussed and based firmly on the Parliamentary Health Service Ombudsman (PHSO) six principles for good complaint handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

This means:

- Listening to the clients who raised their concerns with sympathy and empathy
- Investigating the circumstances thoroughly so we understand what happened
- Explaining to the client what happened with openness and honesty
- Apologising if an error has been made
- Providing redress where we can
- Making changes so it cannot happen again

The 4C's is managed by the Patient Experience Team (PET) which is centrally based at the Kent and Canterbury Hospital with daily satellite services based at the William Harvey Hospital and the Queen Elizabeth the Queen Mother Hospital.

During 2011/12 the PET dealt with 691 formal complaints, 3,150 informal contacts (raising concerns or sign posting) and over 18,000 compliments. Activity for the last three years is highlighted in the table below:

	Year received		
	11/12	**10/11**	**09/10**
Total number of formal complaints received	691	721	687
Informal contacts received	3,150	3,920	3,926
Compliments received	18,478	11,157	5,532

We understand that a thorough investigation, and apology, an explanation of what happened and a timely response from us are important to people who complain. Our first target response rate has improved markedly over the past three years as outlined in the table below:

	Year received		
	11/12	**10/11**	**09/10**
Percentage first response received by the complainant	96	85	58

It takes us approximately 45 working days for us to fully investigate a complaint, very often we need to obtain information from other organisations which can delay the process.

During 2011/12 13.7% of complainants who had received their first response remained unhappy and sought further clarification.

The PHSO opened 42 complaints and have formally investigated four and a further seven are under consideration, the remaining have been closed.

We achieved 27 compliments for every one complaint we received, this exceeded our target for 2011/12 of 12 compliments for every one complaint we received.

During 2011/12 the PET have been working with our clinical divisions to improve the learning identified through our complaints process, some of the actions we have taken are outlined below:

- Abbey Pain assessment tool to be used for patients with dementia
- A Dysphagia (swallowing difficulty) policy is being finalised
- Implementation of the VitalPac Observation Decision Support System to enable nurses' to record patients' vital signs electronically into handheld computers and the information can be assessed by any clinician from anywhere in the hospital
- Increase in the number of high/low beds available at the William Harvey Hospital
- Launched the 'Talk to Us' campaign
- Support group being offered to bereaved relatives piloted at the William Harvey Hospital with a view to be rolled out Trust wide
- End of Life Training programme offered to all Trust staff
- Delivered ward based patient experience training to 15 clinical areas, using compliments and complaints to help ward staff with managing expectations, understanding how personal behaviour can influence patient experience and developing strategies for improvement

- Supported the development and use of Patient Stories at the Board of Directors

Patient and public involvement

East Kent Hospitals University NHS Foundation Trust prides itself in its work on patient and public engagement (PPE), making it meaningful, real and mutually beneficial to patients, carers, the public as well as the Trust.

In June 2011 the Board of Directors approved the PPE strategy which provided a clear ambition for engagement and set out some key actions for improving the way we engage with a wide range of stakeholders.

During 2011/12, we have:

- Established patient groups within each of our clinical divisions
- Established the Patient and Public Advisory Forum, a 15 member strong group made up of experts with experience, and governors
- Developed a network of local voluntary and community organisations with the aim of improving two way communication
- Participated in the Kent Citizen Engagement Network
- Held our first engagement event ‘Give back with feedback’ which was attended by over 60 people who were sharing their experiences on quality, information about medicines, My Healthcare Passport and nutrition

Commissioning for Quality and Innovation Programme

Enhancing quality

We participate in the South East Coast region wide programme known as Enhancing Quality. The aim is to record and report how well we perform against a set of evidence based measures that experts have agreed all patients should receive in four clinical conditions, these are:

- Acute myocardial infarction (AMI) – Heart attack
- Heart failure
- Community acquired pneumonia
- Hip and knee replacement

The programme requires us to audit all patient discharges from the four clinical pathways monthly; this is undertaken three months after the date of discharge.

During 2011/12 we made good progress on each of the four pathways, this is out outlined in the tables below, performance is measured as the percentage of patients with the identified clinical condition receiving the important elements of care required to ensure they have a good experience and receive appropriate treatment.

Heart attack	Target (%)	Performance in 2011/12 (%)
Overall performance	95%	96.65

Heart failure	Target (%)	Performance in 2011/12 (%)
Overall performance	61.1%	51.99

The Trust failed to meet the heart failure pathway target; this was mainly related to how we recorded that patients were given appropriate information when discharged from hospital.

We have taken steps to improve this so that all patients are given up to date and relevant information about their condition, we expect to see an improvement during 2012/13.

Community Acquired Pneumonia	Target (%)	Performance in 2011/12 (%)
Overall performance	76.71%	81.16

Hip and knee replacement	Target (%)	Performance in 2011/12 (%)
Overall performance	95%	95.74

Venous Thrombo-embolism (VTE)

Venous Thrombo-embolism (VTE) is a significant cause of mortality, long term disability and chronic ill health and reducing its incidence has been recognised as a clinical priority for the NHS.

Our improvement programme aimed to improve the percentage of all adult inpatients that have a VTE risk assessment on admission to hospital using the clinical criteria of the national tool.

During 2011/12 we were set a target by our commissioners to ensure that 90% of those patients admitted to hospital received an assessment, we exceeded this by achieving 92.5% of patients receiving the assessment.

We are currently working to improve this to 95% during 2012/13.

Releasing Time to Care - Productive wards and theatres

The Productive Ward and Theatres programme focuses on improving ward and theatre processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

We have been working on the programme for the past two years and have seen some impressive improvements in both systems and processes which have in turn have enabled our frontline nursing teams to spend more time with their patients.

The programme is made up of three foundation modules and eight process modules, ward and theatre teams systematically work through each of the modules supported by a specialist team of clinical facilitators who have advanced skills in helping teams make long lasting changes.

An outline of the foundation and process modules is provided below:

Process	Patient hygiene		Nursing procedures		Ward round
	Patient observations	Admissions and planned discharges	Shift hand over's	meals	Medicines
Foundation	Knowing how we are doing		Well organised ward		Patient status at a glance

During 2011/12 we were set a target by our commissioners to ensure that all of our wards (55) had completed the three foundation modules and at least two process modules, we achieved this.

We were also asked to ensure that 50% of our theatres (17) had completed the foundation modules, two enabler modules and 25% to have completed two process modules, we achieved this.

We are currently working to embed the quality improvement process skills within our ward and theatre teams so that by the end of April 2013 all of our wards and theatres will have completed the full programme.

Healthcare Associated Infection Reduction Programme

Healthcare associated infections are Infections resulting from medical care or treatment in hospital (in- or out-patient), nursing homes, or even the patient's own home.

Previously known as 'hospital acquired infection' or 'nosocomial infection' the current term reflects the fact that a great deal of healthcare is now performed outside the hospital setting.

Healthcare associated infection (HCAI) can affect any part of the body, including the urinary system (urinary tract infection), the lungs (puenmonia or respiratory tract infection), the skin, surgical wounds (surgical site infection), the digestive (gastrointestinal) system and even the bloodstream (bacteraemia).

The term HCAI covers a wide range of infections. The most well known include those caused by meticillin-resistant *Staphylococcus aureus* (MRSA), meticillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (*C. difficile*) and *Escherichia coli* (*E. coli*).

Although anyone can get a HCAI some people are more susceptible to acquiring an infection.

There are many factors that contribute to this:

- Illnesses, such as cancer, diabetes and heart disease, can make patients more vulnerable to infection and their immune system less able to fight it
- Medical treatments for example, chemotherapy which suppress the immune system.
- Medical interventions and devices for example surgery, artificial ventilators, and intravenous lines provide opportunities for micro-organisms to enter the body directly
- Antibiotics harm the body's normal gut flora ("friendly" micro-organisms that live in the digestive tract and perform a number of useful functions). This can enable other micro-organisms, such as *Clostridium difficile*, to take hold and cause problems. This is especially a problem in older people.

Long hospital stays increase the opportunities for a patient to acquire an infection. Hospitals are more "risky" places than the community outside:

- The widespread use of antibiotics can lead to micro-organisms being present which are more antibiotic resistant (by selection of the resistant strains, which are left over when the antibiotics kill the sensitive ones)
- Many patients are cared for together - provides an opportunity for micro-organisms to spread between them.

During 2011/12 we have been continuing our focused efforts to reduce the number of our patients who experience two of the common HCAI's, meticillin-resistant *Staphylococcus aureus* (MRSA), and *Clostridium difficile* (*C. difficile*)

MRSA

We are measured on the number of MRSA bacteraemia that have occurred within 48 hours of a patient being admitted to hospital. The Department of Health set us a target for 2011/12 of five or less cases; we achieved this by only having four. A detailed analysis of all MRSA bacteraemia cases is conducted so that we can learn and make improvements.

The number of MRSA bacteraemia cases has been reducing over recent years, mainly due to the quality improvements we have been making, for example:

- Preventing spread between patients by cleaning hands either with soap and water or in some cases alcohol hand gel
- Using "personal protective equipment", where necessary, for example, disposable gloves and aprons to prevent contamination of clothing and skin
- Ensuring that, through regular cleaning, micro-organisms do not build up in the hospital environment
- Isolating patients known to be colonised with a resistant micro-organism to reduce risk of spread

The table below demonstrates the improvements we have been making.

	2011/12	2010/11	2009/10	2008/09
MRSA post 48 hours cases only	4	6	7	16

Some of the additional improvements we have been making in MRSA infection prevention and control are outlined below:

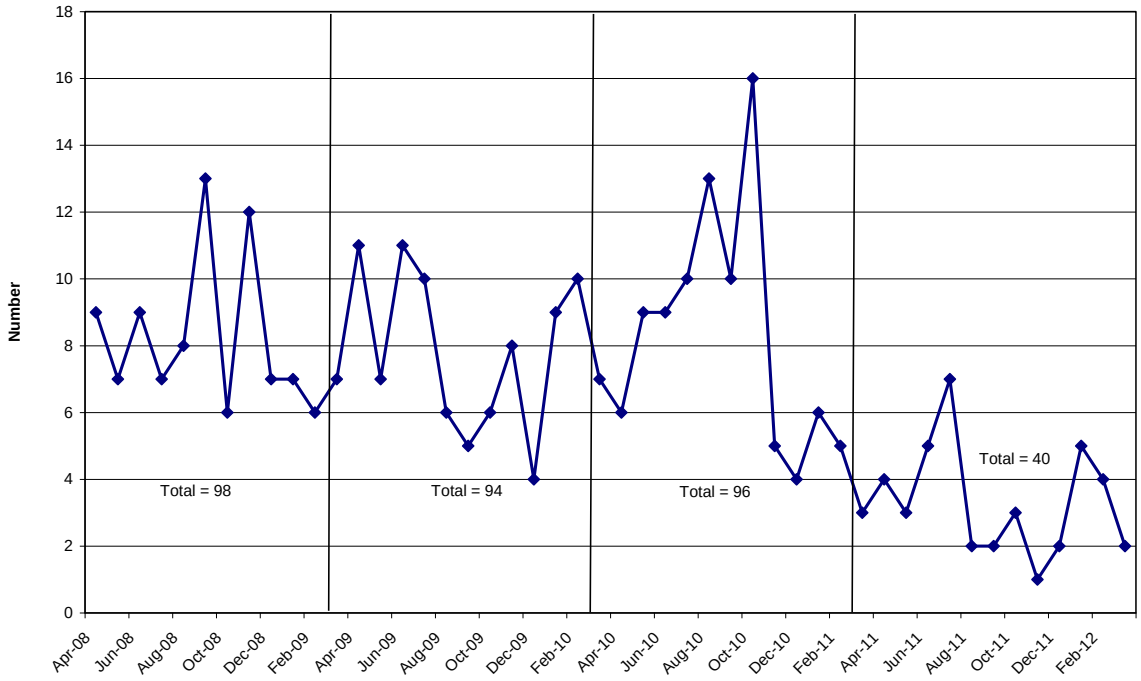
- Instigated admission screening and screening of all in-patients every 7 days until discharge
- Using the Synbiotix Clinical Indicators system to monitor compliance with screening and decolonisation

- We have developed a Blood Culture Collection Policy and E-learning / competency assessment
- Undertaking full RCA's on all MRSA bacteraemia cases
- We have implemented a new process for skin decontamination prior to cannula insertion and blood culture collection

C.Difficile

We are measured on the number of C.Difficile cases that have occurred 72 hours post admission to hospital. The Department of Health set us a target for 2011/12 of 75 or less cases; we achieved this by only having 40.

The chart below demonstrates the improvements we have been making.



Some of the additional improvements we have been making in C. Difficile infection prevention and control are outlined below:

C.Difficile

- Prompt isolation of all patients with diarrhoea until / unless a non-infectious cause can be confidentially excluded
- Dedicated "toilet teams" responsible for the twice daily disinfection of all commodes and the twice daily cleaning of toilets/bathrooms
- Annual commode audit / replacement
- Publication of the antimicrobial prescribing guidelines
- Developed a C. Difficile Patient Management Plan

- Ensured strong compliance with our hand hygiene programme
- Developed our skills in undertaking Root Cause Analysis
- Monthly matrons audit to highlight areas of non compliance with our hygiene standards

Other areas where we have been improving quality

National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) provides recommendations and guidance to the NHS and new and existing medicines, treatments and procedures and treating and caring for people with specific diseases and conditions.

During 2011/12 NICE issued 19 pieces of guidance of which 15 were relevant to our Trust. Each publication is reviewed with a decision made – either that we are already compliant or action will be taken to achieve compliance.

With regard to the NICE guidance published during 2011/12, the position is:

- We are compliant with seven on the initial review
- We are partially compliant with eight and implementing actions to achieve compliance during 2012/13

Ongoing compliance with NICE guidance is important to us and our patients and we will prioritise our clinical audit programme to help ensure that we maintain compliance. Our clinical audit programme is detailed in section four of this Quality Account; during 2011/12 we have undertaken the following NICE related clinical audits:

- Clinical Guideline 57 - Eczema
- Clinical Guideline 58 - Prostate cancer
- Clinical Guideline 65 - Hypothermia
- Clinical Guideline 75 - Spinal cord compression
- Clinical Guideline 80 - Breast cancer
- Clinical Guideline 81 - Breast cancer
- Clinical Guideline 99 - Constipation

Health Foundation – Safer Clinical Systems

In 2011 we were successful in our bid for £150,000 of funding to improve the patient journey for older people by reducing the number of patients who were readmitted, the aim of the project is to reduce readmission rates by 50% by September 2013.

The bid was agreed by The Health Foundation as part of their Safer Clinical Systems programme which seeks to build safe and reliable care through proactively searching for and managing risk, ensuring feedback to create continuous learning, engagement and sustainable solutions.

The project is being delivered in two phases, firstly there is intensive support from the Health Foundation and the University of Warwick – this identified key issues such as the handover of clinical information and prescribing. The second phase will consist of four steps, which are

- Defining the patient journey for older people
- Diagnosing the system to demonstrate the reliability and risks of the existing journey
- Options appraisal and planning
- System improvement cycles

Safeguarding adults and children

Protecting vulnerable children and adults is an important part of the way in which we deliver care to our patients. Over the past year we have seen a growth in activity relating to child protection and adult safeguarding, we have adapted our systems, processes and front line leadership to ensure that we can adequately protect both children and adults.

Protecting children

Our child protection team is supported by a team of three specialist nurses who have extensive experience of child protection; they are supported by a range of other health and social care professionals who make up our wider child protection team.

Some key highlights from 2011/12 are outlined below:

- The child protection team had over 800 consultations with staff who were concerned about a vulnerable child or family in their care
- The Concern and Vulnerability Form used by midwives when they have concerns about a mother was used 590 times
- We started using the Common Assessment Framework (CAF) tool towards the end of 2011, to date we have completed 26 with a plan to increase their use during 2012/13
- The team have provided supervision for 166 members of staff
- For those services that work directly with children they are 83% compliant with our training requirements, the trust average is 73%

- We have undertaken an audit of documentation in the Emergency Department and as a result have redesigned our documentation so that we can capture more pertinent information
- We have participated in the Kent and Medway Health Safeguarding Group (a sub group of the Kent Safeguarding Board)
- We have participated in the Child Death Overview Panel (CDOP)
- We continue to monitor our joint CQC/Ofstead action plan through the trust wide child safeguarding group

Protecting adults

In many ways protecting vulnerable adults is more complex when compared with child protection as the forms of abuse can be more subtle and difficult to detect.

Our adult safeguarding team consists of one specialist nurse who is supported by senior matrons and matrons across each of our three main hospital sites. We have recognised that our capacity and capability to fully meet the growing demands and complexity of adult safeguarding have been limited due to only have one specialist nurse, during 2012/13 we will increase this by another two specialist health or social care professionals which will greatly improve our capability.

Some key highlights from 2011/12 are outlined below:

- We have reviewed the role and function of the trust wide adult safeguarding group with support from Professor Kim Manley
- We have managed over 90 Adult Protection Alerts where concerns have been raised about vulnerable adults
- We have provided training in the Mental Capacity Act (MCA) and Deprivation of Liberty standards, 55% of our staff have had training in adult safeguarding within the last three years
- We have participated in the MCA Local Involvement Network
- We have participated in the Thanet, Dover, Ashford, Shepway, Canterbury and Folkestone Multi-Agency Risk Assessment Conference (MARAC) for domestic violence
- Participated in multi-agency domestic homicide reviews
- Published our policy on clinical restraint

Healthcare Passport

During 2011/12 we have been working closely with members and local people to develop 'My Healthcare Passport' to support our healthcare professionals in providing person centred care to vulnerable people in hospital.

In January 2012 we held an Improving Communication event in Canterbury attracted over 120 people to launch the Passport and contribute to the development of the Trust's Quality Strategy.

More recently the Trust has been awarded funds by the Foundation of Nursing studies to conduct an action research project into the implementation and evaluation of 'My Healthcare Passport' which will encourage stakeholders to be co-researchers in the project".

The Passport is available at

www.ekhuft.nhs.uk/improvingcommunication

Frontline Friday

During 2011/12 we launched an exciting new initiative called ‘Frontline Friday’ with the overall aim of improving patient experience through strengthened and visible nursing and midwifery leadership.

The aim of ‘Frontline Friday’ is to support our objective to consistently provide those who use our services and their carers and families with the highest possible quality care.

‘Frontline Friday’ has given us many opportunities to:

- Improve visibility of senior nurses and midwives
- Enable senior nurses and midwives to participate in the delivery of the fundamental aspects of nursing and midwifery care on a weekly basis
- Connect Board to the Ward (and vice versa)
- Enable senior nurses and midwives to understand the challenges experienced by our frontline teams in delivering high quality compassionate care
- Ensure standards of clinical practice and policy are being adhered to and maintained
- Share clinical expertise
- Support frontline teams in developing ideas for innovation
- Provide support and challenge to our frontline teams
- Understand the experience of care from our patients’ perspective
- Support corporate and local audits
- Energise our frontline teams
- Ensure our aspirations for quality are being delivered

- Celebrate the achievements of our frontline teams and share best practice across the organisation.

Each month we have a specific theme, which helps provide focus and structure and provides the framework for the feedback session each week. The themes for 2012/13 are outlined below:

March 2012	Nursing Standard and Patients Association Care Campaign
April 2012	Dementia
May 2012	Patient Experience Feedback
June 2012	Pain
July 2012	Care of the Dying / LCP
August 2012	Drug Administration and VTE
September 2012	Deteriorating patient
October 2012	Nutrition and Hydration
November 2012	Reducing Falls
December 2012	Communication, documentation and SBAR
January 2013	Infection Control
February 2013	Pressure Ulcers
March 2013	Safeguarding Capacity and Consent

Caring for people with dementia

The Alzheimer's Society highlight that of around 40,000 people in the South East living with dementia only 38% have a diagnosis and so the majority are not receiving drug treatments or support due to a lack of a formal diagnosis. The number of people, across the UK, diagnosed rose from 23,000 to only 24,000 over the last year and in 2012/13 there is a national drive to improve diagnosis of dementia.

Anecdotal evidence suggests that at least 30% of our adult in patient population is suffering with either delirium, dementia or both.

During 2011/12 we have provided dedicated support from an experienced senior nurse at the William Harvey Hospital who has worked with the Clinical Lead to improve staff training in dementia care. This has enabled us to:

- Identify dementia champions for each ward and provide resource materials
- Undertake a dementia champions launch event
- Introduce High Impact Actions for dementia
- Introduce the 'This Is Me' booklet to help our staff to support patients with dementia when they come into hospital. We are also working with the

carer's society and Kent County Council to promote the use of the tool by carers in residential and nursing homes
- Implemented a pain scoring tool for patients with dementia
- Introduce dementia as a focus area for Frontline Friday
- Improved appropriate referrals to the Psychiatric Liaison team and Admiral Nurses
- Identified funding for clocks, daily newspapers and brightly painted wards to normalise the environment for patients with dementia

During 2012/13 we will recruit a dedicated matron for dementia care to lead work to ensure rapid improvement is made to towards ensuring that 90% of all patients 75 years old or over are appropriately screened, fully risk assessed and referred for specialist intervention as appropriate.

Hospital @ Home

Hospital @ Home is an exciting new project that we started in November 2011 that allows patients who are medically stable, and whose only reason for admission or hospitalisation is the requirement for intravenous therapy such as antibiotics to be treated quickly and safely at home.

We established 45 virtual beds covering the geographical locations of Margate, Canterbury and Ashford. Patients are admitted to a virtual bed, but rather than being in hospital they would be at home being safely monitored by the Hospital @ Home nursing team.

Patients are carefully assessed for suitability and have 24 hour access to the hospital via the bleep system. During the day patients can contact the Hospital @ Home nursing team, and out of hours they can contact the site based senior nurses. If a patient requires transferring back to hospital, it is done directly into a hospital bed bypassing the Emergency Department.

Whilst the patient is resident in the virtual ward the responsibility for their care remains under the same consultant and is seen by a member of their team.

Since we started in November 2011 we have had over 360 patients being cared for in one of our virtual wards, the feedback has been very positive with patients preferring to be at home where they feel they can make a quicker recovery from their illness.

There are plans to expand the services offered by the Hospital @ Home team during 2012/13.

Discharge and transfers of care

The Emergency Care Quality Improvement Programme has been tackling the current issues of Discharge planning and ensuring a positive patient experience and journey through our hospitals. A number of initiatives have been developed aimed at improving current pathways for patients by giving a streamlined approach to discharge planning and thereby reducing the length of stay in the hospital and improving the patient experience.

During 2011/12 we have:

- Followed the patient journey from admission to discharge, to identify where it can be improved
- Worked with our partners in health, social care and the private sector to identify how we can work better together
- We have developed a new Discharge and Integrated Choice Policy, greater emphasis is being placed on planning for discharge as soon as patients are admitted to hospital
- We have developed the new Discharge Referral Service (DRS) on each of our main hospital sites, which has membership from our clinical teams, social services and community care staff.
- We have developed a “Ticket Home” concept, which is a visible discharge plan for the patient, explained on arrival by a member of staff it empowers the patient to ask about their discharge. We have developed and implemented a training programme for all staff involved in Discharges
- Established a new process for Continuing Health Care assessment
- Development of Monitoring/Reporting system to reduce/prevent overnight discharges
- Development of a Qlickview Ward report (live and weekly) to monitor each wards performance on patient flow and discharge
- Development of Electronic Discharge Notification (EDN) to also include a section on Multi-disciplinary Team information, i.e. physiotherapy requirements – to improve communication
- Collaborative approach to writing Medicines Management Policy (ensure focus on Discharge and EDN’s)
- Joint working with Safer Clinical Systems team to ensure we understand why patients are re-admitted to ensure proactive response and future management.
- Ambulatory Care Pathways and Hospital at Home services, allowing patients to be discharged from the ward and managed in their home environment for certain treatments and conditions.

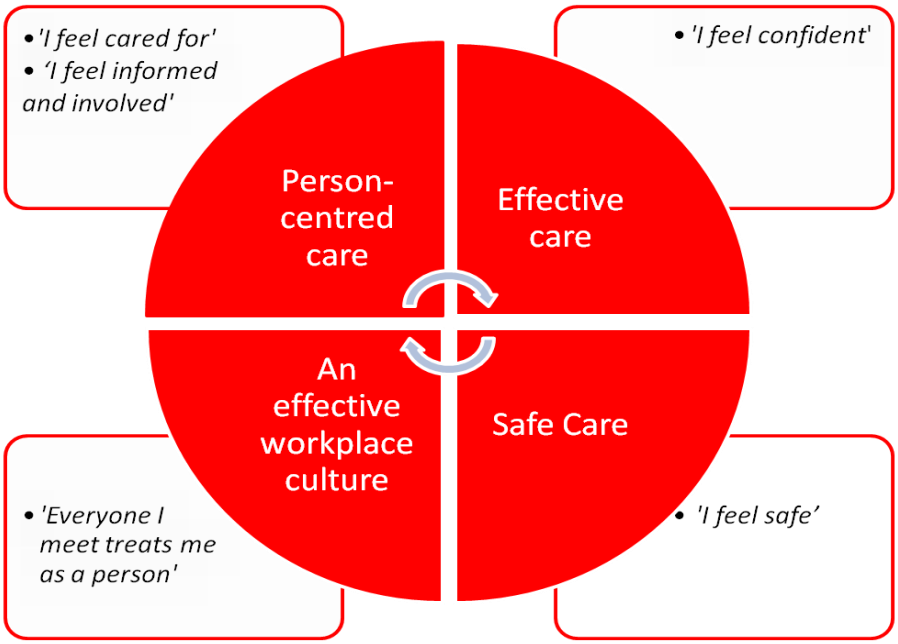
Shared purpose framework

During 2011/12 we worked in partnership with Canterbury Christ Church University to commission a project to develop a framework for nursing and midwifery specialist practice across the Trust.

The intention of the project was to bring together the contribution of nursing and midwifery practice and clinical leadership into one coherent framework that would: guide future development of staff; demonstrate how the current and future needs of patients and service users are to be met and evaluated; make explicit the contribution of these roles to achieving the Trust's corporate objectives.

The framework is structured around four interdependent purposes each linked to a specific competence relevant to the Trusts' corporate direction and national drivers for quality, clinical practice and clinical leadership. The framework is diagrammatically presented in the figure below:

The East Kent Hospitals University NHS Foundation Trust
Shared Purpose Framework



The next steps for the framework will be integrating it within job descriptions and the appraisal process. The focus on workplace culture will be further supported by a clinical leadership development programme that will help to embed these values into every area of practice across the trust.

Equality and diversity

During 2011/12 we have made great strides in building our capability to deliver equality and diversity for both our patients and our staff.

A few of the highlights are outlined below

- We have complied with our duties as part of the enactment of the Equality Act 2010 and the consequent implementation of the Public Sector Equality Duties
- Signed up to Mencap's 'Getting it Right' Charter on behalf of the Trust
- We have developed a new Equality and Human Rights Analysis procedure which is applied to all new policies and documents for decision
- We have formally adopted the NHS Equality Delivery System. Our first assessment has been completed and the grading document published and shared with community groups for feedback. Our equality objectives have been published and a project plan is under development
- We have purchased a disability access information service which is accessible to all through the trust website
- We have become a Stonewall Diversity Champion

Operational performance

The following table outlines the performance of the East Kent Hospitals University NHS Foundation Trust against the indicators to monitor performance with the stated priorities.

These metrics represent core elements of the corporate dashboard and annual clinical quality and patient safety programme presented to the Board of Directors on a monthly basis.

Performance with National Targets and Regulatory Requirements

	2008-2009	2009-2010	2010-2011	2011-2012	National target achieved
Clostridium difficile year on year reduction	98	94	96	40	✓
MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level	25	15	6	4	✓
Maximum waiting time of two weeks from urgent GP referral to last outpatient appointment for all urgent suspected cancer referrals/2 week wait from referral to date first seen: all cancers	98.8%	94.95%	95.16%	96.6%	✓
Maximum waiting time of 31 days from decision to treat to start of treatment extended to cover all cancer treatments	96.0%	97.31%	99.13%	99.1%	✓
Maximum waiting time of 62 days from all referrals to treatment for all cancers	99.3%	71.98%	87.21%	89.1%	✓
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	98.9%	98.61%	97.14%	95.99%	✓
People suffering heart attack to receive thrombolysis within 60 minutes of call	93.8%	82.70%	* No longer preferred treatment option	* No longer preferred treatment option	Not applicable
Revascularisation 13 weeks maximum (breaches)	0.0%	0.00%	0.00%	None	✓
% diagnostic achieved within 6 weeks	96.5%	97.50%	99.96%	99.6%	✓
Delayed transfer of care	3.6%	1.8%	1.5%	1.4%	✓
Screening all elective inpatients for MRSA	NA	NA	100%	100%	✓
Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in *Healthcare for All* (2008):	NA	6	6	6	✓

Statements from the Kent Local Involvement Network, Kent Overview and Scrutiny Committee, NHS Kent and Medway and our Governors

Kent Health Overview and Scrutiny Committee

A copy of the draft Quality Account 2011/12 was made available to the Kent Health Overview and Scrutiny Committee prior to publication.

NHS Kent and Medway

NHS Kent and Medway is the lead commissioning Primary Care Trust (PCT) for East Kent Hospitals University Foundation Trust (EKHUFT) and welcome the publication of this quality account for 2011-12.

Both organisations are working closely together to ensure all aspects of patient safety and care quality are consistently meeting high standards of care and sustaining improvements.

As far as NHS Kent and Medway is able to comment the information contained in the quality account is accurate, and provides helpful coverage of the strong progress made in many aspects of service improvement.

EKHUFT works closely with the PCT to investigate and learn from serious incidents and never events (events that should almost never happen if the correct systems are in place and applied). The PCT recommend that the Trust describes the organisations safety culture within this Quality Account and the mitigating actions being undertaken to prevent further events, before the final account is published.

The PCT notes priorities for improvement goals set in respect of staff satisfaction, however would like to have seen the Trust achievement against 2011/12 data. The Trust welcomes the analysis of the data regarding mortality but would have liked to have seen this in a wider context, against comparative data with similar Trusts across the country with any exceptional factors noted.

The PCT works with EKHUFT in the implementation of the Commissioning for Quality and

Innovation Incentive scheme and jointly monitor the scheme through the bi-monthly Clinical
Excellence Group attended by senior clinicians from both organisations. As a result of this scheme the PCT recognises the following improvements:

- A 76% reduction in serious pressure ulcers acquired by patients whilst in the Trust's care
- Over 90% of patients who have serious nutritional problems such as malnourishment now have a specialist treatment and care within 2 days of admission.
- 400 staff members caring for elderly patients have received specialist training in caring for people with dementia.

Overall the Quality Account is a true reflection of achievement and 2012/13 ambitions, it clearly demonstrates the Trust commitment to improving patient outcomes, in terms of safety and patient experience.

The PCT will continue working closely with EKHUFT to assure the quality of our local health services and ensure the culture of continuous improvement is present in all areas of the Trust.

Kent Local Involvement Network

The Kent LINk would like to thank East Kent Hospitals University Foundation NHS Trust for the opportunity to comment on their Quality Account prior to publication. The Kent LINk has used various methods throughout the year to collect patient experience data from users of East Kent Hospitals University Foundation NHS Trust services in order to provide this statement for the Account:

- Kent LINk Governors' Group and Priorities Panel members' comments, in line with
- Department of Health document 'Quality Accounts: a guide for Local Involvement Networks'.
- Kent LINk participants and East Kent Hospitals University Foundation NHS Trust service users, commenting on their experience of using the services, as well as the
- Trust's performance against last year's priorities and how appropriate they felt this year's priorities are, via an online and paper survey.
- Face to face interviews with patients and visitors within hospitals throughout Kent, who were also asked to comment on the above areas.
- The Kent LINk has also used intelligence gathered throughout the year through its projects and community engagement events.

- LINk participants in the local area were also asked to comment on the presentation and layout of the Account.

1. Is the Quality Account clearly presented for patients and public?

The draft presented to the Kent LINk was well structured and clearly laid out. There is a good use of colour throughout the document and a good font size used. This helps to make the document accessible to the general public.

The document's length (the draft presented to the LINk was 80 pages) may be off putting for the general public. However, the LINk would commend the Trust for clearly identifying the priorities for the coming year at the start of the document, and for ensuring that material relevant to these was included in the first half of the document.

For the lay reader, the amount of acronyms used throughout the document could be daunting, and a glossary would be of use. Graphs and tables within the document were not always clearly labelled, with some containing acronyms that were not explained. The LINk would also note that some readers commented that the Quality Account contained 'jargon' that was off putting to the lay reader.

The document would also benefit from the inclusion of details about the locations of services provided by the Trust, number of patients groups that received clinical help over the past year and how these details compare to previous years. In addition, the public would be interested to see details about staff numbers, sickness and absenteeism.

2. Priorities for 2011 / 2012

Respondents to Kent LINk surveys and those who took part in face to face engagement indicated that the Trust appear to have made good progress with their priorities laid out in last year's Quality Account, and have clearly identified in this year's Quality Account where there are still improvements to be made.

In particular, the Trust has made excellent progress with the reduction of healthcare acquired infections and reduction in falls (and harm from falls) over the past year.

The Kent LINk has worked with East Kent Hospitals University Foundation NHS Trust on two projects over the past year, and the LINk is pleased to see mention of these in the Quality Account. Full project reports from these projects (Hygiene and Cleanliness in Hospitals, and Patient Experience of Outpatient Clinics) are available on the Kent LINk website – www.kentlink.org

The Kent LINk has also just begun visits to East Kent Hospitals University Foundation NHS Trust sites as part of its Care of Older People in Hospitals Project. Further details on this project will be available on the LINk website later in the year.

LINk participants have voiced concern over the year about the closure of maternity units at Dover and Canterbury. The LINk would like the Trust to monitor this situation closely over the coming months in order to gauge patient satisfaction with the changes to maternity services across East Kent.

3. Priorities for 2012 / 2013

Respondents were in agreement with the priorities set out within the Quality Account, and the LINk would like to commend the Trust for placing the priorities together at the beginning of the document. Respondents were also positive about the inclusion of detail regarding the monitoring of progress with priorities over the coming year.

4. Safety, Communications and Staff

The Kent LINk receives comments about the services provided by East Kent Hospitals University Foundation NHS Trust throughout the year from patients and the public. Feedback from the LINk's patient experience questionnaire has been fed back to the Trust on a regular basis. This feedback has been largely positive with patients reporting good levels of safety, communication between patients and staff, and patients feeling that their dignity and privacy were respected.

5. Who has been involved in the preparation of the Quality Account?

The Trust has clearly demonstrated in the document that it has greatly increased its engagement with the local public over the past year. However, there is no mention in the Quality Account of public involvement in the preparation of the Quality Account.

The Kent LINk would like to thank the Trust for the opportunity to comment on the Quality Account in advance of publication and for the increased levels of partnership working over the past year.

Under the Health and Social Care Act 2012, LINks are to be abolished in March 2013 and a Local Healthwatch will commence operation in Kent in April 2013. The Kent LINk would like to recommend that a Local Healthwatch utilises the LINk Quality Accounts toolkit when making a statement on next year's East Kent Hospitals University Foundation NHS Trust, and would hope that Local Healthwatch and East Kent Hospitals University Foundation NHS

Trust can continue the good working relationship that exists between Kent LINk and the Trust.

East Kent Hospitals University NHS Foundation Trust Council of Governors

At the meeting of the Council of Governors on May 15th 2012 Governors welcomed the Quality Account for 2011/12. This comprehensively details the wide range of initiatives the Trust is committed to continuously promoting high quality patient care and also staff engagement, vital in this time of rapid change. Measurable, challenging but realistic targets are set for improvements in care and the Governors look forward to continuing to working closely with Trust managers and clinicians to achieve these.

The Governors have asked the Trust to consider the following two additions to its quality improvement plans for 2012/13.

1. To provide better care for people at the end of their lives. Medical staff should be required to complete the necessary documentation - death certificate, cremation paper and liaison with Coroner's Officer promptly to avoid delays in death registration at this stressful time for relatives
2. To support and promote the initiation of breast feeding through provision of a suitable , purpose designed and dedicated room at each major site

East Kent Hospitals University NHS
NHS Foundation Trust

Part 4

The Technical Section

Review of services

During 2011/12 the East Kent Hospitals University NHS Foundation Trust provided and/ or sub-contracted 45 NHS services

The East Kent Hospitals University NHS Foundation Trust has reviewed all the data available to them on the quality of care in 45 of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by the East Kent Hospitals University NHS Foundation Trust for 2011/12.

East Kent Hospitals University NHS Foundation Trust reviews data on all services through a number of corporate and divisional committees and groups. Each moth the Board of Directors is provided with a quality and safety report detailing performance of key quality and safety indicators, this is in addition to the newly developed corporate performance dashboard.

The Board of Directors are supported in their systematic review of quality performance by the corporate Risk Management and Governance Group, the Clinical Management Board and the Integrated Audit and Governance Committee.

Each of our four divisions has similar governance and risk management structures which ensure divisional oversight and scrutiny.

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. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money. East Kent Hospitals University NHS Foundation Trust will be taking the following actions to improve data quality

- The Trust will review the assessment of information assets and flows in order to ensure ownership and responsibility for information and quality is clearly allocated and recognised.
- The East Kent Hospitals University NHS Foundation Trust is using the findings of the recent Information Governance and clinical coding audits to reinforce progress, including ensuring relevant training is undertaken to the level specified nationally.

East Kent Hospitals University NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:"

– Which included the patient's valid NHS number was:

99.5 per cent for admitted patient care;
99.8 per cent for out patient care; and
98.0 per cent for accident and emergency care

– Which included the patient's valid General Medical Practice Code was:

100 per cent for admitted patient care;
100 per cent for out patient care; and
99.9 per cent for accident and emergency care

East Kent Hospitals University NHS Foundation Trust Information Governance Assessment Report score overall score for 2011/12 was 72 percent and was graded green.

East Kent Hospitals University NHS Foundation Trust was subject to the 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) was five per cent which shows an improved position form the 2009/10 average of 9.1 per cent.

Participation in clinical audits

During 2011/12, 43 national clinical audits and three national confidential enquiries covered NHS services that East Kent Hospitals University NHS Foundation Trust provides.

During that period East Kent Hospitals University NHS Foundation Trust participated in 81 per cent of national clinical audits and 100 per cent 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 East Kent Hospitals University NHS Foundation Trust was eligible to participate in during 2011/12 are as follows:

Peri-and Neo-natal

- Perinatal mortality (MBRRACE-UK) Neonatal intensive and special care (NNAP)

Children

- Paediatric pneumonia (British Thoracic Society)
- Paediatric asthma (British Thoracic Society) Pain management (College of Emergency Medicine)
- Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
- Paediatric intensive care (PICANet)
- Diabetes (RCPH National Paediatric Diabetes Audit)

Acute care

- Emergency use of oxygen (British Thoracic Society)
- Adult community acquired pneumonia (British Thoracic Society)
- Non invasive ventilation -adults (British Thoracic Society)
- Pleural procedures (British Thoracic Society)
- Cardiac arrest (National Cardiac Arrest Audit)
- Severe sepsis & septic shock (College of Emergency Medicine)
- Adult critical care (ICNARC CMPD)
- Potential donor audit (NHS Blood & Transplant)
- Seizure management (National Audit of Seizure Management)

Long term conditions

- Diabetes (National Adult Diabetes Audit)
- Heavy menstrual bleeding (RCOG National Audit of HMB)
- Chronic pain (National Pain Audit)
- Ulcerative colitis & Crohn’s disease (UK IBD Audit)

- Parkinson's disease (National Parkinson's Audit)
- Adult asthma (British Thoracic Society)
- Bronchiectasis (British Thoracic Society)

Elective procedures
- Hip, knee and ankle replacements (National Joint Registry)
- Elective surgery (National PROMs Programme)
- Coronary angioplasty (NICOR Adult cardiac interventions audit)
- Peripheral vascular surgery (VSGBI Vascular Surgery Database)
- Carotid interventions (Carotid Intervention Audit)

Cardiovascular disease
- Acute Myocardial Infarction & other ACS (MINAP) Heart failure (Heart Failure Audit)
- Acute stroke (SINAP)
- Cardiac arrhythmia (Cardiac Rhythm Management Audit)

Renal disease
- Renal replacement therapy (Renal Registry)
- Renal transplantation (NHSBT UK Transplant Registry)

Cancer
- Lung cancer (National Lung Cancer Audit)
- Bowel cancer (National Bowel Cancer Audit Programme)
- Head & neck cancer (DAHNO)
- Oesophago-gastric cancer (National O-G Cancer Audit)

Trauma
- Hip fracture (National Hip Fracture Database)
- Severe trauma (Trauma Audit & Research Network)

Blood transfusion
- Bedside transfusion (National Comparative Audit of Blood Transfusion)
- Medical use of blood (National Comparative Audit of Blood Transfusion)

Health promotion
- Risk factors (National Health Promotion in Hospitals Audit)

End of life
- Care of dying in hospital (NCDAH)

The national clinical audits and national confidential enquiries that East Kent Hospitals University NHS Foundation Trust participated in, and for which data collection was completed during 2011/12, 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 and associated actions.

Peri-and Neo-natal

National audit/Enquiry	Participation	Percentage of cases included	Actions
MBRRACE-UK: Mothers & babies: reducing risk through audits & confidential enquiries across the UK	Yes	100	The programme is currently suspended whilst a review is undertaken.
Neonatal intensive and special care (NNAP)	Yes	100	The report covering 2011 data will be published at the end of June 2012

Children

National audit/Enquiry	Participation	Percentage of cases included	Actions
Paediatric pneumonia (British Thoracic Society)	Yes	71	*Awaiting publication of the national report*
Paediatric asthma (British Thoracic Society)	No		
Pain Management in Children (College of Emergency Medicine)	Yes	50	Data entry period extended
Childhood epilepsy (RCPH National Childhood epilepsy audit)	Yes	100	NA
PICANet (Paediatric Intensive Care	No		
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	89	Data collection still occurring

Acute care

National audit/Enquiry	Participation	Percentage of cases included	Actions
Emergency use of oxygen (British Thoracic Society)	No		
Adult community acquired pneumonia	Yes	100	Data collection still occurring

(British Thoracic Society)			
Non-invasive (NIV) – adults (British Thoracic Society)	Yes	100	Data collection still occurring
Pleural procedures (British Thoracic Society)	No		
Cardiac arrest (National Cardiac Arrest Audit)	Yes	100	Every arrest call is currently audited. This feedback will be reviewed by the Patient Safety Board and used to develop the patient safety programme further.
Severe sepsis & septic shock (College of Emergency medicine)	Yes	100	Data analysis still occurring
Adult critical care (Case Mix Programme) (ICNARC)	Yes	100	Quarterly ICNARC reports are reviewed in local governance meetings. Deaths which were unpredicted, according to the ICNARC model are reviewed as part of the on-going mortality reviews.
National audit of seizure management in hospitals (NASH)	No		

Long term conditions

National audit/Enquiry	Participation	Percentage of cases included	Actions
Diabetes (National Diabetes Audit)	Yes	100	National findings for this audit is being prepared
Heavy menstrual bleeding (RCOG National Audit of HMB)	No		
Chronic pain (National Pain Audit)	Yes	100	Report delayed until 2012
Ulcerative colitis & Crohn's disease (National IBD Audit)	Yes	40	In the process of collecting the data. Data collection to be completed by end of June 2011
Parkinson's disease (National Parkinson's Audit)	Yes	100	Awaiting audit findings
Adult asthma (British Thoracic Society)	Yes	Registered – no records submitted	*Awaiting publication of the national report*

		this year	
Bronchiectasis (British Thoracic Society)	Yes	Registered – no records submitted this year	*Awaiting publication of the national report*

Elective procedures

National audit/Enquiry	Participation	Percentage of cases included	Actions
Hip, knee and ankle replacements (National Joint Registry)	Yes	100	Full participation in data extraction including ankle replacement treatment
Elective surgery (National PROMs Programme)	Yes	100	No actions identified
Coronary angioplasty (NICOR Adult cardiac interventions audit)	Yes	100	*Awaiting publication of the national report*
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	100	No actions identified; the Trust is a high reporter to the system by virtue of the specialities provided
Carotid interventions (Carotid Intervention Audit)	Yes	100	All patients undergoing Carotid endarterectomy to have an independent assessment at follow-up by a physician with an interest in stroke. Ensure patient follow up to assess for possible cranial nerve injury (CNI) post-operatively in addition to stroke, myocardial infarction (MI) and death rates

Cardiovascular disease

National audit/Enquiry	Participation	Percentage of cases included	Actions
Acute Myocardial Infarction & other ACS (MINAP)	Yes	100	To identify any potential clinical improvements in the treatment of NSTEMI/ ACS patients. Ensure the treatment pathway for patients requiring pPCI is in accordance with Network guidance
Heart failure (Heart	No*		

Failure Audit)			
Acute stroke (SINAP)	Yes	100	Quarterly reports are produced and any actions are discussed at the monthly Stroke Pathway Meetings
Cardiac Rhythm Management (CRM) (NHS Service information link)	Yes	100	Awaiting publication of the national report
Stroke care (National Sentinel Stroke Audit)	Yes	92	Action plan in development as report published in May 2011

* Audited through the Enhancing Quality Programme

Renal disease

National audit/Enquiry	Participation	Percentage of cases included	Actions
Renal replacement therapy (Renal Registry)	Yes	100	No actions identified

Cancer

National audit/Enquiry	Participation	Percentage of cases included	Actions
Lung cancer (National Lung Cancer Audit)	Yes	100	The annual report is overdue for publication, so no action plan as yet in place
Bowel cancer (National Bowel Cancer Audit)	Yes	100	No local plan produced
Head & neck cancer (DAHNO)	Yes	100	The annual report is overdue for publication, so no action plan as yet in place
National oesophago-gastric cancer audit	No		

Trauma

National audit/Enquiry	Participation	Percentage of cases included	Actions
Hip fracture (National Hip Fracture Database)	Yes	100	Audit programme to be developed around the recommended six auditable standards: prompt admission to orthopaedic care; surgery within 48 hours; nursing care aimed at minimising the development of

			pressure ulcers; routine access to ortho-geriatric medical care; assessment and appropriate treatment to promote bone health; and falls assessment
Severe trauma (Trauma Audit & Research Network)	Yes	70	Local group established to review recommendations, but report just released

Blood transfusion

National audit/Enquiry	Participation	Percentage of cases included	Actions
Bedside transfusion (National Comparative Audit of Blood Transfusion	Yes	88	A review of provision of O Negative support for trauma cases is planned and where a massive blood transfusion has occurred using O Negative blood this will be reviewed by the Trust transfusion committee
Audit of the medical use of red cells. National comparative Audit of blood transfusion.	Yes	100	Report not yet published

Health promotion

National audit/Enquiry	Participation	Percentage of cases included	Actions
NHPHA: National health promotion in hospitals audit	No		

End of life

National audit/Enquiry	Participation	Percentage of cases included	Actions
National Care of the dying in hospitals	Yes	71	Awaiting publication of the national report

National Confidential Enquiries

Surgery in Children – "Are we there yet?"	✓	100	Awaiting publication of the national report
Peri-operative Care – "Knowing the Risk"	✓	27.8	Repeat local audit in progress Action plan being finalised
Cardiac arrest procedures	✓	64.3	Report not yet published – Due

			June 2012

The reports of 179 local clinical audits were reviewed by us in 2011/12 and we intend to take the following actions to improve the quality of healthcare provided.

Audit	Action
Trust wide clinical documentation	• Record keeping session has been incorporated into Preceptorship programme study days • Audit findings have been incorporated into the existing HCA record keeping session within HCA development programme.
Transfer of adult patients within EKHUFT	• Updated Transfer policy • All transfer documentation, including the SBAR communication tool included in the transfer policy Snapshot audit performed to reinforce the importance of implementing the transfer SBAR tool.
Measuring standards in biometry (Ophthalmology)	• Biometry working group started to improve communication between Surgeons, Biometrists and Operating Theatres • Competencies and guidelines revised to ensure all evidence based information is included • The documentation/cataract pathway reviewed and updated • Ensure drug charts are re-written when a change in medication is made. • Business case submitted to replace A-Scan biometry machines and keratometer
Enteral and parenteral feeding	• Raised local awareness for location of emergency feeding regimes • Development of a bedside checklist to ensure enteral giving sets and feeds are labelled with the patient name and date feeding started • Audit pro forma updated to include all action points from the NPSA alert into placement checking of naso-gastric tubes
Trauma cervical spine radiograph reporting	• Ensure all the cervical spine is satisfactorily seen on the plain films before reporting and recommend further imaging, if required, to clear the cervical spine of bony injury. • All Trust radiographers undertaking cervical spine trauma images encouraged to obtain further views if the initial three plain films were inadequate
Management of Diabetes in Pregnancy	• Introduction of nationally recommended diabetic notes • Target set to ensure monitoring blood glucose in labour between 4-7mmols/ LTarget set to ensure Glucose Tolerance Test is carried out 6 weeks post delivery
Assessment of adherence to guidelines for documentation of paediatric episodes in A&E	• Revised A&E policy which incorporates an increase in the demographic data required during each A&E attendance

Individual needs portrayal (INP) (joint assessment)	• Request for INP to be communicated to social services on the same day, if it was before 4 pm • If the INP cannot be arranged within 3 days of the request, social services should communicate the reason, preferably personally. • Every effort should be made to agree the funding on the same day. If there is an undue delay, the reason should be communicated to the nursing and medical staff.
Management of inpatients with head injury due to a fall	• Post fall protocol launched with presentations to junior doctors and other health care staff
Peri-operative fasting	• Clear planning of trauma lists to ensure list size is reasonable to complete in the time allotted. • Where it is likely that a patient is cancelled form the list, ward staff must be informed early • Strict adherence to the recommended national and local guidelines regarding fasting, particularly of trauma patients. Avoid unnecessary and extensive fasting if particularly elderly patients

Research

The number of patients receiving NHS services provided or sub-contracted by East Kent Hospitals University NHS Foundation Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 1550.

The programme consists of portfolio and non-portfolio studies. The former is funded by the Kent and Medway NIHR Comprehensive Local Research Network (CLRN). There has been substantial growth of both types of studies to make us the most research active member of the Kent and Medway CLRN.

We recruited1550 patients in the Portfolio studies. An Incentive Scheme has provided additional opportunity to extend our research activity using £210,000 that has been generously funded by a former patient.

We have prestigious Medical Research Council funding and European Union funded research studies and a growing partnership with Kent Health (University of Kent), which has expanded to encompass other partners.

The recent Medicines and Healthcare Regulatory Agency inspection provides an unprecedented opportunity to attract Industry Studies since we are the only organisation in Kent and Medway to sponsor Clinical Trials, for Investigational Medicinal Products.

How to provide feedback on our Quality Account

For further information and/or to provide feedback on our Quality Account please contact us at

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