Trust Board – Public
26 May 2011
Agenda item: 2.3

Quality Account

For:	Information
Summary:	Attached is the Trust's draft Quality Account for 2010/11 and the Statement of Directors' Responsibilities in respect of the Quality Account.

Action:	The Board is asked to note and make comment.

Presented by:	Jo Thomas (Chief Nurse)
Author:	Fionnula Robinson (Director of Communications)

Notes:

Trust objective:	Please list number and statement this paper relates to. Better information to our community
Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Legal requirement under the Health Act 2009 to produce a Quality Account
Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission

Please continue notes on 2nd page if not enough room

Quality Account

Date	26 May 2011
Author	Fionnula Robinson
Department	Communications
Audience	Trust Board Members

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.
By order of the Board
NB: sign and date in any colour ink except black

.....Date.....Chairman
.....Date.....Chief Executive

Surrey and Sussex NHS
Healthcare NHS Trust

Quality Account

2010/11

Putting people first
Delivering excellent, accessible healthcare

CONTENTS

Part One

Our commitment to high quality care – Chief Executive's View

Providing safe, high quality services is our most important priority. We measure quality in a number of ways, both by measuring how well we are meeting national standards but also, and probably more importantly, by measuring patient experience. Each year we see over 66,000 inpatients. In our latest inpatient survey (2010) 88% of patients said they had received good to excellent care. This is slightly lower than the previous survey which saw a 91% rating.
Since the survey was carried out we have put in new ways of working to ensure we maintain a focus on safe, high quality services. These have included a new clinical management structure led by consultants with dedicated time given to managing their areas, recruiting a lead consultant and a lead nurse for patient safety, surveying staff on the safety culture within the Trust and developing a patient safety strategy. We have also put in place a new Chief Operating Officer role and are developing a leadership programme to embed a 'people first' culture.

We are performing well on our early stroke intervention work, with 'high risk TIA treated within 24 hours' exceeding target all year, but having 80% of stroke patients spend more than 90% on a dedicated stroke ward remains a challenge. Achievement of the 90% indicator is strongly linked to emergency patient flow, bed management and effective and timely discharge. Sustained patient flow through the hospital will improve emergency department performance and we have a workstream on the emergency department and discharges as part of our organisation-wide Transformation Programme.

We are working with our health partners across east Surrey and north-east West Sussex to provide services in different ways and improve the quality of healthcare across the whole system. Before January this year, the medical input at Caterham Dene hospital in Surrey came from the local GPs who visited the hospital to give medical advice with nurses providing care. Now, our acute medical team provides the medical care. Before, if you were from Surrey and had anaemia, you used to be admitted to East Surrey Hospital for a transfusion, but now GPs can refer patients to Caterham Dene for an assessment, transfusion and follow-up care and patients can be in and out the same day.
National data which examines the quality of management of heart attacks (MINAP data) shows that East Surrey Hospital has, for the third year in succession, not only exceeded national targets for treating patients experiencing a heart attack but is also the most successful hospital in Surrey and West Sussex.

As part of our ongoing efforts to support women in their choice to breastfeed and make the hospital a more encouraging environment for breastfeeding mothers, we have begun working towards UNICEF's Baby Friendly status. The Baby

Friendly Initiative accredits hospitals that have achieved best practice for breastfeeding. We recently earned our Certificate of Commitment, which recognises work already undertaken in preparation for the rigorous assessment process.

For patients in hospital, however, it isn't just about the clinical treatments they receive, their environment is also very important. This year we have kept our MRSA and C.*diff* rates at the lowest level for years and below the national targets and the number of patients who are rating the cleanliness of their room or ward as good or excellent is consistently over 85% each month.

We would like all patients to speak well of our services, but know of instances where this hasn't been the case. Our focus is always to understand why and learn lesson's from their experience in order to seek continuous improvements in the quality of our care.

To the best of my knowledge the information in this report is accurate.

Michael Wilson
Chief Executive

Part Two
How we will improve and monitor quality this year (April 2011 – March 2012)

In order to develop our improvement priorities for 2011/12 we analysed feedback about our services from a number of sources, including:

- National patient surveys
- Our monthly patient real-time surveys
- A community survey (undertaken in the Belfry Centre, Redhill and the County Mall, Crawley in June/July 2010)
- Concerns raised through our Patient Advice & Liaison Service (PALS)
- Our complaints system
- Patients' Council
- LINk
- National indicators

From this we developed five improvement priorities under the three key headings of patient safety, clinical effectiveness and patient experience:

- Patient safety – do we provide safe care and reduce any risks associated with healthcare as far as possible?

- Clinical effectiveness – does the care or treatment we provide succeed in making patients feel better and provide better health outcomes?

- Patient experience – what is it like being one of our patients? Are our staff friendly, caring and respectful? Is someone there to help when you need it? Is the service efficient?

Our list of priorities were then shared with our Patients' Council and Surrey and West Sussex Local Involvement Network (LINk, which represents patients and the public).

Patient Safety

Priority 1: Reduce avoidable harm

By the very nature of the drugs and procedures used, medical treatment is inherently risky, and it is not possible to prevent harm altogether. What we can do is make sure that our processes and systems are such that where harm can be avoided, it is avoided. We will do this by implementing the clinical improvement priorities in our patient safety improvement programme:

- Infection prevention and control (reduce hospital infection rates and achieve targets for MRSA and C. difficile)
- Prevention of falls
- Prevention of medication errors

- Prevention of pressure ulcers
- Early detection and management of the deteriorating patient
- Pre-operative and peri-operative care using the World Health Organisation's Surgical Safety Checklist (this verifies key information and actions before patients are anaesthetised, before surgery and after the operation. This reduces the risk of complications, infections or errors)

We will also measure reduction in the level of harm by using the global trigger tool. This is a tool that helps us improve safety by giving us a better understanding of any harmful events. It uses triggers or clues to identify harmful events – anything that shouldn't have happened and where a patient could have, or did, experience some form of harm, however minor. We will randomly review a number of patient case notes every month for harmful events using the global trigger tool. The results will help us put measures in place to avoid further events.

We will also work towards a year-on-year reduction in our Hospital Standardised Mortality Ratio (HSMR). HSMR enables us to compare the number of patient deaths with the expected rate, taking into account other factors including a patient's age, diagnosis and any pre-existing medical conditions. An HSMR of 100 means the predicted number of patients die. If it is above 100, more patients died than you would expect. Anything below 100 means that fewer patients died. Our HSMR for all admissions is currently 85.

The above measures are reported to the Board at every public board meeting.

Priority 2: Reduce blood clots in patients (Venous Thromboembolism (VTE))

It is widely accepted that blood clots can be prevented by following best practice guidelines. Reducing VTE was a priority in last years Quality Account where we set ourselves a target of 90% of inpatients having a documented risk assessment for VTE. We have made good progress towards this target in our medical specialities but still need to embed the practice of documenting risk assessments in our surgical specialities. We will continue this as a priority for this year and report our progress to the board.

Clinical Effectiveness

Priority 3: Improve satisfaction with end of life care

Improved end of life care (EoLC) provision in acute hospitals is crucial given that more than half of all deaths take place there. As well as ensuring that those who die in hospital have 'a good death', the *End of Life Care Strategy* (DH 2008) called for improved discharge arrangements and better co-ordination with a range of community services so that more people can die at home if this is their preferred choice.

We will improve satisfaction with end of life care by:

- evidencing a conversation about patient's wishes for their death and having a clearly documented care plan
- having early palliative care involvement and documented evidence of the dying phase
- having a timely commencement on the Liverpool Care Pathway (an integrated care pathway that is used at the bedside to drive up sustained quality of the dying in the last hours and days of life)
- documenting if the patient died in their preferred place of death

We will report our progress against this priority to the Board.

Patient Experience

Priority 4: Improve satisfaction with scheduling and booking of out-patient appointments

We will implement new ways of working to ensure the booking of outpatient appointments is more efficient and patient satisfaction with the service increases. We will work with colleagues, patients and GPs to reduce the number of outpatient appointments which have to be rescheduled. Progress against this priority will be reported to the Board.

Priority 5: Ensure all patients have their concerns addressed, are listened to and are treated with dignity, respect and compassion

We will introduce new ways in which we will engage with our patients, carers, visitors and colleagues to help us identify areas for improvement and deliver on those improvements. We will embed care planning into clinical areas and report progress to the Board.

Organisational Objectives

Our quality improvement priorities outlined above sit within our overall organisational objectives. As a Trust we have three strategic elements, which underpin the work that we do, these are:

- To deliver safe, high quality co-ordinated care through:
    - Safety and quality
    - Engaged teams
    - Patient experience and empowerment
    - Clinical and strategic partnerships
- To ensure we engage with our community to develop services
    - Better information
    - Putting people first

    - Engaging stakeholders
    - Care closer to home
- Develop an effective organisation
    - Control on costs with productivity improvements
    - Revitalising our environment
    - High performing
    - Accountable

Each of these strategic elements have a set of objectives for 2011/12 which encompass our quality improvement priorities and which are outlined below:

1. Deliver safe, high quality co-ordinated care

What we will ensure	How we will measure our improvements
Reduce avoidable Harm	Delivery of reduced harm across the 5 clinical improvement priorities in the patient safety improvement programme: • Infection prevention & control • Prevention of falls • Prevention of medication errors • Prevention of pressure ulcers • Early detection and management of the deteriorating patient • Pre-operative and peri-operative care o WHO checklist and blood clot assessment Reduction in the level of harm as measured by the global trigger tool (internationally and nationally validated clinical audit tool for detecting harm and measuring improvement over time) Reduction in HSMR (hospital standardised mortality rate)
Ensure patients are cared for *and* cared about 'no decision about me, without me'	All sources of patient feedback evidence increasing satisfaction with: • attitude and courtesy • communication • being involved • privacy and dignity. Delivery of the Commissioning for Quality and Innovation (CQUIN) scheme Clinical audit of assessment of patients involved in the assessment, treatment, discharge and planning of their care and individual assessment of risk of: • falls • pressure damage • nutrition
Right patient, in the right location at all times	Improved discharge processes • Reduction in length of stay with no increase in readmissions • Reduction in number of delayed transfers of care (below 3.5%)

	80% of stroke patients spend 90% of their admission on a dedicated stroke ward Average wait for time to treatment below 60 minutes

2. Work with our whole community

What we will ensure	How we will measure our improvements
Improve experience and care for patients with dementia and at the end of life	Dementia indicators (currently being developed) Develop and implement trust dementia strategy and implementation plan All sources of patient feedback evidence increasing satisfaction with end of life care
Work with our patients and partners to develop services that meet the needs of our community	Deliver more chemotherapy to local residents closer to or in the home Embed Patient & Public Involvement strategy Evidence compliance with Foundation Trust external relations self-assessment checklist Agreed clinical networks in place for: • Paediatrics • Vascular • Stroke
Delivering emergency care pathways differently	Continued performance in the standard of primary angioplasty (MINAP scores) Compliance with level 2 Trauma unit standards Improve patients experience in our emergency department • Reduction in complaints • Real time monitoring feedback Deliver further 13 ambulatory care pathways

3. Develop an effective organisation

What we will ensure	How we will measure our improvements
Improve ease of booking out-patient appointments and reduce cancellation rates	Reduce number of complaints relating to out-patient booking by 25% Reduce number of cancellations and re-booking of appointments by 25% Improve responses in patient surveys
Developing our Workforce	Improvement in staff satisfaction measured through the staff survey Mandatory and statutory training compliance to CQC standards Staff are trained and competent to deliver high quality, safe care in accordance with the essential quality and safety requirements of CQC Deanery support for continued junior doctor training in all current specialties
Demonstrate Current and Future Viability	CQC – unconditional registration Sustainable long term financial model Break even position for 11/12 Delivery of 4% efficiency savings

Mandatory Declarations

The information in the remainder of this section is mandatory text that all NHS trusts must include in their Quality Account. We have added explanations of key terms. These explanations are highlighted in italics.

Review of Services

During 2010/11, Surrey and Sussex Healthcare NHS Trust provided 38 NHS services. We have reviewed all the data available to us on the quality of care in our 38 services. The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by Surrey and Sussex Healthcare NHS Trust for 2010/11.

We continue to develop a quality programme to ensure inclusion of all services within this review. Directorates receive information on a monthly basis on patient safety, clinical effectiveness and patient experience for their areas. They report on their services at monthly governance meetings and to the Executive Team at quarterly service review meetings.

Participation in clinical audits

Clinical audit involves improving the quality of patient care by looking at current practice and modifying it where necessary. We take part in regional and national clinical audits.

Sometimes there are also national confidential enquiries which investigate an area of healthcare and recommend ways of improving it.

During 2010/2011 35 national clinical audits and 6 national confidential enquiries covered the NHS services we provide. During that period we participated in 95% of the national clinical audits and 100% national confidential enquiries we were eligible to participate in. The national clinical audits and national confidential enquiries that we were eligible to participate in during 2010/11 are as follows:

National Clinical Audit	**Applicable to SASH (eligible to participate)**	**Participated in by SASH**
Lung cancer (LUCADA)	Yes	Yes
Bowel Cancer (NBOCAP)	Yes	Yes
Mastectomy & Breast Reconstruction	Yes	Yes
Head & neck cancer (DAHNO)	No	N/A
Oesophago-gastric (stomach) Cancer	Yes	Yes
National Joint Registry	Yes	Yes
National Hip Fracture D/B	Yes	Yes

Adult cardiac interventions (eg, angioplasty)	Yes	Yes
Cardiac Ambulance Services	Yes	Yes
Cardiac rhythm management	Yes	Yes
Heart failure	Yes	Yes
Myocardial Infarction (MINAP)	Yes	Yes
Adult cardiac surgery	No	N/A
Congenital heart disease (children and adults)	No	N/A
National Diabetes Audit	Yes	Yes
Renal	No	N/A
Carotid Endarterectomy Audit	Yes	Yes
National Stroke Audit	Yes	Yes
People who have fallen	Yes	Yes
National Audit of Continence Care	Yes	Yes
Neonatal Intensive Care	Yes	Yes
Dementia	Yes	Yes
Trauma & Audit Research Network (TARN)	Yes	Yes
Paediatric Pneumonia	Yes	Yes
Paediatric Asthma	Yes	No
Heavy Menstrual Bleeding	Yes	No
Fever in Children	Yes	Yes
Paediatric Intensive Care	Yes	Yes
Paediatric Cardiac Surgery	No	N/A
Childhood Epilepsy	Yes	Yes
National Comparative Audit use of O negative	Yes	Yes
NCA use of Platelets	Yes	Yes
Renal Colic - CEC -College of emergency Medicine	Yes	Yes
Fever in Children - CEC -College of emergency Medicine	Yes	Yes
Vital Signs in majors - CEC - College of emergency Medicine	Yes	Yes
UK Inflamatory Bowel Disease –IBD -3rd round	Yes	Yes
National Audit of People with Multiple Sclerocis	Yes	Yes
National Diabetes Inpatient audit day	Yes	Yes
MINAP Data Quality Study	Yes	Yes
ABCD National Prospective Liraglutide Audit	Yes	Yes

National Confidential Enquiry	Applicable to SASH (eligible to participate)	Participated in by SASH
CMACE		
Head Injury in Children	Yes	Yes
NCEPOD		
Emergency and Elective Surgery in the Elderly	Yes	Yes
Cardiac Arrest	Yes	Yes
Peri-operative Care *	Yes	Yes
Parenteral Nutrition	Yes	Yes
Paediatric Surgery	Yes	Yes

The national clinical audits and national confidential enquiries that we participated in, and for which data collection was completed during 2010/11 are listed below alongside the number of cases submitted for each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Clinical Audit	Number of cases submitted	% of required cases submitted
Lung cancer (LUCADA)	Automatic Data Transfer	100%
Bowel Cancer (NBOCAP)	Automatic Data Transfer	100%
Head & neck cancer (DAHNO)	No	N/A
Oesophago-gastric (stomach) Cancer	Automatic Data Transfer	100%
National Joint Registry	Automatic Data Transfer	100%
National Hip Fracture D/B	Automatic Data Transfer	100%
Adult cardiac interventions (eg, angioplasty)	Automatic Data Transfer from MINAP database	100%
Cardiac Ambulance Services	Automatic Data Transfer from MINAP database	100%
Cardiac rhythm management	Automatic Data Transfer from MINAP database	100%
Heart failure	Automatic Data Transfer from MINAP database	100%
Myocardial Infarction (MINAP)	511	100%
Myocardial Infarction	20	100%

(MINAP) Data Quality Study		
National Diabetes Audit	3088	100%
Carotid Endarterectomy Audit	6	85%
Neonatal Intensive Care	Data automatically abstracted at source	100%
Paediatric Pneumonia	20	
Fever in Children	50	100%
Paediatric Intensive Care	Data automatically abstracted at source	100%
National Comparative Audit use of O negative	40	88%
NCA use of Platelets	40	40%
Dementia	40	100%
People who have fallen	60	100%
Renal Colic - CEC - College of emergency Medicine	50	100%
Fever in Children - CEC - College of emergency Medicine	50	100%
Vital Signs in majors - CEC -College of emergency Medicine	50	100%
National Diabetes Inpatient audit day	71	100%
National Stroke Audit	59	98%

National Clinical Audit or Confidential Enquiry	**Number of cases submitted**	**% of required cases submitted**
CMACE		
Head Injury in Children	24	100%
NCEPOD		
Emergency and Elective Surgery in the Elderly	14	94%
Perioperative Care	6	100%
Cardiac Arrest	8	100%
Paediatric Surgery	0	Patients didn't meet enquiry criteria

The reports of 7 national clinical audits were reviewed by us in 2010/11 and we intend to take the following actions to improve the quality of healthcare provided:

Dementia

- Extend liaison psychiatry service to 24/7 coverage
- Establish protocol for governing interventions for patients displaying violent or challenging behaviours, aggression and extreme agitation, suitable for use with people with dementia
- Establish data collection on care of people with Dementia

Mastectomy and Breast Reconstruction Audit

- Working with network to monitor the proportions of mastectomy patients who are offered immediate reconstruction and ensure resources are sufficient for all appropriate women undergoing mastectomy to be offered immediate reconstruction.

- Audit immediate reconstruction and delayed reconstruction rates together with post-mastectomy radiotherapy rates.

- Review relevant written materials available to patients.

- Discussion of complication rates is now part of the breast MDT.

Myocardial Infarction (heart attack) National Audit Programme (MINAP)

- We met all the audit measures for the year and will aim to continue to achieve this over the coming year.

- Data measures are now be adapted from the Enhancing Quality programme into MINAP across the south-east and we will also be aiming to achieve these measures as well.

'A Mixed Bag' - a review of the care of patients receiving parenteral nutrition (PN) in hospital (NCEPOD)

- Produced a PN proforma.
- Meetings to be arranged to include the dietician, pharmacist, I.V specialist nurse, Nutrition Specialist Nurse a gastroenterologist and gastro surgeon to review progress against actions

The reports of 144 local clinical audits were reviewed by us in 2010/11.
These local clinical audits are carried out by staff in each specialty. They review their practice against national standards and guidelines to make local improvements.

Participation in clinical research

Clinical research involves gathering information to help us understand the best treatments, medication or procedures for patients. It also enables new treatments and medications to be developed. Research must be approved by an ethics committee. End year 2010/11 figures to be inserted when available (expected mid May 2011).

The number of patients receiving NHS services provided or sub contracted by Surrey & Sussex Healthcare NHS Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was 0

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Surrey & Sussex Healthcare NHS Trust was involved in recruiting patients to 26 research studies within the Trust during the reporting year 2010-11. There has been a 13% increase in the number of clinical trials running at Surrey & Sussex Healthcare NHS Trust and a corresponding 35% increase in the number of clinical staffing teams participating in research, from 20 in 2009/10 to 27 in 2010/11. These staff participated in research covering 11 medical specialties

We have strong links to the Local Comprehensive Research Network and the Surrey, West Sussex and Hampshire Cancer Network and this year have strengthened links with the SE Stroke Research Network. These links enable us to participate in national and international multicentre studies that have been deemed to have scientific importance and clinical impact.

Our engagement with clinical research also demonstrates our commitment to testing and offering the latest medical treatment and techniques.

Goals agreed with commissioners

Primary care trusts hold the NHS budget for their area and decide how it is spent on hospitals and other health services. This is known as 'commissioning'. NHS Surrey and NHS West Sussex are the two main commissioners of our services. They set us targets based on quality and innovation.

A proportion of our income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Surrey and Sussex Healthcare NHS 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). Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at Commissioning for Quality and Innovation (CQUIN) payment framework - NHS Institute for Innovation and Improvement.

Care Quality Commission registration

The Care Quality Commission (CQC) regulates and inspects health organisations. If it is satisfied the organisation provides good, safe care it registers it 'without conditions' (unconditional registration).

Surrey and Sussex Healthcare NHS 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 the Trust during 2010/2011.

We have participated in three investigations by the Care Quality Commission relating to the following areas during 2010/2011.

1. Hygiene Code Inspection – we were inspected in April 2010 by the Care Quality Commission and found to be fully complaint with the Cleanliness and Infection Control regulation. This led to the removal of the condition that had been placed on the Trust following its inspection in January 2010.
2. Reactive review – we contacted the Care Quality Commission in February 2011 after we were alerted to undercover filming that had taken place in the hospital in November 2010. The Care Quality Commission inspected four regulations:
    - Consent to care and treatment – Compliant with minor concerns.
    - Care and welfare of people who use services – Compliant with minor Concerns
    - Management of medicines – Compliant with Minor Concerns
    - Assessing and monitoring the quality of service provision – Compliant

    We were found to be compliant with each regulation inspected with the Care Quality Commission suggesting improvements in three regulations.

    We intend to take the following action to address the conclusions reported by the CQC:

    - Improve training and auditing of consent practice particularly focusing on ensuring staff have the skills to support those without Mental Capacity.

- Improve the involvement of patients in the assessment and planning of their care including discharge from hospital
- Identify patient appetite for self administration of medicines, where able, to maintain and promote independence.

The Care Quality Commission advised us of the improvements in March 2011 and we submitted an action plan by 31st March 2011.

3. The Dignity and Nutrition National Review – we were one of 100 hospitals chosen by the Care Quality Commission who carried out a review of how we manage both dignity and nutrition in elderly care. In March 2011 the Care Quality Commission inspected regulations:

   - Respecting and involving people who use services
   - Meeting nutritional needs

   The Care Quality Commission provided a verbal summary report on the day indicating that we were compliant with both regulations whilst noting areas for improvement in both regulations.

   As this inspection is part of a national programme the published report will be available following the completion of the programme. We are acting on the areas for improvement by:

   - Reinforcing the protected mealtimes initiative ensuring patients can have their meals in as restful an environment as possible.
   - Consider use of menus with pictures for patients with communication difficulties or those who don't speak English as a first language.
   - Review of care planning including nurse assessment and patient involvement
   - Greater monitoring of the delivery of care.
   - More accountability to be evidenced in documentation with follow through and ownership by clinical teams.

Data Quality

Data quality measures whether we record patients' NHS and GP numbers in their notes as well as ethnicity and other equality data.

Surrey and Sussex Healthcare NHS Trust will be taking the following actions to improve data quality.

Through accurate data quality we will be able to make more informed decisions and plan to improve services as required, consequently improving patient care. In addition patients will be more informed and clinical risk will be limited, for example by preventing delayed appointments or admissions due to the recording

of incorrect details.

We have made a number of improvements in relation to data quality, in terms of the monitoring of data entry through robust validation. This is carried out primarily by the Data Quality team, with process or recording issues to be addressed by our Recording Committee. This continuous validation has resulted in the reduction of Primary Care Trusts data challenges, therefore ensuring we do not lose income through inaccurate activity recording. In addition data quality awareness has been reinforced within the Trust by emphasising the importance to patient care and the financial implications through the Patient Administration System upgrade training sessions.

In relation to data quality metrics, we generate and monitor completeness and validity scores over a range of key data items for inpatients and outpatients in accordance with the Information Governance toolkit 507 requirement.

In regards to actions to maintain and improve data quality, future initiatives include extending validation to A&E and 18 week data and building awareness through a formalised error feedback process targeting the issue with users at source and inclusion of data quality indicators against key performance indicators on our Board report.

NHS Number and General Medical Practice Code Validity

Surrey and Sussex Healthcare NHS Trust submitted records during April 2010 to February 2011 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:

96.9% for admitted patient care;
98.4% for out patient care; and
94.3% for accident and emergency care."

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

99.9% for admitted patient care;
100% for out patient care; and
99.9% for accident and emergency care.

Information Governance

Information governance means keeping information about patients and staff safe.

Surrey & Sussex Healthcare NHS Trust's Information Governance Assessment Report overall score for 2010 - 2011 was 65% (Red).

Out of a total of 45 requirements 40 were scored at a level 2. An action plan has been put in place to improve the scores of those requirements currently at level 1, to meet an overall satisfactory score on the Information Governance Toolkit; this will be monitored by the Information Governance Steering Group.

Clinical Coding

Clinical coding translates the medical terminology written by doctors to describe a patient's diagnosis and treatment into standard recognised codes. NHS hospitals are paid different amounts for different treatments based on the codes submitted. This system is called Payment by Results (PBR).

Surrey and Sussex Healthcare NHS Trust was not subject to the Payment by Results clinical coding inpatient audit during the fiscal year 2010/11 by the Audit Commission.

Part Three

How we performed on quality in 2010/11

This section tells you how we performed against the priorities we set ourselves last year (2010/11).

Patient safety

1. **Venous Thromboembolism (VTE) – reducing avoidable harm to our patients associated with developing a blood clot whilst an inpatient by embedding best practice in prevention.**

A Thromboprophylaxis Group was set up to develop an implementation plan which included a clear communication strategy on expectations, identification of resources to allow live data collection on compliance and gaps to optimise patient safety. Our Medical Division is utilising an online system to compile the VTE form and completing the VTE assessment tool is now a mandatory part of the patient registration process. The bespoke system was created in house and assists the user in calculating the risk level of the patient. An electronic record is then generated and stored allowing clinicians and staff easy assess to assessment results. Compliance in the Acute Medical Unit is 100%, whilst compliance in the medical division is over 64%. This auditable process has encouraged the behavioural change required to successfully implement VTE Thromboprophylaxis in the medical division in the Trust. The electronic record system is now being rolled-out to the surgical division and this will continue as an improvement priority for 2011/12.

Clinical effectiveness

2. **Enhancing Quality Programme – improving the clinical outcomes and quality for patients in four pilot care pathways.**

We are active participants in the South East Coast Enhancing Quality Programme which aims to streamline care, improve documentation and generally make care provision more consistent and reliable – every time for every patient. The programme is initially looking at four high frequency clinical areas: heart failure, heart attack, hip and knee surgery and community acquired pneumonia. We have actively participated in the programme and have met all the milestones set.

Key outcomes for the Trust so far include:

- Established teams across the four pathways; hip & knee replacement, community acquired pneumonia (CAP), acute myocardial infarction (AMI

or heart attacks) and heart failure (HF) and put in place robust data collection mechanisms.

- Heart attack and heart failure workstreams performing amongst the top performing trusts in the south-east in terms of offering patients the full suite of interventions.

- Community acquired pneumonia pathway also operating above average in terms of quality of care scores compared with the average across the south-east.

- Hip and knee team are in the early stages of establishing the enhanced recovery programme - an evidence based approach to elective surgery that ensures that patients are in the optimal condition for treatment, have innovative care during their operation and experience optimal post-operative rehabilitation, all of which are shown to reduce post-operative complications. This has included establishing a team of multi-professionals to lead the implementation of the programme.

- Met all measures to secure funding via the Commissioning for Quality and Innovation (CQUIN) payment framework for the Quarters 1,2 and 3 of the project. (Quarter 4 data will not be available until June)

We will continue to ensure further improvements over 2011/12 by continuing to participate in the enhancing quality programme and working collaboratively with trusts across the south-east to drive improvements around these four pathways as well as focusing on a new pathway to be developed for dementia patients.

Patient Experience

3. Improving inpatient satisfaction with the quality and choice of food

Our 2009 inpatient survey saw 75% of people who responded rate the food they'd received as fair, good or excellent (with 9% saying it was very good). Our 2010 inpatient survey saw 81% of people who responded rate the food they'd received as fair, good or excellent (with 14% saying it was very good).

Through our Food Modernisation Project we are working towards patient satisfaction levels which fall in the top quartile of the National Inpatient Survey. An Outline Business Case is being prepared to ask for board approval to move to the next stage of the project.

A Food and Drink group has been introduced to drive improvements around patient nutrition and hydration. An action plan has been formulated to improve the quality of the patients' experience specifically in relation to nutrition and food and drink questions have been introduced into our Real Time Monitoring audits.

The following actions are scheduled to be completed by the end of 2011.

- Patient food/drink/service satisfaction surveys to be distributed by the Ward Housekeepers
- Protected meal times observation audit.
- Engage staff and change culture around protected mealtimes
- Promote work relating to nutrition and positive feedback

What our health partners say about us (Statements from Local Involvement networks, Overview and Scrutiny Committees and Primary Care Trusts)