



July 2010

Kent Local Involvement Network (LINK)
Summary Report on East Kent Hospitals University NHS Foundation Trust
Quality Account 2009 / 2010

1. Overview

This report will offer a more detailed review of East Kent Hospital University NHS Foundation Trust's Quality Account 2009 / 2010 to accompany the 500 word statement (Appendix 1) which was submitted to the Trust for inclusion when the Quality Account was published on the NHS Choices website and Trust website on 30 June 2010. It will also provide further evidence of the work which was undertaken with Canterbury Christ Church University to produce the LINK's statement.

The document will be made available to the Trust, NHS Eastern and Coastal Kent (the Primary Care Trust), Care Quality Commission, Department of Health and LINK participants via the Kent LINK website and on request in hard copy from the central administration office.

The LINK will be reviewing the work which took place this year and hopes to work closely with the Trust at an early stage to establish an effective process for informing and assuring next year's Quality Account.

2. Background

'High Quality Care for All' (2008) set the vision for quality to be the key organising principle of the NHS using a new quality framework. The new framework is expected to bring clarity to the definition and measurement of quality in healthcare, by ensuring that priorities are identified correctly, that appropriate standards are set, that correct tools for measuring quality are available and that information on quality performance is published.

Quality care has been defined as having three dimensions - safety, effectiveness of processes and outcomes and a positive patient experience. It is proposed that all healthcare providers working for or on behalf of the NHS should produce Quality Accounts which aim to provide the public with information on the quality of care from their local healthcare providers. Quality Accounts are expected to drive improvements in care and most healthcare providers will be required to publish Quality Accounts from April 2010 (to cover the financial year 2009 / 2010) and onwards.

The objectives of Quality Accounts are to allow the public to hold providers to account for the quality of NHS healthcare services, for Commissioners and providers to agree priorities for improvement and for NHS Trust Boards and their non-NHS equivalents to ensure that they place quality at the heart of their planning and delivery.

Part of the Quality Account has been specified by the Department of Health. However, there must be locally determined elements contained in the Quality Account. There will also be a core of nationally determined information which is likely to include information on quality that providers supply to the Care Quality Commission for performance, assessment and registration purposes; information on quality indicators that may be needed by PCTs (for CQUIN) and information from clinical audits etc. In preparation for Quality Accounts, all Foundation Trusts in England were asked to produce 'Quality Reports' (forerunner to Quality Accounts) during 2009.

To ensure that Quality Accounts can achieve these purposes, they need to cover the provision of NHS Healthcare services and contain information that is:

- A truthful and fair picture of the quality of services provided
- Meaningful and relevant to users of quality accounts
- Designed to allow for comparisons to be made
- Produced in a timely fashion
- Published in a way that promotes easy access for users.

3. Role of LINKs in the production of Quality Accounts

LINK organisations should be given the opportunity to provide a comment of no more than 500 words on the Quality Accounts in advance of them being published. In order for their commentaries to be effective they need to possess a number of features. These include the need for the commentary to represent the consensus views of LINK participants, use of robust evidence / information to back up their statements, contain examples of users experience to illustrate the points being made. In addition the limitations of the commentary will need to be reported and the commentary will need to be clearly structured.

Kent LINK sought the support of the Canterbury Christ Church University Centre for Health and Social Care Research in accessing participants and seldom heard groups to inform the commentary for 2009 / 2010 in order to establish a pilot methodology which could be evaluated for future years.

4. Methods employed by Kent LINK to produce commentary for 2009 / 2010

- i. Each Trust's quality related plans for 2009 / 2010 were initially identified from their 2008 / 2009 Annual Report. Plans for 2009 / 2010 were specified under the three quality domains of: patient safety, clinical quality and patient experience.

- ii. Qualitative and quantitative data (related to two key areas identified above) were collected from published research, policy documents etc and summarised to provide a context for understanding the quality targets.
- iii. Patients (11) were recruited from existing LINK participants, voluntary sector organisations and other relevant sources to provide balance in terms of specific characteristics such as gender, age, ethnicity etc. They were asked to comment on the three quality dimensions: safety, effectiveness/outcomes and patient experience for the Trust, whether these were important areas to focus on and what they would focus on if they were managing the Trust. Data was collected via telephone and face to face interviews.
- iv. The demography for the Trust's catchment area was examined and 'hard to reach' groups located within the catchment were identified. In order to elicit the views of people from these minority groups, contact was made with local voluntary or third sector providers who work with specific individuals and groups, as well as, with local faith based organisations. In order to engage sensitively and appropriately (for example taking account of gender sensitive issues) with 'hard to reach/seldom heard' groups data was collected via focus groups (4 groups). The focus group respondents were asked the same questions as those undertaking individual interviews but were also asked to specifically comment on the Trust's Quality Account document.
- v. The data from all sources was collated and analysed and key messages, including patients' stories, identified. This data was then reviewed by a 'consensus panel' consisting of LINK staff, LINK Governors, volunteers and members of the Centre for Health and Social Care Research at Canterbury Christ Church. The 'consensus panel' discussed the draft Quality Account and compared the contents with the evidence from the literature, patients and focus groups. The content of the draft Quality Account in terms of its language, presentation, accuracy of data etc was examined by the 'consensus panel' which then drafted and agreed the final response (Appendix 1).

5. Results

The content and layout of the Quality Account

Overall, the account was not written in an accessible manner. The account states that the Trust puts patients first but there was little evidence of this or any form of patient engagement within the account. Parts of the account read as though they had been lifted from other documents and this was reflected in the overall flow of the document which did not provide a coherent picture of quality improvement. There are a number of charts and tables included that are very complex, too small and difficult to read. Overall, the account does not tell the story of a Trust that is improving quality of care as there is little in the way of description of any initiatives to improve quality. This represents a missed opportunity to showcase the Trust's good reputation.

The review of performance – patient safety

The section on the review of quality performance (patient safety) for 2009 / 2010 focuses on infection control, hospital acquired pressure sores, mortality rates and the incidence of patient falls. The supporting evidence is confusing with its small print and complex language eg MRSA and Clostridium difficile rates corrected for bed numbers. Without knowing the number of beds it is impossible to judge what that means in terms of real reductions in infection rates. The hospital standardised mortality rate (HSMR) is again a complex statistic and not well understood by the public. The table showing HSMR is presented before the definition of HSMR. The chart used to show a reduction in falls in hospital gives the impression to the untrained eye that falls are on the increase.

The areas selected for inclusion for patient safety do not appear to be based on local need or views.

Respondents' comments:

Most of the respondents considered that infection control was an important area to focus on given that this is a national priority and frequently mentioned in the media as a problem for the NHS. None of the respondents identified falls or hospital mortality ratios as important but rather took it for granted that adequate care would be provided to prevent these.

Overall, most respondents felt that they were in 'safe hands' when using the Trust's hospitals. However, they did describe a hierarchy amongst the hospitals with Kent and Canterbury scoring the highest (nine out of 10), followed by Queen Elizabeth the Queen Mother (eight out of 10) but William Harvey was not considered to be particularly good (average three out of 10).

Patient safety was articulated by respondents in terms of:

- Having robust systems in place for infection control and a number of good examples were provided by respondents eg the use of cleaning inspectors in one of the hospitals
- Good quality communication between health professionals and patients – overall this was considered to be good. However, communication or information about 'whole system' services such as the 'tuck box' meal scheme, dedicated or cheaper parking for certain groups etc was not felt to be so good
- Feeling safe also included security for their valuables; this was an area which some respondents felt the Trust was not so good on
- Committed staff was felt to be important. This would be evidenced by staff treating you as a person rather than a body in the bed and who had time to talk to you. Most reported a good experience in this respect but the William Harvey and geriatric services more generally were felt not to be so good. Within the geriatric services respondents felt that patients were left to die.

Overall, it appeared that the identification of a few areas where patients feel that services could be improved and the establishment of initiatives to improve them would have been valued more than a focus on national targets such as hospital falls.

The review of performance – patient experience

The account focuses on the use of real time reporting of patient experience using a feedback tool although the summary of feedback provided is again presented in a complex chart. The account also reports that there was a reduction in complaints received. This is again a national target and it tells the reader very little about how the Trust responds to complaints and patient feedback. It is valuable to indicate the number of compliments that the Trust has received.

Respondents' comments:

Overall respondents reported a favourable experience and would recommend the hospitals to others with the exception of William Harvey hospital. However, many of the respondents had not heard of Dr Foster therefore the use of the Dr Foster Patient Experience Tracker was of little relevance to them.

The areas where respondents felt there could be an improvement in the patients' experience included single sex wards, a reduction in the number of appointments and procedures that are cancelled, waiting times in A&E, an improvement in the attitude of some staff, ensuring that doctors read the patient's notes before a consultation and improved signage.

An improvement in geriatric services with older people being treated with more respect and dignity was also a key area for improvement.

Given the use of a real-time patient feedback procedure it would have been better if the account had demonstrated how patients' views were taken into consideration when making improvements and what improvements were made.

The review of performance – clinical outcomes / effectiveness

This part of the account focuses almost exclusively on presenting data from national audits, it is repetitive and even where the audits identify action that needs to be taken the reporting is limited to saying that re-audit shows compliance. There is a missed opportunity to describe how improvements have been made. The section does not effectively demonstrate clinical effectiveness.

Respondents' comments:

Respondents reported that they could only judge clinical outcomes in relation to their own or a relative's experience of using the Trust's hospitals. They discussed their

treatment and how well it had gone and identified situations where early discharge had resulted in them or their relatives having had to be re-admitted to hospital. Overall, however, most respondents felt that their treatment had been effective.

6. Setting of future objectives

The account indicates that in setting key priorities for 2010 / 2011 the Trust aims to build on the achievements and progress of the 2009 / 2010 improvement programme. The account specifies five priority areas, however, there are no measurable targets attached to them. Any schemes to be put in place to meet the targets are not described and as the baseline figures from 2009 / 2010 are not clearly articulated in the document it will be very difficult to judge quality improvement in 2010.

East Kent Hospitals University NHS Foundation Trust
Quality Account 2009 – 2010
Kent LINK Response

The Kent LINK would like to thank East Kent Hospitals University NHS Foundation Trust for the opportunity to comment on its Quality Account for 2009 / 2010. Our assessment is based on the extent to which the account achieves the following intentions:

1. Aiding the public's understanding of what the organisation is doing well
2. Where improvements in service quality have been made and what the priorities for improvement are for the coming year
3. How the organisation has involved service users, staff and others with an interest in the organisation in determining those priorities for improvement.

The LINK has assembled information from a range of sources to inform its commentary using qualitative and quantitative data and academic input from a local University.¹

1. Aiding public understanding

The document's presentation does not suggest the Trust has approached the account with the patient in mind, nor that it was embraced as a useful exercise. Much of the document seems to have been imported from elsewhere, such as the opening page which reads like an internal control statement and fails to engage the reader.

The account uses overly complex language and would benefit greatly from the use of plain English to make it easily understood. The layout is not user-friendly and terms such as 'feedback tool' and 'Dr Foster' need further explanation.

Much of the feedback from the LINK's focus groups and interviews was positive but overall the account lacks sufficient information to ascertain that the Trust is providing the level of quality claimed.

2. Required improvements in service quality

Table 1 (page 3) does not appear to demonstrate the 'significant improvements' and 'huge progress' which is stated in the introduction.

The Trust has not met its target for achieving a reduction in hospital acquired pressure ulcers and acknowledges that further work is required here, but does not identify future

¹ Canterbury Christ Church University Centre for Health and Social Care Research

targets or outline how this improvement will be achieved. The account outlines progress which has been made with regard to healthcare acquired infections and falls but no targets or details of efforts to build on these improvements over the coming year are provided, making future progress difficult to measure.

The patient experience and patient satisfaction section could have been elaborated on. The graph illustrating patient feedback (Figure 6 - page 8), like many in the account, is difficult to read due to its size and could have been accompanied by further detail as to how the Trust intends to improve feedback in these areas.

3. Future priorities

The priorities identified are vague and do not go beyond what could be reasonably expected to be in place already. There is no evidence of the selection process and no targets have been set.

More specific priorities such as targets for achieving clinical effectiveness in named areas such as cancer treatment would have demonstrated a more firm commitment to improvement from the Trust.

4. Involvement of service users and others in determining priorities

Although the account states that the Trust has taken the opportunity to show it to patients and the public over the last 12 months, further evidence of such consultation would verify the number of people involved. Next year's account would benefit from increased engagement at an early stage with patient groups and the LINK.