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a LOCAL INVOLVEMENT NETWORK

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Kent Local Involvement Network (LINk)

Summary Report on Maidstone and Tunbridge Wells NHS Trust Quality Account 2009 / 2010

1. Overview

This report will offer a more detailed review of Maidstone and Tunbridge Wells NHS 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 West 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 (six) 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 communication 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 (17 people involved). 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 draft Quality Account document.

v. The data from all sources was collated and analysed and key messages, including patients' stories, identified. This data was then used by a 'consensus panel' consisting of Kent & Medway Networks (KMN) 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 500 word response.

5. Results

The content and layout of the Quality Account

Overall, the account was written in an accessible manner with only a few examples of jargon, although some of the charts were complex and contained small print. The introduction and Chief Executive's statement set the scene for the content of the report which demonstrated ways in which the Trust had addressed and achieved quality outcomes. The link made between work undertaken during 2009 / 2010 and plans for 2010 / 2011 enables the reader to judge continuity and steady progression.

The review of performance – patient safety

The section on the review of quality performance (patient safety) for 2009 / 2010 focuses on infection control and reducing the incidence of patient falls. Although the account states that MRSA rates have reduced by 60% over the last seven years, the

accompanying chart does not demonstrate this. Further information on is provided in the 'Quality Overview' section but this does not necessarily add clarity for the reader. This section also includes an additional area of safeguarding but it is not clear whether this was a priority area. It may have been helpful to include some indication of how the initiatives that the Trust implemented to reduce infection actually contributed to a reduction in infections.

For patient falls the target for 2009 / 2010 was to reduce the number of falls resulting in injury by 7.5%. Although the chart does demonstrate this the use of simple numbers or percentages may have been easier for the reader.

The review of performance – patient experience

Most of the respondents considered that infection control was an important area to focus on given the past history associated with Maidstone hospital. Most reported that they had seen an improvement in the cleanliness around the hospitals including the strategic positioning of hand gel and cleaners who were more thorough. However, a number of respondents felt that there was still some way to go at Maidstone. A number reported that they would choose not to go to Maidstone hospital because of the bad publicity associated with hospital acquired infections. However, they felt that the Trust's other hospitals were acceptable from a hygiene perspective.

Most respondents felt it was 'logical' to try to reduce falls and did not necessarily feel that this should be a top priority. Others felt that it would be difficult for the Trust to control and measure falls.

Patient safety was articulated by respondents in terms of:

- The need for improved compliance with health and safety across the hospital
- Lack of attention to detail by health professionals eg:
    - patient falling between bed and trolley because the trolley was not locked down
    - patient wristbands being incorrect
    - medication not locked away leading to an overdose by patient helping themselves to the tablets
    - radiographer being overheard, by the patient, telling other health professionals that the patient's mammogram indicated that the patient had 'osteoporosis' leading the patient to lose confidence in the ability of the staff
- Lack of understanding of what the foreign staff are saying leading to misunderstanding and the need to ensure that clinicians speak English sufficiently well for patients to understand what they are saying
- Low staffing levels resulting in staff not having time to deal with patients, patients being forgotten and left in the x-ray department, patients being put in a side room and staff not knowing where they were when relatives came to visit etc

- Ensuring that patients are fed and given drinks and helped when unable to feed themselves and making sure that they are not sent off for tests when the food is about to arrive resulting in them not being fed.

It was evident in the account that the Trust had identified problems and instigated measures to address these for both infection control and the reduction of falls. However, many of the measures would not necessarily be 'visible' to patients in the sense that they would not necessarily be able to distinguish between the improvements and routine clinical care. Perhaps the Trust could have publicised the ways in which improvements are being made and within the account to provide more information about how each initiative has improved care for patients.

The review of performance – patient experience

The account focuses on the number of ward to ward moves for patients which is a new area for which no baseline information is available, on improving communication and information and on gaining improved feedback from patients. In terms of communication and information the account uses charts to indicate improvements in this area. The charts generally indicate an improvement over the last year. However, if the document is printed in black and white the differences are more difficult to see.

Patient experience is reported with other initiatives being described i.e. real time patient feedback and the 'Eating Well' system, privacy and dignity, the productive ward etc. It would be of value to indicate how these initiatives were improving patient care. For example, one success criteria selected for the productive ward was '7.3 miles walked per commode clean saved per year' – it is difficult to see how this relates directly to the patient experience without explanation.

Respondents' comments:

Respondents reported that they considered communication and provision of information a key quality area and most reported having been involved in decision making about their care and having their illness/procedures explained to them. Areas of concern were the number of foreign staff whose English was not understandable. This was felt to both place patients at risk but also to reduce the quality of the overall care experience e.g. one respondent reported having asked for a jug of water and being given a bed pan instead. Another asked for a boiled egg and was given a pickled onion. Some respondents complained that doctors treated patients as idiots and suggested that there was a need for more adult consultation styles.

The importance of good signage in the hospitals was also identified by respondents, as well as, the importance of staff knowing where to send you next, how the hospital operates etc.

Other areas of concern included the variation that was experienced by patients when attending the different hospitals in the Trust and in particular the differences

experienced within specific hospitals depending on the department or ward being accessed. Overall, respondents rated the hospitals at about six out of 10.

The elderly who often have no option but to go to their local hospital because of transport restrictions felt that they were not always treated as well as they would like. Examples of the issues raised included having long waits for treatment or to be seen in outpatients (eg arriving at 10.00am and not being seen until 3.00pm) and not being given anything to eat or drink; nurses ignoring them when they used their bedside call bells and being left and forgotten about when taken out of the ward for x-rays or other tests. Carers also reported that they felt their elderly and disabled relatives were did not have the patient experience that they deserved.

Other respondents discussed having their appointments cancelled a number of times and not feeling that there was an adequate follow up to ensure that they did not get lost or forgotten about. A number of the respondents complained about waiting times in A&E.

In terms of privacy most respondents felt the situation was adequate. However, they raised concerns about having to have their blood pressure and weight measured in the waiting rooms / corridors which meant everyone around could hear or see what was happening.

Within the account it may have been useful to describe how some of the initiatives that were implemented in 2009 / 2010 resulted in an improved patient experience.

The review of performance – clinical outcomes / effectiveness

The account identifies caring for stroke patients as a key priority for 2009 / 2010, in particular to ensure that patients are admitted directly to the designated stroke units and although targets are identified there is little data to indicate progress so far. There are further areas discussed in the 'Quality Overview' section including fractured neck of femur and hospital acquired pressure ulcers which are clear whether or how they were identified as priorities and for which more information about how the action taken has led to improved clinical outcomes would have been useful.

Respondents' comments:

Respondents reported that they were not able to judge clinical outcomes. 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 has consulted with patients, service users, LINks, commissioners and staff to identify the priorities. In addition to the priorities identified at the beginning of the account, initiatives to be implemented during 2010 are set out for patient safety, patient experience and clinical effectiveness. It is very helpful to link current activities with future plans and helps the reader to be able to judge the overall quality improvement plans for the Trust.

However, some of the initiatives identified will be difficult to measure and may make reporting success more difficult next year. For the purposes of next year's Quality Account it may be helpful for the Trust to select a few of the areas covered, to ensure that there is data to back up the claims and to explain or illustrate (perhaps with photos, quotations) how the initiatives have benefited the patients.

Appendix 1

Maidstone and Tunbridge Wells NHS Trust
Quality Account 2009 – 2010
Kent LINk Response

The Kent LINk would like to thank Maidstone and Tunbridge Wells NHS 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 account is presented well, making it an interesting and comprehensive read. The language used creates a dialogue with the public, using 'we' and 'you' with a strong opening statement from the Chief Executive. There is occasional jargon, such as 'root cause analysis tool' (page 6), which could have been explained to support patient understanding and strengthen the account further.

From the information provided it is clear which quality outcomes have been achieved, where improvement has been made and how this has been accomplished. Improvements the Trust has made in reducing the incidence of patient falls and ulcer acquisitions are sure to improve patients' experience at hospitals across the Trust.

2. Required improvements in service quality

Despite improvements in the rate of Clostridium difficile (C. diff), the Trust acknowledges the need for further work in reducing in the number of MRSA cases. The account outlines a number of proposed initiatives for 2010 / 11 and a commendable target to address this, demonstrating that the Trust is still striving for improvement in this area.

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

The importance of communication between staff and patients was a strong theme in the LINk's focus groups and interviews. The account demonstrates the progress made in terms of using staff more efficiently through the Trust's Productive Ward initiative, to enable staff to spend more time with patients.

3. Priorities for the coming year

Priorities for improvement are outlined clearly, accompanied by baseline information to enable future progress to be measured. The addition of named board sponsors and implementation leads gives accountability, and the appointment of a sub-committee of the Trust board to monitor progress shows a real commitment to these priorities.

Further details of the implementation of the Patient and Public Involvement strategy (page 3) would be useful, to establish what activities will be undertaken.

4. Involvement of service users and others in determining priorities

The Trust has very clearly engaged with stakeholders in producing this account. The inclusion of a new priority based on feedback received through consultation and complaints demonstrates this.

The Kent LINk was invited at an early stage to contribute priorities for consideration and Maidstone and Tunbridge Wells NHS Trust was the only Trust who involved the LINk in this year's process. We look forward to building on this for next year.