

Quality Account

Summary

Providing safe, high quality services and experience for patients, staff and the public is one of our core objectives and we have made significant improvements in key quality measures over the last year.

Quality and governance processes have been revised and are being embedded across the organisation, and there is a robust committee structure to support this. This is the structure through which the Trust Board is informed about the progress of improving quality measures.

This Trust has worked hard to improve the quality of care delivery for our patients in 2009/10. There have been a number of important quality initiatives such as those to reduce infection rates, reduction in the length of stay in hospital for patients, and setting up stroke units at both Kent and Sussex and Maidstone hospitals. We have also virtually eliminated mixed sex sleeping and bathroom facilities.

We are actively seeking the views of our patients on the quality of our services through electronic real time collection of patient views and feedback.

The Trust has provided local hospital treatment and specialist care to tens of thousands of NHS patients during 2009/10. At the end of March 2010:

During 2009/10 the Trust saw:

- A total of 552,000 patient contacts
- Treated 115,000 patients in its A&E departments
- Gave specialist advice to 357,000 outpatients, including follow ups
- Carried out 10,000 planned operations, 21,000 daycase procedures and 49,000 emergency procedures
- Delivered 5,000 babies
- Carried out 3,332,000 pathology tests
- Took 281,000 radiology images
- Had 34,000 missed appointments

National priority standards, including delivering 'referral to treatment' waiting times within 18 week standards and for the treatment of cancer, were met. The exception was the 62 day cancer definitive treatment target. This target is for 62 days from referral, through complex diagnosis to start of treatment and is for those patients with more difficult to treat cancers or those on very complex pathways.


There is always room for improvement in this area and plans are in place to achieve this.

The five key priorities for the Trust for 2010, which have been consulted on with patients, members of the public and other organisations are:

- Continuing to reduce the number of hospital acquired infections
- Reducing the number of ward to ward moves for patients
- Improving communication with patients and carers
- Improve the quality of information given to patients and the public
- Help deliver improved quality through local and national quality targets (CQUIN measures). These include the following patient groups:
 - stroke patients
 - acute myocardial infarctions
 - heart failure
 - reducing the number of patients who develop blood clots following surgery
 - hip and knee replacements
 - reducing the number of patient incidents in relation to falls

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MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

QUALITY REPORT 2009/10

QUALITY ACCOUNTS

Introduction

The provision of safe quality services and experience for patients, staff and the public is central to Maidstone and Tunbridge Wells NHS Trust (the Trust).

The Health Act 2009 requires all NHS healthcare providers in England to provide an annual Quality Account from April 2010.

A Quality Account is intended to aid the public's understanding of what the organisation is doing well; where improvements in service quality are required; what the priorities for improvement are for the coming year; and how the organisation has involved service users, staff and others with an interest in the organisation in determining those priorities for improvement.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining both what the organisation is doing well and where improvement is needed. But they also look forward, explaining priorities for improvement over the coming financial year, and how these will be achieved and measured.

In addition to being published as part of this annual report, Quality Accounts will be published electronically on the Trust's section of the NHS Choices website.



Chief Executive's statement

Thank you for reading Maidstone and Tunbridge Wells NHS Trust's Quality Account and for taking an interest in the local health services we provide throughout Kent and East Sussex.

MTW is an open and publicly accountable organisation and we are pleased to share with you an overview of our ongoing journey to improve standards of patient care.

Everything we have achieved in 2009 and have set out to achieve in 2010 shares a single, simple focus and that is to improve the patient experience. It is a common aim for us all to follow.... it is a common aim for us all to share.

MTW has faced significant public challenges in the past. These have now been largely overcome. Last year we recorded the lowest rate of infection for *Clostridium difficile*, per thousand patient bed days, of any acute hospital in the south east.

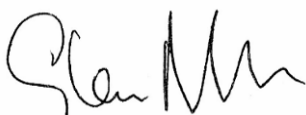
Infection control stands at the heart of all that we do. Our patients deserve nothing less. We want, can and will always do more to better ourselves.

The trust faces a new set of challenges in the future to meet the changing health needs of the people we serve. We are developing two hospitals of national standing at Maidstone and Pembury, to continue to provide modern, high standards of care safely, in all that we do for all who we see.

We are proud to be developing the country's first NHS hospital to offer every inpatient their own single room with en-suite facilities. We have also invested over £100 million in service improvements at Maidstone in the last decade.

All of the achievements that you see in our Quality Account could not have happened without our highly skilled staff. As an organisation, we will work together on turning our future challenges into further accomplishments for our patients.

Thank you for reading our Quality Account. We look forward to working with our local communities further this year to identify new opportunities and ways of working to improve patient care further still.



Glenn Douglas
Chief Executive

Section One

How we have prioritised our quality improvement initiatives for 2010/11

The Trust's plans for quality improvement have been developed in line with various stakeholder groups and align with, or compliment the Commissioning for Quality (CQUIN) scheme agreed with our commissioners.

Our Strategic Aims

- Provide safe, quality services and experience for patients, relatives and the public
- Deliver services which are efficient and productive
- Ensure effective governance of the Trust and its services
- Create a high performance workforce, and, as an employer of choice, encourage innovation and learning
- Deliver sustainable financial performance
- Establish the Trust as a lead provider of integrated health services in the healthcare economy

In setting our key priorities for 2010/2011 the Trust has consulted with patients, services users, Kent Local Involvement Networks (LINKs), commissioners and staff to identify the priorities for the next year. In reviewing those that had been put forward we considered areas that had already been highlighted by external reports as well as the impact on quality improvement for patients that each would have and the required implementation plan.

The following have been identified as our key priorities for quality improvement:

- Continuing to reduce the number of hospital acquired infections
- Reducing the number of ward to ward moves for patients
- Improve the quality of communication and information given to patients and the public.
- Help deliver improved quality through local and national quality targets (CQUIN measures). These measures are included within Part3 – Quality Statistics. Highlighted priorities include the following patient groups:
 - stroke patients
 - reducing the number of patient incidents in relation to falls

To enhance our engagement with patients and the public, in line with our new strategy for Patient and Public Involvement we will build upon these 4 key elements:

- Involving the individual patient and their families and carers in their treatment and care
- Involving patients and the public in the design, planning and development of trust services
- Involving patients, the public and their representatives in the development of trust strategies
- Valuing the contribution of patients, their carers and families and the public

Our selected priorities and proposed initiatives

Patient safety

Infection control

Continuing to reduce the number of avoidable healthcare associated infections.

Our current rates of C. difficile infection are the lowest in the south east for 2009/10 for acute trusts. Our MRSA bacteraemia rate has reduced by 60% over the last seven years but requires further reduction, as you will note from the graphs below the MRSA rates were outside of the limits by the end of the year. As a Trust we have a zero tolerance approach to healthcare associated infection (HCAI) and aim to have no avoidable HCAI.

Aim/Goal

To reduce our C. difficile rate by 5% and MRSA bacteraemia by 60% in the next year. Because we already have the lowest levels of C. difficile infection in the South East, our minimum reduction is set at 5%. We investigate using an approach recommended by the National Patient Safety Association (NPSA) called “root cause analysis” all cases of healthcare associated infection (HCAI) so that we know the reasons behind each infection. Last year we saw only one case associated with proven cross infection. Our target is to have zero avoidable infections.

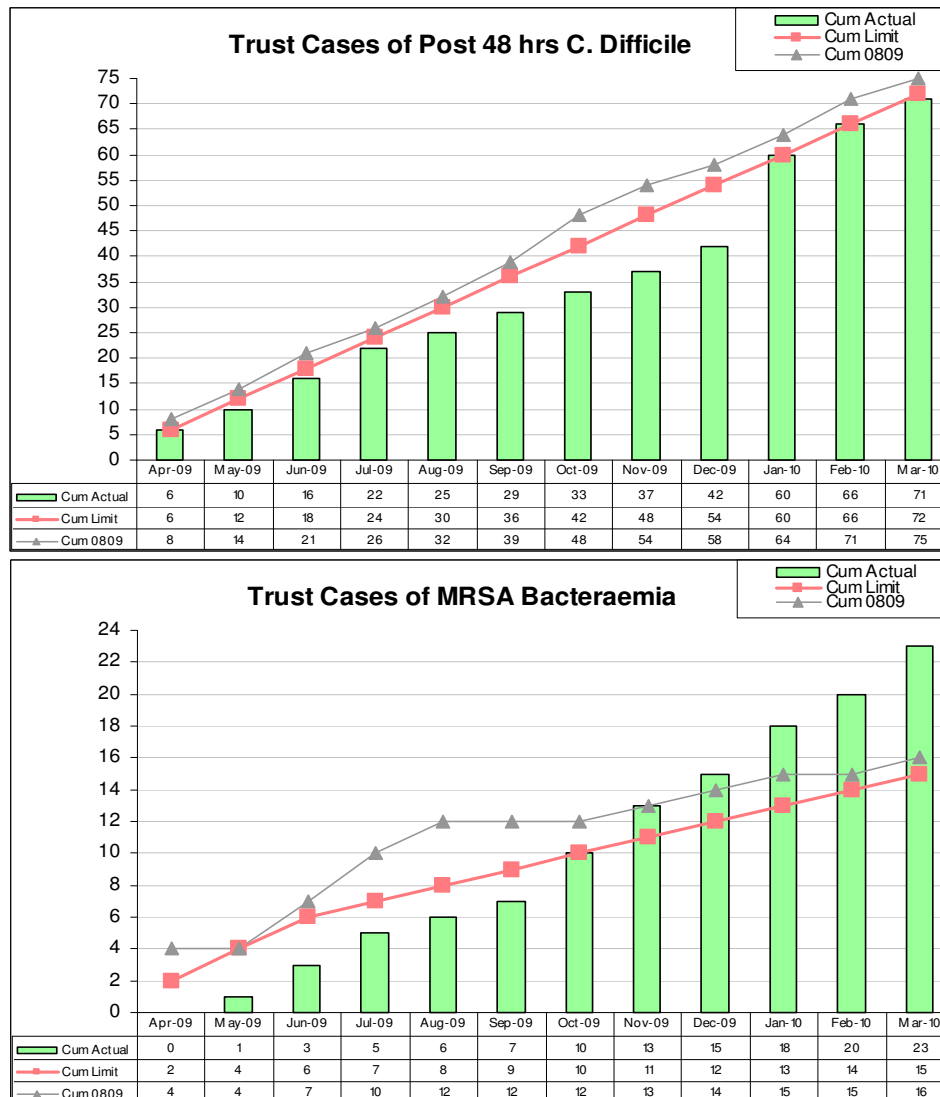
2009/2010 Status

Key:

Cum Actual = cumulative total of the number of cases in 2009/10

Cum Limit = cumulative limit set by the strategic health authority (SHA)

Cum 0809 = cumulative total of the number of cases in 2008/09



Identified areas for improvement

- Clarify when line-associated and device-associated infections identified in root cause analysis.
- Training in line insertion and management

Initiatives in 2009-10

- Implementation of non-elective MRSA screening
- Comprehensive audit plan implemented
- Opening of C. difficile isolation ward at Kent and Sussex Hospital
- Reintroduction of Saving Lives programme

New initiatives to be implemented in 2010-11

- Implementation of MRSA action plan to reduce the number of cases
- Prophylaxis for insertion and removal of lines and devices to minimise possible cross contamination
- Ongoing monitoring of MRSA screening
- Recognition of MRSA as a diagnosis in its own right
- Appointment of an specialist trainer for the management of IV lines
- Further improvement in antibiotic management

Board Sponsor: Dr Sara Mumford, Director of Infection Prevention and Control

Implementation Lead: Gail Locock, Deputy Director of Infection Prevention and Control

Reducing the incidence of patient falls

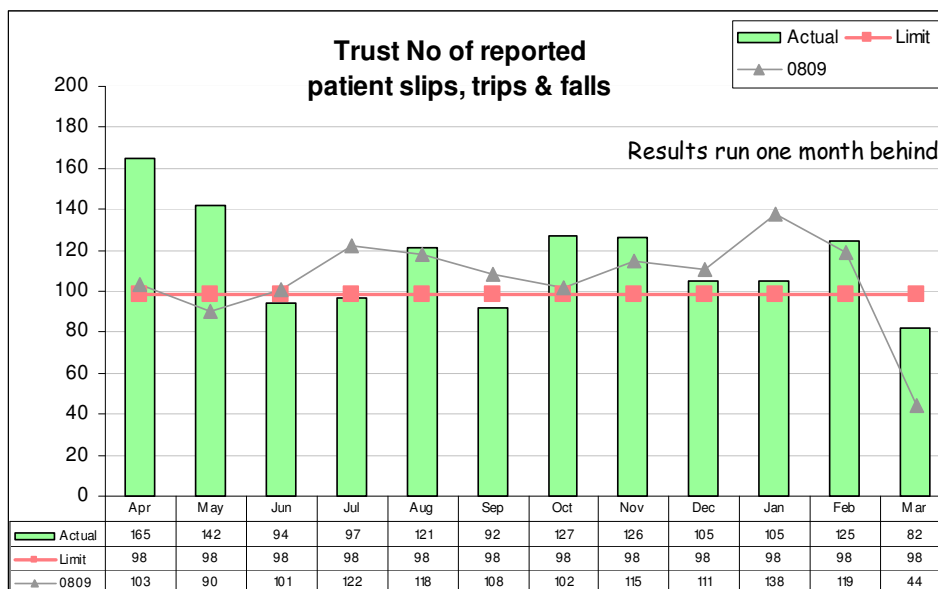
Slips, trips and falls can:

- result in loss of confidence and self-esteem
- result in cuts, bruises, broken bones or other injuries
- lead to a longer hospital stay

Aim / Goal

We have challenged our teams to reduce patient falls (resulting in injury) by 7.5% this year

2009/2010 status



We have a “Falls Group” which reviews all falls, looking to see why there are variations in occurrence, trends in causes and what we can do to prevent them happening again.

Identified areas for improvement

- Feedback from learning

Initiatives in 2009/10

- Revised our risk assessment tool
- Updated our patients and relatives leaflet.
- Trialled movement alert systems on our high risk areas
- Introduced weekly review of all patient falls via the Key Performance Indicator (KPI) forum
- Shared good practice with poster campaigns
- All wards have height adjustable chairs and beds and have access to equipment and therapy staff trained to help with patient mobility
- Staffing levels are regularly reviewed to ensure the highest standards of patient safety
- Staff follow strict guidelines in the correct use of bedrails
- All new electric profiling beds have integrated side rails
- Purchase of specialised low rise beds which enables them to be lowered to floor level – these beds are allocated to patients who have been assessed to be at particular risk of falling out of bed and for whom other ways of preventing falls would not be suitable, for example if confused and the patient may try to climb over bed side rails

New initiatives to be implemented 2010/11

- Developing a root cause analysis tool to help identify further learning
- Review footwear for patients at risk
- E reporting will deliver comprehensive live data re falls in clinical areas
- Business case for falls Co-ordinator

Board Sponsor - Flo Panel-Coates, Director of Nursing

Implementation Lead - Siobhan Callanan, Associate Director of Nursing

Clinical Effectiveness

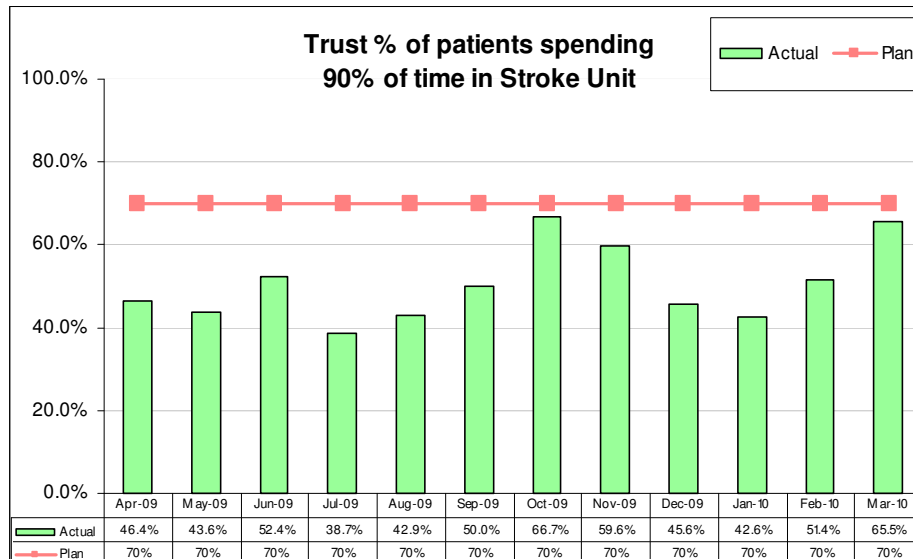
As well as monitoring our performance in line with CQUIN measures as a whole, from our consultation there are clear priorities in relation to the care of our stroke patients in order to meet the nine key national indicators.

Caring for stroke patients

To improve the quality of care and consequently health outcome for patients who have suffered a stroke. There is research evidence that prompt admission to a stroke unit will optimise the patient's outcome.

Aim/Goal: To ensure stroke patients are admitted directly to the designated stroke units in order to ensure that we can implement the nine key actions identified as leading to improved patient outcomes.

2009/2010: The Trust made significant progress towards the 70% target set for the year. Improvements need to be made to ensure we meet the 80% target set for 2010/2011.



Identified areas for improvement:

- To improve compliance rates with the 9 core quality indicators in the national Sentinel audit. These standards have been incentivised via CQUIN.

Initiatives in 2009/10

- Implementation of designated stroke units on both Kent and Sussex and Maidstone Hospital sites
- Implementation of monitoring tools for the review of compliance with the 9 core quality indicators in the Sentinel audit:
 - % of patients where all 9 indicators below (Sentinel Audit) were achieved
 - % Screened for swallowing disorder < 24hrs of admission
 - % given Brain Scan <24hrs of admission
 - % having Aspirin Administered <24hrs of admission
 - % with Rehab goals set by MDT
 - % Weighed during admission
 - % had mood assessed by discharge
 - % assessed by physiotherapy <72hrs of admission
 - % had OP Assessment <7days of admission
 - % had home visit planned before discharge
- Multidisciplinary cross-site meetings to enhance review and shared learning
- Active participation at the stroke network board and stroke forums

New initiatives to be implemented 2010/11

- Implement the fast track stroke policy to ensure stroke patients are admitted to a designated stroke bed
- Ensure, through adherence to policy and monitoring of compliance that we achieve the 9 key targets in line with national guidelines.

Board Sponsor – Nikki Luffingham , Chief Operating Officer

Implementation Lead – Linda Summerfield, Associate Director of Nursing

Patient Experience

Reducing the number of ward to ward moves for patients

This is a new issue which was raised by patients through our consultation process and reviewing of complaints.

As one of their Key Performance Indicators, Ward Managers are being asked to provide information on the number of moves that their patients experience. The patient Experience Matrons are working closely with the Associate Directors of Nursing to identify why patients are moved from ward to ward and to put processes in place to reduce this. In supporting the 'Dignity Challenge' patients will be treated as individuals by respecting them and offering a personalised service.

Aim: To ensure patients do not move more than three times (including A&E to MAU/AAU, and MAU/AAU to the ward) unless for clinical care/infection control reasons.

2009/2010 status

This is a new quality initiative for us and we are linking our review into our new live bed-state system.

From data published in the National Inpatient survey we have the following information from which to base improvements:

During your stay in hospital, how many wards did you stay in?

	2006	2007	2008	2009	National Average
1	60.5	67.8	68.8	62.2	64
2	28.0	24.1	23.8	29.7	28
3 or more	8.6	6.7	6.7	8.1	8
Don't know / Can't remember	0.6	1.3	0.7	0.9	-

Identified areas for improvement

- To reduce the number of moves a patient makes during their stay in hospital in order to optimise the care and treatment they receive.
- To obtain real time patient feedback on the number of moves

Board Sponsor – Flo Panel-Coates, Director
Implementation Lead – Chris Steele and Claire Spence, Patient Experience Matrons

Communication and Information

We want to improve the quality of communication and information given to patients and the public.

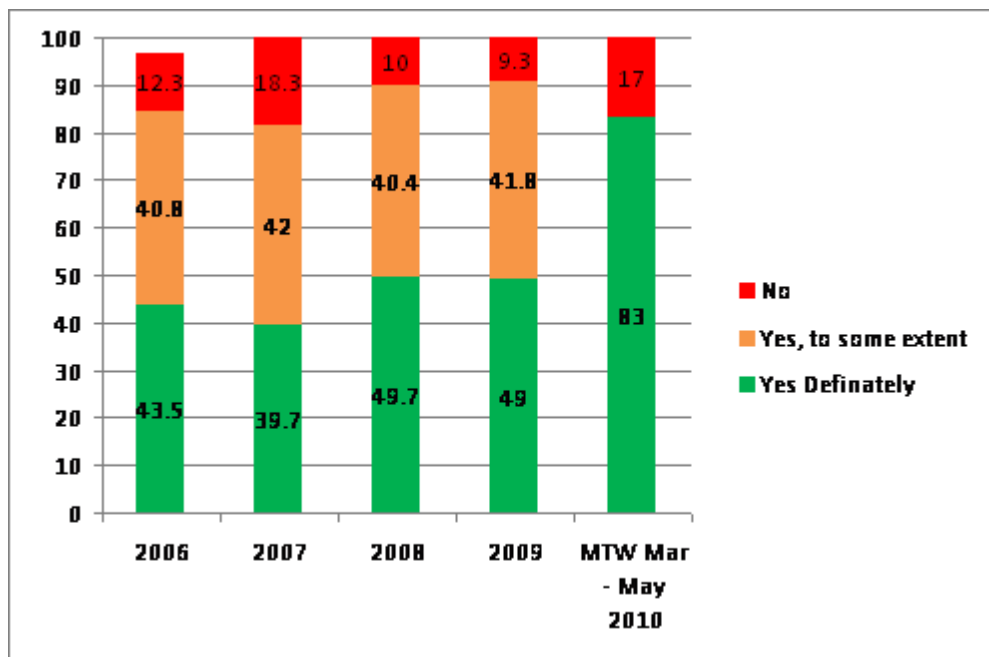
The Trust has patient survey scores comparable to other trusts in how well we communicate with our patients. However, there is still room for improvement and patients tell us that they want more information. This is also highlighted by some of the complaints we receive.

Aim/Goal: To increase patient satisfaction about how they receive communication and information through an increase in the national and local patient surveys, and to see a reduction in the number of complaints in which communication and information is highlighted as an area of concern.

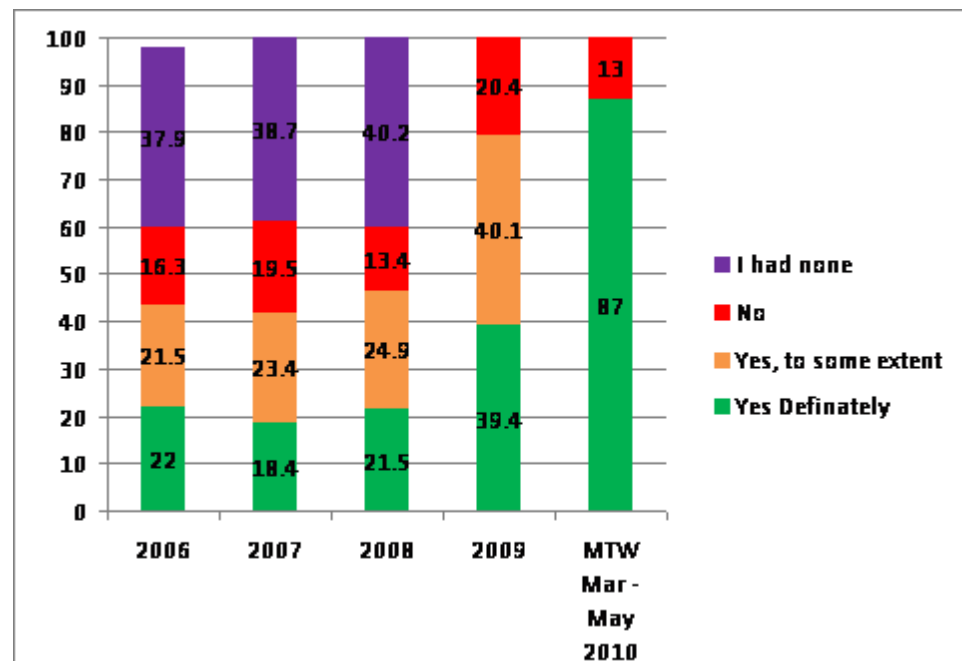
2009/2010 status

Below are some graphs relating to the national patient survey results highlighting issues in relation to communication and information. The column on the right shows data from our live patient experience tracker (we will further align these to map them to the national survey.) These will be some of the areas of information and communication that we will be seeking to improve.

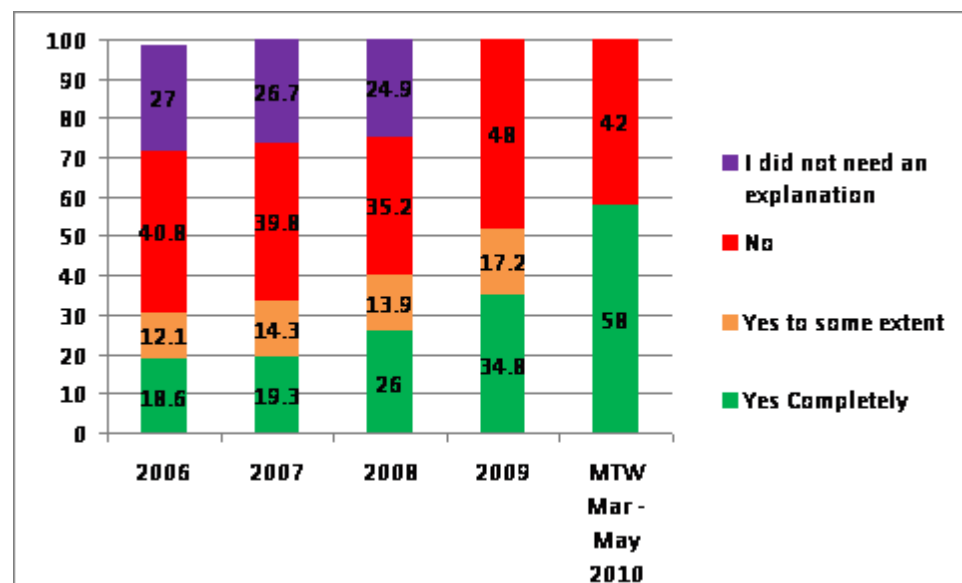
Were you involved as much as you wanted to be in decisions about your care and treatment ?



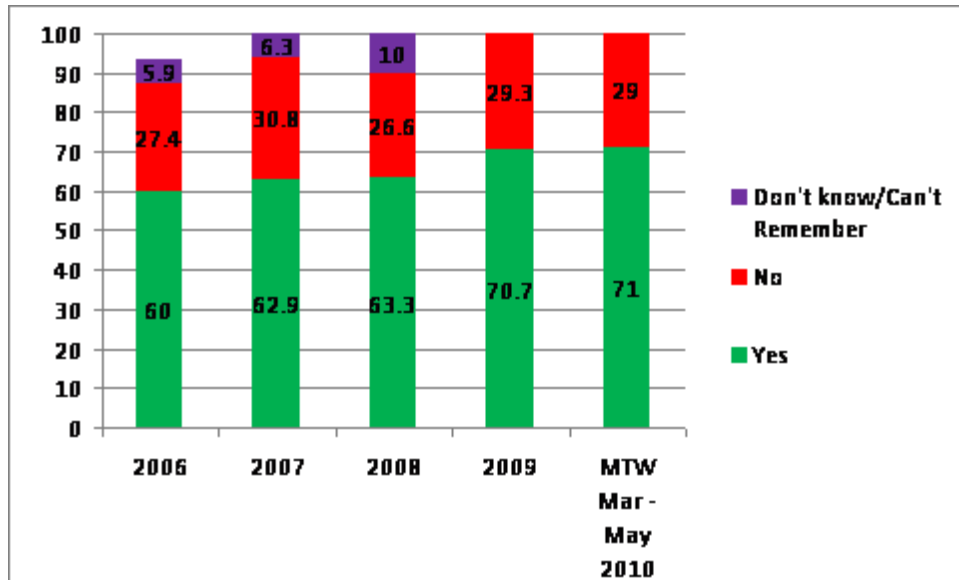
Did you find someone on the hospital staff to talk to about your worries and fears?



Did a member of staff tell you about medication side effects to watch for when you went home?



Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?



Identified areas for improvement

- Enhanced quality of patient information leaflets
- Enhanced communication between patient and staff, relatives and staff and between different staff groups

Initiatives in 2009/10

- The introduction of electronic hand held devices given to patients prior to discharge to enable real time feedback – includes questions relating to communication and information
- Patient Experience Committee (PEC) set up to champion improving all aspects of the patients' experience.
- PEC monitors progress against the national and local patient survey action plans
- Patient Information and Letters Group reviewing quality of all patient information leaflets in line with prescribed standards

New initiatives to be implemented 2010/11

- Linking of local patient experience questionnaires to national patient surveys to enable prompt action to be taken in relation to specific issues
- Full review of patient information leaflets
- Introduction of new bedside folders for patients
- Refresh training in relation to “customer care” to be rolled out across the trust, prioritising areas of most concern highlighted via survey results and complaints
- Improve information available to patients relating to medication

Board Sponsor Flo Panel-Coates, Director of Nursing
Implementation Lead Claire Roberts, Head of Quality and Governance

The Quality and Safety Committee, a sub-committee of the Trust Board, will monitor progress against the actions and targets set for each of the priorities.



Section Two

Statements of Assurance from the Board

NHS services

During the year 2009/2010 the Trust provided and/or subcontracted 120 different NHS services across 32 specialties from our hospitals.

The Trust has reviewed all the data available to them on the quality of care in all 120 of these services.

The income generated by the NHS services reviewed in 2009/10 represents 100% of the total income generated from the provision of services by the Trust for 2009/10.

Clinical Audit

During the period April 2009 to March 2010 22 national audits and 2 national confidential enquiries covered NHS services that the Trust provides.

During that period the Trust participated in 86% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.



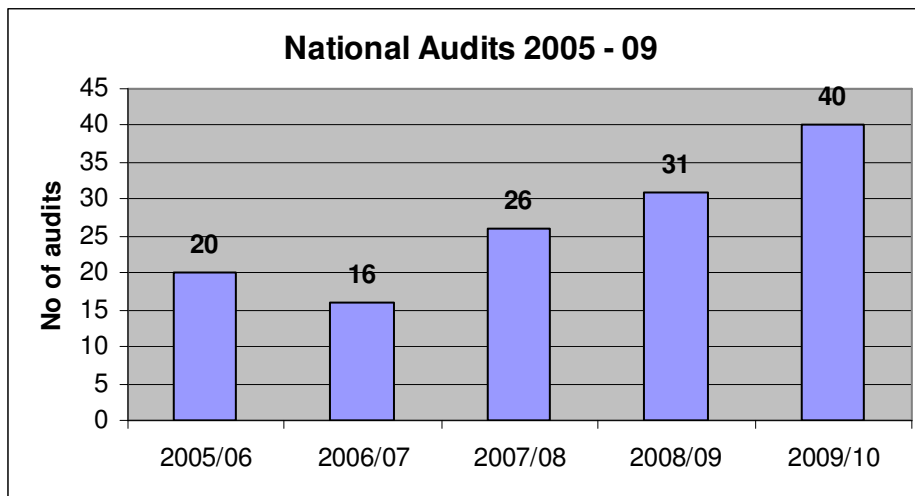
The national clinical audits and national confidential enquiries that the Trust was eligible to and actually participated in during 2009/10 are illustrated in the table below:

National Audits and Confidential Enquiries which Trust was eligible to participate in	Those the Trust participated in:
National neonatal audit	x
National diabetes audit	NO
Adult critical care units	x
National elective surgery (PROMS)	x
CEMACH perinatal mortality	x
Hip and knee replacements	x
Head and neck cancer	x
Lung cancer	NO
Bowel cancer	x
MINAP (myocardial infarction)	x
Heart failure	x
National hip fracture registry	x
National adult cardiac interventions	x
Heart failure	x
UK national hip fracture registry	x
TARN – severe trauma	NO
Sentinel stroke audit	x
National audit of dementia	x
Falls and bone health in older people	x
British thoracic society	x
College of emergency medicine- pain in children, asthma, fractured neck of femur	x
National mastectomy and breast reconstruction audit	x
National oesophago-gastric cancer	x
Continence care	x
National Confidential Enquiry into Patient Outcome and Death	x
Centre for Maternal and Child Enquiries	x

National Audits for quality accounts (Not submitted)

	Reasons why data not submitted
NDA: National Diabetes Audit	Participation in audit delayed whilst data system (Diabeta3) installed in trust. This will be in place in 2010. Paediatric aspect registered this year.
NLCA: Lung Cancer	Development of a new data capture system needed to be developed to accurately record patients who receive treatment across the network. In 2010/11 audit programme, system in place and Cancer Data Analyst submitting data.
TARN: severe trauma	Funding to participate in this audit has been agreed and is about to commence.

The graph below shows our increased participation in national audits over the last five years.



The national clinical audits and national confidential enquiries that the Trust participated in and for which data collection was completed during 2009/10 are listed below alongside the number of registered cases required by the terms of that audit or enquiry.

National Audit	Cases submitted as %	Notes
National neonatal audit	100%	
Adult critical care units	100%	
National elective surgery (PROMS)	47%	Based on information from IC website April-November 2009
CEMACH perinatal mortality	100%	
Hip and knee replacements	70%	
Head and neck cancer	98 patients	Unable to quantify total patients eligible until new system is installed. New system in place for 2010/11
Bowel cancer	100%	
MINAP	100%	
Heart failure	37%	
National hip fracture registry	27%	
National adult cardiac interventions	100%	
Sentinel stroke audit	83%	
National audit of dementia	100% (estimated)	
Falls and bone health in older people	100%	
British thoracic society	100%	
College of emergency medicine- pain in children, asthma, fractured neck of femur	87%	
National mastectomy and breast reconstruction audit	100%	
National oesophago-gastric cancer	88%	
Continence care	50% (so far)	
National Confidential Enquiry into Patient Outcome and Death	100%	
Centre for Maternal and Child Enquiries	100%	

The reports of eight national clinical audits published were reviewed by the provider 2009/10 and the Trust intends to take the following actions to improve the quality of healthcare:

AUDIT TITLE	ACTION
National Diabetes Audit - Fulfilling the requirement for the Diabetes NSF.	Introduction of diabetes database (Diabeta 3) will transform MTW's ability to contribute usefully to future audits. Re-audit
National Mastectomy and Breast Reconstruction Audit. (RCN/NCASP)	None needed as Trust met standards Noted by division and presented to Trust Board
NCEPOD - For better or Worse? Review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy	None needed as Trust met standards. Noted by division and presented to Trust Board
NHS Patient Survey - Adult Inpatient Survey 2008	The Trust has introduced a real time feedback monitoring system to enable us to respond quickly to trends that have been identified. The Trust has worked with Department of Health and NHS West Kent to address deficits relating to the provision of single sex accommodation – work is ongoing but nearly complete. Communication and information remains a key issue and is one of our priorities for 2010/11.
Mandatory National Audit: Head & Neck Cancer (DAHNO)	Continue to participate in the National comparative study. Ensure more cases are submitted next year when new data-capture software is introduced. Continue to work with colleagues across Kent and Medway to improve data capture and sharing for patients who are treated in more than one institution across the network
Mandatory National Audit: Bowel Cancer (NBOCASP)	Continue to submit data. Present to the Standards Committee for discussion across divisions.
National Mandatory audit: Oesophago-gastric (stomach) cancer (AUGIS/NCASP)	Continue to submit data. Present to the Standards Committee for discussion across divisions.
National audit of the Liverpool Care Pathway 2nd round.Care of the dying	Improve monitoring and measurement of LCP data to mark improvements, Improve skills for medical and nursing staff in delivery of end of life care, Improve spiritual and psychological care provided to patients and next of kin/carers

The reports of 69 local clinical audits were reviewed by the provider in 2009/10 and Maidstone and Tunbridge Wells NHS Trust intends to take the following actions to improve the quality of healthcare provided (appendix 2).

A large number of the 69 local audits completed resulted in direct improvements to patient care. The four listed below show how audit has been used as a tool to review adherence to guidelines, national requirements (National Patient Safety Alerts), patient pathways and whole services. The results of the examples below results that prove compliance, improvements for patients and/or cost benefits for the Trust.

Audit of Paediatric Diabetic Pump Service (NICE guideline)

This audit showed benefits to patients and cost savings to the Trust through the introduction of this service . At Pembury Hospital, 11 of the 12 patients on insulin pump therapy have improved their clinical outcomes. In addition the insulin Pump Therapy Service at Pembury hospital has saved a minimum of £18,481 for the NHS since its introduction.

Re-Audit -Fractured neck of femur pathway (369 08/09)

The purpose of the audit was to discover how to improve the care of patients admitted with fractured neck of femur. The audit looked at the treatment received by patients and reviewed whether their care adhered to the fractured neck of femur pathway. The recommendations from this audit lead to the pilot of protected, “ring fenced” trauma beds for trauma patients. The ring fencing of beds has the potential to reduce patient morbidity and mortality due to more timely and appropriate care.

Research

The Trust is committed to research as a driver for improving the quality of care and patient experience.

The number of patients receiving NHS services provided or sub-contracted by Maidstone & Tunbridge Wells NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 1,669.

This increasing level of participation in clinical research demonstrates Maidstone & Tunbridge Wells NHS Trust’s commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Maidstone & Tunbridge Wells NHS Trust was involved in conducting 62 clinical research studies. Maidstone and Tunbridge Wells NHS Trust completed 70% of these studies as designed within the agreed time and to the agreed recruitment target. Maidstone & Tunbridge Wells NHS Trust has used national systems to manage the studies in proportion to risk. Of the 62 studies given permission to start, a 60% percentage were given permission by

an authorised person less than 30 days from receipt of a valid complete application. 48% of the studies were established and managed under national model agreements and 8% of the 62 eligible research involved used a Research Passport. In 2009/10 the National Institute for Health Research (NIHR) supported 28 of these studies through its research networks.

In the last three years, 20 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

Current research includes:

Our midwives are undertaking a piece of research comparing the outcome for babies having Kangaroo care. Kangaroo Care involves skin to skin contact between an infant and parent, where the infant is usually held chest to chest in an upright, prone position. The benefits include better temperature regulation, a shorter hospital stay, a more contented baby and better breastfeeding rates. It also prepares the family for a successful discharge from hospital allowing parents to remain the direct providers for the physical and emotional needs of low birth weight infants.

To date Kangaroo care has been studied in many different settings in developing and developed countries, however our study is the first known study to investigate its use on a Transitional Care ward, where well premature and low birth weight babies are traditionally cared for in cots next to their mothers. The primary outcome is not only whether this intervention will reduce hospital stay, but also whether there is a reduction in admissions to the neonatal unit, improvements in breastfeeding outcomes.

Comments from parents have been overwhelmingly positive, especially for the first few days after birth. Parents are reporting that it is helping with feeding, bonding with their babies.

"I think KC really speeded up the discharge process. I think it made H get stronger quicker. Without it I am sure we may have been here longer. I also feel it has made me heal quicker too" - comment from a mother who's baby was born 5 weeks prematurely.

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The study is due to be completed in August 2010.

Another research study has been carried out by our clinicians who have developed a revolutionary radiological technique to help detect cancer in breast cancer patients. The test only takes a few minutes to perform and has transformed the way the Trust cares for patients. Normally, while undergoing surgery to remove breast cancer, surgeons routinely recommend that patients also have an operation to remove glands in their armpit to check if they are cancerous. The so called "sentinel lymph node" is the first to be affected if the cancer has spread. It is found during the operation with the aid of a coloured dye and is removed for testing. If the nodes are found to be cancerous a

second operation is required to remove all the remaining glands in the armpit.

The procedure means that if cancer is found in the sentinel node patients have just one operation to remove all the lymph glands at the same time as their main operation.

The results from the study have been presented by the research team to international cancer conferences in Glasgow, Berlin and San Francisco, sharing our best practice worldwide.

Income

Within the new commissioning payment framework 0.5% of the Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the CQIN (Commissioning for Quality and Innovation) payment framework.

Within the new commissioning payment framework for 2010/11, 1.5% of the Trust's income will be conditional on achieving quality improvement and innovation goals as indicated in the table below:

		Plan
CQUINs		
1	% of Adult Inpatients that have a Venous Thrombo Embolism Risk Assessment	90%
2	% Positive Response to: Were you involved as much as you wanted to be in decisions about your care and treatment?	68.29% (composite patient experience indicator responsiveness to patient needs)
	% Positive Response to: Did you find someone on the hospital staff to talk to you about your worries and fears?	
	% Positive Response to: Were you given enough privacy when discussing your condition or treatment?	
	% Positive Response to: Did a member of staff tell about medication side effects to watch for when you went home?	
3a	% Slips, Trips & Falls resulting in an injury per 10,000 admissions	7.5% reduction
3b	% of Falls with Risk Assessment & relevant action completed	80% or 20% improvement
4a	% of Stroke patients receiving all 9 Key Sentinel Audit Indicators	75% or 20% improvement

4b	% of Stroke patients with EDD <7 days of admission	80% or 20% improvement
4c	% of Stroke referral letters sent to next provider at least 24hrs before discharge	90% or 20% improvement
5a	% of inpatient discharge summaries sent electronically	90%
5a	% of outpatient letters sent within 2 weeks of clinic and conforming to revised template	85%
6a	Pre-Op Process % Positive Response to: Did a member of staff explain what would be done during the operation or procedure?	tbc
	Pre-Op Process % Positive Response to: Were you told how you could expect to feel after you had the operation or procedure?	tbc
6b	Food & Nutrition % Positive Response to: How would you rate the hospital food?	tbc
	Food & Nutrition % Positive Response to: Did you get enough help from staff to eat your meals?	tbc
7	Referrals to Stop Smoking Service	1500
8a	Diabetes - Audit of Insulin Medication Errors	tbc
8b	Diabetes – further area for audit to be identified	tbc
9a	% eligible staff trained in Dementia Awareness	10.0%
9b	Attendance at WK Dementia Forum	80.0%
10	Improve Quality of patient care - process milestones for 4 key areas: Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, Hip & Knee Replacements	Process milestones to be met in 2010/11
11	Improve Performance % of patients receiving pathway metrics for 4 key areas: Myocardial Infarction, Community Acquired Pneumonia, Heart Failure, Hip & Knee Replacements	Different for each area

Where targets are yet to be confirmed (tbc) these are still being confirmed with NHS West Kent because of additional audit information recently received.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Trust Director of Finance:

*Paul Turner, Director of Finance
Maidstone Hospital, Hermitage Lane, Maidstone ME16 9QQ*

Regulatory Requirements

Standards for Better Health

The Trust made significant progress over the last 3 years to improve the systems to monitor care and the care provided to patients and declared only three (out of 24) of these to be non-compliant for the full year – management of complaints, partnership working in relation to the Public Health agenda and meeting patients' food and nutritional requirements. Each of these was reaching the required standards by the end of March 2010.

CQC Registration

The Trust is required to register with the Care Quality Commission (CQC) and it has been registered to provide the following activities without conditions:

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of Pregnancy
- Patient Transport

In addition no conditions were attached to the Trust's registration in relation the hygiene code.

The CQC has not taken enforcement action against the Trust during April 2009 to March 2010.

CQC Periodic reviews


The Trust is subject to periodic reviews by the CQC. In 2009 it was the subject of an unannounced hygiene code inspection and we were found to be fully compliant.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

NHS number and medical code validity

The Trust submitted records during April 2009 to January 2010 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:	Trust result	National Average
Admitted for patient care	93.6%	98%
For outpatient care	96.3%	98.2%
For accident and emergency	76.5%	89.5%

The percentage of records which included the patient's valid General Practitioner Code was:	Trust result	National Average
Admitted for patient care	100%	99.9%
For outpatient care	100%	99.8%
For accident and emergency care	99.9%	99.5%

Information Governance Toolkit attainment levels

The Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 60%. This score is collated having reviewed various aspects of information security including the governance structure, security systems and adherence to policies and procedures. The Trust has a robust action plan to move to greater compliance with the requirements.

Clinical Coding Error Rate

The Trust was subject to the Payment by Results clinical coding audit by the Audit Commission during the reporting period and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was 7.7% from the specialties sampled and audited – the national average was 8.1% and our SHA average was also 8.1%.

Area Audited	Specialty / Sub Chapter / HRG	% procedures Coded Incorrectly		% Diagnosis Coded incorrectly		% of Episodes Changing HRG
		Primary	Secondary	Primary	Secondary	
Theme	Paediatrics	6.7	0.0	5.0	9.9	4.0
Specialty	Endocrinology	24.4	11.8	15.0	6.5	16.0
Sub Chapter	General Surgery	4.8	4.8	11.4	6.0	1.4
HRG	ENT	8.0	10.0	3.3	0.0	6.7
Overall		11.6	7.8	9.7	6.3	7.7

Information taken from PbR Assurance Audit Sept 2009 (produced by the audit commission)

Section Three

Quality Overview

The Trust has made significant improvements in key quality measures over the last year.

There have been a number of important initiatives, such as those to reduce infection rates, reduce the length of stay in hospital for patients, and the refurbishment of a stroke unit for patients at both Maidstone and the Kent and Sussex Hospitals.

Patient Safety

Infection Control

Actions to maintain low levels of Healthcare Associated Infections (HCAIs) in 2009/10 include:

All elective admissions are screened for MRSA and the Trust has carried out a phased introduction of MRSA screening for emergency admissions which was fully implemented by March 2010.

Over the last seven years we have reduced MRSA blood stream infections by 60% in our hospitals.

This year we have also achieved a reduction of C. difficile infection by 5% in our patients which means that we have seen an 86% reduction in cases since 2005/6. The Trust has opened a new isolation area at Kent and Sussex hospital for patient's with C. difficile ensuring they receive specialist nursing care.

To give assurance of the maintenance of high standards of infection control and cleaning we have implemented a comprehensive audit programme.

All cases of MRSA bacteraemia or C. difficile are subject to a root cause analysis to ensure learning and best practice is carried forward.


The Trust fully implemented the Pandemic Influenza plan and can report that no cases of cross infection were seen in the Trust.

The Trust continues to have a zero tolerance approach to all avoidable infections. As mentioned previously infection control remains a key priority area for the Trust.

Safeguarding

In addition to the existing systems to ensure we safeguard children, in 2009 the Trust has set up a Multi-agency Safeguarding Adults Committee. Its task is to prioritise the Safeguarding Agenda and develop work streams to meet it.

This Committee is chaired by one of the Trust non-executive Directors, alternating with the Director of Nursing, both of whom are well placed to bring to the Trust Board's attention areas of good work and where further commitment and work is required to meet the national and local agendas.



Clinical Effectiveness

Fractured Neck of Femur Pathway

As part of our Improvement Programme the orthopaedic team worked to streamline the Fractured Neck of Femur Pathway. A key aspect of this is to build up patients' strength and stamina with high energy drinks *before* they have their operation. It also includes fast-tracking from A&E; standardising pain control; improving communication at every stage in the patient's journey; prioritising their surgery; and ring-fencing beds.

Hospital acquired pressure ulcers

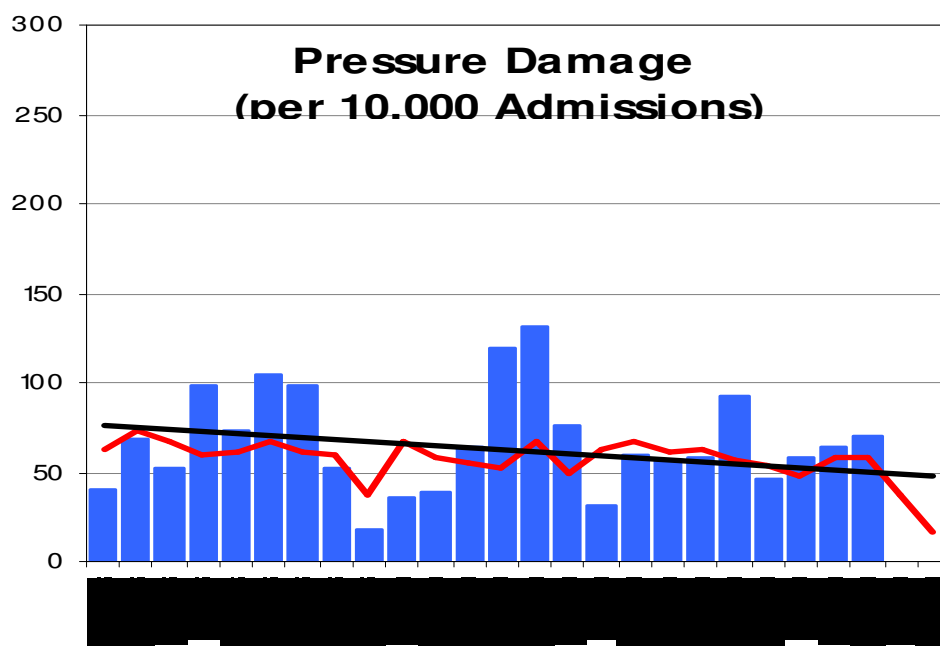
A pressure ulcer, some times referred to as a pressure sore or bedsore, is damage to the skin caused by pressure due to immobility, friction, shearing and humidity amongst other factors.

There are groups of patients who are at increased risk of pressure ulcer, these include those patients who have been on an operating table for a prolonged period, are immobile, have multiple disease processes (eg: heart failure and diabetes), are over or under weight, or incontinent.

There are 4 pressure ulcer grades, with 1 being the least severe and 4 being the most severe.

We monitor the number of pressure ulcers that patients acquire while in hospital. We have a specialist nurse who works with the wards to investigate the cause of these and take action to reduce the risk of these happening again. All grade 4 pressure ulcers are now considered by our panel which reviews serious incidents to ensure that all possible action is being taken to help reduce the risk of these incidents further.





Patient Experience

Inpatient survey results

The inpatient survey is required by all Acute NHS Trusts by the Care Quality Commission (CQC) the results of which impact on the Trust's performance rating.

The improvements, which range in size and scale, are noticeable across the board. Collectively they make-up the best feedback the trust has had from its patients in four years since 2006.

Nationally, MTW now sits alongside most other trusts in the patient survey. To put this achievement into perspective, the trust saw a 400 percent overall improvement in positive comments in its 2009 survey, compared to its 2008 survey.

Whilst we recognise that there are many factors that can influence the outcome of the results, we all agree that we must not get complacent but continue with the great progress we have made and focus on the key areas that have been raised through the analysis of this survey, our real time patient feedback, complaints and our priorities for improvement via our Quality Account.

How do we compare with everyone else?

Questions	Based on patients' responses to the survey, this trust scored:	How this score compares with other trusts
For questions about the emergency / A&E department, answered by emergency patients only	7.2/10	About the same
For questions about waiting lists and planned admissions, answered by those referred to hospital	7/10	About the same
For questions about waiting to get to a bed on a ward	7.3/10	About the same
For questions about the hospital and ward	7.6/10	About the same
For questions about doctors	8.3/10	About the same
For questions about nurses	8.2/10	About the same
For questions about care and treatment	7.4/10	About the same
For questions about operations and procedures, answered by patients who had an operation or procedure	8.4/10	About the same
For questions about leaving hospital	6.6/10	About the same
For questions about overall views and experiences	6.1/10	About the same

Below are some key questions and response scores:

Overall, from the time you first talked to this person about being referred to hospital, how long did you wait to be admitted to hospital?

	2006	2007	2008	2009	National Average
Up to 1 month	-	-	18.7	42.1	30
1 to 2 months	-	-	23.6	24.8	26
3 to 4 months	-	-	30.1	15.0	23
5 to 6 months	-	-	9.8	6.8	9
More than 6 months	-	-	13.0	11.3	12
Don't know/Can't remember	-	-	4.9	6.0	-

As far as you know, did doctors wash or clean their hands between touching patients?

	2006	2007	2008	2009	National Average
Yes, always	33.3	25.4	40.2	73.4	76
Yes, sometimes	11.3	16.6	13.7	19.8	17
No	9.6	14.3	6.2	6.7	7
Don't know/Can't remember	43.5	43.8	40.0	0.0	-

As far as you know, did nurses wash or clean their hands between touching patients?

	2006	2007	2008	2009	National Average
Yes, always	45.8	42.6	56.1	77.5	79
Yes, sometimes	19.0	22.4	15.5	18.0	18
No	5.2	7.1	3.4	4.4	4
Don't know/Can't remember	27.8	27.9	25.0	0.0	-

Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

	2006	2007	2008	2009	National Average
Yes	39.5	45.1	58.6	54.0	63
No	53.1	54.9	41.4	46.0	37

Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

	2006	2007	2008	2009	National Average
Yes, completely	45.0	44.6	53.6	70.0	75
Yes, to some extent	17.2	18.3	13.6	20.0	16
No	9.8	9.8	8.0	10.0	9
I did not need an explanation	12.6	13.6	10.3	-	-
I had no medicines	10.5	13.6	14.5	-	-

Following the results from the recently published survey we require targeting a few key areas for quality improvement, these have been categorised in the following three areas:

- Maintaining Single Sex accommodation
- Ensuring patients have increased choice in food
- Length of time waiting to be admitted to a bed.

In addition, we have reviewed information from our real time feedback, complaints and quality accounts and have suggested the following areas are also focused on;

- Orientation on admission to ward areas
- Information regarding medication
- Information on discharge
- Reducing the number of ward to ward moves

These you will note are identified as key priority areas referred to earlier in the document.

Real Time Patient Feedback

We have introduced a system which gives our patients the opportunity to tell us how satisfied they are with the care they receive. Patients are offered the opportunity to answer questions and input their views onto an electronic touch

screen. The information received is completely anonymous and the results are available to be viewed by Ward Managers, Matrons and the Trust Board immediately. This enables us to respond to our patients' concerns much more quickly than previous methods allowed.

We have had questions raised about the control of infection in relation to the use of these hand held devices – we would like to assure you that appropriate measures are taken to clean them between each patient,

Eating well

To address the issues identified around food and nutrition in patient surveys we have taken various initiatives to improve the situation. We introduced the Red Tray system (patients who need help at meal times have their meals served on red trays so that they can be easily identified as needing this support) and Protected Meal Times (to prevent unnecessary interruptions from staff activity).

Both are designed to ensure that ward staff create a quiet atmosphere in which patients can eat their meals without interruption and staff can easily identify patients that need assistance. Previously meals were often interrupted by ward rounds, drug rounds, cleaning and other activities. Patients are at risk of becoming malnourished in hospital which can result in impaired wound healing, increased risk of infection, physical weakness, depression, lethargy and a longer stay in hospital. Eating well is an important part of any patient's overall hospital care, and this new system of protected meal times and the Red Tray system improves our patients' experience and reduces the possibility of malnutrition.

As part of our emphasis on ensuring that our patients eat well the Patient Experience Committee held a blind food tasting event in December 2009, testing the 'in-house' food provided by the Maidstone Hospital caterers against food bought in for Kent and Sussex patients. Both suppliers of food were judged to be tasty and good quality by the tasters

Below are our comparative results from the national inpatient survey relating to food :

How would you rate the hospital food?

	2006	2007	2008	2009	National Average
Very good	15.9	9.2	17.4	16.7	20
Good	31.0	32.0	30.9	34.0	35
Fair	30.8	32.4	30.4	31.8	30
Poor	15.5	19.4	15.6	17.5	14
I did not have any hospital food	4.4	7.0	5.7	6.2	-

Were you offered a choice of food?

	2006	2007	2008	2009	National Average
Yes, always	72.1	68.8	69.7	71.2	78
Yes, sometimes	17.1	18.2	20.5	18.9	16
No	7.4	13.0	9.8	9.9	6

Did you get enough help from staff to eat your meals?

	2006	2007	2008	2009	National Average
Yes, always	9.4	10.7	15.5	60.4	63
Yes, sometimes	5.0	3.0	2.6	25.0	19
No	4.8	9.7	4.4	14.6	18
I did not need help to eat my meals	76.6	76.6	77.7	0.0	-

Privacy and Dignity

We have been working hard to improve the privacy and dignity of our patients and deliver same sex accommodation. We have:

- increased privacy in bathrooms and toilets
- increased the number of en-suite rooms and the number of toilets and bathrooms
- ensured that every bathroom and toilet door has a privacy sign
- introduced improved privacy gowns to all our X-ray departments
- designed a new gown for inpatients

The real time feedback system explained above enables our patients to tell us how well we are achieving our aims.

In addition we collect information relating to where breaches in the policy to avoid mixing patients of the same sex are measured daily – this enables us to remedy the situation as soon as possible.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in all our hospitals. This allows us to focus on avoiding breaches of this practice for nonclinical reasons.

When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

	2006	2007	2008	2009	National Average
Yes	59.8	52.8	47.5	35.8	18
No	37.4	47.2	52.5	64.2	82

When you were first admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

	2006	2007	2008	2009	National Average
Yes	-	-	38.2	32.9	31
No	-	-	61.8	67.1	69

Environment

As well as the progress to ensure we can deliver same sex accommodation throughout the trust, there is a planned programme for upgrading areas of Maidstone Hospital and the exciting development of the new hospital in Pembury. This hospital will begin taking patients in 2011 and be able to provide state of the art facilities for all.

Productive Ward

We have been rolling out the productive ward programme, which aims to promote a continuous improvement culture leading to real savings in materials, reducing waste and vastly improving staff morale, providing them with more time to spend with patients. Ten wards are currently on the programme.

To date we can report the following successes:

100% of the staff asked on the showcase wards said that since the introduction of Productive Ward the quality of work and patient care they have been able to deliver has improved.

7.3 fewer miles walked per commode clean saved per year.

116 miles saved per year as a result of moving the ward office.

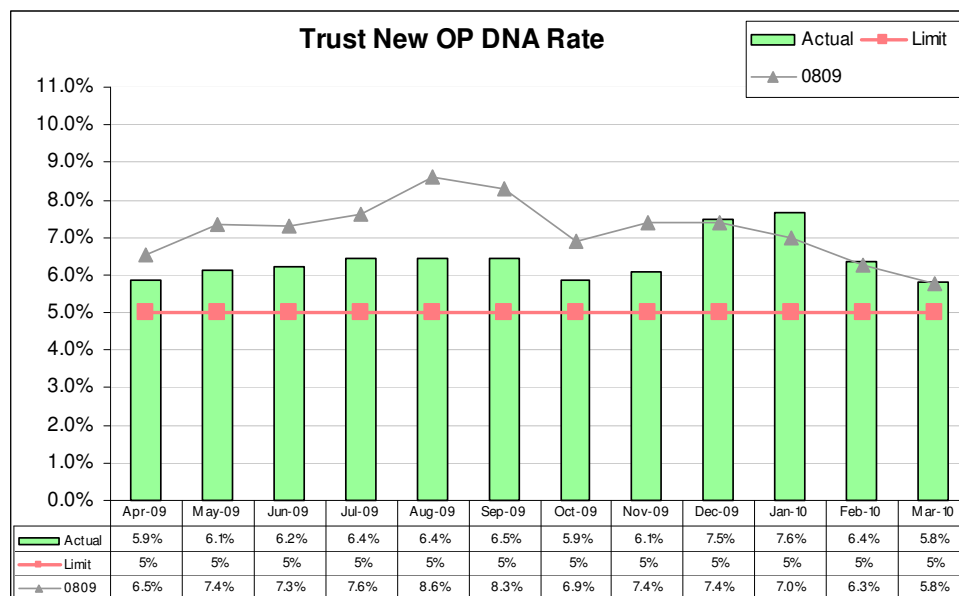
Waiting time targets:

Patients not attending out patient appointments

As can be seen from the graph on page 35 we have a number of patients who do not turn up for their outpatient appointments. We realise that there may be many valid reasons for this, we would seek to work with you to reduce this number, however. We need to ensure that patients notify us as far in advance as possible if they are not able to attend an outpatient appointment so that we can book someone else in their place. This will help to ensure that appointments times are not wasted and that all patients can be seen as quickly and efficiently as possible.

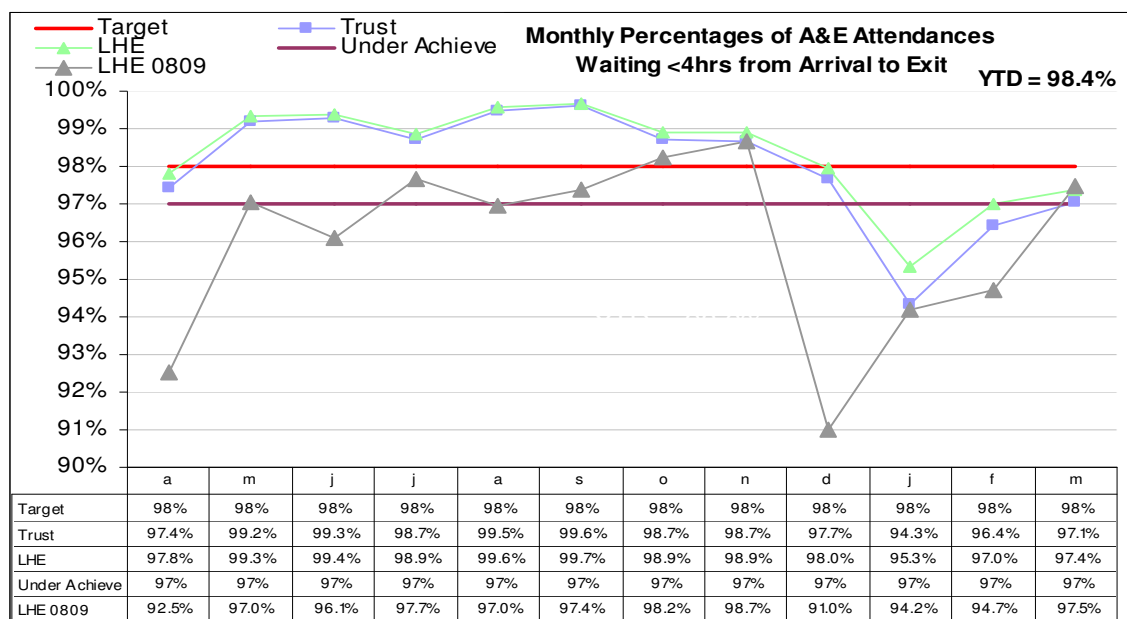
We have just introduced a system whereby all patients will be reminded about their appointments via land line telephone, mobile voice or text message, which we hope will help to reduce the wasted appointments.



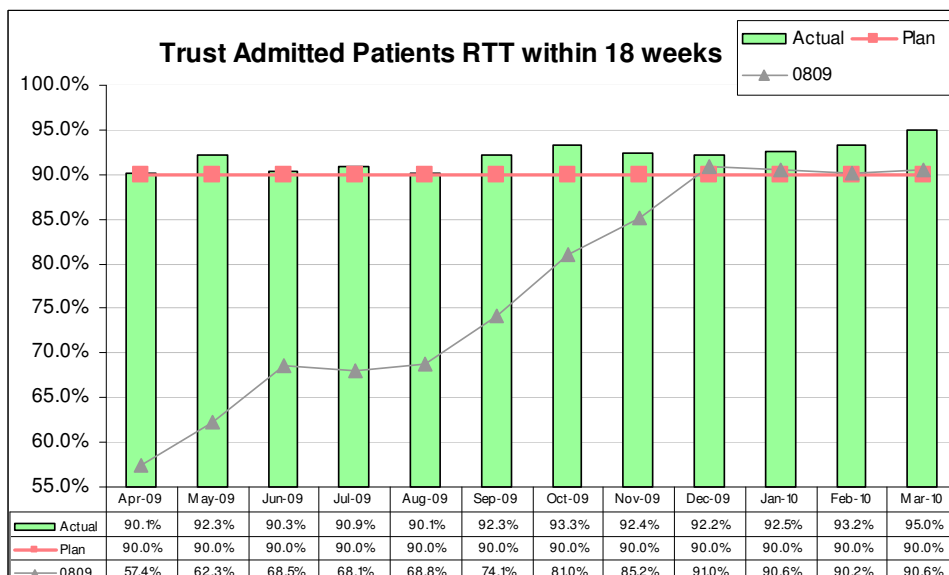
**Key:****OP = outpatient****DNA = did not attend****Waiting times in Accident and Emergency**

There are peaks and troughs in waiting times in A&E. You can see the impact that severe weather conditions and the winter vomiting bug had on these in January. We continue to seek ways to minimise the waits patients have and so improve the efficiency of the services we offer, however, there are occasions when the 4 hour target will be breached. We keep these times under constant review. The target for the year is that 98% of patients should be seen within 4 hours – our year end achievement was 98.4%.

Again we would like to ask you to help us to help those who are real emergencies by ensuring that you seek to use other sources of health care if your situation is not an emergency, such as your GP, out of hours services or NHS Direct.

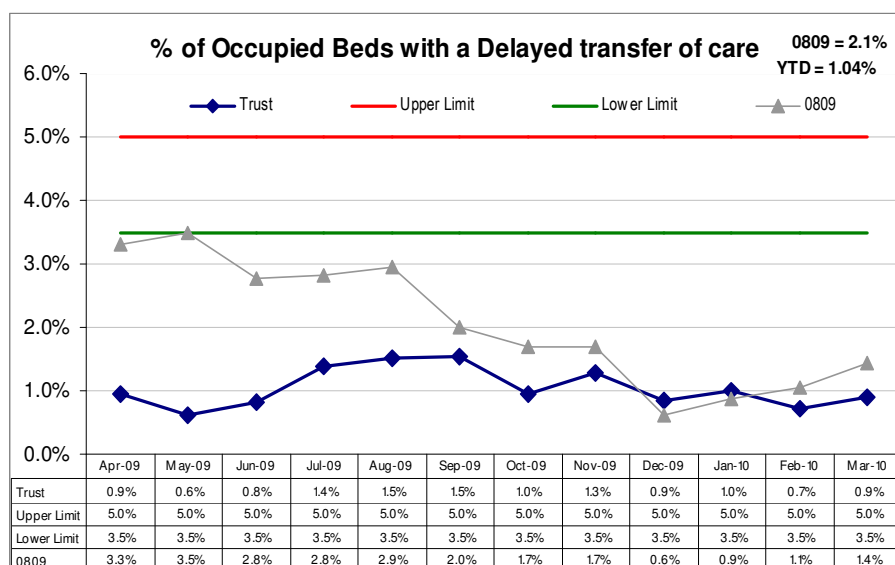


These figures are again under constant review to ensure that we can provide patients with care as soon as possible. The national target is that 90% of patients should be seen and treated within 18 weeks of referral by their GP. You can see the considerable improvements that we have made in achieving this target from under 60% in April 2008 to 95% in March 2010.



Delay in transferring patients from the acute hospital to home or another care setting

The graph below demonstrates how, through working with other health and social care providers we have managed to ensure that patients are discharged from hospital in a timely way – this is obviously of benefit to both the patient, by ensuring that they are in the best place for them as well as for the Trust as it ensures that other patients' admissions are not being delayed.



To help us compare and improve our performance NHS South East Coast is working with trusts to provide comparative data sets – these are yet to be confirmed but, as well as data that is already collated and compared, may include information relating to:

- rate of complications of medical and surgical care per 10,000 episodes
- wound infection rates for joint replacement and pelvic surgery
- emergency readmissions within 28 days
- mortality rates
- key questions relating to the national inpatient survey

Staff awards

A number of our staff have received national recognition for awards resulting in enhanced quality of services delivered:

- The Chemotherapy nurses were awarded the runner up prize for their nurse led services in conjunction with East Kent Hospital Trust at the Pfizer Clinical Excellence Award during 2009.
- During 2009 our Midwifery nursing team won both a prestigious Royal College of Midwifery award and a runner-up recognition in a separate category. The award for Excellence in Recruitment and Retention was presented for the work the team did in tackling the chronic shortage of

midwives affecting all trusts in the South East, and so enhancing quality and safety for women using the services.

From our staff survey the following areas have been recorded as above average when compared with the national benchmark:

- staff satisfied with the quality of work and patient care that they are able to deliver
- staff receiving job related training
- staff receiving health and safety training
- staff motivation at work

Areas that we need to be working on as a result of the staff survey include:

- Supporting our staff in the management of violence and harassment of staff by patients and relatives.
- Involve staff more in making improvements at work – consultation events such as those held to develop this document have contribute
- Process of reporting errors and incidents - in 2010/11 we will be rolling out e-reporting which will enhance the accessibility of reporting incidents and an electronic system to monitor and audit investigations and actions taken will be implemented at the same time.

Challenges

To further enhance quality we are reviewing our processes to further develop our learning from incidents, complaints and claims to improve care delivery. We will be rolling out an electronic incident reporting system and an audit tool to aid with investigations later this year. These will help to enhance the quality of data received and actions developed as a result of investigation, as well as ongoing monitoring of progress against the action plans.

Continuous contributions by, and development of, our workforce is central to improving services for patients. We have developed a robust action plan in response to our staff survey to address the concerns of our staff. One of these has been the area of involving staff more in making improvements at work. One of the recent actions taken has been the consultation with staff to contribute to the setting of the key priorities highlighted in this document.

The new cancer strategy commitments are now in place and whilst the Trust is committed to this process it has not quite met the all the new targets. A key factor for the underperformance is that as a major tertiary centre MTW receives high levels of referrals from other NHS Trusts. Often, due to the complex nature of these patients, they have either breached the target or are close to breaching by the time they are sent to MTW for treatment.

On the NHS performance framework the Trust is seen to be “performing” –

this indicates that we are meeting all the standards outlines by the CQC in line with access to healthcare by our patients.




Section Four

Overview of the organisational effectiveness initiatives

There have been a number of initiatives over the last year to increase organisational effectiveness around quality and to embed quality throughout internal structures and processes.

They have included:

- Enhanced reporting on quality and governance issues to the Board and Board subcommittee (chaired by a non-executive director who is a past president of the Royal College of Nursing) by which they can monitor the quality of care provided through scrutinising performance reports.
 - The HR subcommittee has developed reporting tools to enable robust monitoring of workforce activities and policies, linking to regulatory requirements and trust objectives.
 - A complete revision of the presentation of quality targets to ensure detailed discussions can be had and acted on at Divisional level as well as feedback through the governance committees.
 - The introduction of panels, headed up by executive and non-executive Board members to review serious incidents and complaints to optimise and oversee the implementation of actions to drive improvements.
 - The development of weekly nursing meetings to review quality outcomes at individual ward level so that early action can be taken if any concerning trends are noted.
 - The introduction of a real time patient satisfaction survey in ward and outpatient areas. The questions can be changed so that we can target any specific issues that may have been raised through, for example the Patient Experience Committee or from complaints.
 - Review of the mandatory training to ensure all staff have access to relevant training to enhance the safety and quality of care provision.
 - The Trust has its largest ever prospectus of training courses available to staff.
 - The implementation of equality schemes, and training to support these, to ensure we provide safe services from a patient and staff perspective.
 - Joint quality meeting with the Trust and Commissioners
- 

We continued to improve in our compliance with the Health Care Commission core standards, from 20 not met in 2007/08 to eleven in 2008/09 to three in 1009/10 – all of which were compliant by the end of March 2010. These core standards have been replaced by the registration requirements within the new regulatory framework. These are monitored by the Care Quality Commission, and the Trust has been registered to provide the following services across the three sites:

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of Pregnancy
- Patient Transport

Aligning Quality with the wider business strategy


The Trust is in the process of implementing a clinical strategy that is founded upon clear objectives to improve quality of care and clinical outcomes. This involves the reconfiguration of some services to ensure the best possible clinical services are sustainable into the future, the opening of a brand new single room acute hospital at Pembury and major improvement work and investment in new technology being done at Maidstone Hospital.

New design of services and the environments from which we will provide them are predicated on productivity and innovation.

The Trust has worked, and will continue to work, hard to ensure patients and stakeholder groups are informed about the improvements and innovations happening in and around their local hospitals. Developments in local services such as a new diabetes day centre in Tunbridge Wells have had great support and valuable input from patient groups. We have also had extensive engagement with stakeholders in relation to our reconfiguration of consultant led maternity services; this has been revisited with Kent County Council (KCC) and the Health Overview and Scrutiny Committee.

The Trust is working with the Strategic Health Authority, NHS South East Coast, in relation to the new national programme – QIPP – Quality, Innovation, Productivity and Prevention.

Locally the Trust is working closely with NHS partners and KCC as part of a QIPP Board for the whole of Kent and Medway. The focus is on quality, innovation, productivity and improvement as key means to sustain quality of services in years ahead in a more challenging economic climate.



Section Five

NHS Constitution

The rights, pledges and principles outlined in the NHS constitution are wide-ranging and cover many areas of operational work. MTW has adopted an approach of raising general awareness and taking opportunities to link rights and pledges into aspects of care in an ongoing manner.

MTW has reviewed its own organisational values and these are consistent with the NHS values. The rights and pledges in the NHS constitution are well articulated aspects of providing good day-to-day management and experience for patients, the public and staff. As such they are part of the common infrastructure within the organisation.

The Board confirmed its vision as being to provide excellent patient care and experience. Board also reviewed organisational objectives and these have been adopted and turned into six areas, each with priority actions to be implemented as part of a five year plan. These priority areas, covering all aspects of the NHS constitution, are reviewed twice a year.


Each of the rights and pledges are linked to a variety of external agency scrutiny and assurances such as Care Quality Commission core standards or to Auditors' Key Lines of Enquiry, or other duties such as those under Health and Safety and bodies such as the Kent Safety and Children's Board.

MTW is a signatory to the NHS Code of Practice and to specific contracting arrangements with PCTs. These arrangements ensure that commissioning agreements are consistent with NHS principles, Codes of Conduct, good Governance and the rights and pledges outlined in the NHS constitution.

All contracts are subject to regular scrutiny and are consistent with external monitoring through Core Standards and now CQC registration, to give commissioners assurance that MTW is delivering services in line with best practice, health needs and commissioning intentions. The NHS Constitution rights and pledges form part of this scrutiny process.

MTW uses external and internal scrutiny mechanisms to be assured that patients are receiving the best care, the public are well engaged and staff are being treated fairly and in accordance with good management practice.

Key aspects of scrutiny include:

- NHS West Kent
 - Care Quality Commission – annual health check, registration, periodic reviews
 - Royal College accreditation of training posts
- 

- Annual staff survey
- Annual patient survey
- Real-time patient experience tracker
- Local Authority Health Overview and Scrutiny Committee challenge
- Serious Untoward Incident root cause analysis and feedback of change to practice
- Complaints and PALS processes
- Delivering Same Sex Accommodation fortnightly returns to PCT and SHA

Stakeholder comments

Please see attached feedback for comments on this Quality Account from the Trust's key stakeholders.



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Date: 25 June 2010

Dear Mr Douglas

Maidstone and Tunbridge Wells Quality Accounts Report 2009/10

I am writing on behalf of Councillor Elliott, the Chairman of the Maidstone and Tunbridge Wells Joint Health Overview and Scrutiny Committee, to submit the Committee's comments on the above report and thank you and your colleagues for attending the Committee meeting of 19 June 2010.

The Committee noted the progress the Trust has made in many areas and was grateful for the opportunity to comment on the Quality Account report. It made the following comments on the document:

General comments

- The Committee believed that, as the report contained several acronyms and abbreviations, a glossary would be of benefit to those who were not in the health profession. It also suggested the Trust should consider producing a summary of the report, to make it more accessible to non health care professionals;
- That the term 'cum' in the tables on page 4 should be expanded or an explanation be included to show this referred to a cumulative total.
- An explanation of why low-rise beds (page 6, final bullet point under 'initiatives in 2009/10') reduce the incidence of patient slip, trips or falls should be included;
- That an explanation of how the Red Tray system (page 21) improves patient nutrition would be helpful;
- That there should be a clearer explanation that a 'breach' (pages 22, 25 and 28) meant a target had been exceeded;
- The Committee noted the steps taken to remind patients by text or telephone of their appointments, and believed this would prove to be beneficial to both patients and the Trust;

- The recently published LINKs report had highlighted some significant areas of concern and the Committee commended the Trust's agreement to publish a formal response to the document.

Infection rates

- The Committee considered this was an area of the Trust's performance residents of the Boroughs would be particularly interested in. It noted the significant progress in reducing the rates of infection by Clostridium difficile, but questioned why the rates for MRSA bacteraemia infection had not reduced by a similar proportion. They suggested the explanation, and why the measures proposed for 2010/11 were expected to have an impact on infection rates, should be included in the document; and
- The Committee noted your explanation that the rates of Hospital acquired infections of both Clostridium difficile and MRSA were lower than the recorded rates, due to the inclusion of patients with an existing infection on admission. They believed it would be helpful if this were explained in the report.

Should you have any queries, please do not hesitate to contact me.

Yours sincerely



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02 June 2010

Dear Glenn

**Statement from NHS West Kent for inclusion in the
Maidstone & Tunbridge Wells NHS Trust Quality Account**

NHS West Kent welcomes the publication of Maidstone & Tunbridge Wells NHS Hospitals Trust's first Quality Account and the opportunity to comment on its contents. Both organisations are working closely together to ensure that all aspects of service quality – safety, clinical effectiveness and patient experience – consistently meet high standards and focus on continuous improvement.

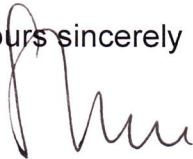
As far as NHS West Kent is able to comment, the information contained within the Quality Account is accurate. It provides helpful coverage of the strong progress made in many aspects of the quality of patient care whilst acknowledging that there remain challenges.

NHS West Kent has welcomed the proactive engagement over the last year of the Trust to assure and improve the quality of patient care. A range of changes have been made to frontline services and which respond directly to patient feedback and concerns, including Protected Mealtimes and improved quality and choice of food and progress to protect patient privacy and dignity through a reduction in mixed sex accommodation. Improvements in the quality of stroke services have a direct impact on patient outcomes and experience and further developments can be expected in the coming year. Strong progress has been made to improve infection prevention and control but continued focus is required to ensure that the stretching, low thresholds for infections such as MRSA are consistently met. The implementation of handheld devices to improve the collection and analysis of patient feedback should enable greater responsiveness to experience and concerns. In choosing its quality priorities, the Trust has reflected the issues of real concern to patients together with those identified through clinical discussion internally and with NHS West Kent. The collaborative process undertaken to develop local CQUIN (quality incentive) schemes within the service contract demonstrates the breadth of local quality discussions and priorities.

Progress has been seen in the strengthening of internal governance within the Trust to support the quality agenda. Improvements in the investigation of very serious incidents will be built upon over the coming year to ensure more timely closure and demonstration of learning. Clinical outcome data, including mortality, will be more routinely integrated into the way that clinical teams review their work and the Trust will focus on ensuring that the outcomes of audit are consistently used to inform improvements in patient care. The Trust has taken a proactive approach to learning lessons from the outcomes of both the Healthcare Commission (now CQC) investigation into the failings at Mid Staffordshire NHS Foundation Trust and the subsequent Robert Francis Inquiry to develop and implement a Mid Staffordshire Action Plan. The opening of the new hospital at Pembury will provide state-of-the-art facilities and significantly improve the environment and facilities for local patients.

NHS West Kent looks forward to continuing to work closely with the Nursing Director and newly-appointed Medical Director and colleagues at all levels within the Trust to assure the quality of local services and ensure continuous improvement at Maidstone & Tunbridge Wells NHS Hospitals Trust.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Steve Phoenix', written over the closing 'Yours sincerely'.

Steve Phoenix
Chief Executive



June 2010

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 have input on the priorities for its Quality Account for 2009 - 2010 and to provide a statement on it prior to publication. This statement is based on the extent to which the account achieves its intentions as laid out in the introduction:

1. Aiding the public's understanding of what the organisation is doing well
2. Where improvements in service quality are required
3. What the priorities for improvements are for the coming year
4. 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.

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

2. Required improvements in service quality

Despite improvements in the rate of *Clostridium difficile*, 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 - 2011 and a commendable target to address this, demonstrating that the Trust is still striving for improvement in this area.

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.