

Quality Report 2009/10



Quality accounts

Part one

Chief executive's statement

Welcome to our first full annual Quality Account of our performance against selected quality metrics for 2009/10 and our quality priorities for 2010/11. This demonstrates our accountability to the public for the quality of the care we offer at Medway NHS Foundation Trust and how we are seeking to improve. Making sure that greater prominence is given to quality issues within Board meetings in the last year has been part of the agenda for improving the quality of services in terms of clinical outcomes, patient safety and patient experience. We are able to report some very positive achievements in areas such as reducing infections and how our patients are being treated in relation to dignity and respect.

Since commencing in post in April 2010, I recognise that in order to offer assurance to patients that we provide high quality care, we must be able to demonstrate that: we have high levels of reported patient satisfaction; services that are as safe as possible; and clinical outcomes that are better than the national average. Therefore I am delighted to report that for the second year in succession, Medway NHS Foundation Trust has received a 'Top 40 Hospital' clinical benchmarking award. This award reflects high performance across a number of indicators of safety, clinical effectiveness, patient experience and health outcomes.

Along with improving the quality of care for our patients, we also want to be an organisation where staff feel recognised and rewarded. We want staff to work within an environment where they are able to provide the highest quality of care possible. I am pleased to note the improvements in the staff survey last year. We recognise that there will always be challenges to meet and will continue to strive for the highest quality by putting our patients at the heart of everything we do.

Without doubt 2010/11 will be both an exciting and a challenging year. Challenging because the global economic climate makes it imperative we continue to explore and implement more efficient and effective ways to support care delivery. Exciting because of the opportunities we will have through forging innovative new partnerships with other healthcare providers which promises to bring fantastic benefits to patients. I am confident that through the commitment, resourcefulness and talent of our staff we will achieve our vision of delivering top quality patient care.

I confirm that to the best of my knowledge the information you will find in this Quality Account is accurate and I am very pleased to have the opportunity to publish it.



Mark Devlin, Chief Executive

1 June 2010

Part two Priorities for improvement 2010/11

We have made some impressive progress in 2009/10 towards providing high quality care and have developed a wide range of initiatives to improve the quality of care we provide and the experience for our patients.

Through our quarterly local patient surveys, which are based on the national survey, our Board patient safety visits and our ‘Confidence in Care’ ward rounds (which involve our most senior nurses undertaking weekly patient centred ward rounds across all of the Trust’s wards and departments asking patients about their experience and the quality of care that they have received), we continue to explore new ways to communicate more effectively with our patients and make improvements based on their feedback. We signed up to the National Patient Safety Campaign and have been working hard to ensure that we have effective systems for reporting adverse incidents and near misses, investigating the root causes of incidents and taking actions to make improvements.

For 2010/11 we have assessed what our priorities should be and have identified nine key priorities for this year. We have selected three quality objectives for each of the following:



In selecting our priorities we have been mindful of the national and local picture as well as those issues which are of concern to our patients, our governors, our workforce and our local healthcare partners, e.g. a governors’ consultation meeting was held to consider the draft quality accounts.

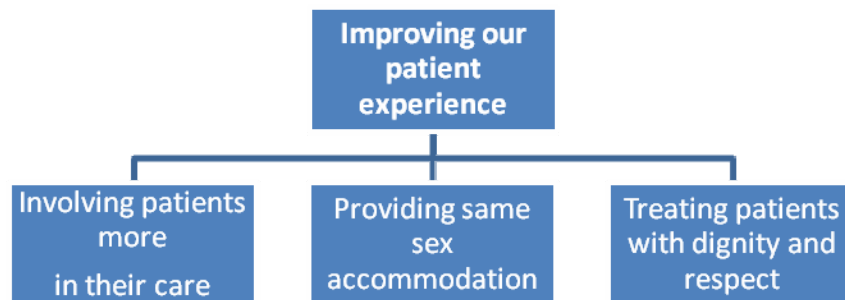
Our strategy to deliver quality improvement is to further embed quality into our existing performance management dashboard, engage and empower more front line staff through our Front Line Leaders Programme and focus on outcomes by monitoring these at the sub committees of the Board.

It is vital to have strong leadership across the organisation and, to ensure this is truly ‘bed-side to boardroom’, the Board will:

- ensure that quality improvements are embedded in the Trust’s strategic objectives

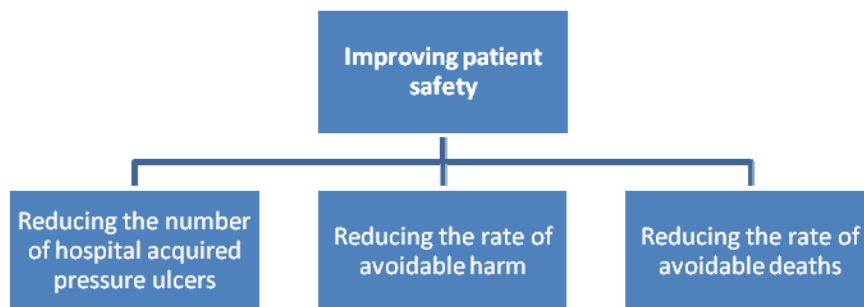
- continue to ensure that quality development is at the heart of all its discussions and actions
- systematically measure patient experience and outcomes through examples of excellent performance and the not so good where it exists and, where appropriate, listen directly to patient stories
- continue to increase its visibility with a programme of patient safety visits and “spend a shift with me” days.

Following our assessment our top priorities for 2010/11 are:



Improving our patient experience

Involving patients in their own care, providing that care in same sex accommodation and treating patients with dignity and respect relate directly to our strategy in terms of improving dignity and privacy for our patients and one way to measure this is through patient perception. These three metrics are included in our local quarterly patient survey, which itself is based on the national patient survey and therefore provides us with a solid base for benchmarking how we are doing. These are also part of the South East Coast Strategic Health Authority benchmarks and Commissioning for Quality and Innovation (CQUIN) targets. The Trust will monitor improvements by providing quarterly reports to the Board.

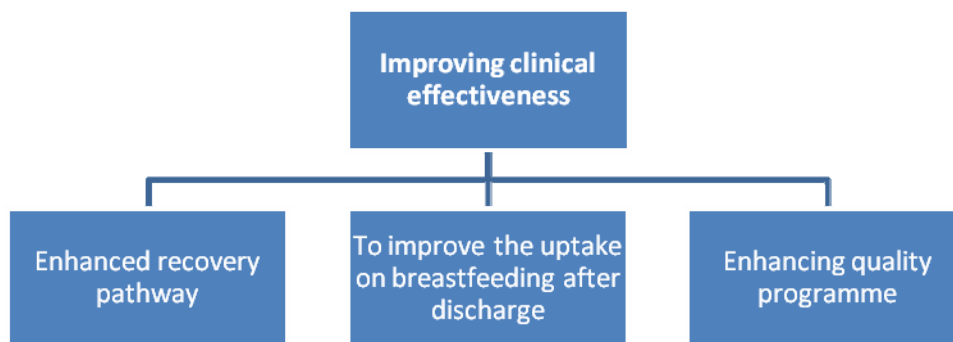


Improving patient safety

Pressure sores are a key indicator of quality of care and patient safety and reducing pressure ulcers is also one of the national high impact action priorities set by the chief nursing officer for England. We will reduce the severity and numbers of hospital acquired pressure ulcers to no more than 15 in any month. On a monthly basis every pressure ulcer acquired by a patient is counted and all which are grade 2 and above are subject to a root cause analysis. This is monitored through the Nursing and Midwifery Advisory Group and the Trust Performance and Investment Committee. This is a quality improvement target with our lead commissioner and is benchmarked across the South East Coast Strategic Health Authority.

Using the Global Trigger Tool (a globally recognised monitoring tool to help identify adverse triggers in a patient's condition, and which, if left untreated, could lead to a patient experiencing harm), the Trust is committed to monitoring 20 sets of notes each month, the outcomes of which will be monitored by the Patient Safety Committee and externally benchmarked by the Institute for Innovation and Improvement.

Our third commitment to improving patient safety will be through monitoring our Hospital Standardised Mortality Rate (HSMR) and for which we will consistently score less than 100, reducing to the lowest quartile. This will be monitored by the Patient Safety Committee and benchmarked against other acute trusts through the nationally known 'Dr Foster Health Guide.'



Improving clinical effectiveness

The Trust has registered with the Enhanced Recovery Programme, the aim of which is to promote, amongst other benefits:

- early detection of complications arising from surgery
- decrease in infections
- team building amongst staff
- empowering patients by becoming more involved in looking after their own recovery

Progress is reported quarterly to the executive team and will be benchmarked against other acute trusts.

Breastfeeding is a key public health indicator for healthier children, and improving breastfeeding rates is important to the whole health economy. It is also a CQUIN target for the Trust and for which the target is set at 65% across the local health economy. Our performance on this priority is monitored monthly by the Trust through the Performance and Investment Committee and by our commissioners at the Clinical Quality Review Group.

The Enhancing Quality Programme, launched in January 2010, is a project led by the South East Coast Strategic Health Authority and the Trust has started to participate in this. The work within the programme will involve importing good practice from other trusts, as well as introducing appropriate patient care measures on which data will be gathered and assessed to see if the standards for care are being met. This will be monitored internally through the Quality and Safety Committee which meets every two months. We will concentrate on five clinical pathways including: community acquired pneumonia, elective hip replacement, elective knee replacement, acute myocardial infarction (heart attack) and heart failure.

The benefits will include a reduction in complications as well as:

- a reduction in re-admissions
- avoidance of hospital admissions
- a reduction in hospital days
- financial savings
- improved patient experience
- improved health outcomes for patients
- expansion of staff skills by sharing knowledge and best practice

Review of services

During 2009/10 the Medway NHS Foundation Trust provided 42 NHS services. Medway NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 42 of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 68.5% of the total income generated from the provision of NHS services by Medway NHS Foundation Trust for 2009/10. The executive team has reviewed all of the data relating to quality available to them through the clinical directorate dashboard performance management process which takes place every two months and the Nursing and Midwifery Accountability System (NMAS) which occurs on a 'rolling' weekly basis by directorate. Both the clinical dashboard and the NMAS processes have supported the Trust's objectives in relation to improving patient experience, patient safety and clinical effectiveness.

Participation in clinical audits

During 2009/10, 35 national clinical audits and three national confidential enquiries covered NHS services that Medway NHS Foundation Trust provides (*source*: National Clinical Audit Advisory Group (NCAAG) national audit priorities; see www.dh.gov.uk/qualityaccounts)

During that period, Medway NHS Foundation Trust participated in 80% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that Medway NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

- Adult Cardiac Interventions Audit (percutaneous coronary intervention: PCI)
- British Thoracic Society: Community-Acquired Pneumonia in Adults
- British Thoracic Society: Emergency Oxygen Audit
- British Thoracic Society: National Adult Asthma Audit 2009
- British Thoracic Society: National Adult Non-Invasive Ventilation (NIV) Audit
- British Thoracic Society: Paediatric Asthma
- British Thoracic Society: Paediatric Pneumonia
- College of Emergency Medicine: Fractured Neck of Femur 2009
- College of Emergency Medicine: Moderate and Severe Asthma 2009
- College of Emergency Medicine: Pain in Children 2009
- Heart Failure Audit
- Intensive Care National Audit and Research Centre Case Mix Programme Database (ICNARC CMPD)
- Myocardial Ischaemia National Audit Project (MINAP)
- National Audit of Bowel Cancer (NBOCAP)
- National Audit of Continence Care 2009-11
- National Audit of Dementia
- National Audit of Falls and Bone Health in Older People
- National Audit of Head and Neck Cancer (DAHNO)
- National Audit of Lung Cancer (NCLA)
- National Comparative Audit of Blood Transfusion: National Comparative Audit of Blood Collection
- National Comparative Audit of Blood Transfusion: Use of Red Cells in Neonates and Children
- National Diabetes Audit (NDA)
- National Elective Surgery Patient Reported Outcomes (PROM): Hernia
- National Elective Surgery Patient Reported Outcomes (PROM): Knee replacement
- National Elective Surgery Patient Reported Outcomes (PROM): Varicose veins
- National Elective Surgery Patient Reported Outcomes (PROM): Hip replacement

- National Hip Fracture Database (NHFD)
- National Joint Registry (NJR): Hip and knee replacements
- National Mastectomy and Breast Reconstruction Audit
- National Neonatal Audit Programme (NNAP)
- National Oesophago-Gastric Cancer Audit
- National Sentinel Audit of Stroke
- NHS Blood and Transplant: Potential Donor Audit
- Trauma Audit and Research Network (TARN): Severe Trauma
- Vascular Society of Great Britain and Ireland National Vascular Database (VSSGBI NVD)
- National Confidential Enquiry into Head Injury in Children (CMACE)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Perinatal Mortality Surveillance [Centre for Maternal and Child Enquiries (CMACE), formerly Confidential Enquiry into Maternal and Child Health (CEMACH)]

The national clinical audits and national confidential enquiries that Medway NHS Foundation Trust participated in during 2009/10 are as follows:

Clinical Audit / National Confidential Enquiry	Directorate and Specialty
Adult Cardiac Interventions Audit (percutaneous coronary intervention: PCI) (<i>service commenced 27-Apr-09</i>)	Adult Medicine - Cardiology
British Thoracic Society: Community-Acquired Pneumonia in Adults	Adult Medicine - Respiratory Medicine
British Thoracic Society: Emergency Oxygen Audit	Adult Medicine - Respiratory Medicine
British Thoracic Society: National Adult Asthma Audit 2009	Adult Medicine - Respiratory Medicine
College of Emergency Medicine: Fractured Neck of Femur 2009	Emergency Medicine
College of Emergency Medicine: Pain in Children 2009	Emergency Medicine
Intensive Care National Audit and Research Centre Case Mix Programme Database (ICNARC CMPD)	Anaesthetics, Critical Care and Pain Medicine - Critical Care
Myocardial Ischaemia National Audit Project (MINAP)	Adult Medicine - Cardiology / Emergency Medicine
National Audit of Bowel Cancer (NBOCAP)	Cancer Services

Clinical Audit / National Confidential Enquiry	Directorate and Specialty
National Audit of Continence Care 2009-11	Adult Medicine - Older People / Trust-wide
National Audit of Dementia	Adult Medicine - Older People
National Audit of Falls and Bone Health in Older People	Adult Medicine - Older People
National Audit of Head and Neck Cancer (DAHNO)	Cancer Services
National Audit of Lung Cancer (NCLA) (formerly LUCADA)	Cancer Services / Lung Cancer Multidisciplinary Team
National Comparative Audit of Blood Transfusion: National Comparative Audit of Blood Collection	Blood Transfusion Service / Trust-wide
National Comparative Audit of Blood Transfusion: Use of Red Cells in Neonates and Children	Multi-directorate: Clinical Support Services - Blood Transfusion Service /
National Elective Surgery Patient Reported Outcomes (PROM): Hernia	Surgery - General Surgery
National Elective Surgery Patient Reported Outcomes (PROM): Knee replacement	Surgery - Orthopaedics
National Elective Surgery Patient Reported Outcomes (PROM): Varicose veins	Surgery - Vascular
National Elective Surgery Patient Reported Outcomes (PROM): Hip replacement	Surgery - Orthopaedics
National Hip Fracture Database (NHFD)	Surgery - Orthopaedics
National Joint Registry (NJR): Hip and knee replacements	Surgery - Orthopaedics
National Mastectomy and Breast Reconstruction Audit	Surgery - General Surgery
National Neonatal Audit Programme (NNAP)	Children's Services - Neonatology
National Oesophago-Gastric Cancer Audit	Cancer Services
National Sentinel Audit of Stroke	Adult Medicine - Stroke Services

Clinical Audit / National Confidential Enquiry	Directorate and Specialty
NHS Blood and Transplant: Potential Donor Audit	Anaesthesia, Critical Care and Pain Medicine - Critical Care
Vascular Society of Great Britain and Ireland National Vascular Database (VSSGBI NVD)	Surgery – Vascular
National Confidential Enquiry into Head Injury in Children (CMACE)	Emergency Medicine
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Trust-wide
National Perinatal Mortality Surveillance [Centre for Maternal and Child Enquiries (CMACE), formerly Confidential Enquiry into Maternal and Child Health (CEMACH)]	Women's Health - Maternity / Children's Services - Neonatology

Medway Foundation NHS Trust did not participate in the following clinical audits during 2009/10 due to resource prioritisation

- British Thoracic Society: National Adult Non-Invasive Ventilation (NIV) Audit
- British Thoracic Society: Paediatric Asthma
- British Thoracic Society: Paediatric Pneumonia
- College of Emergency Medicine: Moderate and Severe Asthma 2009
- Heart Failure Audit
- National Diabetes Audit (NDA)
- Trauma Audit and Research Network (TARN): Severe Trauma

However, during this period the Trust participated in the following additional national audits:

Clinical Audit	Directorate
National Diabetes Inpatient Audit of Acute Trusts	Trust-wide
National Heart Rhythm Management	Adult Medicine – Cardiology
National Management of the Open Abdomen	Anaesthesia, Critical Care and Pain Medicine – Critical Care / Surgery
National Surgical Site Infection Surveillance	Surgery

The Trust also demonstrated full commitment to the National Think Glucose Campaign by conducting local audits on hypoglycaemia and subcutaneous insulin prescribing, and carrying out staff and patient experience surveys.

The national clinical audits and national confidential enquiries that Medway NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audit / National Confidential Enquiry	Cases submitted in 2009/10
Adult Cardiac Interventions Audit (percutaneous coronary intervention: PCI) (<i>service commenced 27-Apr-09</i>)	100%
British Thoracic Society: Emergency Oxygen Audit	100%
British Thoracic Society: National Adult Asthma Audit 2009	83%
College of Emergency Medicine: Fractured Neck of Femur 2009	100%
College of Emergency Medicine: Pain in Children 2009	100%
Intensive Care National Audit and Research Centre Case Mix Programme Database (ICNARC CMPD)	100%
Myocardial Ischaemia National Audit Project (MINAP)	100%
National Audit of Continence Care 2009-11	100% urinary incontinence; 0% faecal incontinence
National Comparative Audit of Blood Transfusion: National Comparative Audit of Blood Collection	100%
National Comparative Audit of Blood Transfusion: Use of Red Cells in Neonates and Children	100%
National Elective Surgery Patient Reported Outcomes (PROM): Hernia (<i>target: 80% completion</i>)	81%
National Elective Surgery Patient Reported Outcomes (PROM): Knee replacement (<i>target: 80% completion</i>)	87%
National Elective Surgery Patient Reported Outcomes (PROM): Varicose veins (<i>target: 80% completion</i>)	73%

Clinical Audit / National Confidential Enquiry	Cases submitted in 2009/10
National Elective Surgery Patient Reported Outcomes (PROM): Hip replacement (<i>target: 80% completion</i>)	84%
National Hip Fracture Database (NHFD)	100%
National Joint Registry (NJR): hip and knee replacements	Hip replacements 79% Knee replacements 78%
National Mastectomy and Breast Reconstruction Audit	Data not available
National Neonatal Audit Programme (NNAP)	Full details unavailable; 92% for temperature on admission
NHS Blood and Transplant: Potential Donor Audit	81%
Vascular Society of Great Britain and Ireland National Vascular Database (VSSGBI NVD)	Data not available
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Data not available
National Perinatal Mortality Surveillance [Centre for Maternal and Child Enquiries (CMACE), formerly Confidential Enquiry into Maternal and Child Health (CEMACH)]	Data not available (Jan to Dec 2008: 89%)

The report of one national clinical audit was reviewed by the provider in 2009/10 and Medway NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Clinical Audit / National Confidential Enquiry reviewed by the Trust Board in 2009/10	Actions
Myocardial Ischaemia National Audit Project (MINAP)	Reported monthly to the Trust Board; all targets met; 2009/10 reports show sustained improvement. To continue monthly review.

The reports of two local clinical audits were reviewed by the provider in 2009/10 and Medway NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audit reviewed by the Trust Board in 2009/10	Actions
Consent for elective surgical procedures	<p>Actions (completed December 2009):</p> <ol style="list-style-type: none"> 1. Letter sent to all consultants to ensure that all patients are advised of alternatives to their proposed treatment 2. Where these exist, procedure information sheets given out at outpatient clinics 3. Pre-assessment forms reviewed to ensure adequate documentation of consent process provided 4. Training on consent for all directorates delivered by head of legal services
Patient-centred risk assessment for VTE (venous thromboembolism) on adult medical and surgical inpatients	<p>Actions (ongoing)</p> <ol style="list-style-type: none"> 1. Continued staff training and education of the use of the risk assessment protocol 2. Ongoing staff training on the correct application of mechanical prophylaxis 3. Re-auditing of effective implementation of VTE risk assessment protocol and addressing problems arising

Clinical audit is an essential aspect of the Trust's strategy to improve patient care. The Trust Clinical Audit Strategy was devised to set the direction of clinical audit within the Trust. There is an Audit Leads Committee which reports directly into the Integrated Audit Committee, which is one of the main sub-committees of the Board. The Trust recognises that engagement with clinical audit is a key strand within its governance arrangements which needs to be further developed by improving the systems to monitor outcomes of audit and reporting to the Board. Improving these systems will enable the Trust to determine further the quality of services and outcomes for patients.

Research

The number of patients receiving NHS services provided by Medway NHS Foundation Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 33.

The Trust's research and development manager was appointed in August 2009. The salary paid is: 60% by the Trust and 40% by the Comprehensive Local Research Network (CLRN). Since the appointment the amount of research activity within the Trust has increased considerably. Investment has been made in a research and development office and six working stations set up for the research nurses (mostly employed by the CLRN). The costs were covered by the CLRN.

Since August 2009 there has been 16 research projects opened in total of which 12 were 'portfolio' projects i.e. CLRN supported projects (1 of these was/is a commercial trial). There are 33 projects currently in 'set-up'. Out of these 19 are CLRN supported projects (six commercial) and 13 are non-CLRN (one commercial).

There were 18 amendments approved by the Trust i.e. where the protocol was amended in the course of running a project (these have to be approved by pharmacy, pathology, investigator, costs amended and so on prior to approval by the Trust).

The table below shows Medway NHS Foundation participation in relation to Kent and Medway. Medway is increasing its level of participation in clinical research and is committed to improving the quality of care we offer and to making our contribution to wider health improvement.

Trust Name	2007/08	2008/09	2009/10
Dartford and Gravesham NHS Trust	51	154	1648
East Kent Hospitals NHS Foundation Trust	280	323	730
Eastern And Coastal Kent PCT	99	212	278
Kent And Medway NHS and Social Care Partnership Trust	75	178	119
Maidstone and Tunbridge Wells NHS Trust	360	704	1780
Medway NHS Foundation Trust	53	81	310
Medway PCT	1	46	27
West Kent PCT	48	558	1954

Our goals with our commissioners

A proportion of Medway NHS Foundation Trusts income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Medway NHS Foundation Trust and NHS Medway through the commissioning for quality and innovation payment framework. The total amount of income in 2009/10 which was conditional upon achieving these quality improvement and innovation goals was £886,339 and the actual payment received was £886,339. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the director of nursing and strategic Planning (Jacqueline.mckenna@medway.nhs.uk)

Our response to our regulators

Care Quality Commission (CQC)

Medway NHS Foundation Trusts was required to register with the Care Commission by 31 March 2010 and its current registration status is, as of 1 April 2010, Registered. Medway NHS Foundation Trust had the following conditions on registration:

Regulations 9 and 10

The registered provider must ensure that clinical governance and audit systems, to assess and monitor the quality of services provided, are in place across all services by 30 June 2010. The Trust is confident that this will be achieved by the date set by the CQC.

The registered provider must have an effective system for reporting, investigating and disseminating learning from incidents in place before 1 July 2010. The Trust is confident that this will be achieved by the date set by the CQC.

Regulation 18

The registered provider must have a system for assessing the capacity of patients to consent to treatment, and have trained staff to use this effectively by 1 June 2010. The Trust has ensured that a system is now in place and that staff have been trained to use this system effectively; therefore the Trust applied to have this condition lifted on 1 June 2010.

Regulation 11

The registered provider must ensure that staff who have contact with children or vulnerable adults in the course of their duties have received training in adult safeguarding and child protection before 1 May 2010. The Trust has ensured that that all staff who have contact with children or vulnerable adults in the course of their duties have received training in adult safeguarding and child protection and subsequently made an application to the CQC on 30 April 2010 to have this condition lifted.

The Care Quality Commission has not taken any enforcement action against Medway NHS Foundation Trust during 2009/10.

Medway NHS Foundation Trust was subject to periodic review by the Care Quality Commission and the last review was 2 July 2009. The CQC's assessment of Medway NHS Foundation Trust following that review was that Medway NHS Foundation Trust was not fully compliant with all the core Standards for Better Health. The CQC found that in relation to core standards C2 and C20a the evidence for assurance was not adequate.

Medway NHS Foundation Trust intends to take the following action to address the points made in the CQC's assessments:

- ensure that there is a job description produced for the named doctor for safeguarding children
- increase the uptake of safeguarding children training for relevant staff
- ensure that Equality Impact Assessments are routinely carried out and acted upon
- ensure that staff working in the Accident & Emergency department are familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan and are able to act on the outcome of those enquiries
- ensure that there is a Board level director accountable for fire safety
- ensure that the Trust reports relevant incidents to the Health and Safety Executive
- ensure that a nominated executive director is in place to lead on security management issues and that a non-executive director is designated to support and where appropriate challenge the executive director
- demonstrate that it takes action and makes adjustment against the findings of risk assessments in a timely fashion taking full account of the circumstances of disabled patients, staff and visitors

Medway NHS Foundation Trust had made the following progress by 31 March 2010 in taking such action. A named doctor had been in place although there was no job description at the time of assessment. A job description has now been produced and there are two named doctors.

The Trust invested in increasing the numbers of training staff within the child safeguarding teams meaning that more training is now available and take up of training is more effectively recorded.

The Trust's diversity lead has worked closely with the children and women's directorates and developed action plans to ensure that Equality Impact Assessments are routinely carried out and acted upon. A Safeguarding Strategy Group was established. A key element of that Group was to ensure that a full review of all of the core standards took place to ensure evidence of compliance and ongoing monitoring of the safeguarding standards.

Accountability for fire safety is now explicit in the director of operations' job description and the Trust was able to produce this evidence for the period assessed. A nominated executive director had been in place for security and this is now explicit in the job description. A new non executive director has been designated with responsibility to promote security management work at board level. An action plan is in place and is being led by the director of operations with regard to Disability Risk Assessments.

The Care Quality Commission's Annual Health Check 2008/09 gave the Trust an overall rating of 'fair' for the quality of services, the same as the previous year and 'excellent' for the quality of financial management, an improvement on the previous rating of 'good'.

Data Quality

Medway NHS Foundation Trust submitted records during 2009/10 to the Secondary Users 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 98.4% for admitted patient care, 98.8% for out patient care and 94.6% for accident and emergency care.

The percentage of records in the published data, which included the patients' valid General Medical Practice Code was: 99.8% for admitted patient care; 99.8% for out patient care; and 99.6% for accident and emergency care.

Medway NHS Foundation Trust's score for 2009/10 for Information Quality and Records Management assessed using the information governance toolkit was 66.7%.

Medway NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period, for four specialities, for diagnoses and treatment coding (clinical coding) were:-

Specialty	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
Paediatrics	14%	13.68%	20%	0%
Haematology	2%	21.31%	9.78%	37.1%
Gynaecology	14.29%	12.59%	35.71%	19.35%
Urology	0%	16.07%	-	-

Coding errors by speciality

NB: It should be noted that these results are coding errors and not errors in diagnosis. These should not be extrapolated further than the actual sample audited.


Overall error rates are as follows:

- Primary Diagnoses Incorrect 7.57%
- Secondary Diagnoses Incorrect 13.66%
- Primary Procedures Incorrect 21.83%
- Secondary Procedures Incorrect 19.09%

Part 3

Review of quality performance

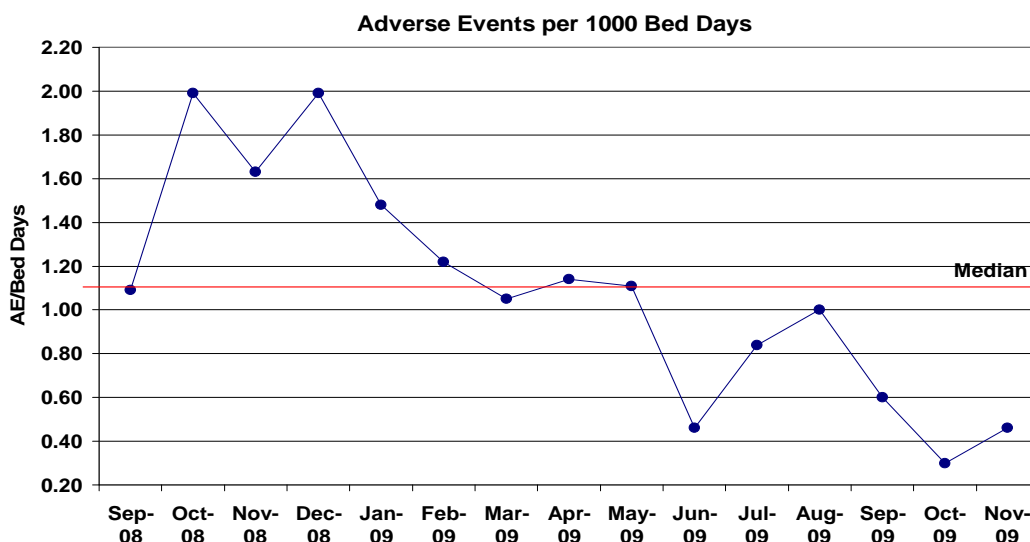
The Trust, with input from governors, identified the priorities for quality measures for 2009/10. These were based on a combination of national targets and regulatory requirements, local targets based on the needs of the local population and specific targets known to improve patient safety derived as part of the Leading Improvements on Patient Safety Programme. The Trust chose to measure its performance against the following selected metrics for 2009/10.

Metric for patient safety	Description	Rationale	Progress to March 2010
	<p>MRSA and C-difficile rates per 1,000 bed days</p>	<p>National and Trust priority and measured by the Care Quality Commission</p>	<p>The Trust continued to make excellent progress in reducing the rates of MRSA and C. difficile and is recognised as the best performing Trust in the South East Coast region in relation to this. However, we are not complacent and infection prevention and control remains a key focus for the Trust.</p> <p>The overarching MRSA acquisition rate per 1,000 days April 2009 – March 2010 was 0.05.</p> <p>For each bacteraemia, a full root cause analysis was undertaken and detailed action plans have been developed and implemented. These have subsequently been challenged at meetings between the directorate management teams and the chief executive, director of nursing and strategic planning, medical director and the director of infection prevention and control.</p> <p>In relation to C.difficile, there has been a continuing downward (improved) trend. The overarching rate per 1,000 bed days from April 2009 – March 2010 was 0.24</p> <p>As with MRSA, a full root cause analysis was undertaken for each acquisition, and</p>

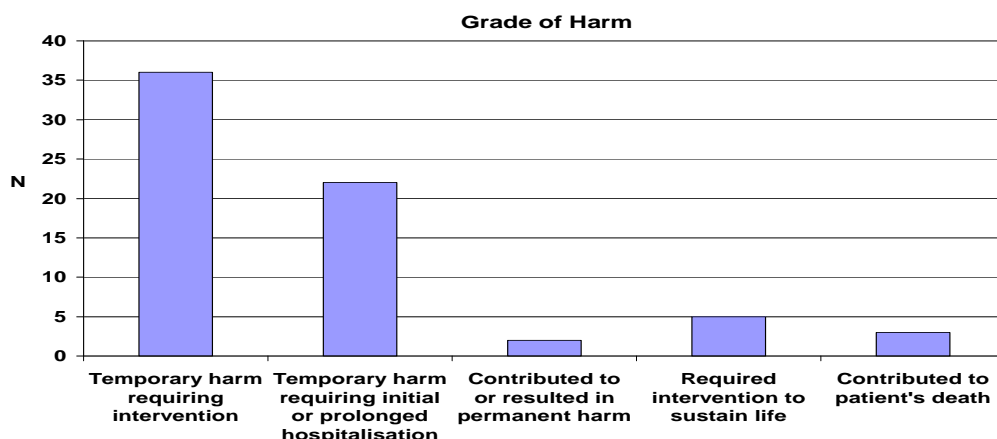
			detailed action plans have been developed and implemented.
Falls in hospital	Number and rate of falls per 1,000 bed days	Trust priority	Monitoring of falls frequency and severity are reported via the IR1 reporting system and through the Nursing and Midwifery Accountability System. A full root cause analysis takes place on all falls resulting in fracture/ head injury. The falls rate to date is 5.33 per 1,000 bed days
Measures of risks of safety failures	Formal process that identifies events that may lead to preventable patient harm	Areas of harm which, if corrected reduces the risk of future events occurring	A random selection of patient stays between September 2008 and November 2009 were assessed using the Global Trigger Tool for evidence of events leading to avoidable harm. The median number of events was 1.09 per 1,000 bed days with a downward trend from December 2008.

Analysis of adverse events occurring in patients using the Global Trigger Tool

A random selection of patient stays between September 2008 and November 2009 were assessed using the Global Trigger Tool for evidence of events leading to avoidable harm. The median number of events was 1.09 per 1,000 bed days with a downward trend from December 2008.



The level of harm sustained during this period was reviewed and the majority of these events resulted in temporary harm.




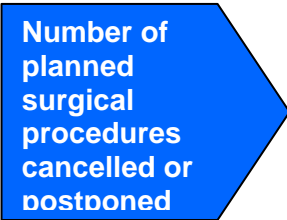


N = Number of incidents

Medway NHS Foundation Trust has introduced a project to prevent patient deterioration to decrease both the amount and severity of adverse events that occur.

Metrics for clinical effectiveness

Metric	Description	Rationale	Progress to March 2010
Hospital mortality rates	Standardised mortality rate Specific rates for Myocardial Infarction (Heart attack), Cerebral Vascular Accident (Stroke) and cancer	Indicates the overall and specific outcome of care at the Trust	The overarching Hospital Standardised Mortality Rate for the period April 2009 – January 2010 is 87.2. Myocardial Infarction – 95.8 Cerebral Vascular Accident – 95.9 Cancer – 119.2
Readmission rates	24 hour and 28 day readmission rates as a % of discharged patients overall and by specialty	Indicates the quality of care provided and effectiveness of discharge planning	For the period April – February 2010 24 hour re-admission rates was 1.09% (national rate = 0.85%) and 7.8% for 28 days (nationally = 6.9%)
	Overall complications following	Provides a measure of the quality of	For the period ending April 2009 – February 2010, the post-operative complication rates have been identified

	surgery	surgery undertaken	as <ul style="list-style-type: none"> • Attributed to the initial surgical procedure = 0.8% • Treated as a consequence of = 1.7%. These are comparable with the national average.
Metric for patient experience	Description	Rationale	Progress to March 2010
	Proportion of patients who would recommend the Trust to a patient or friend	Local satisfaction surveys give more robust feedback than satisfaction with an aspect of the service	Overall, 89% of patients who received care at the hospital during the period April 2009 – March 2010 were satisfied with the level of care that they received and 93.25% of patients reported that they felt that they had been treated with dignity and respect.
	“Did you ever share a sleeping area or bathroom with patients of the opposite sex?” (% of patients who responded “No, never)	Key measure of patient experience and Trust priority	This has been measured in the local patient survey and for the period April – June and July to September - 64% of patients responded ‘no never’. A detailed same sex accommodation action plan was developed and implemented across all adult in-patient wards. For the period October to December this had increased to 84% and 85% in the period January – March 2010.
	Proportion of elective surgery cancelled	Provides a measure of patient experience	Planned surgical procedures cancelled from April – November 2009 had been on average 11 per month (0.65%) and is consistent with that reported in previous years. Due to the inclement weather in December and the high number of patients admitted with fractures, the cancellation of surgical procedures for December rose to 70 in-month (4.76%) which subsequently meant the rate for the year to date rose from 0.65% to 1.10%, making this a red score.

The tables below provide an overview of other areas of quality of performance of Medway NHS Foundation Trust during 2009/10. Each indicator has a 'RAG' (Red, Amber, Green) status shown. Green shows that the Trust met the indicator in full and red shows where the Trust failed to achieve the target. Amber demonstrates that performance was within the agreed threshold.

Cancer waiting times			
Performance Indicator	Target	Score	RAG
All cancers: urgent GP referrals seen within two weeks	>=93%	96%	G
All cancers: one month diagnosis to first definitive treatment	>=96%	99%	G
All cancers: one month decision to treat to start of treatment for subsequent treatment - surgery	>=94%	95%	G
All cancers: one month decision to treat to start of treatment for subsequent treatment - anti cancer drug	>=98%	100%	G
All cancers: two month referral to treatment - standard	>=85%	95%	G
All cancers: two month referral to treatment - screening	>=90%	100%	G
All cancers: two month referral to treatment - consultant upgrade	TBC	100%	G

Cancelled operations			
Performance Indicator	Target	Score	RAG
Cancelled on day of surgery	<1%	1.10%	R
% cancellations not re-admitted within 28 days	<5%	0%	G

Delayed transfers of care			
Performance Indicator	Target	Score	RAG
Delayed transfers of care	<3.5%	2.2%	G

Number of inpatients waiting longer than the standard			
Performance Indicator	Target	Score	RAG
Inpatients waiting >6 months (at each month end)	0	0	G

Number of outpatients waiting longer than the standard			
Performance Indicator	Target	Score	RAG
Outpatients waiting >13 weeks (GP referrals only)	<0.03%	0.006%	G

Thrombolysis - 60 minute call to needle time			
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Performance Indicator	Target	Score	RAG
Thrombolysis - 60 minute call to needle time	>68%	89.7%	G

Total time in A&E: four hours or less			
Performance Indicator	Target	Score	RAG
Total time in A&E four hours or less	98%	98.93%	G

Waiting times for RACPCs			
Performance Indicator	Target	Score	RAG
Waiting time for RACPCs	100%	100%	G

Access to GUM clinics			
Performance Indicator	Target	Score	RAG
Access to GUM clinics	>98%	99.9%	G

Data quality on ethnic group			
Performance Indicator	Target	Score	RAG
Data quality on ethnic group	90%	96.3%	G

MRSA Bacteraemia			
Performance Indicator	Target	Score	RAG
MRSA bacteraemia	<=12	10	G

Clostridium Difficile			
Performance Indicator	Target	Score	RAG
Clostridium Difficile	<=92	45	G

18-Week Referral to Treatment			
Performance Indicator	Target	Score	RAG
18-Week Wait: Admitted patients	>=90%	95.1%	G
18-Week Wait: Non-Admitted patients	>=95%	98.2%	G
18-Week Wait: Direct Access Audiology	>=95%	100%	G

Consultation and engagement

The Trust works with three Overview and Scrutiny Committees and has maintained good working relationships with each of the following: Kent County Council Health Overview and Scrutiny Committee, Medway Council Adult Health and Social Care Overview and Scrutiny Committee, Medway Council Children and Adults Overview and Scrutiny Committee.

In producing this quality account we have invited consultation and comments from our lead commissioning PCT, Medway Council Adult Health and Social Care Overview and Scrutiny Committee, Medway LINK, all senior nurses and consultants who work within the Trust and our governors.

Medway Council Adult Health and Social Care Overview and Scrutiny Committee has taken the position that they will not be commenting on the quality accounts of any providers this year.

The comment received from NHS Medway is as follows:

'NHS Medway had only a limited time to review and comment on the Quality Accounts. That withstanding, we can confirm that we have no reason to believe that the Quality Accounts are not an accurate representation of the activities of the Trust during the year 2009/10.

Specific examples include Medway NHS Foundation Trust's self certification for the elimination of same sex accommodation and a significant amount of work undertaken by the Trust to pursue this goal. The Trust has also fully engaged with the "Enhancing Quality" Programme.

Medway NHS Foundation Trust's data quality in relation to NHS Number and General Medical Practice Code is rated in accordance with the figures in the Quality Accounts. The Trust consistently achieves levels of data completeness in this area in excess of the national average.

The Trust's validated compliance level across all criteria of the Information Governance Toolkit is 75%.'

We also received comments from our Local Involvement Networks (LINKs):

The Medway LINK would like to thank Medway NHS Foundation Trust for the opportunity to comment on their Quality Account. The LINK has assembled information from a range of sources to inform its response using qualitative and quantitative data and academic input from the Centre for Health and Social Care Research at Canterbury Christ Church University.

This comment is split into the four areas that the Quality Account is intended to do.

Aiding public understanding

It is felt that the introductory statement from the Chief Executive is clear, positive and forward thinking and that the general public will be able to understand the content. The document does however contain some management jargon, unexplained acronyms and tables of statistics that the general public may struggle to comprehend. There is important information missing throughout the document and a lack of explanation regarding the data, its relevance to patients and how it will impact on quality of care.

Many of the graphs appear to contain meaningless data that is unconnected to quality. For example, the table on page 19 about 'Grade of Harm' does not explain to the reader what has been achieved and could therefore be perceived as alarming. The tables and statistics could be explained in more detail and may be better placed in appendices rather than in the body of the report.

There is a lack of flow and structure to the document, such as explaining where the Trust started; what they have done to make improvements and what they are focusing on in the coming year. There is therefore a strong sense that the Trust is not selling themselves as effectively as they could do, by failing to fully explain areas such as consultation and engagement which the Trust is regarded by the LINK as being good at.

Improvements made

The Quality Account does not specify the Trust's targets for 2009 / 10 under each national priority area, and where it makes claims for improvement it does not provide evidence for these. For example, the Trust claims to have the best rates for MRSA in the south east, yet the graph on page 18 indicates an increase in cases without any explanation of why this might have occurred.

Targets for improvement are unclear and not meaningful with no suitable baselines provided and a general lack of context. It is therefore difficult for the reader to judge whether improvements have been made.

There are some discrepancies, for example the patient recommendation metric on page 20 where the description does not match the progress. However, the actual narrative on progress is clear and meaningful, providing percentages which make the data easier to understand.

Priorities for 2010 / 11

It is unclear as to how and why the priorities were decided, for example why uptake on breastfeeding was chosen as a local priority in order to improve clinical effectiveness. Targets are vague with no measurable targets or baselines set out which makes it difficult to ascertain whether the Trust will achieve what it has set out to do.

Who has been involved in the preparation of the Quality Account

The Trust is known to be good at engaging with patients and involving stakeholders. It claims to have done so regarding their Quality Account. However, there is very little evidence provided that this has taken place.

The issues set out do not seem to be representing public thinking. Feedback from interviews and Focus Groups suggested that areas for focus should be; better general communication (between departments / Trusts as well as to patients), better treatment for the elderly and improved administrative procedures.

There was a lot of positive feedback about the Trusts performance and many interviewees commented that the Trust and services it provides had improved immensely. It is felt that the Trust has not used this opportunity to highlight these within their Quality Account – an opportunity missed.

Closing comments from our chairman

Providing high quality patient care and ensuring we provide the services that our local communities need are at the core of everything we do here at Medway. As we enter our third year as a Foundation Trust, working with our governors, we will look to find new ways of engaging with our patients and local communities to find out how we can become more responsive to their needs. Demands and expectations of NHS services are forever growing and we are continuously exploring new and innovative ways of working to ensure we provide high quality, safe care, at a time and place that is convenient for our patients. We are committed to meeting the expectations of our patients and with a strong Trust Board, effective clinical leadership and the enthusiastic support of our governors, members, staff and volunteers I know the Trust will continue to improve and achieve its ambitions.

A handwritten signature in black ink, appearing to be 'VH', with a long horizontal stroke extending to the right.

Vernon Hull
Chairman
1 June 2010