

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

Report to: Trust Board

Date: 8th February 2010

Subject	Quality Accounts
Report By	Director of Nursing
Author	Deputy Director of Nursing

Purpose of Report

To present the proposed content of the Trust's Quality Accounts for 2009 / 2010

Implications

Financial	There will be costs associated with the publication and distribution of the Quality Accounts
Human Resources	
Healthcare	
Policy	The publishing of Quality Accounts is a statutory requirement
Standards for Better Health	
Detail	

Recommendation(s)

The Trust Board endorses the proposed content of the Quality Accounts

Royal Wolverhampton NHS Trust

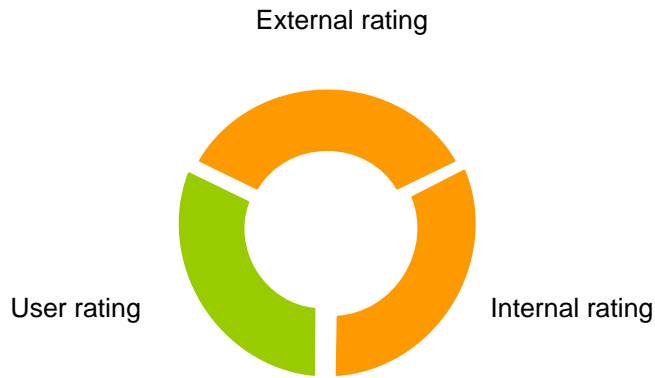
Quality Accounts 2009 / 2010 proposals

1. Introduction

- 1.1 High Quality Care for All proposed that all providers of NHS care should produce Quality Accounts to provide the public with information on the quality of care they provide. The Department of Health has introduced legislation and RWHT will publish its first statutory Quality Accounts in June 2010.
- 1.2 The quality reporting process requires boards to outline the quality of the services their organisations offer, their priorities for improvement, the actions they intend to take to secure these improvements, and finally to make this information available to the public. Boards needed to take account of the views of their local communities and ensure that their Quality Reports are accessible and informative. Last November public and stakeholder events were held to seek their views on the development of the Quality Report 09/10 for RWHT.
- 1.3 The content and format of Quality Accounts will continue to evolve and in future years there may be fewer choices about what to include. This report provides proposals for RWHT Quality Report for 09/10 and in doing so tries to strike a balance between national and regional expectations, what matters to local people and stakeholders, and reporting on quality indicators that enable comparison with others.

2. Proposals

- 2.1 The Trust publication should be titled :
Quality Report: *Helping you to hold us to account for the quality of our services.*
The public do not like or understand the term Quality Accounts.
- 2.2 All narrative will be in plain English and large font. Any graphs or charts will be easy to understand and clearly labelled. All data presented will have supporting narrative to provide explanation and / or context. Public and stakeholders are keen to see users' quotes where possible to support the data presented. They also ask that the Trust is open and honest about its achievements, failures and lessons learned.
- 2.3 Where possible a 3-way rating will be provided for each subject area using a 'red, amber, green' rating (example below) :



2.4 Content proposals below identify –

- The order of the content
- Those areas or measures deemed important by the public and stakeholders (denoted with a 'P')
- Detail of the measure / indicator where relevant
- Where information is required to provide an update from last year's Quality Accounts (✓)

	Content (all will include some narrative)	P	Last year
1	Trust's vision & values in brief		✓
2	CEO and Chairman statement - improvement priorities and how the Board has assured itself on matters of quality		✓
3	A description of how we have decided what to include and how we took into account the views of our stakeholders		✓
4	A summary page of all the enclosed indicators	P	✓
5	CQC registration status. External quality validation summary including NHSLA, National Patient Survey results and CQUINs		✓
6	Patient Safety		
a	HSMR		✓
b	Preventing Harm Campaign including:		
i	Infection prevention - Rate and number of MRSA bacteraemia (per 1000 bed days) and C.difficile(per 1000 admissions)	P	✓
ii	Peri-operative care - % patients for whom the WHO surgical safety checklist is used (March 2010)		
iii	Venous Thrombo-embolism - % of patients receiving appropriate treatment (run chart over time)		
iv	Falls prevention - Rate of falls per 1000 occupied bed days for 09/10		✓

v	Recognising the deteriorating patient - % patients' observation charts fully complete (run chart over time)		
vi	Critical Care - Number of days between Ventilator Associated Pneumonia and number of days between central line infections (presented as a calendar)	P	
vii	High risk medicines - text only		
viii	Safety walkabouts (number)		
7	Effectiveness		
a	A&E 4 hour wait (% achievement for 09/10)		✓
b	18 week performance (% achievement for 09/10)	P	
c	Choose and Book availability (Ratio of requests for appointments to availability of appointments for 09/10)		
d	Cancer waits - (31 day wait from diagnosis to 1st treatment, 62 day target from GP referral to 1st treatment and 2 week target from GP referral to first consultation - all % compliance for 09/10)		
e	Cancelled operations (number in the year)	P	✓
f	Delayed transfers of care (number per quarter)	P	
g	Productive Ward (Time released to care)		✓
8	Patient Experience		
a	The care environment including:	P	
i	PEAT rating		✓
ii	Cleaning audit results (average % for very high risk, high risk and significant risk areas for 09/10)	P	
iii	Delivering single sex accommodation (text only)	P	
iv	Privacy and dignity (% patients who feel they were treated with privacy and dignity)	P	✓
v	Update on refurbishments		✓
b	Focus on food including:	P	
i	Catering strategy update		
ii	Protected mealtimes progress	P	
c	Dementia project (text only)		
d	Chaplaincy update including multi-faith centre		✓
e	Patient survey data:% patients who rated care received as good or above	P	✓
f	Complaints and PALS - rate per 1000 admissions	P	
9	Our people		
a	Staff satisfaction results (awaiting detail of presentation)		
b	Appraisal rates (% staff appraised in last 12 and 24 months)		
c	Basic Life Support training rates (% required staff trained in last 12 and 24 months)	P	
d	Hand Hygiene training rates (% staff trained in last 12 and 24 months)	P	
e	Clinical staff vacancies (quarterly compared with previous year)	P	

f	Funded wte doctors, nurses, midwives and AHPs per 1000 bed days (presented for the months of June, Sept, Dec and March seperately for each group)	P	
g	Update on the membership		✓
h	Awards and accolades (text only)		
10	Focus on services		
a	Palliative Care		
b	Hip fracture pathway (Time from admission to surgery)		✓
c	Stroke services update (30 day stroke mortality rate as a %)		✓
d	Maternity services update		✓

3. Summary and next steps

- 3.1 The proposals for the content of the Trust's Quality Accounts or Quality Report 09 /10 constitute a significant increase in the amount of information published last year; however this is in response to national, regional and local priorities.
- 3.2 The Department of Health requires the commissioning PCT for a provider to corroborate their Quality Account and provide a supporting statement. Providers are also required to offer the appropriate Local Involvement Networks (LINKs) and local authority Overview and Scrutiny Committee (OSC) the opportunity to review and supply a statement for inclusion in the publication.
- 3.3 In order for this to be achieved before publication is due in June, it is proposed that the Trust Board receive the final Quality Report for approval on May 10th 2010.