



## A Summary of the 2011/12 Quality Account

Living our values *everyday*



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## 1. Statement from the Chief Executive



I am delighted to introduce you to the Trust's third annual Quality Account. The Quality Account provides information on quality achievements in the last year and identifies our quality priorities for the year ahead.

Here at Kingston we provide a full range of diagnostic and treatment services to the 320,000 people living in South West London and North Surrey who use our Hospital. Kingston is a popular local Hospital and we continue to develop our services to be responsive to the needs of our local population.

The Quality Account talks openly about the care we provide. It describes what we do well and also where we need to do more.

Areas of significant improvement in the last year include:

- Reducing falls by almost half;
- Reducing the occurrence of pressure ulcers;
- Improving the assessment of patients at risk of developing blood clots; and,
- Reducing re-admissions back into Hospital after emergency treatment.

We also lowered our rate of re-admission following planned treatment, but not as much as we had hoped. Nor did we reach our target for improving the care of patients with dementia. So, we have put in place plans to improve this in the coming year.

After an extensive consultation process, the Trust has set three priorities for 2012-13 which are:

- Recognising when a patient's condition is deteriorating and take swift clinical action.
- Ensuring we maintain consistently high standards of care out of hours, such as evenings and weekends when there are fewer staff on duty.
- Improving communication with our patients.

I hope you find this short summary version of our full Quality Account useful and easy to read. We do have a fuller version if you want more detail. You can get a copy from our Communications Department on 020 8934 3613.

Based on the feedback we have received, we have created an easy read version of the Quality Account. Please let us know what you think of this summary by contacting the Kingston Hospital Communications team at: [comms@kingstonhospital.nhs.uk](mailto:comms@kingstonhospital.nhs.uk) or in writing to our Communications Team at: Kingston Hospital NHS Trust, Galsworthy Road, Kingston upon Thames, Surrey, KT2 7QB.

With very best wishes,

A handwritten signature in black ink that reads "Kate Grimes".

**Kate Grimes, Chief Executive**

## 2. Looking back at 2011-12

At Kingston Hospital we strive to ensure that the care we provide is amongst the best in a district general Hospital anywhere in the country.

Performance against our priorities for 2011-12 can be summarised as follows:

PATIENT SAFETY		Achievement	
Priority One	To reduce patient falls to less than the 4.8 falls per 1,000 bed days National Patient Safety Agency benchmark, by March 2012	<ul style="list-style-type: none"> <li>46% reduction in inpatient falls (935 to 502)</li> <li>Average of 3.5 falls per 1,000 bed days over 2011-12</li> </ul>	✓
Priority Two	To reduce the number of hospital acquired grade 2 pressure ulcers from the baseline 2010-11 figure by 30% (43 grade 2 pressure ulcers) by March 2012	<ul style="list-style-type: none"> <li>39% reduction in grade 2 ulcers (142 to 86)</li> </ul>	✓
	To reduce the number of hospital acquired grade 3 and 4 pressure ulcers by 70% (16 patients) by 30 March 2012	<ul style="list-style-type: none"> <li>52% reduction in grade 3 &amp; 4 ulcers (23 to 11)</li> </ul>	=
Priority Three	To meet the 95% risk assessment target set last year	<ul style="list-style-type: none"> <li>91.9% of patients assessed in March 2012 (above CQUIN and contractual level)</li> </ul>	=
CLINICAL EFFECTIVENESS		Achievement	
Priority Four	To reduce the pain patients feel after operations	<ul style="list-style-type: none"> <li>Now &gt;80% of patients assessed</li> <li>Standardisation of documentation</li> <li>Pain Link Nurse programme introduced</li> <li>Groups were invited to trial new forms</li> </ul>	✓
Priority Five	To eliminate emergency readmissions occurring within 30 days of discharge following an elective admission	<ul style="list-style-type: none"> <li>Emergency post elective readmissions reduced to 1.8% in March 2012 from 2.2% in April 2011</li> </ul>	✗
	To reduce all other readmissions within 30 days of discharge	<ul style="list-style-type: none"> <li>Emergency post emergency readmissions reduced to 9.9% in March 2012 from 10.6% in April 2011</li> </ul>	✓
Priority Six	To improve the care to our patients who suffer from dementia	<ul style="list-style-type: none"> <li>Increased education of junior doctors</li> <li>81% of patients aged 65 and over had memory assessment</li> </ul>	✗
PATIENT EXPERIENCE		Achievement	
Priority Seven	To ensure that we listen to you and address your concerns and improve the way we communicate with you	<ul style="list-style-type: none"> <li>Delivered all objectives in plan</li> <li>Defined the trust's values, held listening events for patients, attitude and communication related complaints reduced</li> </ul>	✓

= means that we have made some improvements but could do better.

### 3. Care Quality Commission (CQC) Inspections

We are registered with an organisation called the Care Quality Commission (CQC) - every Hospital has to be. This means that we are doing everything we should to keep patients safe and to provide good care.

The CQC carries out regular checks to make sure that Hospitals are meeting important government standards. Over the past year (2011-12), there have been three reviews and investigations into the care we provide. This is how we did.

#### Full Unannounced Inspection:

A full unannounced inspection was carried out in November 2011 and the Trust met 100% of the 16 standards that the government says patients have the right to expect.

After speaking with patients, staff and stakeholders and observing the running of the Hospital for two days, 14 inspectors agreed that Kingston Hospital met all essential standards including:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Quality and suitability of management; and
- Staffing.

This shows that we are continuously working to provide patients with high quality services and that patients treated at our Hospital receive safe and the right care that meets their needs.

#### Inspection into Elderly Care:

Following an unannounced inspection into how we treat our elderly patients in October 2011, as part of a national review we were named as one of only 45 Trusts, out of 100 inspected that were deemed fully compliant and met two key standards relating to elderly care:

- Standard one: privacy and dignity – respecting and involving people who use services; and,
- Standard five: nutrition – respecting and involving people who use services and meeting the nutritional needs of patients.

During their spot check, the Care Quality Commission inspected two of the Trust's medical wards and found that the patients were treated with kindness and respect, and that their privacy was maintained.

The Trust was also commended on the interaction with patients during mealtimes; the help offered to patients who were unable to eat their meals by themselves and the quality of the food they were given.

## Inspection of Termination of Pregnancy Regulations:

In March 2012, we had an unannounced visit from the CQC to investigate if we were compliant with Termination of Pregnancy regulations as part of a national review ordered by the Secretary of State, Andrew Lansley. The inspector reviewed a sample of patient notes and spoke to staff about the Trust's processes. Verbal feedback was received by the Chief Executive, Medical Director and Director of Nursing & Patient Experience on the day of the visit. We recently received the final version of their report and the Trust was found to be fully compliant with the standards required.

## 4. Our Priorities for Improvement in 2012-13

After detailed discussions and consultation with our patients, staff and partner organisations, we have decided to focus on three areas.

- Patient Safety;
- Effectiveness of Care;
- Patient Experience.

On deciding the priorities for 2012-13, we looked at whether any of the priorities from last year (2011-12) should be taken forward. We have made real progress in a number of areas, such as reducing falls, reducing grade 2 pressure ulcers, providing better pain control and reducing emergency readmissions, and will work to ensure that the achievements are kept up and monitored. The areas where we did not do as well as we had hoped, such as Dementia and these will be taken forward through other pieces of work.

Therefore, after careful consideration and discussion (see section 5) we have selected three new priorities for 2012-13:

- **Patient Safety** - Recognising when a patient's condition is deteriorating and taking swift clinical action.
- **Clinical Effectiveness** - Ensuring we maintain consistently high standards of care out of hours, such as evenings and weekends when there are fewer staff on duty.
- **Patient Experience** - Improving communication with our patients.

## 5. Who we involved in agreeing our priorities for 2012-13

We involved our patients, staff and partner organisations, such as the local *Links* and *Healthwatch* groups, to find out from them what they thought we should focus on. This included four stages:

### **Stage One**

An editorial board, with representatives from across various Hospital Departments was set up to put together a work plan to produce this year's Quality Account. They looked at information on our current performance and came up with a suggested list of priorities.

### **Stage Two**

This list of priorities was discussed with the LINK chairs and Trust Executive Management Team in January 2012. The Nursing and Midwifery Advisory Committee and other groups of staff were also asked for their views.

### **Stage Three**

The focus within each of the three quality areas was discussed and used to inform and shape our priorities for 2012-13.

### **Stage Four**

We met regularly with patient representatives, including HealthWatch Kingston Pathfinder and Richmond upon Thames LINK, as well as our public members and members of the Patient Assembly. An online survey was also carried out where we asked all of these people, including staff what they thought our priorities should be.

Members of the Trust's management team also went to council meetings to ensure that councillors representing local people were able to feed back their views.

## 6. Our Priorities for the Year Ahead Explained (2012/13)

### **Priority 1 - Patient Safety: Recognise when a patient's condition is deteriorating and take swift clinical action.**

#### **Why did we choose this?**

We know we need to do better in how we record patient observations (such as blood pressure, temperature etc.) and in particular how well we record the information so that it is completed regularly and on time. We also need to improve how quickly we take action when intensive or urgent care is needed if a patient's condition worsens.

#### **How have we performed to-date?**

Currently, we perform well in many of the patient safety measures, such as the Hospital Standard Mortality Rate (HSMR). We have a very low mortality rate, which means that out of 100 people expected to die in our Hospital, currently only 82 do. This equates to 172 fewer deaths than expected for the year.

We also use observation charts to help us track and keep a close eye on a patient's condition. We have made improvements in this area, but not on a regular enough or consistent basis.

#### **What are we going to do?**

- During the year, we will look at those patients who are admitted to the Intensive Care Unit, as well as those patients who have cardiac arrests in the Hospital to see how well we document information and manage their care. This information will identify any improvements that need to be taken.
- At the end of the year we expect to be able show that the number of incidents where observations were not acted upon, have reduced.

#### **How will we measure progress?**

- The Standardised Hospital Mortality Indicator (SHMI) this explains our mortality (death) rate;
- Relevant Patient Safety Indicators – such as levels of pressure ulcers, or serious incidents;
- The number of times when a patient's condition has deteriorated and appropriate action was not taken.

## **Priority 2 - Clinical Effectiveness: Reduction in variations in care out of hours.**

### **Why did we choose this?**

All patients should receive the same high quality care, whatever time of day or night they are admitted to Hospital or need treatment. We already have a “Hospital at Night” team which co-ordinates shift handover at the beginning and end of each day. Although this team is in place, there is still more to be done. For example, we need to ensure that we have the right number of staff, with the right mix of skills and experience in place in the Hospital at night time.

### **How have we performed to-date?**

It has been reported in the media recently that in some Hospitals, patients who are admitted as an emergency at weekends are significantly more likely to die than if they were admitted during the week. This doesn't happen at Kingston; the day people were admitted to the Hospital made no difference, as we have very low mortality rates irrespective of when people were admitted, making us one of the best performers in London.

However, throughout the last year we have been working to improve care in the Hospital 24/7. We have introduced a number of projects which have improved how we work together in teams across a 24 hour period.

- The Medical Assessment Centre (where patients who come into Hospital via A&E and need care and treatment, but not admitting to Hospital) has been relocated to a more suitable environment in the Kingston Surgical Centre and renamed as the Acute Assessment Unit (AAU).
- This has led to improvements such as reducing how long patients stay in Hospital and how easily staff can transfer patients between A&E and the AAU.
- Senior clinical staff are now more involved in decision making about patient care at an early stage and have better access to the necessary diagnostic services (scans etc) to make sure that length of stay, complication rates and re-admissions are low and within best practice guidelines.

The result of all this is a reduction in the overall mortality rate, a reduction in how long patients are in Hospital (length of stay) and a reduction in the numbers of patients being re-admitted back into Hospital as an ‘emergency’ shortly after they were allowed home (emergency re-admission).

## **Priority 2 (Continued) - Clinical Effectiveness: Reduction in variations in care out of hours.**

### **What are we going to do?**

- We will continue to introduce changes that will see consultant led patient care in emergency situations and during an extended working day. The work we have done so far has helped with clinical review of inpatient care and planning for patients to go home (discharge).
- During the year, we will collect and look at data on the patients who were cared for out of hours, including the end results (outcomes) for these patients, compared to those who are admitted or discharged during weekdays.
- At the end of the year we expect to show that the care for patients across the 24 hour, 7 day period is consistent and that there have been reductions in the differences in the end results (outcomes) for these patients.

### **How will we measure progress?**

- We will continue to review mortality rates, lengths of stay and emergency re-admission rates.
- We will keep a close eye on any differences in patient care at weekends and weekdays to ensure that the good performance continues.
- We will look at how well 'handover' (communication of patient details/diagnosis/clinical tasks required) is carried out, along with how useful our staff think handover is, will help to identify areas for improvement.

## **Priority 3 - Patient Experience: Improving communication with our patients**

### **Why did we choose this?**

Our main partners are our patients, their carers, relatives and friends. Alongside them, we often work with social care organisations to support patients' well-being.

Involving patients and carers in discussions about medication, and ensuring that decisions about their treatment are shared, can improve both the management of their condition and also improve their experience of Hospital.

### **How have we performed to-date?**

The results of national patient surveys for both our inpatients and outpatients have not shown improvement in these areas over recent years. There have been reductions in the absolute number of complaints about attitude and communication, but we know we need to do better.

Specific areas where patients tell us that improvements need to be made include:

- involvement in decisions about treatment and going home (discharge);
- knowing who to contact if they are worried;
- understanding the purpose and side effects of medicines; and,
- being told if there are likely to be any delays to their appointments or their care.

We have recently put in place a new patient feedback system called the 'friends and family' test. Patients complete a comment card about the service they have just received. It asks them one question; would they would recommend the Hospital to a friend or family member.

### **What are we going to do?**

- We will ask patients what they think using lots of methods, including the 'friends and family' test. Any issues identified will be used to develop a series of actions and to identify the ways we can improve our performance.
- At the end of the year, we would expect to show that patients feel that communication has improved in outpatient and inpatient areas.

### **How will we measure progress?**

- As part of the national inpatient survey there are a number of questions which ask about different elements of patient experience in Hospital. We will use answers to these questions to help us measure how we are doing.
- Data and feedback from the 'friends and family' test will be gathered at ward and department level. We will look at the responses we get from patients to make sure that we are improving patient experience.
- We will also carry out our own local survey of Outpatients.

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For a copy of the full Quality Account, please contact the Communications Team on 020 8934 3613 or email: [comms@kingstonhospital.nhs.uk](mailto:comms@kingstonhospital.nhs.uk)

**Kingston Hospital NHS Trust**  
**Galsworthy Road**  
**Kingston upon Thames**  
**Surrey**  
**KT2 7QB**

T: 020 8546 7711

E: [enquiries@kingstonhospital.nhs.uk](mailto:enquiries@kingstonhospital.nhs.uk)



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