Epsom and St Helier University Hospitals NHS Trust

Quality Account

2013-2014

About this document

What are Quality Accounts and why are they important?

Quality Accounts are annual reports to the public about the quality of services that providers of healthcare deliver and their plans for improvement. The purpose of our Quality Account is to:

- assure patients and their carers of our commitment to delivering quality services – focussing on those that need most attention.
- report to the public on the progress we have made in the priorities we have set.
- look forward and explain to the public the priorities that we have identified for improvement over the coming year.

Quality embraces three important areas:

- patient safety;
- patient outcomes; and
- patient experience.

Our Quality Account contains information about the quality of our services, the improvements we have made during 2013-14 and sets out our key priorities for next year (2014-15). This report also includes feedback from our patients and commissioners (the NHS organisations who buy our services) on how well they think we are doing.

Foreword from the Chief Executive

Welcome to Epsom and St Helier University Hospitals NHS Trust's fifth Quality Account. This report outlines our approach to improving the quality of the service we provide to patients, the progress we have made during 2013-14 and our plans for the forthcoming year.

During the year, we marked a number of important achievements that showcase our high level of compassionate care, our commitment to investing in our hospitals and our continued planning for the future of our hospitals.

These achievements included being given the lowest possible risk rating by the Government's health watchdog the Care Quality Commission (CQC), and an authoritative survey of maternity services showing that women having babies at both Epsom and St Helier hospitals are very happy with the care they receive.

We invested more than £9 million in improving our hospital buildings and facilities, with an additional £5.5 million provided by the Department of Health to improve our A&E and urgent care centre at St Helier.

It was also a year for reflection. Following the publication of the Francis report, which looked into failings at Mid-Staffordshire Hospital, we launched a number of listening events to make sure that we are hearing what our patients, staff and visitors think about what we do well, and where we need to improve. As part of that, we launched the 'My Patient Pledge' campaign – an initiative that saw a high number of our staff vow to make one change (big or small) for the benefit of our patients.

As part of our drive to be open and transparent, we launched an online tool that makes it easier than ever before to see how well we are performing against a number of different standards – from our results in the Friends and Family test (where patients tell us if they rate us highly enough to recommend our hospitals to their loved ones), to our latest performance in routine CQC inspections. Find out more at www.epsom-sthelier.nhs.uk/compare.

Keeping our patients safe

We also saw the publication of the independent Dr Foster Hospital Guide, which named our hospitals as one of just 29 hospital trusts (out of 143) where the number of patients who die is significantly lower than expected.

The hospital standardised mortality ratio (HSMR) is an indicator of whether the death rate at a hospital is higher or lower than you would expect. It looks at the majority of activity in a hospital where risk of death is significant, and compares how many people would be expected to die with the actual rate of death.

Importantly, our HSMR data also shows that there is no significant difference in our mortality rates for patients admitted at the weekend or on and weekdays. This is thanks to our commitment to providing a high level of care, seven days a week.

The report also showed that we perform well in ensuring that patients who have broken a hip (also known as a broken neck of femur) receive surgery without delay. This followed a report from the National Hip Fracture Database which showed we are providing elderly patients with the best care in the country.

I am also pleased to report that our performance against the Government's key healthcare standards, including the time patients have to wait for operations, is strong and I am confident

that we will continue to meet the vast majority of the targets they set. You can find out more about these measurements, and how we score against them at: www.epsom-sthelier.nhs.uk/performance.

Improving finances

In the past three years, we have made significant strides forward in bringing down our deficit. I am pleased to say that, with concerted effort from our clinical, operational and corporate teams, we ended the year, as forecast, with a financial deficit of £7.4 million.

This is - in the main - thanks to improvements in the efficiency of our services, minimising waste and ensuring we secure the best deals when buying new equipment and supplies.

However, we have also undertaken a project to relocate the services at Sutton Hospital to our two main sites. By doing so, we will save over £3 million each year, which will help us to balance our books.

Meeting the Government's healthcare standards, combined with our good patient feedback, low mortality rates and our reduced deficit, are great news and are testament to the hard work of our staff and volunteers.

Our long term future

We have spent much of the year in discussions about the long term future of our hospitals, including working closely with the *Better Services Better Value* review.

Towards the end of the financial year, the six clinical commissioning groups in south west London announced that they will now focus on developing a five year strategy for healthcare in the region, rather than continuing with the *Better Services Better Value* review.

We recognise that there is still a large amount of work to do and the way services are provided will need to adapt and change (such as the relocation of services from Sutton Hospital). We are absolutely committed to working with our clinical commissioning groups in further improving healthcare in the region.

We agree with the case for change as set out in NHS England's *A Call to Action* and recognise that if we work together we can build on the improvements we have already made and continue to improve quality and safety standards for local people. We know that we have an important and credible role to play in delivering high quality care and services in Sutton, Merton and Surrey and beyond.

We have made great strides forward in improving the service we provide in recent years, consistently meeting standards for A&E waiting times, mortality rates and the time it takes to provide appointments and procedures for patients. We also perform well in national surveys and inspections conducted by the health watchdog the Care Quality Commission, and work hard to provide compassionate care to every patient, every day.

Just like all other NHS trusts across the country, we are developing a business plan for the future of our hospitals and services (including long-term financial modelling), which provides details of how we will continue to provide high quality care in an affordable, efficient way.

Over recent years, we have successfully improved our finances and we plan to break-even by the end of next year. We will continue to work with our local partners and the NHS Trust

Development Authority (the organisation that oversees non-foundation trusts) to ensure that the services we provide are clinically and financially sustainable.
As always, we would like to reassure patients that, during this time of planning and approval, our priority will remain – as it always has – to provide high quality, compassionate, care to every patient, every day.

These highlights are of course only a fraction of the things we have celebrated and been involved in during 2013-14 and there will undoubtedly be many more in 2014-15.

I hope you find this report interesting and informative. Moreover, I hope you find it reassuring evidence that we are committed to ensuring our patients receive the very best, very safest, care.

Kind regards,

Chrisha Alagaratnam
Interim Chief Executive

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About the Trust

We offer a range of services to the people of southwest London and northeast Surrey, including Sutton, Merton and Epsom.

Our two main acute hospitals are:

Epsom General Hospital

Epsom General Hospital serves the southern part of the catchment area and provides an extensive range of inpatient, day and outpatient services. It has an accident and emergency (A&E) service, and undertakes the majority of our elective inpatient surgery activity (except for invasive cardiology procedures, which are carried out at St Peter's Hospital in Chertsey, St George's Hospital in Tooting and the Royal Brompton Hospital).

There is also an extensive range of diagnostic and supporting services, including pathology, radiology (including CT, MRI and ultrasound) and vascular diagnostic services, and a busy modern, newly refurbished purpose-built day care and day surgery unit.

We also run the world-renowned Elective Orthopaedic Centre (EOC) in conjunction with neighboring Trusts on a partnership basis from the hospital. The EOC is now the largest hip and knee replacement centre in the UK and one of the largest in Europe.

St Helier Hospital

St Helier Hospital is our largest site, providing services to a catchment area of south west London, including Sutton and Merton. The hospital has a comprehensive range of diagnostic facilities within pathology and radiology (including MRI and CT scanning, ultrasound and vascular diagnostic services), an A&E department, an urgent care centre and a range of outpatient facilities. It also undertakes all of our emergency surgery.

St Helier Hospital is also home to the South West Thames Renal and Transplantation Unit that provides acute renal care and dialysis and is integrated with the St George's Hospital transplantation programme.

Queen Mary's Hospital for Children

This is our dedicated children's hospital, and is located on the St Helier site. It includes inpatient paediatric beds, paediatric outpatient services and a dedicated paediatric day surgery unit.

We also provide services from:

Sutton Hospital and the Jubilee Health Centre.

For more information about the Trust, our sites and the services we offer, visit www.epsom-sthelier.nhs.uk

Our priorities

Improving the quality and safety of services to patients is at the centre of everything we do. We strive to continually improve the effectiveness, efficiency and accessibility of our services, to be the first choice for patients.

In this section of the Quality Account we describe our achievements against each of the key priorities we set ourselves in 2013-14 and our plans for further improvement in 2014-15.

Last year we set ourselves seven priorities under the following headings:

Patient safety:

Priority 1 - To reduce the number of healthcare associated Clostridium difficile *(C. difficile)* infections to no more than 47 cases.

Priority 2 - To reduce the number of healthcare associated Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.

Priority 3 - To reduce the number of patient falls that result in harm

Patient outcomes:

Priority 4 - To reduce clinically unexpected re-admissions through review and redesign of patient pathways.

Priority 5 - To improve our communication on discharge ensuring discharge summaries, including clinical information about a patient's treatment and care, are completed and shared in a timely way.

Patient experience:

Priority 6 - Demonstrating continuous improvement in our patient experience through the 'Friends and Family test'.

Priority 7 - To improve the awareness and diagnosis of dementia, using risk assessment, in the acute hospital setting.

Having reviewed our progress in achieving our 2013-14 priorities and, following a process of engagement our priorities for 2014-15 are described as follows:

Patient safety:

Priority 1 - To reduce the number of healthcare associated Clostridium difficile *(C. difficile)* infections to no more than 40 cases.

Priority 2 - To reduce the number of healthcare associated Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.

Priority 3 - To reduce avoidable harm

Patient outcomes:

Priority 4 - To ensure compliance against statutory and mandatory training requirements and staff appraisal.

Priority 5 - To reduce clinically unexpected re-admissions through review and redesign of patient pathways.

Priority 6 - To improve discharge processes.

Patient experience:

Priority 7 - Demonstrating continuous improvement in our patient experience through the 'Friends and Family test'.

Priority 8 - To improve the awareness and diagnosis of dementia, using risk assessment, in the acute hospital setting.

Looking back - our priorities for improvement in 2013-14

Improving patient safety

Priority 1 -To reduce the number of healthcare associated Clostridium difficile (*C.difficile)* infections to no more than 47 cases.

Why was this chosen as a priority?

Whilst Clostridium difficile (*C. difficile)* exists as normal flora (micro-organisms) in the human gut and normally causes no problems, it can sometimes cause an infection. This may occur following treatment with antibiotics as these can alter the normal gut flora and allow *C. difficile* to overgrow. These infections can range from mild diarrhoea to life-threatening conditions. Infections with *C. difficile* are most commonly seen in places where lots of antibiotics are used (such as hospitals).

Last year the Department of Health set us a limit of no more 47 cases of *C. difficile* infections and our ability to deliver care within this limit remains a key quality indicator. While the Trust has continued to demonstrate year on year progress in reducing the incidence of *C. difficile*, we recognised that this limit would require sustained focus to ensure that we continued to drive down the number of cases seen and not exceed the limit we were set.

What did we do in 2013-14?

The achievements and work via the infection control committee has continued with a number of key actions taken. These have included:

- Increasing the side room provision on Buckley ward at Epsom hospital to improve isolation facilities. In the event of a patient having diarrhoea it is important to isolate the patient in a single room until the cause of the diarrhoea is known. This improvement has strengthened our ability to isolate patients appropriately.

- Review of new technologies such as infection control 'Pods' to improve side room provision and identify areas within the Trust that could be deployed. Infection control enclosure pods are designed to sit in a bed space in the main ward. They are enclosed spaces with a door and air filters which effectively make a 'side room' in a ward area. We plan to introduce the pods in our renal unit and are assessing other areas of the Trust where they might be used.

- Rolling out a risk assessment tool sticker to aid staff in ensuring all appropriate actions have been taken if a patient develops diarrhoea.

- Introducing a clinical facilitator on each site to support and enhance infection control clinical practice at ward level. The clinical facilitators will provide one to one support and training for nurses on all aspects of infection control in the ward area. They will show staff what to do and assess their understanding. As an example, they may observe a nurses hand hygiene and use of gloves pointing out the 'do's and 'don'ts' in their individual practice.

- Undertaking compliance audits of antibiotic prescribing and feedback to clinicians. One of the pillars of *C difficile* control is antibiotic control. We have introduced a new prescription chart and are supporting doctors in the appropriate use of antimicrobials. The

design of the prescription chart helps us to audit compliance with prescribing guidelines, to monitor progress and to identify areas where more support is required.

What this means for you as a patient

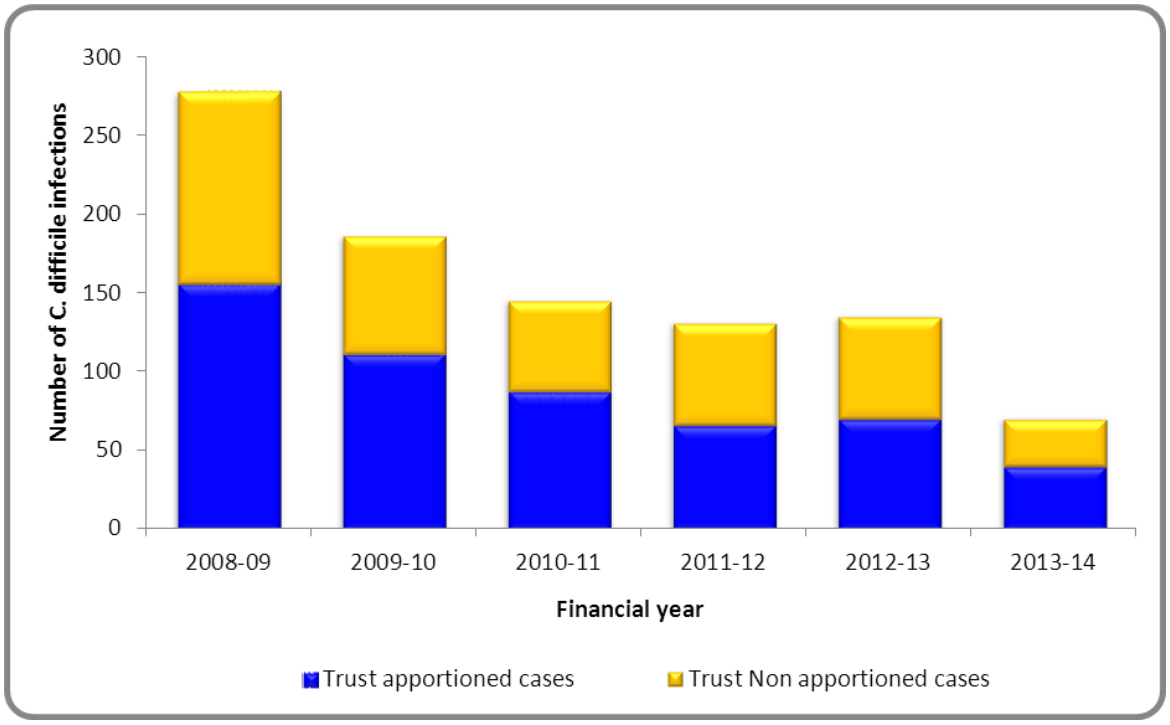
If you develop diarrhoea in hospital you may be moved to a single room. You will be asked to provide a minimum of two stool samples to help determine the cause of your diarrhoea symptoms, which will be sent to the laboratory for testing. A number of infection control precautions will be put in place to minimise the risk of cross infection to other patients. If your room does not have an en-suite bathroom you will be given a dedicated commode to use which will be labelled with your name. Other equipment dedicated to you will also be labelled. Staff will wear gloves and aprons when giving you close contact care such as assisting you with washing or toileting, and the room or bed space will be put on an increased cleaning programme. Your visitors do not need to wear gloves and aprons but should wash their hands thoroughly with soap and water whenever leaving the room. Ideally while we are trying to determine the cause of your diarrhoea, the door to your room will remain closed. If an infectious cause is identified you will be informed by your doctor of nurse who will explain to you what this means and any treatment needed.

How did we perform in 2013-14?

Graph one demonstrates the improvements the Trust has made in reducing the incidence of *C. difficile* infection. The graph shows the total number of cases that have been identified by the Trust. This is then further broken down to show the number of cases that are 'apportioned' to the Trust and those that are identified as being acquired in the community – i.e. the patient had the infection before being admitted to hospital.

The Trust achieved the year-end target of no more than 47 'apportioned' cases of *C. difficile* infection reporting 41 cases during 2013-14 financial year.

Graph one: Number of *C difficile* infections by financial year



Priority 2 - To reduce the number of healthcare associated Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections.

Why was this chosen as a priority?

It is vital that we continue to do everything we can to reduce the likelihood of patients getting an infection whilst they are in hospital and this remains a top priority for us.

Last year the Department of Health set every hospital in the country a target of zero avoidable healthcare associated cases of MRSA bacteraemia attributable to the Trust.

What did we do in 2013-14?

We continued our emphasis on:

- Excellent hand hygiene and infection control procedures.
- Training of staff in infection control best practice.
- Training of staff who take blood cultures to ensure they are competent to do so. This is an ongoing programme which aims to reach every member of staff who takes blood cultures. This includes all doctors and our more senior nurses.

In addition we have:

- Reviewed and re-issued standards for peripheral venous access care and issued standards for central venous access care. These are important to ensure that staff have up-to-date knowledge of all aspects of these invasive lines care.
- Progressed the appointment a vascular nurse specialist to assist in reducing line associated infections. As part of their role it is proposed that the nurse specialist monitor adherence to the standards for peripheral venous access care and central venous access care and be responsible for the associated training of staff to meet these standards. It is also proposed that the vascular nurse specialist review every patient with a central line and have a role in auditing the care of patients with peripheral cannula. A detailed role description for this post is currently being finalized.

What this means for you as a patient

While you are in hospital it might be necessary for you to have a plastic tube, known as a cannula or venflon, inserted into a vein to allow us to give you medicines or fluids directly into your blood stream. This tube will usually be placed on the back of your hand or in the crook of your elbow. If needed these tubes can remain in place for around 3-4 days and then should be replaced. Your nurse will check your cannula twice a day for signs of infection and it is very important that anyone accessing the tube washes or gels their hands immediately prior to having contact with it. The tube will be put in using an aseptic technique and will be held in place with a clean dressing which should have the date of insertion written on it. The area where the tube was inserted may feel bruised or sore, however if you feel any pain when it is being used we will ask you to inform your nurse who can assess if it needs to be removed.

How did we perform in 2013-14?

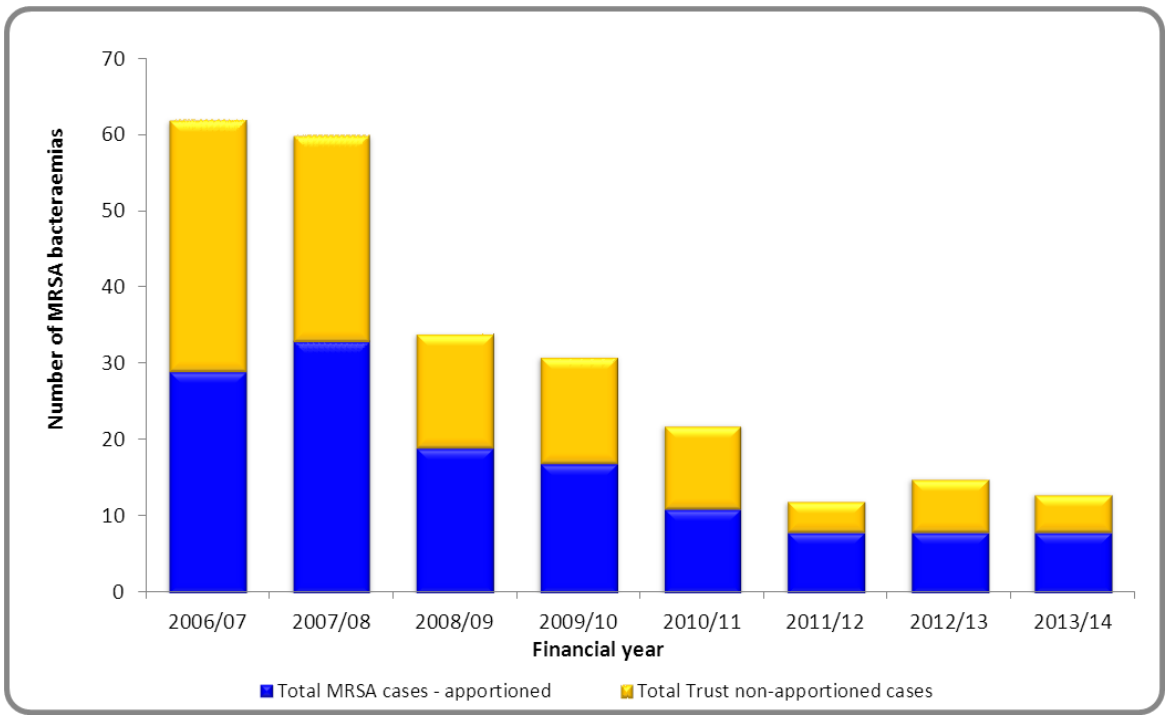
In 2013-14, the Trust reported eight MRSA bacteraemias that were apportioned to the Trust.

In accordance with national guidance, all of the cases of MRSA bacteraemia have undergone a detailed review to ensure that the Trust is able fully to understand the cause of the incident and to put in place any measures required to reduce the risk of the incident occurring again. Learning is shared across the Trust and, where specific actions are identified, these are included and actioned through our Infection Control Annual Plan.

These eight reported cases mean that the Trust did not met the Department of Health target that there will be no avoidable MRSA bacteraemias in 2013-14.

Work is ongoing to sustain the reduction in the incidence of avoidable MRSA bacteraemia in the Trust and graph two demonstrates the significant improvements that have been made with 2013-14 showing the sustained lowest level of incidence since we started monitoring this healthcare associated infection.

Graph two: Number of hospital associated MRSA bacteraemias by financial year



Priority 3 - To reduce the number of patient falls that result in harm.

Why was this chosen as a priority?

As the population gets older, we are seeing increasingly high numbers of patients who are often frail and unsteady following an acute illness or long-term condition. We recognise that these factors make patients more likely to fall whilst in our care and we are committed to reducing this risk.

What did we do in 2013-14?

In 2013-14 we re- launched the Falls Steering Committee - a team of experts tasked with investigating how we can reduce the number of patient falls that occur in our hospitals. Through this group we have reviewed the falls risk assessment tool introduced in 2012/13. Following

this review it was agreed that further work needed to be done to ensure staff are absolutely clear of required interventions for patients assessed as low, medium and high risk of a fall and were clear on actions to be taken in the event of a patient fall, strengthening the existing post fall protocol.

The Trust invested in sensor cushions to give staff early warning that a patient at risk of falls had stood up without any support, giving an audible alarm for staff to immediately attend that patient, further reducing their risk of falling.

In 2013-14 the Trust reviewed the current teaching given on induction and changed the way in which it is delivered. The Elective Orthopaedic Centre also purchased an older person simulation suit. Through wearing this suit staff actually experience how difficult it is to mobilise with both mobility and hearing / visual difficulties.

In 2013-14 areas which demonstrated a higher number of falls started using a floor plan (a falls diagram) of their area to show all staff where every fall occurred. This helped areas to highlight any at risk 'hot spots' and to ensure that patients who were at high risk of falls were nursed in the most appropriate area. In addition, we had an increased focus on falls over a month. This meant that there was an increase in focus from senior nursing staff in supporting wards in the prevention and management of falls. As part of this focus, the stroke ward at St Helier hospital led a trial of the patient monitoring sensor cushions and demonstrated a reduction in patient falls. The ward demonstrated high staff engagement and a sustained improvement in the completion of patient handling risk assessment and the falls risk assessment. As a result of this work the Trust invested in the purchase of sensor cushions for all ward areas.

We also developed an information leaflet for patients, relatives and carers. This leaflet explains known factors which contribute to the risk of falls, information about how a patient can reduce their risk of falls and interventions we may do to lessen this risk. It also contains information about what happens if the patient does have a fall.

What this means for you as a patient

If you are 65 years or over, or younger with a history of falls, we will complete a risk assessment to identify your risk of falling in hospital so we can work together to advise you and reduce the risks.

This will include encouraging you to wear well fitting slippers or lightweight shoes to walk around in. If you wear glasses or a hearing device we will make sure they are with you, working and clean. We will also encourage you to drink plenty of fluids, if your condition allows.

If you are at high risk of falls we may move you to a different position within the ward to enable closer observation. We may also use a different bed and, if we think you are at high risk of rolling out of bed, use bed rails to help keep you safe.

The physio and occupational therapist may also be involved to help you to improve your mobility and ensure any equipment you need is obtained and any improvement/changes or equipment needed for your home is arranged prior to your discharge from hospital.

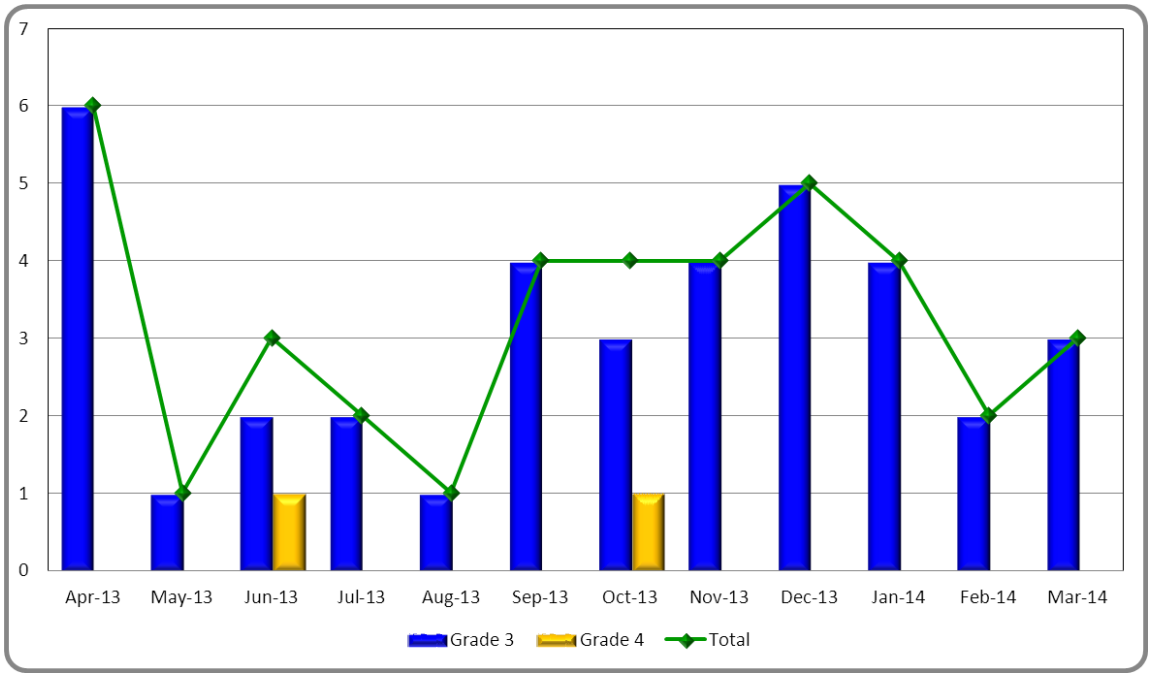
How did we perform in 2013-14?

During 2013-14 we reported 39 cases where a patient fall has resulted in harm. This is disappointing and compares to a total of 27 in 2012-13. It is important to review these falls in the context of total falls which have show a reduction in the reporting periods between 2012-13

(when 1519 falls were reported) and 2013-14 (when 1237 falls were reported) – a reduction of 18.6%

Actions continue to stabilise and improve our position. The newly established Falls Steering Committee is taking forward a programme of work to understand the falls profile of the Trust and to put actions in place to reduce both the numbers of falls and the levels of harm. This work was commenced in August 2013.

Graph three: Number of Grade three & four falls (those that result in harm)



Improving patient outcomes

We are committed to providing our patients with the best possible care in the safest possible environment. It is important that our patients experience an improvement in their health as a result of their treatment and this section reviews the goals that we identified in 2013 to enhance the effectiveness of the care we provide

Priority 4 - To reduce clinically unexpected re-admissions through review and redesign of patient pathways.

Why was this chosen as a priority?

We recognise that we had not made the progress that we had planned in 2012-13 in this area and, as such, a continued focus remained a priority. There was a change in the emphasis of the priority to recognise the importance of addressing clinically unexpected readmissions as opposed to all readmissions, some of which would be clinically expected and, as such, unavoidable.

What did we do in 2013-14?

We continued to work with our partner organisations to redesign care for frail elderly and respiratory patients. We have substantively recruited to our Older Person Advice and Liaison Service (OPALS) on both hospital sites. These teams, which include a lead nurse, physiotherapist, occupational therapist, consultant and senior registrar, are key in supporting appropriate assessment of patients while in our care and ensure timely referral to support services in the community on their discharge home. In respiratory services we now have consultants seeing patients in our Accident and Emergency departments at both Epsom and St Helier hospitals and, where possible, referring patients to their community services; thus avoiding the need for a hospital admission.

What this means for you as a patient

There are many examples of how these changes have improved patient experience. For example an elderly lady who recently presented to A&E was accompanied home by the OPALs team. She had a physiotherapy and occupational therapy assessment at her home and it was possible for the equipment that she required to remain at home to be put in place by the team. Prior to the service development, it would have been necessary for her to be admitted to hospital for a number of days. Patient feedback shows that this is now a seamless service provided by staff who have seen patients from their arrival in A&E to their discharge back into their own homes. Once discharged, patients are contacted the next day by the team, who will carry out an assessment over the phone to ensure that the patient is managing in their own environment and will make onward referrals into community services as required.

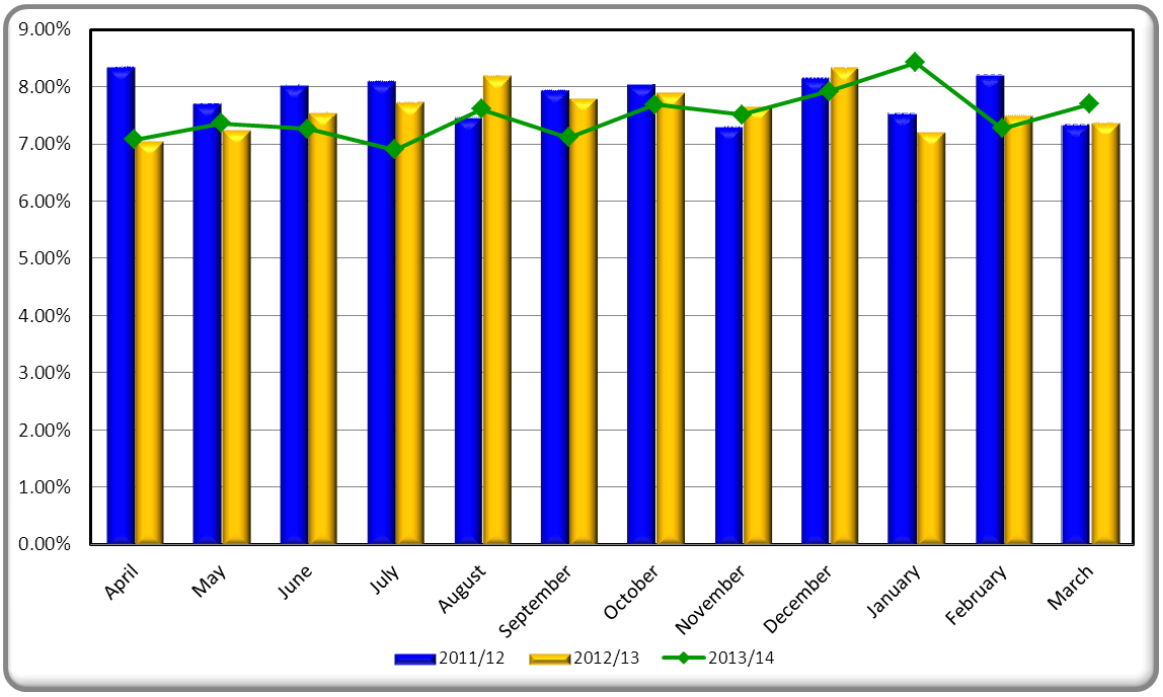
In respiratory services, a patient who was well known to us with a respiratory condition and a history of frequent admissions was brought in to A&E by her son with increased breathlessness. All of the patient's observations were within normal limits but the patient's son was anxious and felt his mother should be admitted. We were able to talk to mother and son to allay fears. We offered a visit to the home the next day and encouraged contact with us should there be any concerns. With this support in place the patient was happy to go home. There was later a follow-up phone call to the patient and her son who were happy with things at home and there were no further A&E attendances.

Another patient was discharged from hospital. The next day we followed the discharge up with a 'phone call. At this time a family member was with the patient. Both were anxious and the patient reported being more breathless. A home visit was arranged for the same day. On arrival, the patient was found to be anxious and unable to use her inhalers. Having checked the patient's observations and found them to be stable we provided a nebuliser to help ease the breathlessness. The patient is now back on inhalers, much improved and has been transferred to community respiratory team for on-going follow up.

How did we perform in 2013-14?

Graph four shows our improving performance for this priority. It can be seen that, when compared with previous years, the number of readmissions is steadily falling. However, our aim is to achieve a target of no more than 6.6% of patients being readmitted to hospital as an emergency within 30 days of a previous admission. The Trust Emergency readmission rate for the 2013-14 was 7.5% against the target of 6.6%. This means we were 0.9% over our target which equates to 877 patients being readmitted to hospital as an emergency within 30 days of a previous admission. This priority will remain a focus of continued attention.

Graph four: Readmissions within 30 days of discharge



Priority 5 - To improve our communication on discharge ensuring discharge summaries, including clinical information about a patient's treatment and care, are completed and shared in a timely way.

Why was this chosen as a priority?

This was a new priority in 2012-13, responding to feedback from GPs and our patients, indicating that discharge summaries were not always completed in a timely way. Our aim was to continue to build on the progress we had made to deliver continued improvements in the quality of information we provide to our patients and their GPs on discharge. This is important to ensure appropriate on going care.

What did we do in 2013-14?

During 2013 the Trust continued to ensure improvements were made to the quality of information and communication with patients, carers, their relatives and GP's.

The Trust's standard that, '*all in-patients receive a printed paper copy of their electronic discharge summary prior to discharge'* has been implemented. This means that patients now receive a copy of their discharge summary before they go home. This has improved quality of the information included in the summary and timeliness of the summaries being provided to both our patients and their GP.

The Trust has also invested in an advanced IT system in the A&E that is now being introduced. This IT system summarises the patient information following an attendance in the A&E and supports the production of a discharge summary to be sent to the patients GP. This will include clear details of why the patient attended the department, any changes to medication and follow

up plans. This system, which will improve the quality and timeliness of information for patients and their GP's, went live in March 2014.
The Trust recognised that prior to and after discharge is a time of considerable concern and risk for patients. Therefore some staff across the Trust have been working with patients and carers to improve communication at this time and this has led to the development of two patient held discharge information documents:

- The 'Next Steps' document which has been tested on one ward at St Helier Hospital and
- The 'Going Home' Plan which has been tested on one ward at Epsom Hospital.

These documents have been developed with the help of Sutton Carers Forum, Age Concern, Healthwatch and several patient and carer representatives.

The 'Next Steps' document is kept at the bedside and is completed with the patient prior to discharge. A member of the ward nursing team will go through with the patient and their carer the plans for the patients discharge and specific issues in relation to follow up once the patient is at home. The day after discharge there is a follow up 'phone call from a member of the nursing team who will discuss any concerns the patient may have had since arriving at home. Immediate concerns will be discussed with the patients Consultant and actions will be agreed. In addition, the patient will be 'signposted' to other services where necessary.

The 'Going Home' Plan starts on the day of a patient's admission and includes early planning for discharge including the arrangements for transport and care when the patient goes home.

These new processes and the use of the patient documents have been identified as good practice and will be reviewed as part of an on-going improvement programme to develop further and roll out to appropriate wards across the Trust.

What this means for you as a patient

We will be working with you at the point of your admission to help you to prepare for discharge and looking for ways to provide the ongoing support that you need when you go home. This will include ensuring all of your questions are answered while you are with us and checking that you feel supported when you arrive home.

The feedback from our patients and their carers has been very positive regarding the support that they have received.

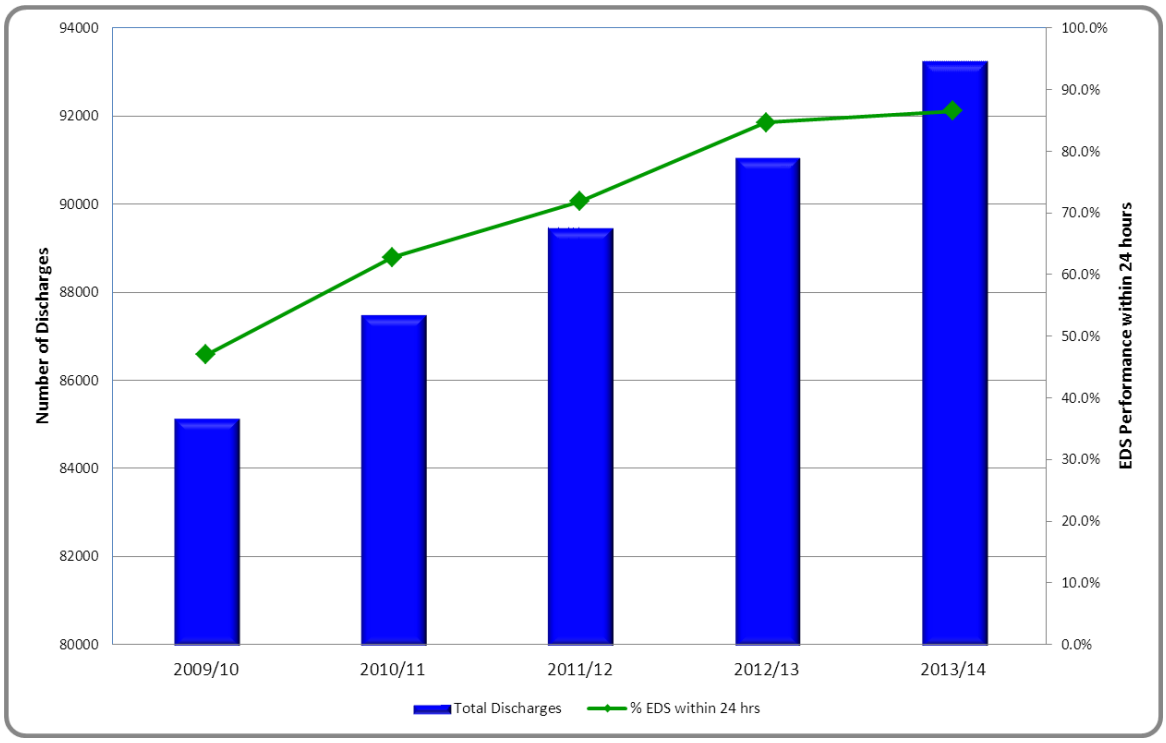
How did we perform in 2013-14?

Graph five indicates our continued improvement in performance to achieve this priority. The Trust achieved 86.5 % in 2013/14 for all discharge summaries being sent to the patients GP within 24 hours.

During 2013-14 the Trust discharged 93,256 patients and the 11.5% drift from our target equates to 10,684 discharge summaries. To break this down further – on average - the Trust discharges 7,770 patients each month. Of these patients, approximately 6,750 discharge summaries were sent to the patients GP within 24 hours of discharge. We missed our target in approximately 895 cases each month.

Performance continues to be tracked through our Communications Steering Group with detailed information being fed back to our management teams with outlying areas being asked to discuss their performance and plans for improvement at performance meetings.

Graph five: Sending discharge summaries within 24 hours of the patients discharge



Improving the experience patients have in our hospitals

We are committed to ensuring that our patients have the best possible experience whilst they are in our hospitals and have an ongoing programme of work to help us to understand and enhance the patient experience.

Priority 6 - Demonstrating continuous improvement in our patient experience through the 'Friends and Family test'

Why was this chosen as a priority?

Enhancing the experience patients have in our hospitals remains a top priority for us. In previous years we have used the published results from the NHS national patient survey programme as the measure of the quality of the patients' experience. In 2013-14 we planned to continue our emphasis on this priority but to change the measure used to monitor our progress to that of the Friends and Family test.

From April 2013, we began to ask patients a simple question: whether they would recommend our hospital wards or accident and emergency units to a friend or relative based on their treatment. The Friends and Family test is a simple, comparable test which, when combined

with follow-up questions, helps to identify poor performance and encourages staff to make improvements where services do not live up to the expectations of our patients.

What did we do in 2013-14?

In the course of 2013, we successfully implemented the Friends and Family Test in our accident and emergency and inpatient areas and maternity. Using our new patient experience boards, we have proactively communicated the Friends and Family Test results to our wards, clinical areas, and patients. When doing this we have also compared our Friends and Family Test scores to local hospitals and other hospitals across the country, to help patients understand the progress we are making. We have also reported our results each month to the Department of Health so that they can be published for the public to see on the NHS Choices website

An important part of the Friends and Family Test are the comments that the patients give us on their care. These comments provide a valuable insight to staff on how patients view their care and help us to understand what patients think we are doing well and what could be better. We regularly feedback to staff the patient comments we have received, so that these can form the basis of team-meeting discussions to improve the experience of patients in our hospital. We have also launched a '*you said, we did'* type feedback so that we share the action that staff have taken as a result of patient feedback we have received. This is being displayed to the public on our patient experience boards.

The importance of the Friends and Family Test is promoted by our Chief Executive, our Director of Nursing and other senior staff who visit ward areas to open Friends and Family Test boxes. The purpose of this is to review the patient comments, to thank staff as appropriate and to discuss action required if comments received describe a poor patient experience.

What this means for you as a patient

We appreciate the time taken by our patients to give us feedback on their experience. Overall, our results show that we are doing well and that patients are reporting a very positive experience - particularly when seen in our accident and emergency departments. Patients frequently mention that staff have been reassuring and polite and that doctors explained things carefully and fully. The small number of negative comments received relate to communication about waiting times. In response, staff working in the departments have been asked to focus on keeping patients up to date with the waiting time including updating digital screens which provide waiting time information.

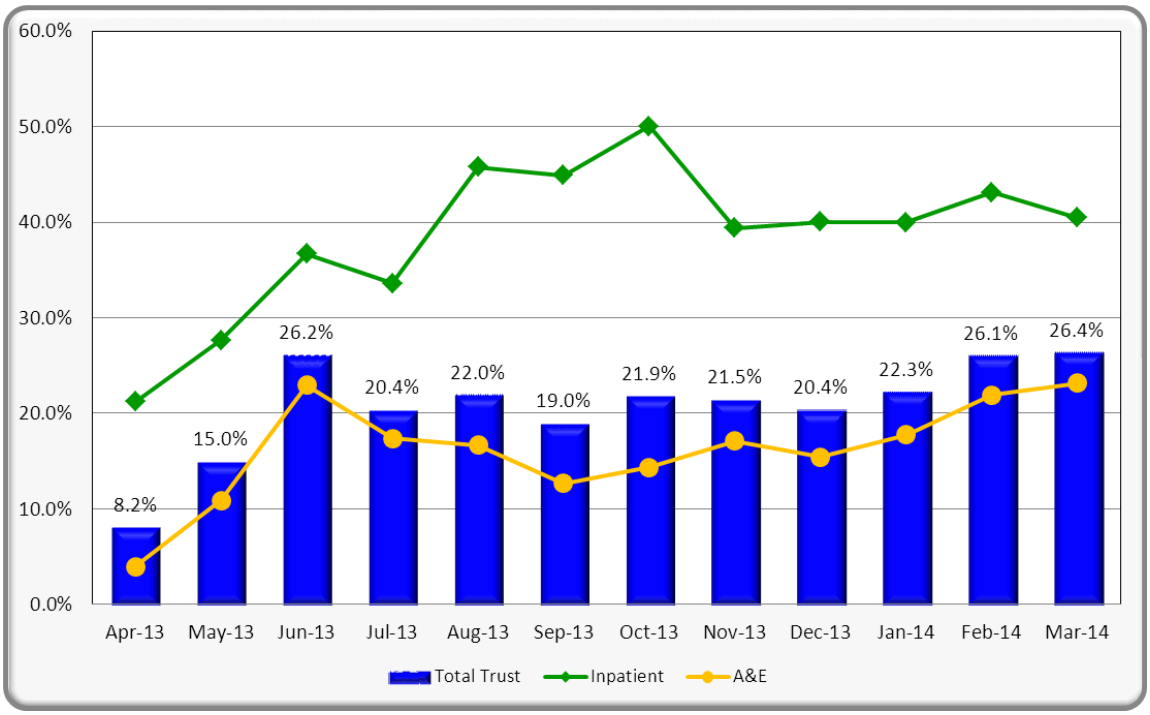
The feedback from our inpatient areas is generally positive, however, there are some areas where we have work to do to further improve the experience of patients. As examples, patients in a small number of wards have indicated that additional assistance at mealtimes is required. In response, the Trust is recruiting additional volunteers to support and assist our nursing staff during mealtimes. There has also been a focus on reducing noise at night so that patients can rest. Patients have also highlighted they required a working clock to be visible and these have been fitted.

Commentary about maternity services has also been extremely positive however the women's experience of the antenatal appointment has attracted some comment particularly in relation to women not seeing the same midwife throughout pregnancy. In response, the Midwifery teams are working on initiatives to improve continuity including a 'buddy system'.

How did we perform in 2013-14?

Graph six shows our performance in offering the Friends and Family test to our patients. The Trust set a target of achieving a 15% response rate between April and September 2013. We then aimed to further increase the response rate to 25% between October 2013 and March 2014. Graph six shows that from May 2013 we were meeting the targets that we set. The graph also shows that from October 2013 we progressively increased our response rate and achieved 26.4% response in March 2014.

Graph six: The Friends and Family test



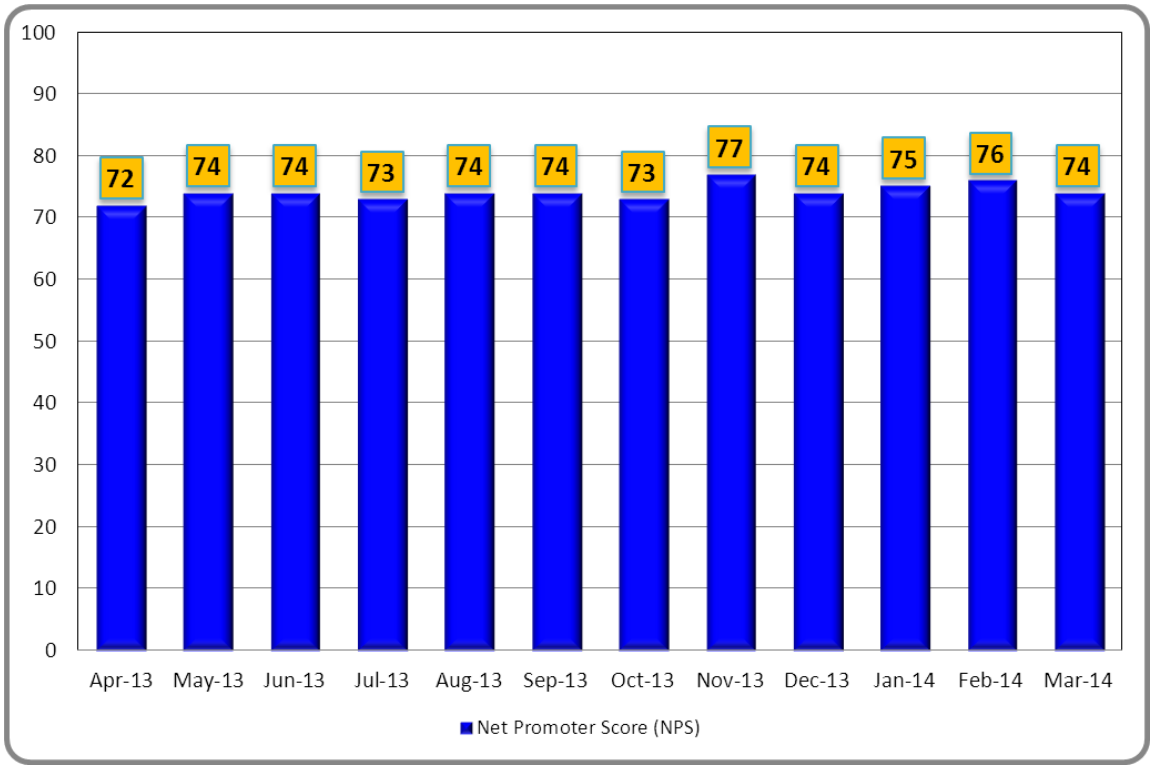
When patients rate our services through the Friends and Family test they are asked to use the following to tell us how likely they would be to recommend our services:

- Extremely likely
- Likely
- Neither likely nor unlikely
- Extremely unlikely
- Don't know

Using this information, the Net Promoter Score (NPS) of the Trust is then calculated using the proportion of patients who would strongly recommend us minus those who would not recommend us, or who are indifferent. The aim of the NPS is to provide a measure of our performance through the patient's eyes. A higher NPS indicates greater patient satisfaction.

Graph seven presents the Trust's Net Promoter Score (NPS) and demonstrates that the feedback from our patients in terms of being willing to recommend us to their friends and family is strong. In March 2014 the Trust net promoter score was reported as 74. In 2013-14, the Trust average score was 74 compared to national average figure of 64. We will continue to closely monitor this important measure and to act on the feedback that our patients, their friends and families give us.

Graph seven: The Net Promoter Score



Priority 7 - To improve the awareness and diagnosis of dementia, using risk assessment, in the acute hospital setting.

Why was this chosen as a priority?

Dementia awareness, diagnosis and care remain a national priority and therefore a priority for us. The number of people who have dementia is steadily increasing but there are still a large number of people who are undiagnosed and do not have access to the correct help and, potentially, the treatment they may need. A large number of patients who are admitted into our hospitals may have undiagnosed dementia and by finding them and properly assessing them we can help to get them diagnosed. This can lead to them getting the support and help that they and their carers require.

A new priority in 2012-13 was to improve the quality of care patients with a diagnosis of dementia were receiving. By again highlighting this as a priority we aimed to sustain and continue to build on the achievements we made in the 2012-13.

What did we do in 2013-14?

During 2013-14 we have continued to provide an education programme about dementia and how to properly care for people with dementia to our trained nurses, health care assistants, our

physiotherapists and occupational therapists and our doctors. We have particularly focussed on those who work in areas where dementia patients are more likely to be seen such as the A&E and urgent care centre, the acute medical unit, the orthopaedic wards and the elderly care wards.

There has been an increase in awareness about dementia from all of our staff both clinical and non clinical and this reflects in patient care. We have worked closely with the voluntary sector and in particular the Alzheimers Society and carers have been able to speak to volunteers on the ward. More patients are receiving the dementia passport of 'This Is Me' meaning that the care provided is adapted to that particular person.

In addition, any elderly patient admitted to the hospital for longer than 3 days is given an assessment to see if they may possibly have any symptoms of dementia. If signs are found these patients are offered further assessment so that a formal diagnosis can be made. As a result, more people are being diagnosed with dementia who may not have been before and this allows them access to the care and support that they and their carers may need.

What this means for you as a patient

If you are admitted and have a known diagnosis of dementia we will offer you and your carer an opportunity to complete the 'This is Me' documentation. We know that for someone with dementia, changes such as moving to an unfamiliar place or meeting new people who contribute to their care can be unsettling and distressing. 'This is Me' provides information about the person at the time the document is completed. It can help health and social care professionals build a better understanding of who the person really is.

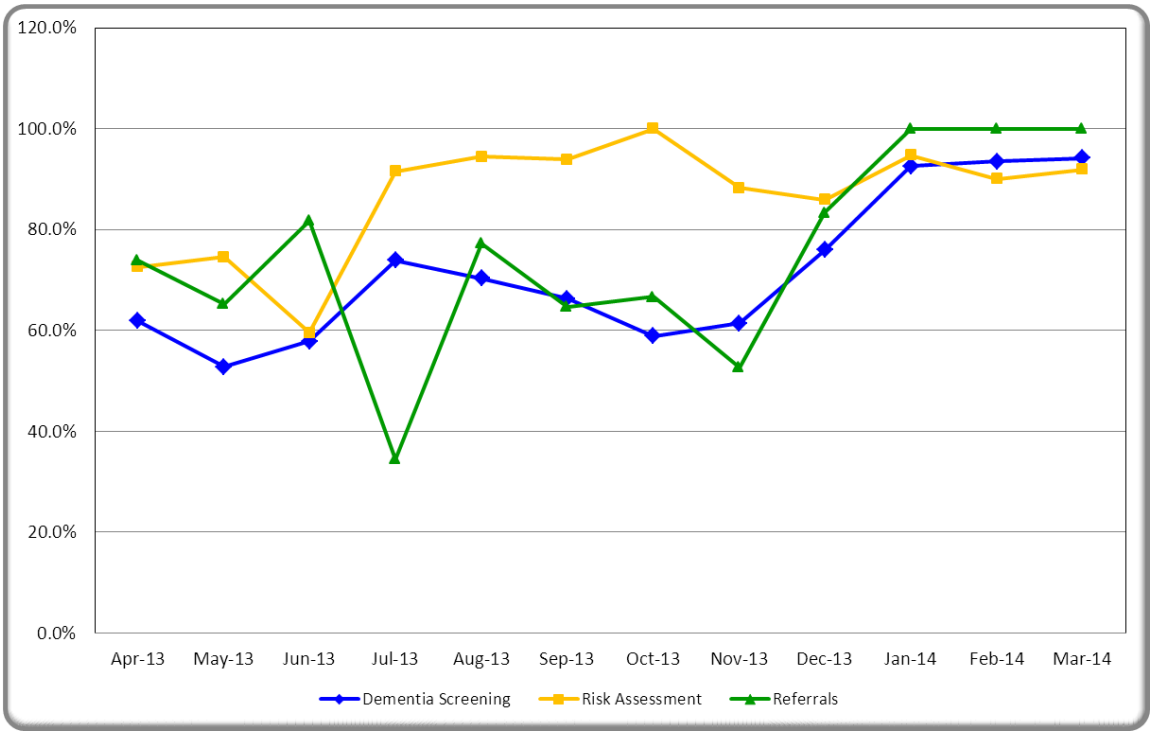
We will encourage the 'This is Me' document to be completed by the individual who knows the patient best and, wherever possible, with the patient with dementia. We will encourage you to update the document as necessary.

The document will be held close to the patient and staff will be encouraged to read the document to help them understand your specific needs, likes and dislikes.

How did we perform in 2013-14?

Graph eight demonstrates the Trust performance in assessing and screening the defined group of patients for risk of dementia. The Trust made significant progress from January 2014 and, for the last three months of the financial year (January, February and March), achieved the 90% standard for all three areas. There is further work needed to embed this as established practice within the admitting teams and this will continue.

Graph eight: Dementia screening



Looking forward - our priorities for improvement in 2014-15

How our priorities were chosen

In presenting our priorities for improvement in 2014-15 we have taken into consideration our progress against last year's priorities, some of which are now secured as business as usual, whilst others require continued focus. We have also considered the local, regional and national picture, our overall performance as well as the views of patients, our commissioners and patient representatives from our Healthwatch groups and the Overview and Scrutiny Committees of our local authorities.

Following a process of engagement, including discussions with senior managers at the Trust's Executive Committee, we have identified eight key priorities for this coming year which we believe should be our focus in improving patient safety, outcomes and experience. These priorities have been endorsed by the Trust Board and aim to provide a continued focus for our clinical teams to embed achievements and to demonstrate continued improvements to achieve the targets set.

Improving our patient safety

Priority 1 - To reduce the number of healthcare associated Clostridium difficile (*C. difficile)* infections to no more than 40 cases

Why have we chosen this priority?

C. difficile infections increase length of stay for patients with symptoms ranging from mild diarrhoea illness to life threatening infections. *C. difficile* can exist as normal gut flora in some people and whilst normally not causing problems can go on to cause infections in certain circumstances (such as when antibiotics are given). Cases of *C. difficile* are more common in hospitals where there is more antibiotic use and this then potentially exposes other patients to risk of becoming colonised with the organism.

The Department of Health has again set the Trust a challenging limit on the number of *C. difficile* infections. While the Trust has continued to demonstrate progress in reducing the incidence of *C. difficile*, this will require continued focus to ensure that we maintain our progress in driving down the number of cases seen and do not exceed the limit we have been set.

How will we improve?

Over the last 18 months there has been a drive to focus on four main areas of care:

- Prompt isolation of patients with diarrhoea.
- Sending samples for testing and early confirmation of diagnosis.
- Ensuring appropriate cleaning of the environment.
- Ensuring prudent antibiotic prescribing and antibiotic stewardship.

The focus will remain on these areas to ensure that everything is being done to get the basics right. To that end there will be a plan to increase side room provision. In addition there will be continued auditing of antibiotic prescribing alongside review of the Trusts antimicrobial prescribing policy.

How will we monitor and report our improvement?

We will continue to closely review and monitor all reported cases of *C. difficile* infection and report monthly to the Trust Board. In addition, in accordance with mandatory reporting requirements, we will report all cases of *C. difficile* to the Department of Health through Public Health England.

What will our target be?

No more than 40 *C. difficile* infections.

Priority 2 – To reduce the number of healthcare associated Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections

Why have we chosen this priority?

MRSA remains an important cause of healthcare associated infection, causing a range of illnesses from line infections, chest infections through to infections within the blood. Reducing the number of healthcare associated infections including MRSA bacteraemia infections continues to be a priority for the Trust and the Department of Health who have again set all hospitals a target of zero avoidable bacteraemias.

How will we improve?

By ensuring that the basics are in place with regards to:

- Screening the appropriate patients for MRSA on admission.
- Decolonising patients with surface MRSA colonisation.
- Good hand hygiene

We will also:

- Roll out a new central line management policy supporting staff in its implementation.
- Appoint a vascular nurse specialist to support monitoring of standards for peripheral venous access care and central venous access care and training of staff to meet these standards.

How will we monitor and report our improvement?

We will continue to monitor all cases of MRSA bacteraemia and report monthly to the Trust Board. In addition, in accordance with mandatory reporting requirements, we will report all cases of MRSA bacteraemia to the Department of Health through Public Health England.

What will our target be?

There will be no avoidable MRSA bacteraemias in 2014-15.

Priority 3 - To reduce avoidable harm: fall, pressure ulcer, urinary tract infection (in patients with a urinary catheter) and venous thromboembolism *(also known as VTE).*

Why have we chosen this priority?

This new priority reflects conversations with our stakeholders and extends the focus of last year from falls to include additional harms.

We recognise and understand the distress that happens to both the patient and their loved ones when, following admission to hospital, the following harms occur; fall, pressure ulcer, urinary tract infection (in patients with a urinary catheter) and venous thromboembolism. There is a clinical consensus that, whilst recognising that not all harm is avoidable and older people are more susceptible to these harms listed, they are often preventable through the provision of high quality care. So we are committed as a Trust to provide appropriate patient care to minimise the risk of any of these harms occurring.

How will we improve?

The Trust Falls Steering Committee meets monthly. Through this group we will ensure that all initiatives to reduce falls are monitored and embedded including Trust wide use of falls diagrams to support staff in identifying high risk areas. There will be more detailed reporting of patient falls and, in the event of a fall, the actions to be taken will be detailed and recorded in one document. The Trust is currently reviewing a 'falls bundle' which will be piloted in the future.

There will be a refocus on patient comfort rounds - this is a commitment by staff to visit all patients every hour between 8am and10pm to ensure all patients needs are met in a timely manner. The timing required at night will be less frequent to allow patient rest.

We will continue to use the tissue viability special measure audits in any area where category three pressure ulcer damage is acquired, or where more than two patients acquired category two damage. Weekly audits are undertaken by the Tissue Viability Nurse Consultant /Nurse Specialist and Matron / Head of Nursing, who review all aspects of skin integrity assessment and management. These weekly audits continue until the ward achieves compliance.
In 2014-15 we will develop, implement and embed a nutrition special measures audit which recognises the often high numbers of patients who are malnourished prior to admission – a recognised contributory factor in skin breakdown .

We will implement and embed a care pathway for orthopaedic patients to ensure that patients who have a urinary catheter in situ receive appropriate care to minimise the risk of urinary tract infection.

How will we monitor and report our improvement?

The performance measure will be the NHS 'safety thermometer' which was launched nationally in April 2012 as a way to provide a 'temperature check' on harm. The safety thermometer provides a quick and simple method for surveying harms and analysing results and allows wards to measure defined harms and the proportion of patients that are harm free. The Trust will use the safety thermometer to track and monitor our progress and we will monitor and report our progress in reducing the incidence of pressure ulcers, patient falls in care, urinary tract infection (in patients with a urinary catheter) and venous thromboembolism with quarterly reports to the Trust Clinical Governance Committee and the Patient Safety and Quality Committee.

In addition, we will monitor all falls data by directorate measured by the number of falls over 1,000 bed days and benchmarked against the National Patient Safety Agency acute hospital baseline.

While not a defined measure, we will also use patient and their carers feedback sharing with staff their experience through patient stories.

What will our target be?

We will aim to demonstrate a reducing incidence of pressure ulcers, patient falls in care, urinary tract infection (in patients with a urinary catheter) and venous thromboembolism as measured and reported through the NHS safety thermometer.

Priority 4 - To ensure compliance against statutory and mandatory training requirements and staff appraisal

Why have we chosen this priority?

A high quality, appropriately trained workforce is essential for the delivery of quality patient care and this will always be a priority for us.

It is important that our staff receive the training they need in order to carry out their roles safely. We have signed up to the National Framework for Statutory and Mandatory Training which means our core subjects are delivered to the national standards and outcomes.

Statutory and mandatory training includes 10 core subjects

- Infection control.
- Resuscitation.
- Manual handling.
- Equality and diversity.
- Health & safety.
- Information governance.
- Child protection.
- Fire prevention.
- Safeguarding adults.
- Conflict resolution.

This new priority for 2014-15 reflects conversations with our stakeholders who have asked that our close monitoring of Trust compliance with statutory and mandatory training also be reported through the Quality Account as an important patient safety measure

How will we improve?

We have seen improvements in staff attendance at most of our statutory and mandatory training however, still have some way to go to ensure all of our staff are updated regularly. In December 2013 we revised our Statutory and Mandatory Training Policy to make clear to our

staff and mangers their responsibilities to ensure their statutory and mandatory training is up to date. Throughout 2014-15 application of the policy will be monitored.

We will also be working with other NHS organisations to maximise opportunities to learn from each other to ensure compliance with this important training.

How will we monitor and report our improvement?

Statutory and mandatory training compliance will be monitored monthly at directorate level at their performance meetings. Quarterly reports will also be monitored via the People and Organisational Development Committee. Trust compliance will be reported to the Trust Board each month.

What will our target be?

We have made it clear to staff that we expect them all to be up to date with their statutory and mandatory training by the end of March 2014 inline with our new Statutory and Mandatory Training Policy. In 2014-15 we will expect full compliance with the policy with all statutory and mandatory training completed as required.

Improving our patient outcomes

Priority 5 - To reduce clinically unexpected re-admissions through review and redesign of patient pathways

Why have we chosen this priority?

Whilst we have made good progress in this area in 2013-14, truly embedding these changes will require continued focus, particularly in light of the increasing age and acuity of the patients that are presenting to both our hospital sites.

How will we improve?

We will continue to work with our partner organisations to embed the models of integrated care for Respiratory and Care of the Elderly patients over the coming year. We will particularly focus on seven day working so that the enhanced services are available throughout the week. There are also plans for our Consultant teams to provide training and education to GP's in the primary care setting in the management of respiratory conditions. Our aim is to strengthen GP's skills and knowledge and support them to be more able to care for their patients with respiratory conditions in the community; thus reducing the need to send them to hospital for assessment and care.

How will we monitor and report our improvement?

We will closely monitor the level of readmissions across our hospitals by specialty. Readmission rates will continue to be reported and reviewed by Directorates and reported to the Trust Board at each meeting. Readmission rates related to respiratory and elderly patients will

continue to be monitored monthly at our service transformation board. Other readmission rates will be reviewed with our commissioners at the clinical quality reference group which meets each month.

What will our target be?

We will aim to reduce the number of unexpected readmissions within 30 days of discharge to achieve the target of no more than 6.6% of patients being readmitted to hospital as an emergency within
30 days of a previous admission.

Priority 6 - To improve discharge process.

Why have we chosen this priority?

Over the last two years we have been working to improve the quality of information we provide to our patients and their GPs on discharge. We have made good progress in this area, working very closely with our partners in the community, GP practices, Mental Health, Voluntary sector and Social Services. As partners involved in managing effective discharge from our hospitals, we have listened to the needs and sought feedback from our service users and carers to help shape improvements. Our aim is to continue to build on the progress we have made in the quality of information provided while enhancing our patients' experience of their discharge.

How will we improve?

There has been much research nationally relating to the effective and appropriate discharge of patients from hospital and the evidence suggests that comprehensive assessment, discharge planning, discharge support and education can have positive effects on patient outcomes and satisfaction.

The Trust will take a multidisciplinary approach to ensure that our patients have a clear understanding of the discharge process, supported by communication and patient held documentation to help patients prepare for their discharge from hospital. We will ensure patients, their carers and relatives are aware of the patients expected discharge date, that there is proactive planning of their transport home and that there is advice and support following discharge from the hospital setting.

Our aim is that our patients receive the right care, in the right place at the right time.

We have established strong working relationships with our voluntary sector partners, in particular Age UK and Alzheimer's Society and they have helped us to design care pathways for our older patients that include signposting to voluntary organisations for additional support on discharge.

The Trust has jointly funded a team for older people services with our Merton and Sutton Commissioners which has helped us to create a more integrated team of Doctors, nurses, therapists, pharmacists and social workers aimed to improve communication with patients, their carers', GPs and community services.

We will build on our good work of following up patients at discharge by phone to ensure that discharge plans are going well.

There has been much focus and support on discharge pathways across our partner organisations in Surrey and we have established good communication processes with our Community services and Social Care. A Programme Board hosted by Surrey Downs CCG monitors and supports this work.

Through the Commissioning for Quality and Innovation Scheme (CQUIN), a whole system project is planned for 2014/15 with our commissioners in Surrey which relates to effective discharge of patients from our hospitals where all partners will be incentivised to improve their communication, planning and efficiency. There is a similar project planned with our Merton and Sutton commissioners however, this is not attached to a CQUIN

How will we monitor and report our improvement?

All of our improvement work is monitored and supported by the Trust's Service Transformation Programme.

We have events planned throughout the year to ensure that public feedback is used to inform the design of our pathways and where ever possible we have patient representation on our monitoring groups.

What will our target be?

The timeliness of discharge summaries will remain at 98% of all summaries to be sent to the GP within 24 Hours

The whole system partnership work has a dashboard of outcomes in development in collaboration with our user representatives. This will be used to monitor progress.

Improving our patient experience

Priority 7 – Demonstrating continuous improvement in our patient experience through the 'Friends and Family test'

Why have we chosen this priority?

Enhancing the experience patients have in our hospitals remains a top priority for us and the Trust wants to build on the success of Friends and Family test and use this to drive further improvements.

Patients like this feedback method so, in the coming year we will continue to use the Friends and Family test to help us understand and respond to our patients' experience of their care. We will continue to ask patients a simple question: whether they would recommend our hospital wards or accident and emergency units to a friend or relative based on their treatment.

How will we improve?

2014-15 will be the year when we will work to make Friends and Family test a routine and expected activity within our hospitals. This will mean that patients will expect to be asked the question whether they would recommend our hospital wards or accident and emergency units to a friend or relative and that they become accustomed to seeing and reviewing the feedback we receive. In particular, we will make the 'you said, we did' activity an essential part of our dialogue with patients and will do this by making sure that we communicate using our patient experience boards, our website and also a newsletter.

The Trust will increase our percentage response from patients and will aim to further improve our net promoter score (calculated using the proportion of patients who would strongly recommend us minus those who would not recommend us, or who are indifferent) in inpatients, A&E and maternity. The Trust will also pilot the Friends and Family test in day case surgery and in outpatient areas so that we can understand what patients are saying about these specific services.

We want to have accessible ways in which to collect the data so that those with a disability have the same opportunity to provide the Friends and Family test feedback. In our pilot we will consider this specific aspect as critical and ensure that we adapt our method of collecting the feedback to facilitate all of our patients. The Trust will continue to review our qualitative comments and in particular those that reflect a poor experience. There will be a focus on making change to further improve.

How will we monitor and report our improvement?

The scores and improvement actions will be monitored through our Improving Patients' Experience Committee and reported to the Trust Board.

What will our target be?

The Trust target will be to achieve a response rate of over 40% or above for the month March 2015 for inpatient and accident emergency.

The Trust will implement the Friends and Family test in outpatient and day case departments by the 1st October 2014 in line with the national guidance achieving a target of 15% by March 2015.

Priority 8 – To improve the awareness and diagnosis of dementia, using risk assessment, in the acute hospital setting.

Why have we chosen this priority?

This priority was introduced in 2012-13 with the aim of improving the quality of care patients with a diagnosis of dementia were receiving and, during 2013-14, our focus on improvements continued.

By diagnosing more people earlier, we can provide access to the right treatments and services allowing people to have more choice about their care and to remain independent for as long as possible. It can also allow carers access to the help they need in a more timely manner.

By again highlighting this as a priority we aim to sustain and continue to build on the achievements we have made.

How will we improve?

This year we will be continuing to educate our staff and make sure those who have had previous training remain updated with the latest evidence.

We will be aiming to consistently ensure anyone who is entitled to a dementia risk assessment is given one no matter where they are in the hospital.

How will we monitor and report our improvement?

We will monitor our improvement with monthly audits of the number of patients who are screened for dementia and report the results to the dementia care steering group, clinical commissioning group and the Trust Board.

What will our target be?

At least 90% of people aged 75 and over who have an emergency admission to the Trust and stay in longer than three days will be assessed to see if they are at risk of dementia. If they are at risk they will be referred to a professional who is qualified to diagnose if this is a dementia.

Statements of Assurance

These statements of assurance follow the statutory requirements for the presentation of Quality Accounts, as set out in the Department of Health's Quality Accounts regulations.

Review of services

Between April 2013 and March 2014 Epsom and St Helier University Hospitals NHS Trust provided 41 NHS (Clinical) services. These services are provided across five clinical directorates: (1) Medicine, (2) Surgery, Critical Care and Anaesthetics, (3) Women's & Children's services, (4) Regional services (Renal & EOC), (5) Clinical services.

The Trust has reviewed all the data available to them on the quality of care in 100% of these NHS services

The income generated by the NHS services reviewed in 2013-2014 represents 100% of the total income generated from the provision of NHS services by Epsom and St Helier University Hospitals NHS Trust for 2013-2014.

Participation in clinical audit and review

Clinical audit is a simple tool to review clinical practice against best evidence standards identifying actions to improve the quality of patient care and treatment.

National confidential enquiry is a form of national audit looking at potentially avoidable factors associated with poor outcomes.

During 2013-14, 31 national clinical audits and four national confidential enquiries covered NHS services that the Trust provides.

During 2013-14 the Trust participated in 30 (97%) of the national clinical audits and four (100%) national confidential enquiries of those which it was eligible to participate in.

Tables one and two below list the national clinical audits and national confidential enquiries the Trust was eligible to participate in during 2013–14. The table also detail the national clinical audits and national confidential enquiries the Trust participated in during 2013–14

Table one: List of national clinical audits the Trust was eligible to participate in

National Clinical Audits	Is the Trust participating?
1. Adult critical care ICNARC CMP	Yes
2. Emergency use of oxygen	Yes
3. Medical and Surgical clinical outcome review programme NCEPOD	Yes
4. National Audit of Seizure Management (NASH)	No
5. National Emergency Laparotomy Audit (NELA)	Yes
6. National Joint Registry	Yes
7. Paracetamol Overdose (CEM)	Yes

National Clinical Audits	Is the Trust participating?
8. Severe Sepsis & septic Shock (CEM)	Yes
9. Severe trauma (TARN)	Yes
10. National Comparative Audit of Blood Transfusion	Yes
11. Bowel cancer NBOCAP	Yes
12. Head and Neck Oncology DAHNO	Yes
13. Lung Cancer NLCA	Yes
14. Oesophago-gastric cancer (NAOGC)	Yes
15. Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes
16. National Cardiac Arrest Audit (NCAA)	Yes
17. National Heart failure (HF)	Yes
18. Diabetes (Adult) (NDA), includes National Diabetes Inpatient Audit (NADIA)	Yes
19. Diabetes (Paediatric) (NPDA)	Yes
20. Inflammatory bowel disease (IBD)	Yes
21. Chronic Obstructive Pulmonary Disease (COPD) National audit programme	Yes
22. Renal replacement therapy (Renal Registry)	Yes
23. Rheumatoid and early inflammatory arthritis	Yes
24. Falls and Fragility Fractures Audit Programme (FFFAP) including National Hip Fracture Database NHFD	Yes
25. Sentinel Stroke National Audit Programme (SSNAP)	Yes
26. Elective surgery (National PROMs Programme)	Yes
27. Epilepsy 12 audit (Childhood Epilepsy)	Yes
28. Maternal, infant and newborn programme (MBRACE-UK)	Yes
29. Moderate or severe asthma in children (care provided in emergency departments)	Yes
30. Neonatal intensive and special care (NNAP)	Yes
31. Paediatric asthma (British Thoracic Society)	Yes

Table two: List of national confidential enquiries the Trust was eligible to participate in

National Confidential Enquiries	Is the Trust participating?
1. Remedial factors in the care of patients undergoing tracheostomy insertion	Yes
2. Remedial factors in the care of patients who have died following lower limb amputation	Yes
3. Subarachnoid Haemorrhage	Yes
4. Alcohol Related Liver Disease	Yes

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2013-14, are listed in tables three and four 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 enquiry.

Table three: Completed national clinical audits 2013-14

National Clinical Audits	Is the Trust eligible to participate?	Is the Trust participating?	% of cases submitted
1. Adult critical care ICNARC CMP	Yes	Yes	100
2. Emergency use of oxygen	Yes	Yes	50
3. Medical and Surgical clinical outcome review programme NCEPOD	Yes	Yes	100
4. National Audit of Seizure Management (NASH)	Yes	No	0
5. National Joint Registry	Yes	Yes	100
6. Severe trauma (TARN)	Yes	Yes	66.5
7. National Comparative Audit of Blood Transfusion	Yes	Yes	100
8. Bowel cancer NBOCAP	Yes	Yes	100
9. Head and Neck Oncology DAHNO	Yes	Yes	100
10. Lung Cancer NLCA	Yes	Yes	100
11. Oesophago-gastric cancer (NAOGC)	Yes	Yes	100
12. Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	71
13. National Cardiac Arrest Audit (NCAA)	Yes	Yes	100
14. National Heart failure (HF)	Yes	Yes	99
15. Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes	Yes	100
16. Diabetes (Paediatric) (NPDA)	Yes	Yes	100
17. Inflammatory bowel disease (IBD)	Yes	Yes	100
18. Renal replacement therapy (Renal Registry)	Yes	Yes	100
19. Falls and Fragility Fractures Audit Programme (FFFAP) including National Hip Fracture Database NHFD	Yes	Yes	100
20. Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100

National Clinical Audits	Is the Trust eligible to participate?	Is the Trust participating?	% of cases submitted
21. Elective surgery (National PROMs Programme)	Yes	Yes	95.5
22. Maternal, infant and newborn programme (MBRACE-UK)	Yes	Yes	100
23. Neonatal intensive and special care (NNAP)	Yes	Yes	100
24. Paediatric asthma (British Thoracic Society)	Yes	Yes	100

Table four: Completed national confidential enquiries 2013-14

National Confidential Enquiries	Is the Trust eligible to participate?	Is the Trust participating?	% of cases submitted
1. Remedial factors in the care of patients undergoing tracheostomy insertion	Yes	Yes	100
2. Remedial factors in the care of patients who have died following lower limb amputation	Yes	Yes	100
3. Subarachnoid Haemorrhage	Yes	Yes	50
4. Alcohol Related Liver Disease	Yes	Yes	50

National and local clinical audits reviewed

The reports of five national clinical audits were reviewed by the Trust in 2013-14 and recommendations are discussed by the appropriate committee and action plans implemented. Results are also presented at the clinical audit half day meetings (held every six weeks). Details are presented in table five below. Reports on some of the audits were from 2012-13 due to when reports are received.

Table five: National audits reviewed

National Audits reviewed in 2013-14	
Audit report	**Areas of Action**
1. Trauma Audit Research Network (TARN)	The quarterly reports are discussed at the Trust Trauma Group meetings and actions agreed accordingly. Lower-than-expected compliance with reporting noted and addressed.
2. National Comparative Audit of Blood Transfusion – sampling and labelling	Results discussed at pathology audit meeting e.g. discussion on electronic system and how to improve compliance.
3. BTS Paediatric Pneumonia audit (12/13)	Treat systematically well Community Acquired Pneumonia patients in the community with oral antibiotics if required. Do not perform a chest xray routinely. If child is admitted, consider switch to oral antibiotics when child is improving. Better documentation of use of oral antibiotics as inpatient. No hospital follow up or follow up chest xrays are required for uncomplicated cases
4. National BTS Adult Asthma (12/13)	Junior and senior doctor education. Acute asthma proforma (agreed to implement)
5. Severe Sepsis	Interim discussion. Action to ensure correct data captured for national audit.

We reviewed the reports of 154 local clinical audits in 2013-14 at clinical audit half day meetings and the appropriate directorate management team meeting for actions and implementation.

Learning from audits is also shared by joint specialty audit half day meetings, educational meetings and by presentation and posters at the clinical audit open afternoon, held annually.

Some areas of action from our local audits were:

- review and clarification of care pathways;
- evaluation and change of diagnostic protocols to improve patient experience;
- improving the documentation of patient care by utilising existing information systems better;
- review and change in documentation to improve patient safety – e.g. in medicines management;
- following implementation of audit recommendations, plan to re-audit practice in sufficient time to monitor care quality development; and
- development, introduction and maintenance of quality management systems.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 859

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and making our contribution to wider health care improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

During 2013-14 we were involved in conducting 118 clinical research studies. There were 336 clinical staff participating in research approved by the research ethics committee at the NHS Trust during 2013-14. These staff participated in research covering 14 medical specialties.

In the last three years 264 publications have resulted from our involvement in National Institute for Health research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates our commitment to testing and offering the latest medical treatments and techniques.

Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of the Trust's income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and local commissioners through the 'Commissioning for Quality and Innovation payment framework (CQUIN)'.

Further details of the agreed goals for 2013-14 and for the following 12 month period are available electronically at http://www.epsom-sthelier.nhs.uk/cquin/

Care Quality Commission registration

We are required to register with the Care Quality Commission (CQC) and our current registration is unconditional.

The CQC has not taken enforcement action against us during 2013-14.

The Trust has not participated in any special reviews or investigations by the CQC during 2013-14.

On 1st March 2013 the CQC undertook unannounced compliance inspection at our Kingston Satellite Dialysis Unit. The CQC Inspection Report published in April 2013 confirmed that, at the time of inspection, our Kingston Satellite Dialysis Unit was meeting all of the standards reviewed.

In February 2014, the CQC undertook an unannounced inspection at Epsom Hospital as part of a national themed review of Dementia care. The outcome of that review is awaited.

On 6th March 2014, the CQC undertook unannounced compliance inspection at St Helier Hospital and Queen Mary's Hospital for Children. A review of Trust compliance with the

Management of Medicines standard was undertaken. The CQC Inspection Report published in March 2014 confirmed that, at the time of inspection, St Helier Hospital and Queen Mary's Hospital for Children was meeting the standard reviewed.

Data quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will improve patient care and improve value for money.

We will be taking the following actions to improve data quality:

- regular meetings with service areas to improve timely and accurate recording;
- communication and training for clinical and administrative staff on data items that must be collected, such as ethnicity, disability status and registered GP;
- regular monitoring reports of patient information to ensure that fields are valid, such as registered GP, NHS number and A&E treatment codes.
- regular audit to ensure activity is recorded accurately within trust clinical systems and patient case notes.

During 2013-14, we submitted records 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:

1) Which included the patient's valid NHS number was:

- 98.4% for admitted patient care;
- 98.0% for outpatient care; and
- 93.2% for accident and emergency care.

2) Which included the patient's valid general medical practice code was:

- 99.9% for inpatient care;
- 99.8% for outpatient care; and
- 99.1% for accident and emergency care.

Source: SUS Data Quality Dashboard April 2013 – December 2013

Information governance toolkit attainment levels

The information quality and records management attainment levels assessed within the information governance toolkit provide an overall measure of the quality of data systems, standards and process within an organisation

Our information governance assessment report overall score for 2013-14 was 72% and was graded as Green.

The Information Governance Toolkit is available on the Connecting for Health website www.igt.connectingforhealth.nhs.uk

Clinical coding error rate

Epsom and St Helier University Hospitals NHS Trust were subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported on the latest published audit (May 2013) for that period for diagnosis and treatment coding (clinical coding) were:

- Primary diagnosis incorrect: 6.3%
- Secondary diagnosis incorrect: 12.1%
- Primary procedures incorrect: 14.6%
- Secondary procedures incorrect: 12.3%

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of the patient's records. Information about the Payment By Results Data Assurance Framework clinical coding audit is available from the Audit Commission.

This audit was based on a sample of 150 finished consultant episodes. The sample was taken from the General Medicine specialty.

Further information about the Payment by Results audit programme is available at www.audit-commission.gov.uk/pbr

Further performance information

The following performance information gives comparative information on a core set of quality indicators as determined by the Department of Health. The information is taken from nationally published sources, according to the guidance.

All indicators use source data from the NHS Information Centre, https://indicators.ic.nhs.uk/webview/

Indicators are shown for the last three available reporting periods. The time periods are specified against each indicator value

Preventing People from dying prematurely and Enhancing quality of life for people with long-term conditions

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to— (a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

Note: The palliative care indicator is a contextual indicator.

Preventing People from dying prematurely and Enhancing quality of life for people with long-term conditions	Jan 2012 - Dec 2012	Apr 2012- Mar 2013	Jul 2012- Jun 2013	National average	Highest performance	Lowest performance
a) Summary Hospital-level Mortality Indicator (SHMI)	95.7 As expected	94.1 As expected	95.2 As expected	100.0	115.6	62.5
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level	29.8%	29.9%	28.7%	19.4%	42.3%	0.2%

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The data underlying the summary hospital-level mortality indicator is reviewed quarterly before publication and signed off by the Joint Medical Director.
- Data quality reports have been set up to look at all in hospital deaths, which are reviewed monthly to ensure that the data has been recorded correctly.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The mortality group, chaired by the Joint Medical Director, is held quarterly to review mortality reports and audits.

Helping people to recover from episodes of ill health or following injury

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's patient reported outcome measures scores for:

(i) groin hernia surgery,
(ii) varicose vein surgery,
(iii) hip replacement surgery, and
(iv) knee replacement surgery,
during the reporting period

Helping people to recover from episodes of ill health or following injury	Apr 2011 – Mar 2012	National average	Highest performance	Lowest performance
(i) Groin hernia surgery	0.069	0.087	0.143	0.030
(ii) Varicose vein surgery	Low numbers – no scores available	0.095	0.167	0.049
(iii) Hip replacement surgery	0.410	0.416	0.499	0.306
(iv) Knee replacement surgery	0.284	0.302	0.385	0.181

Notes:
Performance, national average and highest and lowest performance scores are for the EQ-5D index case mix adjusted average health gain.
Reporting period - 2011/12 financial year (Published December 2013)

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- There have been problems in accessing the forms to complete the patient reported outcome measures. There have also been problems in accessing the comparative analysis.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust uses a number of feedback methods to improve the quality of surgical outcomes. The Trust analyses information from patient's comments and complaints, the Friends and Family test and clinical audit to support continuous quality improvement of the services.

Helping people to recover from episodes of ill health or following injury

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:

(i) 0 to 15; and
(ii) 16 or over,

Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Helping people to recover from episodes of ill health or following injury	2009/10	2010/11	2011/12	National average	Highest performance	Lowest performance
i) Patients aged 0 to 14	7.44%	6.41%	6.40%	10.01%	14.94%	0%
ii) Patients aged 15 or over	13.06%	13.02%	13.80%	11.45%	17.15%	0%

Notes:
The Trust performance is shown for the three most recent published reporting periods
Reporting period is April 2011 – March 2012 (Published December 2013)

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust carries out regular audits of emergency readmissions.
- The Trust reviews clinical indicators relating to emergency readmissions that are published by the Health and Social Care Information Centre each quarter. These indicators are compared to the data held on the Trust's patient administration system to check that the published indicators are a reasonable reflection of our activity. This is reviewed by the Medical Directors.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust identified that many readmissions were by patients who were either elderly, or with respiratory conditions. The Trust set up programmes for elderly care and respiratory care, working with partners to improve the whole patient pathway.

Ensuring that people have a positive experience of care

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.

Based on National Inpatient Survey (Outcome Framework 4b)

Ensuring that people have a positive experience of care	2010/11	2011/12	2012/13	National average	Highest performance	Lowest performance
Responsiveness to the personal needs of the Trust's patients	73	73.5	77.3	76.5	88.2	68

Based on National Patient Survey Programme (Outcome Framework 4.2)

Ensuring that people have a positive experience of care	2010/11	2011/12	2012/13	National average	Highest performance	Lowest performance
Responsiveness to the personal needs of the Trust's patients	60.4	63.7	67.4	68.1	84.4	57.4

Notes:
The Trust performance is shown for the three most recent published reporting periods
Survey collected September to January over the respective years
Reporting period is April 2012 – March 2013 (Published March 2013)

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The source of the information is the National Patient Survey. The Trust is confident that the process for collecting the survey information was followed appropriately and as such, results are representative.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust uses a number of methods to gather information of the patients' experience. In addition to patient surveys the Trust reviews and monitors patients concerns and complaints and feedback from the friends and Family test. Trends are monitored and reported at the Improving patient experience Committee. Actions taken as a result of feedback are reported to patients via our patient information boards.

Treating and caring for people in a safe environment and protecting them from avoidable harm - *venous thromboembolism*

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Treating and caring for people in a safe environment and protecting them from avoidable harm - venous thromboembolism	**Q2 2013/14**	**Q3 2013/14**	**Q4 2013/14**	**National average**	**Highest performance**	**Lowest performance**
Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism	94.6%	95.1%	95.7%	96.04%	100.0%	75.0%

Notes:
Reporting period is 2013-14 Q4 national data – January – March 2014 (Published June 2014)

The Trust VTE reporting has included a small number of admissions that should have been excluded. This would not have made a material difference to reported performance however the Trust is ensuring that future VTE returns exclude these admissions.

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has established regular reports that identify which patients have had a VTE risk assessment. The VTE indicator is reviewed at directorate and Executive level.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust aims to have completed VTE assessments in 95% of patients. With the help of two dedicated VTE nurses, training and supporting the doctors who complete the assessments, we have made significant progress in achieving this target. The nurses have also carry out regular checks to ensure that patients found to be at risk of VTE are being given the correct treatment
- The Trust continues to monitor this target to ensure that performance continues to improve.

Treating and caring for people in a safe environment and protecting them from avoidable harm -- *C. difficile*

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

Treating and caring for people in a safe environment and protecting them from avoidable harm -- C. difficile	2010/11	2011/12	2012/13	National average	Highest performance	Lowest performance
Rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over.	35.2	27.3	29.5	17.3	30.8	0

Notes:
The Trust performance is shown for the three most recent published reporting periods
Reporting period is April 2012 – March 2013 (Published April 2013)

Published data to calculate the rate for 2013/14 is not yet available. However, based on the number of Trust apportioned *C. Difficile* cases reported to Public Health England and the number of bed days reported to NHS England the rate for 2013/14 is 16.68.

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has a process in place for reporting *C. difficile* infections to the Health Protection Agency (HPA). Any case of *C. difficile* infection is reviewed and reported to the HPA in a timely manner.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust has put in place various initiatives to minimise the risk associated with C. difficile infection. These are described in the Quality Account and include increasing the side room provision, review of new technologies such as infection control 'Pods' to improve side room provision, rolling out a risk assessment tool sticker to aid staff in ensuring all appropriate actions have been taken if a patient develops diarrhoea, introducing a clinical facilitator on each site to support and enhance infection control clinical practice at ward level, undertaking compliance audits of antibiotic prescribing and feedback to clinicians and introduced a new prescription chart.

Treating and caring for people in a safe environment and protecting them from avoidable harm - *Patient safety incidents*

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

Treating and caring for people in a safe environment and protecting them from avoidable harm - Patient safety incidents	**Oct 2011 – March 2012**	**April 2012 – Sept 2012**	**Oct 2012 – Mar 2013**
Number and rate of patient safety incidents reported within the trust, and the number and percentage of such patient safety incidents that resulted in severe harm or death	4.67% 28 incidents that resulted in severe harm (25) or death (3) 0.6%	4.45% 22 incidents that resulted in severe harm (18) or death (4) 1.1%	4.28 18 incidents that resulted in severe harm (14) or death (4) 0.2%

Notes:
The Trust performance is shown for the three most recent published reporting periods
Reporting period is April 2011 – March 2013 (Published March 2013)

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has a detailed policy for the reporting and management of incidents. All reported incidents are logged onto the Trust risk management database and anonymised details of incidents are exported weekly to the National Reporting and Learning Service – a national risk management database.

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust continues to emphasise the importance of staff reporting patient safety incidents and inform all new staff of the Trust policy and procedures at induction. The level of incident reporting is monitored by directorate and reported quarterly to the clinical governance committee, patient safety and quality committee and Trust Board.
- In October 2013 the Trust reviewed its reporting of harm to the National Reporting and Learning Service (NRLS) to ensure that reporting aligns with national guidance.
- The Trust has commissioned a web based risk management system which will support the electronic reporting of clinical incidents. The system will go live at the end of June 2014.

Ensuring that people have a positive experience of care –
the Friends and Family test – staff

Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey

Ensuring that people have a positive experience of care – the Friends and Family test - staff	**2011**	**2012**	**2013**	**National average**	**Highest performance**
Percentage of staff who would be happy with the standard of care provided by this organisation	60%	59%	67%	67%	94%

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

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- The source of the information is the NHS Staff Survey. The Trust is confident that the process for collecting the survey information was followed appropriately and as such, results are representative

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust gathers information for the Friends and Family test as is required nationally. The Trust analyses the results of this feedback and acts on any areas of improvement as identified.

Ensuring that people have a positive experience of care –
the Friends and Family test - inpatients and patients discharged from Accident and Emergency

Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)

Ensuring that people have a positive experience of care – the Friends and Family test - inpatients and patients discharged from Accident and Emergency	Q2 2013 Jul- Sep	Q3 2013 Oct-Dec	Q4 2014 Jan - Mar	National average	Highest performance	Lowest performance
	20.5% This is the combined score	21.3% This is the combined score	21.3% This is the combined score	34.8% IP 23.2% A&E Including Independent Service providers.	100.0% IP 53.5% A&E Including Independent Service providers.	10.9% IP 1.6% A&E Including Independent Service providers.

Notes: The Trust performance is shown for the three most recent quarters published in 2013-14. (April 2013 - March 2014)
National performance is based on the March 2014 data

Epsom and St Helier University Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust reports it Friends and Family Test results each month to the Department of Health and is confident that the process for collecting the survey information was followed appropriately and as such, results are representative

Epsom and St Helier University Hospitals NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- We regularly feedback to staff the patient comments we have received, so that these can form the basis of team-meeting discussions to improve the experience of patients in our hospital.
- We have launched a '*you said, we did'* type feedback so that we share the action that staff have taken as a result of patient feedback we have received. This is being displayed to the public on our patient experience boards

Statements on the engagement process for the development of the quality accounts

Local Involvement Networks Healthwatch

Healthwatch Sutton

Thank you for the consultation you offered to Healthwatch Sutton prior to the drafting of the Quality Account and the opportunity to comment on the draft document.

We have also been kept updated on the progress against last year's targets through the Local Representatives Panel and regular meetings with the Chief Executive and Director of Communications and Corporate Affairs. The Chief Nurse has kept us updated with Patient Experience.

I think the Quality Account reflects the ethos that has been created within the hospital, one of the examples is Patient First and through the Patient's Eyes, with sections headed "What this means for you as a patient"

Epsom and St Helier Hospitals have a policy to be open and transparent which I think has also been shown in the document, as Healthwatch Sutton we have been involved in the listening events.

In comparison with the 2012-2013 document, this year's builds on that document and gives a more in-depth description of the targets and clearer charts,

Healthwatch Sutton have recently undertaken a Hospital Discharge Project and we have some concerns about the Graph 5 and the discharge summaries results.

The numbers of patients using the services is very revealing and helps show the pressure on services and staff in a hospital setting.

As a stakeholder who requested a Priority for training and staff appraisal, I am pleased to see its inclusion, many of the priorities leave a "why" question, such as Infection Control and training seems a positive way of addressing such issues for all staff

Health Overview & Scrutiny Committees

Sutton Scrutiny Committee

Statement and comments on Epsom & St Helier NHS Trust Quality Account 2013/14.

Sutton Scrutiny Committee is pleased to comment on the Epsom & St Helier NHS Trust Quality Account 2013/14.

Overall the Account provides a welcome and positive statement of the Trust's work in its priority areas and the Scrutiny Committee looks forward to using this information over the coming year to inform a better and more in-depth dialogue with the Trust regarding its performance.

The committee welcomes the continuing reduction in hospital acquired infections (Priorities 1 and 2) but would ask that in future targets are expressed in a more specific form i.e. as a number or percentage as appropriate.

Regarding reducing falls the committee is concerned that the narrative does not sufficiently explain the reason(s) for the increase between 2012/13 and 2013/14 and also only makes a brief reference to the new Falls Steering Committee and the work it has undertaken since August 2013.

Regarding discharge summaries greater clarity on what work is being undertaken would be welcomed. It is not clear what actions / targets relate to (1) printed paper summaries for patients themselves and (2) electronic summaries sent to GPs. Further it appears that performance on this second category has not improved compared with last year and some further explanation of this would be helpful.

The committee welcomes the improvement in both response rate and Net Promoter Score for the Friends and Family test and would request that future data is broken down by department.

Regarding work to promote and support awareness of dementia the committee would ask that this could be extended to cover all patient contacts.

Surrey Health Scrutiny Committee

The Health Scrutiny Committee is pleased to be offered the opportunity to comment on Epsom & St Helier University Hospitals NHS Trust Quality Account for 2012/13. The Trust is thanked for its working with the Health Scrutiny Committee over the last year to Update on its financial outlook and the Trust's End of Life Care services at Epsom Hospital.
The Committee liaises with the Trust via a sub-group of Members who meet regularly with NHS staff to monitor the Trust's quality priorities.

The Committee wishes to commend the Trust for the progress made on its finances and the projected improvements in the coming years. Regarding this year's Quality Account the Committee wishes to make the following comments:

It may be beneficial to the reader to give a brief summary of performance against each priority where they are first listed on page eight of the draft report. Regarding the priorities:

1. Pleased to note that the Trust is on course to meet this target and supports plans for further reductions in 2014/15
2. The Committee feels these are disappointing results for the Trust. Performance appears to have reached a plateau and will require intensive work to improve
3. Notes the inconsistent performance over the course of 2013/14 in graph three. Disappointed with final outcome which is worse than the previous year but supports targeting of reduction of avoidable harm next year
4. Recognises the importance of this priority for Acute Trusts across Surrey and approves of its retention in 2014/15
5. Feels that, given the evidence presented, there is more work to be done to achieve improvements in this area

6. Commends the Trust's growing response rate and its net promoter score which above national average
7. Observes that this performance against priority is progressing well and its importance is reflected in its retention for 2014/15

Regarding the priorities for 2014/15 the Committee highlighted:

1. The need for continual refreshing of staff training to ensure good hygiene
2. Its sub-group with follow up on the appointment of the vascular nurse with the Trust; and
3. Also follow up on the outcomes of weekly audits. Should consider the inclusion of a nutrition target in the monitoring of the priority
4. How exactly will the Trust work with other NHS bodies? The Committee would expect to see full compliance with statutory and mandatory requirements in 2014/15
5. Pleased this remains a priority
6. Commends the Trust for listening to its stakeholders and widening the priority in response although would like to see more specific monitoring indictors
7. Supports the further stretching of target for responses
8. Recognises the importance of assessment of the elderly for the risk of dementia

The Committee looks forward to working with the Epsom and St. Helier University Hospitals NHS Trust on its quality priorities in the next year and monitoring its progress

Healthier Communities and Older People Overview and Scrutiny Panel - Merton.

Over the years there have been some remarkable improvements in the services at this hospital. However, the Francis report and recommendations following the failures at Mid Staffordshire Trust highlight that there is still room for improvement.

Though the number of falls reported varies each month, I would like to see the figure equate to the number of admissions. The thirty day discharge is still increasing in 2013/2014 and there needs to be further investigation as to why this is. I feel the local council and the hospital must work in tandem to reduce this.

The Friends and Family report looks very promising. This shows how much the local residents value the good work of the staff and doctors.

The Dementia area needs to be monitored very carefully as referrals are likely to increase with the ageing population. Hence good dedicated trained nursing staff and consultants will be essential in this area.

We must thank Mathew Hopkins, the former Chief Executive of Epsom and St Helier for his great effort in improving the service quality, staff moral, and reducing the deficit during the financial challenges the Trust faced over the past four years. Having read the Priorities for Improvements for 2014/15, I am very confident that the new interim director Ms Chrisha Alagaratnam will go further to provide quality services and bring the deficit to zero by end of this year.

Commissioner Feedback

Surrey Downs Clinical Commissioning Group

Surrey Downs Clinical Commissioning Group has reviewed the Epsom and St Helier University Hospitals NHS Trust Quality Account.

Overall, the Trust has performed well against a number of the NHS Outcomes Framework measures and has worked with the CCG as a commissioner to make further improvements in a number of areas. The Trust has achieved a significant reduction in the number of healthcare associated Clostridium Difficile *(CDifficile)* infections over the year by taking a number of key actions to ensure that optimum care was being delivered. We are confident that by working together across the whole health system, it will be possible to drive down the number of cases further and more importantly, ensure that no one acquires *CDifficile* as the result of a lapse in care delivery. It was disappointing however, that despite a similar focus on reducing other healthcare acquired infections; the Trust was not able to achieve a reduction in the number of Methicillin Resistant Staphylococcus Aureus (MRSA) Infections during the same period. However, we are encouraged by the Trust's approach and are confident they will achieve a reduction in the incidence of all avoidable infections over the coming year.

The Trust has shown a commitment to improving patient experience during the year. They have successfully implemented The Friends and Family Test across Accident and Emergency, Inpatient areas and maternity services, achieving above average response rates and net promoter scores. The Trust has also now begun to act on the feedback that it has received from patients taking a "You said, we did" approach which means that more improvements are being made in real time. We are pleased that Improving Patient experience will continue to be a priority in 2014-15, strengthening the dialogue that the Trust has with patients and improving data collection from those with a disability to ensure that all patient groups are heard.

We share the Trust's disappointment that there was an increase in cases where a patient fall resulted in harm when compared to 2012-13. However, the Falls Steering Committee that was set up in August 2013 has introduced a renewed focus on this area of patient safety and will continue to be a priority along with reducing other incidences of harm such as pressure ulcers in 2014-15 and this will be monitored by commissioners along with patient feedback around incidents relating to patient safety.

We were surprised not to see more reference to the maternity services that the Trust provides within the Quality Account, particularly as the Trust undertook a review of quality and patient safety within the service during the year. The Trust has been very transparent about the learning that has resulted from this review and how this will be embedded during 2014-15 to further improve the services that they provide.

We are pleased that there has already been a focus on the quality of information and communication with patients, carers, their relatives and GPs particularly around discharge summaries. We recognise that there has been investment in an IT system with the associated improvement in discharge summaries but would like to see further improvements in the quality and content of these.

We were also pleased at the level of the Trust's participation in national clinical audits

and feel that it would have been helpful to include the results of those in this Quality account for information.

The Trust has explained that following on from the Better Services, Better Value review, there would now be a focus on a five year strategy across South West London. We are aware of the work that has been carried already to ensure that the Trust is meeting the London Quality Standards and would have liked to see more information on progress against these standards.

Looking forward to 2014-15, we would agree with the priorities that have been chosen by the Trust which will support Surrey Downs Integrated Commissioning Plan over the next 2-5 years and will continue to improve the quality and safety of services that are provided by the Trust. We are also confident that the establishment of a Quality Directorate within the Trust during the past year and the review of the systems and processes within each Clinical Directorate will ensure that there is a continued focus on Quality and Safety across all areas and that there will be an increased ability to triangulate data and information from a wide range of sources.

Surrey Downs CCG looks forward to continuing to work with the Trust to meet the quality aspirations of patients, carers, members of the public, stakeholders, partners and staff.

Sutton Clinical Commissioning Group

Sutton Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Epsom and St Helier's NHS Trust's (The Trust) 2013/14 Quality Account. Merton CCG views have also been sought in providing this feedback.

We can confirm that we have no reason to believe the Quality Account is not an accurate representation of the achievements of the organisation during 2013/14. Sutton CCG recognises the areas of strength described in the Quality Account.

Priority areas for quality improvement are also supported. Sutton CCG monitors quality and performance at the Trust throughout the year. There are monthly quality meetings and there is frequent ongoing dialogue as issues arise. Sutton CCG welcomes the contribution of Executive colleagues at these monthly Clinical Quality Review meetings.

The information contained within the Quality Account is consistent with information supplied to commissioners throughout the year. The Trust works constructively with commissioners and other partners. For instance, CQUINs were jointly agreed in order to improve the health of local residents. When significant incidents occur, the Trust conducts robust investigations, so that lessons are learned and improvements can be made.

The complaints process at the Trust appears to be fair and rigorous. The trust is working hard to ensure all aspects of service quality-safety, clinical effectiveness and patient experience - consistently meet the high standards patients expect.

Performance against National Targets 2013/14

Clostridium Difficile

We are pleased that the Trust has continued its year on year progress to reduce the incidence of Clostridium Difficile. .This is a result of a lot of hard work by all staff at

the Trust.

Reduction of Falls that result in harm
There has been significant improvement in areas for harm free care and this is encouraging. We look forward to seeing further improvements as additional measures are rolled out.

Reduction of unexpected re-admissions
We have seen some excellent pilot work undertaken this year and the feedback from patients has been encouraging. We look forward to the roll out of these and other new initiatives in 14/15, particularly in areas that will improve the quality of discharge and overall patient experience.

Patient Experience
The results from the Friends and Family Test have been very encouraging, particularly in maternity services. The CCG look forward to hearing more about the outcome of the pilots for day case and outpatient services and services for older people.
Lastly, we would also like to take this opportunity to thank all the staff in the Trust for their dedication and commitment, helping to ensure each patient receives the highest standard of care.

Thanks

The Trust would like to thank Healthwatch, our Health Overview & Scrutiny Committees and our Commissioners for their comments which have been noted and will be further considered when drafting the 2014-15 Quality Account.

The Trust would confirm that no changes have been made to the 2013-14 Quality Account in response to the comments received.

2013-14 Statement of Directors' Responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the above legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board:

Laurence Newman
Chairman

24th June 2014

Chrisha Alagaratnam
Interim Chief Executive

24th June 2014

Independent Auditor's Limited Assurance Report to the Directors of Epsom and St Helier University Hospitals NHS Trust on the Annual Quality Account

We are required by the Audit Commission to perform an independent limited assurance engagement in respect of Epsom and St Helier University Hospitals NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators:

- The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period, page 46.
- Rate of Clostridium difficile infections ("CDIs") per 100,000 bed days for patients aged two or more on the date the specimen was taken during the reporting period, page 47.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2013/14 issued by the Audit Commission on 17 February 2014 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to June 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners dated 16/05/2014;
- feedback from Local Healthwatch dated 21/05/2014;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 06/09/13;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 08/04/2014;
- the latest national staff survey dated 25/02/2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2014;
- the annual governance statement dated 02/06/2014;
- Care Quality Commission Intelligent Monitoring Report dated 13/03/14;
- the results of the Payment by Results coding review dated May 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively "the documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Epsom and St Helier University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit

Commission in March 2014. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Epsom and St Helier University Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Epsom and St Helier University Hospitals NHS Trust.

Basis for qualified conclusion

The indicator reporting the percentage of patients risk-assessed for VTE did not meet the six dimensions of data quality in the following respects:

- Accuracy and Validity : As the Trust's admissions management system (IPM) is a live system, we could not reconcile the data in the reported indicator to the live system. There were small differences in the data for both the numerator (number of adults admitted to hospital who have been risk assessed for VTE) and the denominator (total number of adults admitted to hospital) which would have a minor impact on the overall value of the indicator. Accuracy, Validity and Relevance: The VTE indicator includes patients who were admitted to hospital because they had a diagnosis or signs and symptoms of deep vein thrombosis (DVT) or pulmonary embolism. This is contrary to the relevant guidance which states that these patients should be excluded from the indicator. In total there were 188 patients in this category, of which 177 were risk assessed for VTE.

Qualified conclusion

Based on the results of our procedures, with the exception of the matters reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP

Grant Thornton House, Melton Street, Euston Square, London, NW1 2EP

Date: 23 June 2014

Your feedback

We welcome your comments

We are always interested to hear your views on the Trust, our services, and our publications

Please contact:

PALS – our Patient Advice and Liaison Service if you need information, support or advice about our services on 020 8296 2508 or email pals@esth.nhs.uk

Communications and Corporate Affairs – if you would like more information or want to tell us what you think about the Trust publication or website on 020 8296 2406 or email communication@esth.nhs.uk

If you would like a copy of this report, or any other Trust information, in large print, Braille, or a different language please contact our PALS on 020 8296 2508 or email pals@esth.nhs.uk