

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY ACCOUNT/REPORT SUMMARY FOR 2012/13

1. Introduction

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2012 and which were included in the published Quality Account for 2011/12. It gives an indication of where the Trust is at with these targets at the time of writing this report (Feb 2013) and so it has to be appreciated that a final complete analysis and conclusion can only be undertaken after the end of the year, which is 31st March 2013. It also indicates how the Trust has decided on the quality priorities for 2013/14. At the time of writing, although the priority topics have been decided for 2013/14, the full details of the associated targets have yet to be agreed as these will be dependent on the final results against the 2012/13 targets.

The full quality account/report will be circulated to the committee when available. This will include full end of year data, the statutory statements from the organisation on quality and a quality overview to include a selection of local and national quality indicators as set out in the NHS Compliance Framework.

2. Quality Priorities/Targets for 2012/13

PRIORITY 1: PATIENT EXPERIENCE

Hospital (a) increase the number of patients who receive enough assistance to eat their meals from 81 per cent to 85 per cent. (b) Increase the number of patients who receive enough information about ward routines from 57 per cent to 65 per cent.

Community (a) Increase the number of patients who use their Single Assessment Process folder to monitor their care from 75.3 per cent to 80 per cent. (b) Increase the number of patients who would know how to raise a concern about their care and treatment if they wished to do so from 80.8 per cent to 85 per cent.

PRIORITY 2: PRESSURE ULCERS

Reduce avoidable stage three and four hospital acquired pressure ulcers, against activity, so that the number for 2011/12 has been reduced by 50 per cent in 2012/13.

Reduce avoidable stage three and four acquired pressure ulcers that occur on the district nurse caseload through the year, so that the number for the final quarter of 2011/12 has been reduced by 10 per cent at the second quarter of 2012/13 (Jul–Sept) and by 20 per cent at the final quarter of 2012/13 (Jan–Mar)

PRIORITY 3: INFECTION CONTROL

Reduce our MRSA and *Clostridium Difficile* rates in line with the national and local priorities. MRSA Bacteraemia (blood stream infections) target is no more than 2 post 48hr cases; *C.diff* is no more than 77 post 48hr cases in 2012/13.

PRIORITY 4: NUTRITION

Increase the number of patients who have a risk assessment regarding their nutritional status within 24 hours of admission. By September 2012 at least 90 per cent of patients will have the risk assessment completed and this will continue for the rest of the year.

PRIORITY 5: HYDRATION

Increase the number of patients who have their fluid balance charts fully completed. By September 2012 at least 70 per cent of patients will have a fluid balance chart fully completed and this will rise to at least 90 per cent by the end of the year (March 2013).

3. Present position with the above 2012/13 targets

Patient experience – Patients are reporting an increase in gaining help from staff to eat their meals where this is needed with a 96% rating in January 2013. There has also been an increase in patients receiving enough information on reaching the wards with a 71% rating in the same month. Both hospital targets, therefore, look like they will be achieved. The community target is based on an annual survey and this is not yet completed.

Pressure ulcers – With regards to the hospital target, the Trust has recorded 44 pressure ulcers in nine months (the three quarter periods being; 19, 11 and 14 ulcers). As the aim is to reduce the full previous year figure (110) by 50%, this means there should be no more than 11 in the last quarter (the target is based on activity so there may be some slight adjustment to these figures). The community target of a reduction of 10% in the second quarter from the final quarter of 2011/12 has been so well exceeded that, as long as the numbers remain similar for the rest of the year, the final year end target has already been achieved.

Infection control – The Trust is on track to achieve both the MRSA and C diff elements of this priority, although we have recorded one MRSA bacteraemia against a target of no more than two. At the end of December there have been 43 cases of C diff against an annual target of 77.

Nutrition – Up to the end of December, the overall score for completion of the MUST charts is 93% and so the target is likely to be achieved.

Hydration – By September the 70% target had been achieved and the monthly figures since then have all been above 70%. It is unclear at this point in time whether the 90% figure will be achieved in March.

4. Prioritisation of quality priorities for 2013/14 and involvement of patients and the public in our decisions

We made several changes to the topics of the quality priorities in 2012/13 and the Trust Board of Directors felt as the topics are still key targets for us, both from a patient and staff perspective, and further improvements are still achievable we should continue to use the same topics for 2013/14.

A comprehensive workshop session was held with the Council of Governors in November to update the Trust Governors on progress with the quality priorities and also to ask for their opinions on whether the Trust should focus on different areas in 2013/14.

The purpose of the workshop was to:

1. Provide an overview of the Trust's present quality priorities (2012/13) and how they have progressed so far.

2. To look at the quality priorities for next year (2013/14).
3. To consider potential topics beyond 2013/14.

Following detailed discussion on the format of the report and the priorities themselves it was agreed to keep the priority topics the same for 2013/14 to allow further progress to be made with these key issues.

In the report itself and also on the Trust website the public are asked to let us know their views on the style and content of the report. At the Annual Members Meeting in September when over 60 people attended part of the feedback questionnaire was about the quality priorities. Feedback was positive with 100 per cent of respondents agreeing the Trust should retain the same priority topics 2013/14.

5. Quality Priorities/Targets for 2013/14

PRIORITY 1: PATIENT EXPERIENCE

The topic is retained but as the community results for 2012/13 are still awaited, the details of the target for 2013/14 have not yet been decided. The Hospital target is still to be agreed.

PRIORITY 2: PRESSURE ULCERS

This topic is retained but discussions are on-going with the commissioners to agree the exact target; however this will involve a requirement to reduce further the incidence of pressure ulcers acquired whilst in both the hospital and on the community district nurse caseload.

PRIORITY 3: INFECTION CONTROL

This topic is retained and the Trust has been set by the Department of Health a target of 38 cases of C diff and with regards to MRSA Bacteraemia, zero tolerance.

PRIORITY 4: NUTRITION

This topic is retained and the target set will depend on the outturn figures for 2012/13.

PRIORITY 5: HYDRATION

This topic is retained and the target set will depend on the outturn figures for 2012/13.

(As stated, please note that although the topics have been decided the detail of the targets (except for infection control) still need final confirmation).

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