

Agenda Item No. 5

Health Scrutiny Committee – 16th February 2015

THE DUDLEY GROUP NHS FOUNDATION TRUST

QUALITY ACCOUNT/REPORT SUMMARY FOR 2014/15

1. Introduction

This paper confirms what quality priority topics and associated targets the Trust set at the beginning of the year in April 2014 and which were initially published in the Quality Account for 2013/14. It also gives an indication of where the Trust is presently at with the majority of these thirteen targets (not all of the targets as two of them are based on the results of an annual survey for which the results are not yet available) but it has to be appreciated that a final complete analysis and conclusion can only be undertaken after the end of the financial year which falls on 31st March 2015. The paper also indicates how the Trust is deciding on the quality priorities for 2015/16. At the time of writing, the full details of those priorities have yet to be agreed as these will be dependent on the final results against the 2014/15 targets and what goals are set both nationally and by our local commissioners, the Dudley Clinical Commissioning Group.

As has happened in previous years, a draft of the quality account/report will be circulated to the committee for formal comment when available. The final version will be provided too, which 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.

2. Quality Priorities/Targets for 2014/15 and present position at quarter 3 – December 2014)

1. PATIENT EXPERIENCE	
Hospital	Community
a) Maintain an average score of 8.5* or above throughout the year for patients who report receiving enough assistance to eat their meals. b) By the end of the year, at least 90 per cent of patients will report that their call bells are always answered in a reasonable time.	a) Equal or improve the score of patients who state they were informed who to contact if they were worried about their condition after treatment. (2013/14 was 8.8 out of 10) b) Equal or improve the score of patients who state they know how to raise a concern about their care and treatment if they so wished. (2013/14 was 8.3 out of 10)

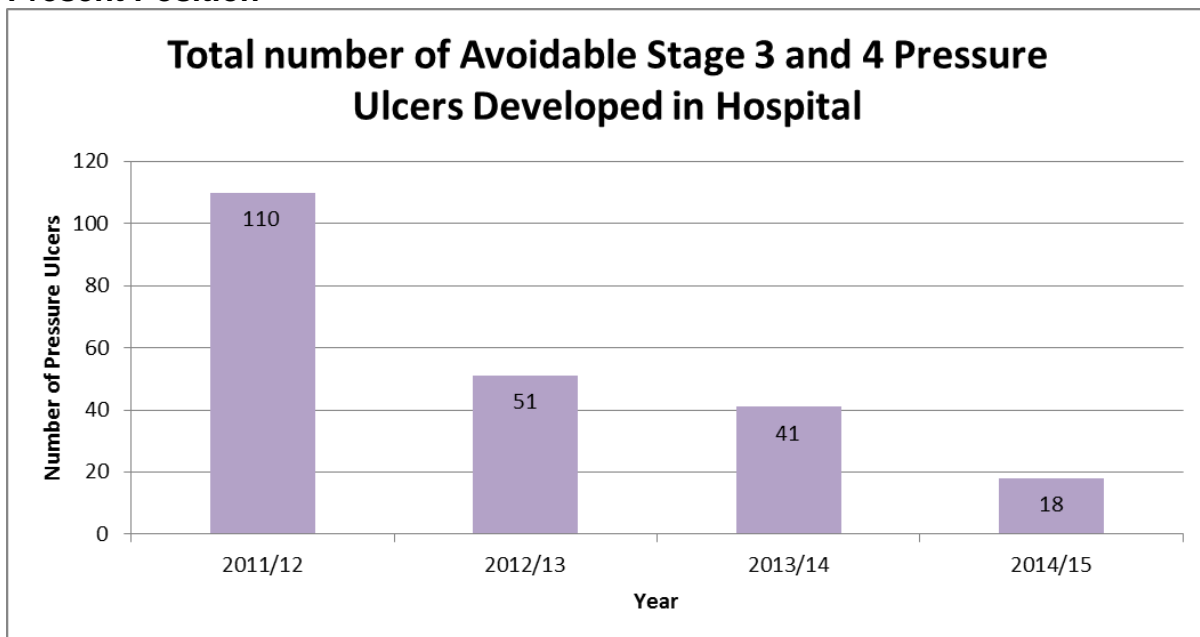
*Change of scoring system to be consistent with the national surveys. Now out of 10 rather than 100

Present position

With regards to patient's perceptions of receiving enough help to eat at meal times the survey results up to December 2014 indicate a score of 8.95 and so the target is presently being met. Of the 1140 patients surveyed, 10 reported they sometimes or never got the help they needed. Senior nurses are informed of these patients immediately so the problem can be resolved straightaway. Over 86% of patients are indicating that their call bells are always answered in a reasonable time so some work is still required to reach the end of year target. The community targets are based on an annual survey and this is not yet completed.

2. PRESSURE ULCERS	
Hospital	Community
Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.	Ensure that there are no avoidable stage 4 pressure ulcers acquired throughout the year on the district nurse caseload.
Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2014/15 does not increase from the number in 2013/14.	Ensure that the number of avoidable stage 3 acquired pressure ulcers on the district nurse caseload in 2014/15 does not increase from the number in 2013/14.

Present Position



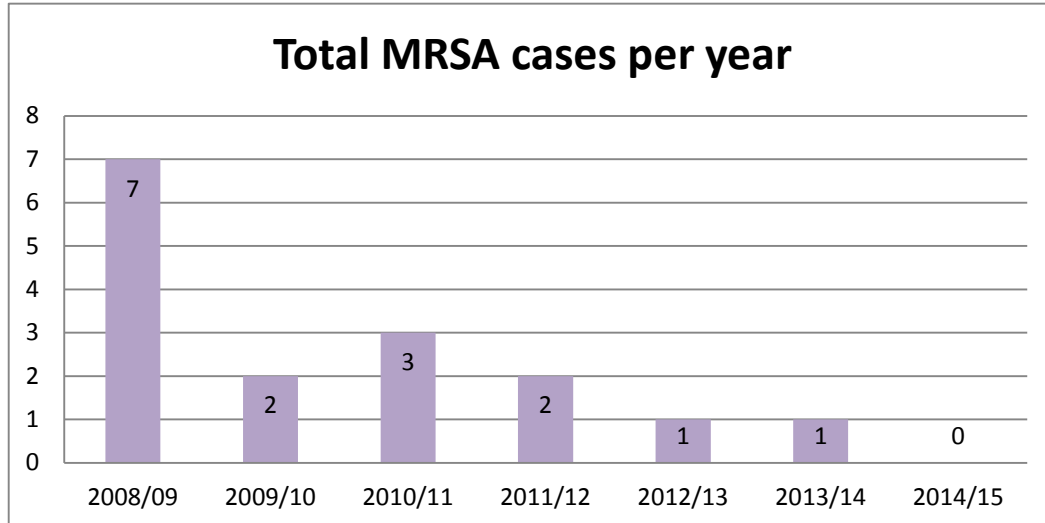
(Figures for 2014/15 are just up to the end of Dec 14)

With regards to avoidable pressure ulcers generally in the hospital, the above graph shows the steady decline in their incidence. With regards to the specific targets, the Trust has recorded 18 avoidable stage 3 pressure ulcers and a single stage 4 ulcer. This means we have missed one target and are on track to achieve the other. The picture in the Community indicates the achievement of one of the targets (no avoidable stage 4 avoidable ulcers) and with regards to avoidable stage 3 ulcers there have been four cases but two of these are under discussion due to their main cause being delayed equipment provided by an organisation unrelated to the Trust. The outcome of those discussions will likely affect the achievement or otherwise of the target.

3. INFECTION CONTROL	
Reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities.	
MRSA	Clostridium difficile
Have no post 48 hour cases of MRSA bacteraemia (blood stream infections).	Have no more than 48 post 48 hour cases of Clostridium difficile.

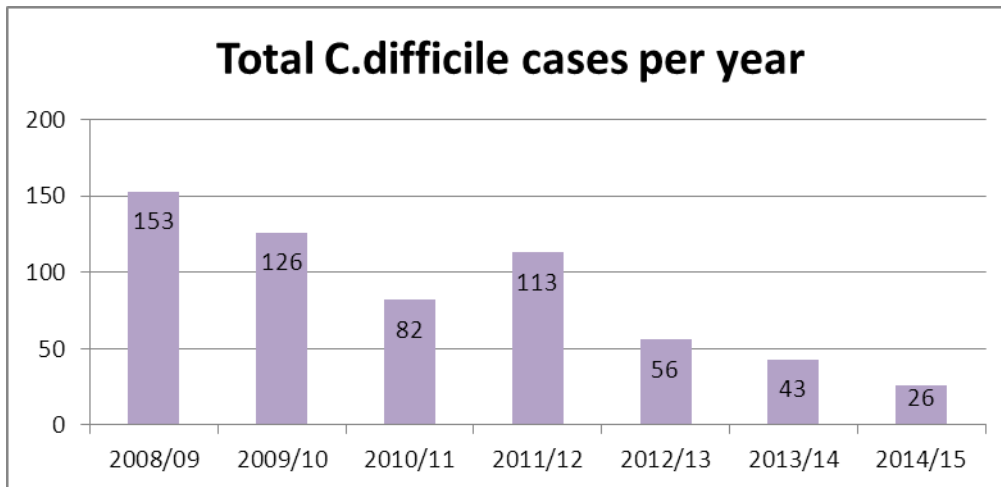
Present Position

Below are graphs that show the latest year on year figures and that this year's targets are being met:



(Figures for 2014/15 are just up to the end of Dec 14)

There have been no post 48 hour MRSA bacteraemia cases so far this year and so that target is being met.



(Figures for 2014/15 are just up to the end of Dec 14)

It can be seen above that for the third quarter the Trust is achieving its C. difficile target with 26 cases against a target of 36.

4. NUTRITION

Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Through the year on average at least 90 per cent of patients will have the weekly risk assessment completed and this will rise to at least 93 per cent by the end of the year (March 2015).

5. HYDRATION

Ensure that on average throughout the year 93 per cent of patients' fluid balance charts are fully completed and accumulated at lunchtime.

These targets are measured by the Nursing Care Indicator process which consists of 10 records each month on every ward being audited. At the end of the third quarter both of these targets are presently being met with the weekly risk assessments for nutrition reaching 91% and 93% of the fluid balance charts being completed.

6. MORTALITY

Ensure that 85 per cent of in-hospital deaths undergo specialist multidisciplinary review within 12 weeks by March 2015.

Our Mortality Tracking Process includes clinical coding, validation, multidisciplinary specialist audit and where necessary senior medical and nursing review led by our Deputy Medical Director. This process takes up to 16 weeks in total to ensure that each and every death occurring in hospital is understood and that we are responsive to the information we gather from the process. At present, we are on schedule to achieve this target.

Overall – With the data available for 11 of the 13 targets, it can be seen that the majority (nine) are on track to be met with two targets missed so far. However, as previously stated things may change by the end of the financial year.

4. Prioritisation of quality priorities for 2015/16 and involvement of patients and the public in our decisions

The Trust Board of Directors are of the view that the existing topics are still key care issues of importance to patients and the public and so should remain priorities next year. This view was endorsed at a recent meeting of the Council of Governors. It was agreed to keep the priority topics the same for 2015/16 to allow further progress to be made with these key issues.

The Trust has consulted in a number of ways with the public and various interested bodies on these proposals. A questionnaire was designed for this purpose. It was distributed at the Annual Members meetings and was available for completion on the Trust website.

5. Proposed Quality Priorities/Targets for 2015/16

PRIORITY 1: PATIENT EXPERIENCE

A Patient Experience priority to be retained. With the community results for 2014/15 still awaited, the details of both the hospital and community targets for 2015/16 have not yet been decided.

PRIORITY 2: PRESSURE ULCERS

This topic to be retained. Discussions will occur with the commissioners to agree the exact target; this is likely to involve a requirement to reduce further the incidence of Stage 3 avoidable pressure ulcers in the hospital and a zero tolerance to Stage 4 avoidable ulcers in both hospital and community.

PRIORITY 3: INFECTION CONTROL

This topic to be retained and the Trust will be set targets by the Department of Health. For MRSA Bacteraemia a zero tolerance is likely to continue.

PRIORITY 4: NUTRITION

This topic to be retained and the target set will depend on the outturn figures for 2014/15.

PRIORITY 5: HYDRATION

This topic to be retained and the target set will depend on the outturn figures for 2014/15.

PRIORITY 6: MORTALITY

This topic to be retained and the target set will depend on the outturn figures for 2014/15.

(As stated, please note that the topics and detail of the associated targets still need final confirmation).

6. Equality Impact

The Dudley Group NHS Foundation Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

7. Recommendation

7.1 That the committee receives this report for information and provides its view on the quality priorities for 2015/16.

Derek Eaves
Quality Manager
The Dudley Group NHS Foundation Trust
.....

Contact Officer: Liz Abbiss
Telephone: 01384 244404
Email: Liz.Abbiss@dgh.nhs.uk