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**Health and Adult Social Care Scrutiny Committee – 28th March 2011**

**Report of the Lead Officer to the Committee**

**Quality Accounts for Dudley Group of Hospitals Foundation Trust and Dudley Walsall Mental Health Partnership Trust**

**Purpose of Report**

1. To consider the progress of Dudley Group of Hospitals Foundation Trust and Dudley Walsall Mental Health Partnership Trust against quality improvement priorities identified in their 2011/12 Quality Account and comment on priorities for 2012/13.

**Background**

Quality Accounts

2. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and plans for improvement with the aim of enhancing accountability to the public and engaging leaders in the quality improvement agenda.
3. The current government has re-affirmed its commitment to QAs as part of an 'information revolution' to increase the amount of public information on NHS services. In the White Paper, *Equity and Excellence: Liberating the NHS*, the government stated its intention to 'revise and extend quality accounts to provide a clear spur for boards of provider organisations to focus on improving outcomes'
4. The Committee commented on the development of draft QA's for Dudley Group of Hospitals Foundation Trust (DGHFT) and Dudley Walsall Mental Health Partnership Trust (DWMHPT) in April 2011 and agreed to monitor the resulting quality improvement priorities in 2011/12.

Improvement Priorities

5. Quality Accounts are developed in accordance with national requirements and as part of the Trust's quality assurance process. They should also include locally agreed priorities for improvement based on an on-going dialogue with patients and the public to ensure local relevance is maintained.

6. In April 2011 the Committee agreed to monitor quality improvement priorities resulting from 2010/11 Quality Accounts for DWMHPT and DGHFT. The progress against each of these is highlighted at appendix 1.
7. Also at appendix 1 are the Trusts' revised priorities for 2012/13. The Committee will have an interest in ensuring these are representative of the quality of services provided; and cover areas of importance to local communities.

#### Proposals

8. It is proposed that the Committee review the progress against the improvement priorities identified in the draft 2010/11 Quality Account at the Committee meeting held April 2011
9. Members comment on planned priorities for improvement going into 2012/13 in order to ensure they are representative of the quality of services provided and cover areas of importance to local communities.
10. Finally the views expressed at this meeting are formulated into a response and forwarded to DWMHPT and DGHFT (subject to Chair approval) for inclusion in their 2011/12 Quality Account.

#### **Finance**

11. There are no direct financial implications arising from the content of this report.

#### **Law**

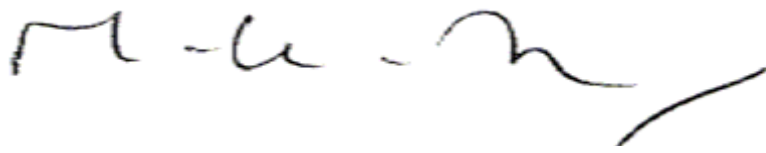
12. 'High Quality Care for All' proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing.

#### **Equality Impact**

13. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

#### **Recommendation**

14. To approve the proposals at paragraphs 8 to 10.



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**MOHAMMED FAROOQ**  
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**List of Background Papers**

Annual Health Check - report of the Lead Officer to the Committee April 2011

## **APPENDIX 1**

### **THE DUDLEY GROUP NHS FOUNDATION TRUST**

#### **QUALITY ACCOUNT SUMMARY FOR 2011/12**

##### **1. Introduction**

This paper confirms what quality priorities and associated targets the Trust set at the beginning of the year in April 2011 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 2012) and so it has to be appreciated that a final complete analysis and conclusion can only be done at the end of the year, which is 31<sup>st</sup> March 2012. It also indicates how the Trust has decided on the quality priorities for 2012/13 and the reasons why there have been changes. At the time of writing, although the priority topics have been decided for 2012/13, the full details of the associated targets have yet to be agreed.

The full quality 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 2011/12**

###### **PRIORITY 1: PATIENT EXPERIENCE**

###### **Hospital**

- a) Increase the number of patients who rate their overall care highly from 89.3 per cent in the 2010 national inpatient survey to 91 per cent and
- b) Show an increase in patients who would recommend the Trust services to a friend or relative.

###### **Community**

Increase the number of patients who rate their overall satisfaction with community services care and treatment from 94 per cent in the 2010/11 CQUIN (Commissioning for Quality and Innovation) patient experience survey to 96 per cent.

###### **PRIORITY 2: PRESSURE ULCERS**

###### **Hospital**

Reduce avoidable stage three and four hospital-acquired pressure ulcers through the year, so that at the final quarter of 2011/12 (Jan-Mar) the number for the last quarter of 2010/11 has been reduced by 50 per cent.

###### **Community**

Ensure there is a robust, accurate data collection system in place and, for those patients on a district nurse caseload, reduce through the year avoidable stage three and four community acquired pressure ulcers.

### **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 2011/12.

### **PRIORITY 4: HIP FRACTURES**

Increase the number of patients who undergo surgery for hip fracture within 36 hours from admission (where clinically appropriate to do so).

#### **3. Present position with the above 2011/12 targets**

With regards to **patient experience**, the data for the hospital is part of the National Inpatient Survey results, which have not yet been published. This information will be available in May 2012. With regards to the community services, baseline audits were carried out in quarter two (July-September) with follow up audits taking place in quarter four to measure for improvements. The quarter two baseline results exceeded the target, quarter four results are obviously awaited. With regards to **pressure ulcers**, hospital quarter three results indicate a 50% drop already this year but, again, quarter four results are awaited. In the community, a service taken over by the Trust this year, a robust reporting system has been put into place. At present, the numbers being reported indicate a rise but this is likely due to the more robust reporting system now in place and the clarity of definitions and education provided to district nurses. With regards to **infection control**, the Trust is on trajectory to achieve the MRSA target, but like other hospitals in the West Midlands, has seen a rise in *C. diff* cases which means that target will not be achieved. The Trust asked national expert advisors to look at this and they found that all the Trust procedures were appropriate; however, in certain cases these procedures were not always being implemented. In depth assessment (typing) of the strain of each case indicated that cross infection was not occurring in the hospital with many of the cases being of community origin. An action plan was put into place and this is now reviewed at a weekly meeting. Actions taken include a greater focus on *C Diff*. with increased training, more timely feedback on investigations of individual cases to the relevant clinicians to prevent reoccurrence and a widespread awareness campaign. From November 2011, the Trust has returned to trajectory and this continues to be the case up until January. Finally, **the hip fracture** target is being met.

#### **4. Prioritisation of quality priorities for 2012/13 and involvement of patients and the public in our decisions**

On 7<sup>th</sup> February 2012 a Listening in Action Event on the Quality Account, hosted by the Chief Executive and Director of Nursing, was held at Russells Hall Hospital's Clinical Education Centre. Fifty five people attended comprising of 24 staff (three of which are governors), 5 other governors (4 public, 1 appointed), 21 Foundation Trust members and 5 participants from the following organisations Dudley LINK, Dudley PCT, Dudley MBC, Dudley Stroke Association and Dudley Action for Disabled People and Carers (ADC).

The purpose of the day was to:

1. Provide an overview of the Trust's present quality priorities (2011/12) and how they have progressed so far.
2. To look at the quality priorities for next year (2012/13).
3. To consider potential topics beyond 2012/13.

From the meeting, as the present target related to hip fractures had been achieved, it was decided to replace that with new topics for next year. Due to the importance of the topics of patient experience, infection control and pressure ulcers it has been agreed to retain these topics through into 2012/13. New topics being introduced in 2012/13 are nutrition and hydration so there will be five priority topics in 2012/13.

## **5. Quality Priorities/Targets for 2012/13**

### **PRIORITY 1: PATIENT EXPERIENCE**

The topic is retained but as the hospital results for 2011/12 are still awaited, the details of the target for 2012/13 have not yet been decided. For the community, discussions are on-going to agree a target.

### **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 hospital or whilst on the community district nurse caseload.

In addition priorities 1 and 2 will be further supported by the Trust's participation in the 'Safety Express' initiative that aims to reduce the level of harm caused whilst patients are receiving healthcare. This initiative focuses on reducing pressure ulcers, urinary tract infections, falls and embolisms

### **PRIORITY 3: INFECTION CONTROL**

This topic is retained and the Trust has been set by the Department of health the same targets as last year.

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.

### **PRIORITY 5: HYDRATION**

Increase the number of patients who have their fluid balance charts fully completed.

*(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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