

Health Scrutiny Committee – 15th February 2016

**THE DUDLEY GROUP NHS FOUNDATION TRUST
 QUALITY ACCOUNT/REPORT SUMMARY FOR 2015/16**

1. Introduction

This paper confirms what quality priority topics and associated targets the Trust set at the beginning of the year in April 2015 and which were initially published in the Quality Account for 2014/15. It also gives an indication of the Trust's present position (at the end of December 2015) with the twelve targets 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 2016. The paper also indicates how the Trust is deciding on the quality priorities for 2016/17. 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 2015/16 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 when available to the committee for formal comment. 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 the Trust's position with a selection of local and national quality indicators.

2. Quality Priorities/Targets for 2015/16 and present position at quarter 3 – December 2015)

1. PATIENT EXPERIENCE	
Hospital	Community
a) Achieve monthly scores in the inpatients Friends and Family Test (FFT) that are equal to or better than the national average. b) Achieve monthly scores in the outpatients Friends and Family Test that are equal to or better than the national average.	a) Achieve monthly scores in the community Friends and Family Test that are equal to or better than the national average.

Present position

The FFT is used in all NHS organisations across the country and gives an indication from patients about whether they would recommend the service they have had to their friends and family. The table below shows the percentage of people from the Trust each month who would recommend the service compared to the national percentage across all organisations.

Quality Priority	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trust inpatient FFT %	96	97	98	97	99	97	97	97	99
National %	95	96	96	97	96	96	96	96	n/a
Trust outpatient FFT %	84	82	82	88	90	89	88	84	88
National %	92	92	92	92	92	92	92	92	n/a
Trust community FFT	97	98	96	96	94	93	97	95	99
National %	96	95	95	95	96	95	95	95	n/a

n/a = national figure not yet available

The results show that up to December the inpatient area is achieving the target with the Trust results each month being equal to or above the national average. For community, the Trust FFT score has been equal to or above the national average for 6 of the 8 months for which comparable scores are available. Unfortunately, for outpatients the Trust score has been consistently below the national average. As a result of the latter, efforts are being made to:

a) improve the response rate. To support response rate growth, several initiatives that have been rolled out or are scheduled to be implemented in the quarter including:

- Friends and Family App launched early September 2015
- Refreshed the Trust FFT test webpage September 2015

b) Analysis of comments received is fed back to the lead staff in each of the outpatient areas so that improvements can be made to the patient experience. As part of this process we have introduced a 'You said, we have' initiative which includes having posters displayed in the appropriate areas. Leads for each area are also required to report on the actions they have taken in their area which is recorded on a central log.

2. PRESSURE ULCERS

Hospital	Community
a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.	a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.
b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2015/16 reduces from the number in 2014/15.	b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2015/16 reduces from the number in 2014/15.

Present Position

Hospital

Period	2014/15	2015/16
No. of stage 3	41	21
No. of Stage 4	1	0
Total	42	21

Community

Period	2014/15	2015/16
No. of stage 3	11	2
No. of Stage 4	0	0
Total	11	2

The above tables indicate the comparison of the figures for 2014/15 and the present position at the end of December 2015. It can be seen that all of the targets look like they will be met at the end of the year. There have been no avoidable stage 4 ulcers in either the hospital or community. With regards to avoidable stage 3 ulcers in the hospital with three quarters of the year completed there are only about half of the ulcers of last year. The picture of the avoidable stage 3 ulcers in the community is even better at the end of December compared to last year.

(Please note that the present 2015/16 figures up to December are likely to change dependent on the outcomes of Root Cause Analysis) investigations as to whether reported pressure ulcers are avoidable or unavoidable the results of which may only be available up to three months after the incident is reported).

3. INFECTION CONTROL

Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley Clinical Commissioning Group to agree on any avoidability/lapses in care.

Clostridium difficile	MRSA
Have no more than 29 post 48 hour cases of Clostridium difficile with lapses in care	Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections).

Present Position

These infection control targets are set for the Trust by NHS England based on our performance in previous years. With regards to Clostridium Difficile, the target this year is to have no more than 29 cases caused by a lapse in care. The decision on whether there has been a lapse of care is made in conjunction with Dudley Clinical Commissioning Group and experts from Dudley Public Health. While there are a number cases up to the end of December for which a decision still has to be made the number of definite cases so far is 11 so the Trust is on track to achieve the target.

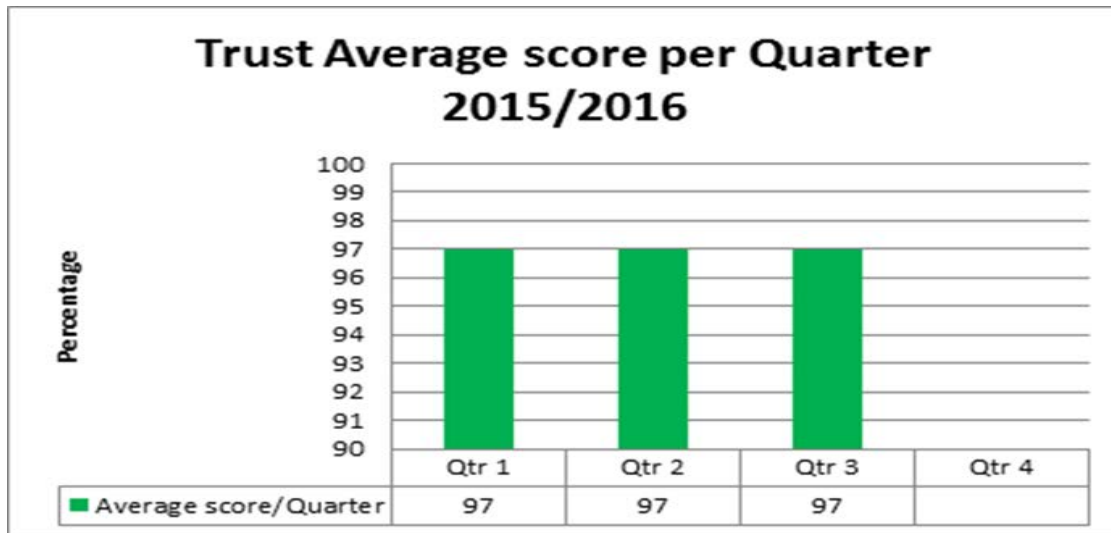
With regards to MRSA bacteraemia there have been two cases so far this year which means that that target has not been met.

4. NUTRITION AND HYDRATION

Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):

- a) is 90 per cent or above in each of the first three quarters for the Trust as a whole
- b) has a 'Green' rating (93 per cent or above) in the final quarter for every ward in the hospital

Every month on every ward an audit on nutrition and hydration occurs with ten patients. This consists of checking the nursing documentation, asking the patients about their care and assessing environmental factors. For each quarter of the year up until December 2015, as the graph below shows the overall average score has been 97% which means the target is presently being met. Looking ahead to when all individual wards have to be 93% or above, there are some areas that aren't consistent with this target and so additional targeted training is being taken with these wards to ensure the final quarter target will also be achieved.



5. MORTALITY

Ensure that 90 per cent of in-hospital deaths undergo specialist multidisciplinary review within 12 weeks by March 2016.

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 12 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 12 targets, it can be seen that the majority (eight) are on track to be met with three targets missed so far. However, as previously stated things may change by the end of the financial year.

4. Prioritisation of quality priorities for 2016/17 and involvement of patients and the public in our decisions

The Trust Board of Directors are of the view that the majority of 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 retain all of the priority topics except for mortality, the review of which is now a well-established and robust system which has been seen as a good example of practice with the underlying computer system being shortlisted and placed in the finals of a top national award for the use of Information Technology to improve patient safety. This topic is to be replaced by the use of medications and pain control.

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 2016/17

PRIORITY 1: PATIENT EXPERIENCE

This priority to be retained. Although the detailed targets of this have not been decided one definite element will cover the issue of ensuring effective patient Pain Control.

PRIORITY 2: PRESSURE ULCERS

This topic to be retained. Discussions are occurring 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 AND HYDRATION

This topic to be retained and the target set will depend on the outturn figures for 2015/16.

PRIORITY 6: MEDICATION

This is a new topic for 2016/17 with the specific target yet to be decided.

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 2016/17.

Dawn Wardell, Chief Nurse
Derek Eaves, Professional Lead for Quality
The Dudley Group NHS Foundation Trust

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Contact Officer: Liz Abbiss
Telephone: 01384 244404

Email: Liz.Abbiss@dgh.nhs.uk