

Quality Account 2011/12

Sarah Bloomfield
Deputy Chief Nurse

Putting
Patients
First

Honesty
And
Integrity

Being a
Clinically-Led
Organisation

Working and
Collaborating
Together

Encouraging
Individual
Ability and
Creativity

Taking Pride
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What is a Quality Account?

Quality Accounts are both retrospective and forward looking reports into the quality of services provided by Trusts during the previous year, and also looks to set out where improvements are planned for the year ahead.

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Why Trusts must produce a Quality Account

- National Health Service (Quality Accounts) Regulations 2010 require Trusts to produce a Quality Account each year within specified timescales
- Aspects of the Quality Account are strictly mandated by these regulations and Trusts must ensure these are included
- The Trust sees the Quality Account as an opportunity to communicate areas of improvement and areas requiring further work in an open and transparent way

Mandated Content

- A statement about the quality of our services from the CEO
- Information about the services provided by the Trust
- Information about research and clinical audit activity
- Information about previous and coming year CQUIN's
- Information regarding registration status with the CQC
- Statistical information on the Hospital Episode Statistics
- The Trust's Information Governance Assessment score

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Mandated Content cont.

- Information on Payment By Results clinical coding audits
- Written statements by external bodies
- Action taken by the Trust to improve data quality
- Priorities for improvement
- Statement of Directors Responsibilities signed by the CEO and Chairman
- Signature by a senior employee (CEO) regarding accuracy

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How did the Trust produce the 2011/12 Quality Account?

Quality Improvement Strategy 2012-17

- Stakeholder workshops – internal and external
- Mandated priorities
- One to one discussions
- Professional meetings
- Local priorities
- External engagement meetings

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Patient Safety Priority

Pressure Ulcers

- Existing priority from last year
- Eliminating all avoidable grade 2, 3 and 4 pressure ulcers is an SHA ambition
- Current Trust priority for consideration;
 - Eliminate Grade 4's by December 2012
 - Eliminate Grade 3's by March 2012
 - Baseline grade 2's and complete RCA's
- Educating our staff
- Ensuring 100% of our patients receive a skin assessment within 2 hours of admission

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Patient Safety Priority

Further reduction of Falls

- Reduction of inpatient falls by a further 10%
- Reduction in falls resulting in serious harm by 25%
- Ensure that 100% of our inpatients receive a comfort round according to their need.

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Patient Safety Priority

Safer Blood Transfusion

- 25% reduction in wasted blood products
- 50% reduction in sample errors
- 50% Improvement in observations
- 90% appropriate staff trained

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Clinical Effectiveness Priority

Ensuring effective diabetes care

- Reduction in the number of reported prescribing and administration errors
- 80% of appropriate staff will complete the learning modules as outlined by the NPSA
- Single point lessons will be developed and rolled out to give staff up to date and accurate, evidence based knowledge
- Awareness day and road show to improve awareness across staff groups
- A survey of diabetic patients to capture their experience of care delivered by the Trust
- An audit of identified inpatient areas against Key Performance Indicators

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Clinical Effectiveness Priority

Improving the patient journey

- Review and improve information we give to patients
- 90% of our adult inpatients have an Estimated Date of Discharge that is discussed with them and communicated throughout the healthcare team
- We will ensure that outpatients receive timely and accurate notice of their appointment and that once they have arrived for their appointment are kept updated about what they can expect to experience

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Patient Experience Priority

Using patient involvement to improve patient experience

- Patient Experience and Involvement panel comprehensive work plan
- Net promoter friends and family question
- Expansion of Ward to Board survey into Outpatient and speciality areas
- Clear action plans for inpatient and outpatient surveys

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Patient Experience Priority

Improving the experience of frail elderly patients by March 2013

- 90% of elderly patients admitted as an emergency will receive a frailty assessment on admission
- 90% of frail elderly patients admitted via our Acute Medical Units will receive support from a member of the Frailty Team
- 70% of unplanned admitted patients over the age of 75 will receive Dementia screening and, if necessary on-going risk assessment and referral for diagnosis

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Performance against last year's priorities

Quality Priority 2010/11	Current Status of Priority	Comments
Leading Improvements in Patient Safety		Good progress towards this target with reduction in HSMR
Preventing avoidable pressure ulcers		11% reduction in Grade 4 pressure ulcers 37% reduction in Grade 3 pressure ulcers
Reducing Inpatient Falls		8.5 % reduction Achieved CQUIN requirement of 5% reduction
Preventing Venous Thromboembolism		Achieved from December 2011

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Performance against last year's priorities

Quality Priority 2010/11	Current Status of Priority	Comment
Improving Dignity in Care		Zero Same Sex breaches reported Consistently high score reported for privacy and dignity from Ward to Board surveys
Improving the experience of older frail patients whilst acutely ill		Frailty Team and model Frailty pathway work ongoing
Improving the care delivered to patients with Dementia or reduced capacity		Dementia pathway This is me document Training and development for staff
Improving the Nutritional Status of Patients		Protected Meal Times implementation and audits
Improving Patient Access & Waiting Times		A significant improvement in access and performance against 18 week referral to treatment targets has been achieved.
Reducing Delayed Discharges		Achieved during 2011 however has since varied in performance

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Quality Account 2011/12

In Summary

- Mandated requirements completed
- External stakeholder feedback positive
- Limited Assurance Report completed
- 7 priorities across the 3 domains of quality agreed
- What changes for 2012/13?

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