

TRUST BOARD MEETING – 24 November 2011

Title of the Paper:	Quality Account 2010/11 Update Report		
Agenda item:	180/11		
Author:	Natalie Forrest, Director of Nursing		
Trust Objective:	Provide safe patient care Improve outcome and quality of care		
Purpose To approve the position for quarters 1 & 2 set out in the 2010/11 Quality Account			
Risk Implications for the Trust <i>(including any clinical and financial consequences):</i>		Mitigating Actions (Controls):	
Failure to deliver on stated quality priorities will potentially reduce patient confidence		Where indicators are in red specific actions are being taken to review the position and take action to improve	
Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]: Not applicable			
Links to BAF, CQC - CQC Outcomes 2719, 2143, 2722, 2596 Legal Implications: Sufficient			
Recommendation to the Trust Board: The Board is asked to note the content of the report.			

Public Board Meeting,

Quality Account 2010/11 Update Report

Presented by: **Natalie Forrest, Director of Nursing**

1. Purpose

This reports sets out the position for quarters 1 and 2 of the 2011/12 priorities set out in the 2010/11 Quality Account.

2. Performance

Appendix A is the reporting matrix that the Board approved at its July meeting. It has been updated to reflect the changes made to the Quality Account following feedback from the East of England Strategic Health Authority.

It can be seen that at Q2 the Trust is showing green in 5 indicators which as the potential to increase to 6 should the PCT determine that the pending pressure ulcer was unavoidable. Three indicators are rated as amber which could increase to 4 again dependent on the PCT decision as above. Currently 2 indicators are showing as red.

Significant issues to highlight are:

Food and nutrition - the number of clinical areas participating in the weighing audit has increased since Q1. This may explain the reduced level of compliance. This is being assessed as part of the on-going audit programme

Pressure ulcers – 1 avoidable grade 4 hospital acquired pressure ulcer (HAPU) developed in Q2. This pressure ulcer was deemed avoidable due to lack of documentation rather than in relation to the care delivered. A decision on a further grade 4 pressure ulcer is pending the decision of the PCT in respect of whether it was avoidable. Both of the pressure ulcers relate to the same patient

A decision on 1 grade 3 pressure ulcer is pending a PCT decision on whether it was avoidable.

The Pressure Ulcer Reduction Project (PUR) was implemented in June 2011 aimed at tackling the reduction of grade 1 & 2 HAPUs at ward level. To date, 2 wards have been completed. There was a significant increase in grade 1 and 2 pressure ulcers reported in September. This may be directly related to the recent intensive training of staff and their greater awareness of pressure damage versus moisture lesions resulting in higher levels of reporting.

Pain management – The re-audit of pain management is taking place in November 2011. To date there has been positive feed back which should result in an improved position. This will be reported at Q3. As part of the outcomes from the audit undertaken in Q1 there has been a focus on improving outcomes, ensuring staff awareness of pain management is addressed in a timely manor and increasing the number of staff who attend pain management training.

Dementia - Since July 2011 four dementia study days and one hospice half day training programme have taken place both within the Trust and at the University of Hertfordshire. To date 159 staff have been trained

Normal births – There has been a significant increase in the level of caesarean sections being undertaken. The reason for this increase is currently being reviewed by the maternity service.

3. Recommendation

The Board is asked to note the report

Trust Board Quality Account Reporting Matrix

Indicator	Targets and Parameters	Quarter 1	Quarter 2	Quarter 3	Quarter 4	RAG Rating
Safer Patient Care						
<p>Priority 1: Ensure that people are provided with appropriate levels of food and nutrition whilst they are in hospital</p> <ul style="list-style-type: none"> Ensure that 80% of all patients receive a nutrition screen within 24 hours of being admitted. Aim to ensure that all patients are weighed on admission and every 7 days thereafter Ensure that all patients are identified on admission if they require additional support with eating and drinking 	<p>2010/11 performance 60% 2011/12 target 80% Less than 59% = red, 60-79% = amber 80%+ = green</p> <p>2010/11 performance 50% 2011/12 target all in patients Less than 74% = red, 75-89% = amber 90%+ = green</p> <p>2010/11 performance not measured 2011/12 all in patients RAG rating not yet agreed as initial audit to be completed first</p>	<p>This is not currently measured quarterly but last audit was in excess of 90% compliance</p> <p>68%</p>	<p>60%</p>			<p>GREEN</p> <p>RED</p>
<p>Priority 2: Reduce the number of patients who develop pressure ulcers whilst in hospital</p> <ul style="list-style-type: none"> Reduce to no more than four the number of avoidable 	<p>2010/11 performance 16 at grades 3 and 4</p>	<p>Zero</p>	<p>1 plus 1 pending PCT decision on whether it</p>			<p>GREEN/AMBER</p>

<p>hospital acquired grade 4 pressure ulcers</p> <ul style="list-style-type: none"> Adopt a zero tolerance approach to grade 3 pressure ulcers Reduce by 50% the number of grade 1 and 2 pressure ulcers 	<p>2011/12 target no more than four grade 4s 4 or more = red, 2-3 = amber, 1 or less = green</p>	<p>1</p> <p>100</p>	<p>was avoidable</p> <p>1 (pending PCT decision on avoidable rating)</p> <p>79</p>			AMBER
<p>Priority 3: Reduce the number of occasions patients are not given their prescribed medicine whilst in hospital</p>	<p>2010/11 performance 14% of patients do not get their prescribed medication 2011/12 target 10% 14% or more = red, 13-10% = amber, 9% or below = green</p>	<p>10% (WGH audit)</p>	<p>9%(WGH audit)</p>			GREEN
Patient Experience						
<p>Priority 4: Ensure that complaints are dealt with in a timely way</p>	<p>2010/11 performance 60% of complaints responded to within agreed deadline 2011/12 target 80% of complainants get a response within 40</p>	<p>61%</p>	<p>57% (provisional with potential to increase to 65%)</p>			AMBER

	days 59% or less = red, 60-79% = amber, more than 80% = green					
Priority 5: Reduce the level of noise at night on wards <ul style="list-style-type: none"> Undertake regular patient questionnaires to determine if they are being disturbed at night Reduce the level of patient dissatisfaction reported in the national in-patient survey in respect of noise at night to 20% 	2010/12 no audits 2011/12 target to undertake a minimum of 2 audits of patient experience 2010/2011 performance 30% of patients unhappy about noise at night 2011/12 no more than 20% of patients unhappy about noise at night	Audit undertaken. Primary outcome is disturbance from other patients. Actions being considered In patient survey results from August will not be available until 2012 so unable to assign a figure to this element				GREEN Cannot rate until survey results available
Clinical Effectiveness						
Priority 6: Improve the delivery of pain relief services to patients whilst they are in hospital <ul style="list-style-type: none"> Improve on the percentage of people who are happy with the level of pain relief provided whilst an in-patient 	2011/12 quarter 1 audit baseline 70% 2011/12 target 90% 69% or less = red, 70-89% = amber, more than 90% = green	70%	No audit in Q2			AMBER
Priority 7: Ensure that all appropriate staff are trained to meet the needs of patients with dementia whilst they are						

<p>in hospital</p> <ul style="list-style-type: none"> Train 150 staff within 2011/12 on the care of dementia patients Maintain performance of no more than 25% of patients with dementia having more than on change of ward following their initial assessment 	<p>2010/11 no records kept 2011/12 150 people trained Less than 99 = red, 100-149 = amber, 150 or more = green</p> <p>2010/11 performance 25% 2011/12 target maintaining 25% or less 50% or more = red, 26-49% = amber, 25% or less = green</p>	<p>130</p> <p>17%</p>	<p>29</p> <p>16%</p>			<p>GREEN</p> <p>GREEN</p>
<p>Priority 8: Increase the number of women who have a normal birth</p> <ul style="list-style-type: none"> Increase by four percentage points the number of women who have a normal birth by reducing the level of Caesarean sections undertaken 	<p>2010/11 performance 56.63%. 2011/12 target 60.63% Below 56.63% = red, 56.63-60.63% = amber, 60.63% or more = green</p>	<p>57.77%</p>	<p>51%</p>			<p>RED</p>