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***Public Board Meeting***

**Quality Account 2010/11 Update Report**

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

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**1. Purpose**

This reports updates the Board on performance at quarter 3 for 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 meeting in July 2011.

The Board will wish to note that following discussion with NHS Hertfordshire the Q2 position for avoidable grade 4 pressure ulcers was confirmed as one.

It can be seen that at Q3 the Trust is showing green in six indicators. Four indicators are rated as amber. Currently one indicator is showing as red. This compares with five (green), four (amber) and two (red) in Q2.

Significant issues to highlight are:

**Pain management** – The re-audit of pain management has shown a small improvement over the Q1 audit. Further actions are being considered in order to deliver the level of improvement needed to reach the agree level of performance.

**Dementia** – The Trust has significantly over performed on its target to provide staff training on dementia care. This is very positive as it means that a greater percentage of staff than was anticipated have received training on meeting the needs of patients with dementia. It is noticeable that the number of complaints received over recent months that refer to poor levels of care for patients with dementia have reduced.

Although still within target it is disappointing that there has been a small increase in the number of dementia patients that have had more than one ward move following their initial assessment. This may in part be due to the increased emergency activity pressures during the quarter although the reasons for the increase are still being reviewed.

**Complaints** – Performance in the first two quarters was disappointing although a small improvement was made between Q1 and Q2. There has been a significant improvement at Q3 with performance at 83% (provisional).

This reflects a major drive within the divisions to respond to complaints promptly. Both the surgical and medical divisions have achieved 100% compliance for part of Q3. Womens and Childrens division has seen a major improvement in Q3 with performance in excess of 80% from a position in Q1 and Q2 of below 30%.

**Normal births** – There continues to be concern over the levels of caesarean sections which has seen the level of normal births remain unchanged in Q3. Specific actions are being taken within the maternity department to address this. Early indications are that improvements have been seen for January and February, moving the position to 56%, an improvement on the Q3 position of 52%.

### **3. Quality Account 2011/12**

The Trust has to publish its Quality Account for 2011/12 in May 2012 onto the NHS Choices web site. As part of the forward looking section of the document priorities need to be set for quality improvements. Those set for 2010/11 are reported in appendix A. Appendix B sets out the broad areas that the Trust is currently considering including as priorities for 2012/13. The Board is invited to comment on these. Potential priority areas have been drawn from extending some of the current priorities, taking account of patient feedback and comments raised in complaints and proposals currently being considered as part of the CQUIN discussions. Once feedback has been received specific priorities will be identified and brought back to the Board for consideration and ratification.

### **4. Recommendation**

The Board is asked to note the Q3 performance and provide feedback on the broad areas being considered for inclusion in the 2011/12 Quality Account.

## Trust Board Quality Account Reporting Matrix

Indicator	Targets and Parameters	Quarter 1	Quarter 2	Quarter 3	Quarter 4	RAG Rating
<b>Safer Patient Care</b>						
<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"> <li>Ensure that 80% of all patients receive a nutrition screen within 24 hours of being admitted.</li> <li>Aim to ensure that all patients are weighed on admission and every 7 days thereafter</li> <li>Ensure that all patients are identified on admission if they require</li> </ul>	<p><b>2010/11 performance 60% 2011/12 target 80%</b>  <b>Less than 59% = red, 60-79% = amber 80%+ = green</b></p> <p><b>2010/11 performance 50% 2011/12 target all in patients</b>  <b>Less than 74% = red, 75-89% = amber 90%+ = green</b></p> <p><b>2010/11 performance not measured 2011/12 all in</b></p>	<p>This is not currently measured quarterly but last audit was in excess of 90% compliance</p> <p>68%</p> <p>This is not a measureable outcome without an additional audit that would be impractical, all patients</p>	<p>60%</p>	<p>79%</p>		<p>GREEN</p> <p>AMBER</p>

additional support with eating and drinking	<b>patients RAG rating not yet agreed as initial audit to be completed first</b>	should be screened on admission and any need for support would be identified at this stage				
Priority 2: Reduce the number of patients who develop pressure ulcers whilst in hospital <ul style="list-style-type: none"> <li>Reduce to no more than four the number of avoidable hospital acquired grade 4 pressure ulcers</li> <li>Adopt a zero tolerance approach to grade 3 pressure ulcers</li> <li>Reduce by 50% the number of grade 1 and 2 pressure ulcers</li> </ul>	<b>2010/11 performance 16 at grades 3 and 4</b> <b>2011/12 target no more than four grade 4s</b> <b>4 or more = red, 2-3 = amber, 1 or less = green</b>	Zero	1	Zero		GREEN
		1	1	4, plus 2 pending PCT decision		
	<b>2010/11 performance 470</b> <b>2011/12 target no more than 350</b> <b>350 or more = red, 250-350 = amber, less than 250 = green</b>	100	79	66		AMBER
Priority 3: Reduce the number	<b>2010/11</b>	10% (WGH audit)	9%(WGH audit)	6% (WGH audit)		GREEN

of occasions patients are not given their prescribed medicine whilst in hospital	<b>performance 14% of patients do not get their prescribed medication</b> <b>2011/12 target 10%</b> <b>14% or more = red, 13-10% = amber, 9% or below = green</b>					
<b>Patient Experience</b>						
Priority 4: Ensure that complaints are dealt with in a timely way	<b>2010/11 performance 60% of complaints responded to within agreed deadline</b> <b>2011/12 target 80% of complainants get a response within 40 days</b> <b>59% or less = red, 60 -79% = amber, more than 80% = green</b>	61%	67%	83% provisional with potential to rise to 84%		AMBER
Priority 5: Reduce the level of noise at night on wards <ul style="list-style-type: none"> <li>Undertake regular patient questionnaires to determine if they are being disturbed at night</li> </ul>	<b>2010/12 no audits</b> <b>2011/12 target to undertake a minimum of 2 audits of patient</b>	Audit undertaken. Primary outcome is disturbance from other patients. Actions being considered		Trial of ear plugs completed in AAU. Plan to supply ear plugs in all clinical areas for patient use. Process in place to		GREEN

<ul style="list-style-type: none"> <li>Reduce the level of patient dissatisfaction reported in the national in-patient survey in respect of noise at night to 20%</li> </ul>	<b>experience</b>  <b>2010/2011 performance 30% of patients unhappy about noise at night</b> <b>2011/12 no more than 20% of patients unhappy about noise at night</b>	In patient survey results from August will not be available until 2012 so unable to assign a figure to this element		determine best type. Agreement to be reached by end March 2012  Results remain embargoed at present.		Cannot rate until survey results available
<b>Clinical Effectiveness</b>						
Priority 6: Improve the delivery of pain relief services to patients whilst they are in hospital  <ul style="list-style-type: none"> <li>Improve on the percentage of people who are happy with the level of pain relief provided whilst an in-patient</li> </ul>	<b>2011/12 quarter 1 audit baseline 70%</b> <b>2011/12 target 90%</b> <b>69% or less = red, 70-89% = amber, more than 90% = green</b>	70%	No audit in Q2	73%		AMBER
Priority 7: Ensure that all appropriate staff are trained to meet the needs of patients with						

dementia whilst they are in hospital						
<ul style="list-style-type: none"> <li>Train 150 staff within 2011/12 on the care of dementia patients</li> </ul>	<b>2010/11 no records kept</b> <b>2011/12 150 people trained</b> <b>Less than 99 = red, 100-149 = amber, 150 or more = green</b>	130	29	139		GREEN
<ul style="list-style-type: none"> <li>Maintain performance of no more than 25% of patients with dementia having more than one change of ward following their initial assessment</li> </ul>	<b>2010/11 performance 25%</b> <b>2011/12 target maintaining 25% or less</b> <b>50% or more = red, 26-49% = amber, 25% or less = green</b>	17%	16%	20%		GREEN
Priority 8: Increase the number of women who have a normal birth <ul style="list-style-type: none"> <li>Increase by four percentage points the number of women who have a normal birth by reducing the level of Caesarean sections undertaken</li> </ul>	<b>2010/11 performance 56.63%.</b> <b>2011/12 target 60.63%</b> <b>Below 56.63% = red, 56.63-60.63% = amber, 60.63% or more = green</b>	57.77%	52.76%	52.73%		RED

**Quality Account 2011/12**

**Proposed Priority Areas For 2012/13 Quality Improvements**

1. Food and Nutrition
2. Pressure ulcers
3. Patients' hospital prescribed medication, including provision of take home medication and information on side effects
4. Responding to complaints
5. Responding to patient feedback
6. Reducing the level of noise at night on wards
7. Improve delivery of pain services
8. Dementia, including diagnosis
9. Increasing the level of normal births
10. Patients' property
11. Transport
12. Discharge planning
13. VTE Assessment
14. Use of the safety thermometer
15. Carer's experience questionnaire – introduction and/or improvement in feedback from carers of Learning Disability patients