

**Quality Account Priorities 2012/13**  
**Performance Monitoring Summary**

Theme	Priority	Actions	Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	RAG
Safer Patient Care	Providing harm free care	Undertaking of quarterly Safety thermometer audits	Monthly harm free care audits are undertaken. Results have been reported to the Board and the PCT	Progress continues as for Q1	Progress continues as for Q1 and Q2		Green
		Assess all adult patients for their risk of VTE and provide appropriate care and treatment where risks have been identified		Q2 97% compliance against a target of 100%	Q3 97% (subject to validation) against a target of 100%		Green
		Eliminate all avoidable grade 2, 3 and 4 pressure ulcers by December 2012(SHA ambition)	75 grade 1,2 and 3 pressure ulcers reported against a target of achieving zero by year calendar end. No grade 4s reported	68 grade 1,2 and 3 pressure ulcers reported against a target of achieving zero by year calendar end. No grade 4s reported	5 grade 1,2 and 3 pressure ulcers reported against a target of achieving zero by year calendar end. No grade 4s reported		Red
	Ensure that patients are provided with appropriate levels of food and nutrition whilst they are in hospital	Screen 80% of elderly care patients within 24 hours of admission and re screen them at least every 7 days thereafter	100% achieved	Q2 91%	Q3 91%		Amber
		Weigh all patients on admission and weekly	Based on audits undertaken 63% of	Based on audits undertaken 70% of	Based on audits undertaken 80% of		Amber

		thereafter using the newly introduced standardised weight chart	wards scored green against a target of 100%	wards scored green against a target of 100%	wards scored green against a target of 100%		
		Provide appropriate support and/or intervention for patients with a MUST screening of medium or high risk beyond initial the assessment (this will be measured by quarterly audits)	Not audited. Plan to audit in Q3				Not rated at this time
<b>Patient Experience and Responding to Patient Feedback</b>	<b>Collect and evaluate information from patients who use our services, specifically asking them if they would recommend our services to their friends and families</b>	Ask at least 10% of all those patients discharged from hospital whether they would recommend the service to friends and family	The Trust has exceeded this target for the quarter	The Trust continues to exceed this target in the quarter to date	The Trust continues to exceed this target in the quarter to date		Green
		Publish results of the patient feedback in Trust Board reports	Reported in Trust performance dashboard. Net promoter scores for Q1: April 50, May 46, June 28	Net promoter scores for Q2 July 62, August 67, September 72	Net promoter scores for Q3 October 73, November 71, December 72		Green
		Publish specific ward based feedback on ward notice boards	This was not possible in Q1 as adjustments needed to be made to the software	Software adjustments made and ward based feedback beginning to be provided	Ward feedback being provided		Green

		Implement actions based on the feedback	Feedback to wards not possible in Q1	Actions will now be possible as feedback is happening	Wards are reviewing their comments and implementing relevant changes based on feedback		Green
		Monitor the impact of the actions taken as part of a continuous process of improvement	This has not been possible in Q1	Monitoring will now be possible as from Q3	Impacts not measured at this point		Not rated at this time
	<b>Reduce the level of noise at night on wards</b>	Undertake regular patient questionnaires to determine if they are being disturbed at night, and establish what it is that is disturbing their sleep and take corrective action	Question included in friend and family survey. Action take to look at introducing quieter bins and increase availability of ear plugs	“silent bin” trial implement on AAU3 and Flaunden and being evaluated. Ear plugs now offered to patients during evening drug round	Ear plugs continue to be offered and bins being replaced where considered appropriate		Green
		Reduce the level of patient dissatisfaction reported in the national in-patient survey in respect of noise at night from the 2011/12 position of 47% to the average reported of 38% in respect of patients being disturbed by other patients and from 25% to 20% in respect of patients being disturbed by staff.		National Inpatient survey will be undertaken from patients discharged in August. Results not available until Q4			Not rated at this time
	<b>Improve the care provided for patients with a Learning Disability on entering NHS services, by</b>	Identify carers of people with a Learning Disability	PAS system being updated with details of carers	On going	On going		Green

	<b>improving the level of support provided to carers</b>						
		work with carers as partners in care, meaning that they are involved in their care planning and discharge	Safeguarding Adult Lead is involved with each case and ensures carers are properly involved	On going as at Q1	On going as at Q1 and Q2		Green
		implement actions to improve carers experience on the basis of carers' questionnaire feedback and analysis	Questionnaires issued on an on-going basis to carers. No specific actions identified in Q1	Questionnaires on going. No specific actions identified in Q2	Questionnaires on going. No specific actions identified in Q3		Green
		Establish focus groups to identify actions for improvement and check impact of the work undertaken	Trust is using community groups to receive feedback and identify improvements. Two meetings attended in Q1	The Trust attended one group meetings in the quarter in order to seek feedback from service users. Two other meetings were cancelled.	The Trust attended three group meetings in the quarter in order to seek feedback from service users. One other meeting was cancelled.		Green
	<b>Improve the discharge planning process to ensure that both patients and their families are better informed about the arrangements for discharge and care once they have left hospital</b>	Introduce a performance measure that will seek to ensure that once a patient has been assessed as fit for discharge that they leave the hospital within six hours of that decision having been taken	Discussion taken place with discharge planning team regarding performance measure	As part of the Trust's relationship strategy improvements in hospital discharges are planned to be discussed	Relationship strategy still to be finalised		Not rated at this time
		Identify, through the evaluation of the reasons for any delays identified	Until action above undertaken it is not possible to				Not rated at this

		within the discharge performance measure, the key reasons for delay and put in place actions to improve them	measure performance				time
		Establish performance targets for the completion of take home medication prescriptions to reduce the delays experienced by patients before they are discharged	Target established as maximum of 1 hour between receipt and dispensing. Q1 performance 1 hour 15 minutes	Q2 performance remained at 1 hour 15 minutes	Q3 performance remained at 1 hour 15 minutes		Amber
		Reduce the length of time patients have to wait for hospital transport to take them home once they are ready to be discharged	No significant reduction in concerns raised about transport delays	Additional resources have been put in place during Q2. Reduction in waits expected	This continues to be a major area of complaint, both from patients and staff, with an increase in the number of references made to poor performance in formal complaints		Red
	<b>Ensure that patients have somewhere safe to keep their personal belongings during their inpatient stay</b>	Where funding permits, undertake a phased replacement of the current patient bedside cupboards to ones that can be locked with a view to achieving and improving the level of patient satisfaction in this area from the current inpatient survey response of 75% to at least the national average of 63%	Application made to League of Friends for funding of new lockable bedside cupboards	Funding approved by League of Friends for provision of new lockable bedside cupboards  National Inpatient survey will be undertaken from patients discharged in August. Results not available until	Order placed for new lockable bedside lockers. Awaiting delivery		Green  Not rated at this time

				Q4			
		Implement the use of the new property book so that all patients are given a record of the property they bring with them into hospital	New property book implemented.		Audit of usage to be undertaken in Q4 together with assessment of whether lost property claims have been reduced		Green
	<b>Improve the information to patients about the side effects of medication</b>	Undertake quarterly patient surveys in both in-patient and out-patient areas to get direct feedback on whether patients feel they have enough information about their medicines and seek comments and suggestions on what else we should be providing	Due to operational difficulties it was not possible to undertake questionnaires in Q1	Questionnaire completed for inpatients on whether side effects fully explained. Results show: 46% completely satisfied, 4% satisfied to some extent, 3% not satisfied, 13% did not need explanation, 34% of questionnaires not answered. Figures will be assessed against national inpatient results when available in Q4. Questionnaire will be repeated in Q3	42% completely satisfied, 5% satisfied to some extent, 3%not at all, 13% did not need explanation, 37% not answered		Amber

		As a result of the surveys introduce changes that seek to improve the level of service that we can offer		Specific wards have been identified where targeted work is being done to ensure patients are given information. Results will be evaluated following Q3 survey	Despite targeting certain wards performance has not improved. This is in part a consequence of the increases in demand. This will be further evaluated at Q4 survey		Amber
<b>Clinical Effectiveness</b>	<b>Improve the delivery of pain relief services to patients whilst they are in hospital</b>	Continue to undertake regular patient surveys of patients receiving acute pain relief to assess the level of patient satisfaction with the aim of increasing this from the current 32% to 27%		National Inpatient survey will be undertaken from patients discharged in August. Results not available until Q4			Not rated at this time
		Survey those patients who are admitted to hospital who already have an established pain management programme to determine whether we are doing everything we can to manage their established pain regime whilst they are in hospital. The aim would be that 90% of this patient group report that they are happy with the level of pain relief available	Survey to be undertaken in Q3		Survey undertaken in Q3. Results being analysed		Not rated at this time
	<b>Ensure that</b>	Screen all patients over	Agreement	Screening started	October 96.9%		Green

	<b>appropriate patients are screened for dementia and a referral made to their GP</b>	75 years of age who attend the Trust as an emergency using a recognised screening tool to determine whether they have identified needs associated with dementia	reached on screening tool and appointment of dedicated staff to undertake initial screening	during Q2. Target is 90% of 75s. Data currently being analysed. Regular data will be available from Q3	November 97.1% December data still being analysed		
		Ensure that all those patients that are screened as showing positive signs of needs associated with dementia that they are referred to the general practitioner for follow-up		Referrals being made to the Memory Clinic service now that screening has started. Regular data will be available from Q3.	October 100% November 100% December data still being analysed		Green
	<b>Increase the number of women who have a normal birth</b>	increase the current rate of normal births by four percentage points by the end of 2012/13 by reducing the overall level of caesarean sections that are undertaken	2011/12 Year end position 54.99%  Q1 55.69% Action being taken to address the reason for the increase	Q2 56.86%	Q3 55.26%		Red