

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUALITY ACCOUNT UPDATE. THIRD QUARTER 2017/18 – JANUARY 2018

Each quarter we indicate the progress we are making towards the end of year targets

QUALITY PRIORITY 1. PATIENT EXPERIENCE TARGETS:

a) Achieve monthly scores in Friends and Family Test (FFT) for all areas (inpatients, outpatients, maternity, Emergency Department and community) that are equal to or better than the national average.

% FFT Scores	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	% FFT Scores	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Inpatient	96.4%	95.6%	96.5%	96.4%	96.3%	95.9%	95.1%	95.3%	95.1%	Maternity Postnatal Ward	97.5%	95.2%	98.8%	97.8%	95.5%	97.9%	97.7%	96.3%	97.8%
National	96%	96%	96%	96%	96%	96%	96%	96%	n/a	National	95%	95%	95%	94%	94%	94%	94%	n/a*	n/a
A and E	75%	76.6%	78.7%	77.4%	72.5%	75.9%	83.6%	80.3%	77.4%	Maternity Postnatal Community	100%	100%	100%	100%	96.6%	100%	100%	100%	100%
National	87%	87%	88%	86%	87%	87%	87%	87%	n/a	National	98%	98%	100%	98%	98%	98%	98%	n/a*	n/a
Maternity Antenatal	100%	98.5%	95.8%	98.9%	99.5%	97.2%	99.3%	89.1%	97.3%	Community	94%	96%	97.4%	98%	98.2%	97.1%	95.1%	95.9%	95.7%
National	97%	96%	97%	96%	96%	97%	96%	n/a*	n/a	National	96%	96%	96%	96%	96%	95%	95%	96%	96%
Maternity Birth	99.1%	98.8%	98.3%	98.9%	98.5%	98%	98.5%	96.9%	98.9%	Outpatients	95.3%	95.2%	91.6%	95.3%	93.4%	92.3%	90.8%	89.8%	92.8%
National	96%	97%	97%	96%	96%	96%	96%	n/a*	n/a	National	94%	94%	94%	94%	94%	94%	94%	94%	n/a

The table above shows that of the 60 results where national figures are also published, we are achieving the target on 39 occasions.

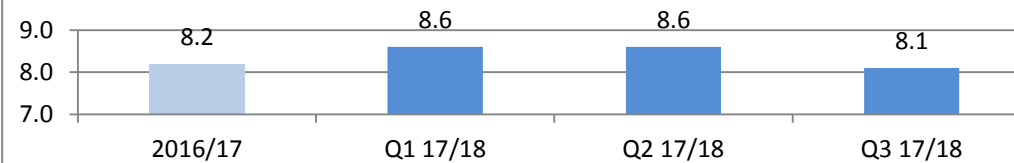
Items marked n/a Please note that NHS England have not supplied the datasets concerning Maternity services for November 2017. Advice given is that every effort is being made to produce this as soon as possible, subject to data quality considerations.*

Items marked n/a indicate where data is to be published 8 February 2018.

b) Improve the overall year score from 2016/17 to 2017/18 for the following question used in our local real-time survey: Were you involved as much as you wanted to be in decisions about your care?

The results of the local survey question 'Were you involved as much as you wanted to be in decisions about your care?' the score at the end of Q3 was 8.1 compared to the 2016/17 full year score of 8.2. This priority is on track to be achieved for the whole year. See the chart on the next page.

Were you involved as much as you wanted to be in decisions about your care and treatment?



c) Ensure that in 95% or more cases, a patient's pain score is recorded at least every four hours (unless otherwise indicated in the exception box)

NCI question	2016/17	Quarter 1 2017/2018	Quarter 2 2017/2018	Quarter 3 2017/2018	YTD 2017/2018
Pain score	90%	95%	88%	94%	92%

There has been an improvement from the drop in Q2 although the target continues to be slightly missed in both Q3 and year to date.

QUALITY PRIORITY 2. PRESSURE ULCERS TARGETS:

Hospital: a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year. b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2017/18 reduces from the number in 2016/17. **Community:** 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 pressure ulcers acquired on the district nurse caseload in 2017/18 reduces from the number in 2016/17.

Hospital

Period	2016/17	Apr-June 17	Jul-Sept 17+	Oct-Dec 17
No. of Stage 3	29	4	0	1
No. of Stage 4	1	0	2	0
Total	30	4	2	1

Community

Period	2016/17	Apr- June 17	Jul-Sept 17+	Oct-Dec 17
No. of Stage 3	12	7	2	9
No. of Stage 4	2	3	2	0
Total	14	10	4	9

+ Please note that these figures for Q3 Oct -Dec may change dependent on the outcomes of the remaining RCA investigations which are awaiting review as to whether they are avoidable or unavoidable.

The incidence of stage 4 pressure ulcer continues to be of concern. As the note under the charts indicates, the Trust is still awaiting confirmation on the outcomes of a number of investigations from Q3 2017/18. This includes stage 3 and 4 pressure ulcers. It is therefore difficult to fully understand the true position with regards to the stage 3 target in the hospital. The data does clearly indicate however we will not achieve the targets for stage 4 avoidable ulcers in the hospital and community and stage 3 in the community.

QUALITY PRIORITY 3. INFECTION CONTROL TARGETS:

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 CCG to agree on any avoidability/lapses in care. MRSA: Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections). Clostridium difficile: Have no more than 29 post 48 hour cases of Clostridium difficile with a lapse in care identified.

MRSA: There have been no Trust assigned MRSA bacteraemia in this period (in fact, there have not been any Trust assigned cases since September 2015). The target is therefore being achieved so far this year.

C. difficile: There have been 23 cases of Clostridium difficile that have been identified as Trust apportioned in accordance with the Public Health England definition as of 31ST December 2017. 14 cases have been identified as having lapses in care and therefore count against the Trust threshold of 29 cases. 4 cases have been identified as having no lapses in care. The remaining 5 cases remain under review. The yearly target of 29 with lapses in care (i.e. 7-8 a quarter) is therefore being achieved so far this year.

QUALITY PRIORITY 4. NUTRITION/HYDRATION TARGETS:

- a) Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items) is 95% or above in each of the first three quarters for the Trust as a whole has a 'Green' rating (95% or above) in the final quarter for every ward in the hospital
- b) **Nutritional Assessments Hospital:** At least 95% of acute patients will receive a nutritional assessment using the nationally recognised MUST (Malnutrition Universal Screening Tool).
- c) **Nutritional Assessments Community:** At least 95% of patients will receive a nutritional assessment on initial contact with the community health nursing team using the nationally recognised MUST (Malnutrition Universal Screening Tool).

The chart below shows that we are achieving two of the targets so far this year. As previously, we have not achieved the target for the MUST assessment in the hospital despite the improvement since last year.

An analysis of the results for the Nutrition Audit and the MUST (Hospital) has been undertaken with regards to the areas not achieving the targets. A meeting is being arranged with areas consistently below the target from which an action plan will be formulated.

Nutrition audit - Hospital					MUST assessment - Hospital					MUST assessment - Community				
2016/2017	2017/18				2016/2017	2017/18				2016/2017	2017/18			
	Qtr 1	Qtr 2	Qtr 3	YTD		Qtr 1	Qtr 2	Qtr 3	YTD		Qtr 1	Qtr 2	Qtr 3	YTD
96%	95%	95%*	94%	95%	85%	91%	92%*	93%	92%	96%	97%	96%*	93%	95%

**As reported to the Quality and Safety Group, due to an incorrect system of averaging scores, these figures were previously wrongly reported by 1-2%*

QUALITY PRIORITY 5. MEDICATION TARGETS:

Ensure that in 95% or more cases, all prescribed medications will either be: a) signed and dated as administered or b) have an omission code recorded.

Medications signed and dated or omission code recorded				
2016/2017	Qtr 1 2017/2018	Qtr 2 2017/18	Qtr 3 2017/18	YTD 2017/2018
88-92%	94%	92%*	93%	93%

**As reported to the Quality and Safety Group, due to an incorrect system of averaging scores, this figure was previously wrongly reported by 1%*

Medicines management boards are being purchased for all treatment rooms to ensure that medication information generally and this issue in particular is standardised and emphasised across the Trust.