

THE DUDLEY GROUP NHS FOUNDATION TRUST
QUALITY ACCOUNT UPDATE. FIRST QUARTER 2017/18 – JULY 2017
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.

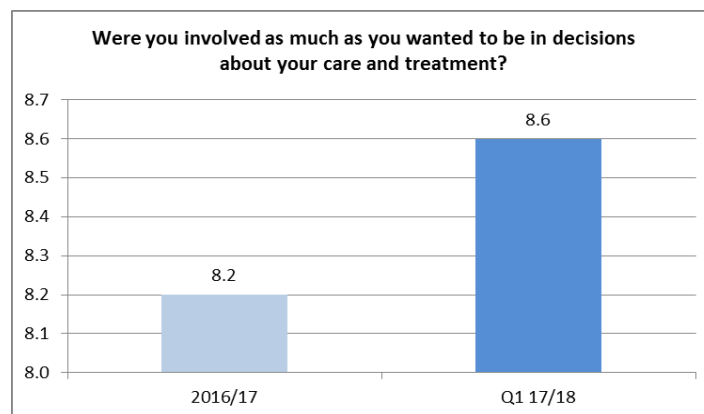
% FFT Scores	Apr 17	May 17	Jun 17	% FFT Scores	Apr 17	May 17	Jun 17
Inpatient	96.4%	95.6%	96.5%	Maternity Postnatal Ward	97.5%	95.2%	98.8%
National	96%	96%	n/a	National	95%	95%	n/a
A and E	75%	76.6%	78.7%	Maternity Postnatal Community	100%	100%	100%
National	87%	87%	n/a	National	98%	98%	n/a
Maternity Antenatal	100%	98.5%	95.8%	Community	94%	96%	97.4%
National	97%	96%	n/a	National	96%	96%	n/a
Maternity Birth	99.1%	98.8%	98.3%	Outpatients	95.3%	95.2%	91.6%
National	96%	97%	n/a	National	94%	94%	n/a

n/a = national figure not yet available

The table above shows that of the 16 results when national figures are also published, we are achieving the target on 12 occasions. The areas missing the target are Inpatients in May, Community in April and A&E in April and May 2017.

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?

With regards to the results of the local survey question of: 'Were you involved as much as you wanted to be in decisions about your care ?' the score at the end of quarter one was 8.6 compared to the 2016/17 full year score of 8.2. The priority is on track to be achieved. See the chart below.



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
Pain score	90%	95%

Comparing our overall score last year (2016/17) to this quarter we have improved our results for recording the Pain Score, which is now at 95% and reaching the target. The role out of the NEWS chart should further embed the correct process for recording and monitoring the score. The role of the medicines ward link nurse is being re-established and new teaching packages via newsletters developed to improve and maintain compliance.

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+
No. of Stage 3	29	6
No. of Stage 4	1	0
Total	30	6

Community

Period	2016/17+	Apr- June 17+
No. of Stage 3	12	4
No. of Stage 4	2	1
Total	14	5

+ Please note that these figures will change dependent on the outcomes of the remaining RCA investigations which are awaiting review as to whether they are avoidable or unavoidable. For 2016/17 there are three cases awaiting confirmation by the CCG.

As the note under the chart indicates, the Trust is still awaiting confirmation of the outcomes of investigations from the latter part of 2016/17 onwards and so it is difficult to assess the true position with regards to the targets. However the data above suggests we are on target for both Stage 3 and 4 avoidable ulcers in the hospital. With regards to community, we have not achieved the priority of having no avoidable stage 4 pressure ulcers and at present the Stage 3 target for the whole year may not be achieved.

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 2 cases of Clostridium difficile that have been identified as Trust apportioned in accordance with the Public Health England definition. The remaining 3 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 but there had been a large improvement since last year.

Nutrition audit - Hospital		MUST assessment - Hospital		MUST assessment - Community	
2016/2017	Qtr 1 2017/2018	2016/2017	Qtr 1 2017/2018	2016/2017	Qtr 1 2017/2018
96%	95%	85%	91%	96%	97%

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
88-92%	94%

Although there has been an improvement from last year, the target has just been missed this quarter.