

Quality Account Summary

2016/17

The Trust manages in-patient services at the Lister Hospital; out-patient services at Hertford County Hospital and the New QEII Hospital; and cancer services at the Mount Vernon Cancer Centre. Renal dialysis is provided from four satellite units and the Trust manages a community children's and young people's service.

The Trust achieved "University Trust" status in early 2017.



Developing our staff...

The quality of non-mandatory training and staff motivation at work are amongst the **best 20%** of Trusts (National Staff Survey, 2016).

Working with partners...

To deliver care across health and social care providers for a sustainable future.

Redesigning care delivery...

To maximize quality whilst reducing waste and improving productivity.

Embracing information management...

To improve access to information to support decision making and planning.

Overall Requires improvement	Safe	Requires improvement	●
	Effective	Requires improvement	●
	Caring	Good	●
	Responsive	Requires improvement	●
	Well-led	Requires improvement	●



150,000 attendances to the
Emergency Department



101,000 admissions



604,000 out-patient
appointments

Clinical effectiveness

p We put our *patients* first

i We strive for excellence & continuous *improvement*

v We *value* everybody

o We are *open* and honest

t We work as a *team*

Our aims for 2016/17: were:

- Further reduce mortality :
 - Reduce unexpected deterioration
 - Introduce mortality review process
- Further improve care after a stroke

How did we do? (Figures for 2015/16 in brackets):



- Mortality rate is 'as expected'
- Review process introduced
- 92% [89%] of suspected stroke patients were scanned within an hour
- 78% [62%] patients were admitted to the stroke ward within 4 hours of arrival



Completing clinical observations and appropriate escalation of the deteriorating patient remains a key focus. The roll-out of electronic observations during 2017/18 will help to make improvements.

"...from the doorman right through to the surgeon there [was] amazing compassion. I wish more hospitals were like this"
 (NHS Choices—General Surgery, Jan 2017)



The Urology team use a robot to assist surgery. This helps to reduce length of stay and complication rates.

Assurances

Clinical audits are undertaken to ensure care and treatment is delivered according to best practices. Staff participate in inspection visits to assess care & treatment and to share good practices. External visitors, such as Royal Colleges, are welcomed to review practices.

43

Number of National Clinical Audits in which the Trust participated



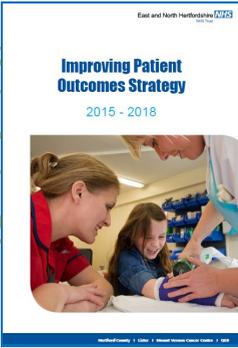
30% increase in the number of people participating in research (Compared with 2015/16)



91% staff surveyed said their role made a difference

Patient safety

7.31% reduction in falls resulting in harm



Our aims for 2016/17: were:

- Improve medication safety:
 - Check medication within 24 hours
 - Improve medication information
 - Reduce percentage of missed doses
- Introduce human factors as a tool to reduce error

How did we do? (Figures for 2015/16 in brackets):



- Checked 84% [76%] medication within 24 hours, ensuring existing medications continued
- Introduced human factors within incident investigations and quality improvement training



8.4% [5.3%] critical medications were omitted (during audit) and some patients told us they did not fully understand their medication purpose or side effects. We aim to address this in 2017/18.

"I was seen by the consultant who I originally saw on the date of my stroke—it's always preferable to see the same consultant as they are familiar with your history"
(NHS Choices—stroke)



Purple Star award for the diabetic eye screening team for the care of people with learning disabilities

Assurances

A notice on the patient administration system helps to identify people with a learning disability.

Staff say they feel confident to report unsafe practices.

Monthly audits check hand hygiene, documentation and the environment.



10.27 *Clostridium Difficile* infections per 1000 bed days (National average 11.06)

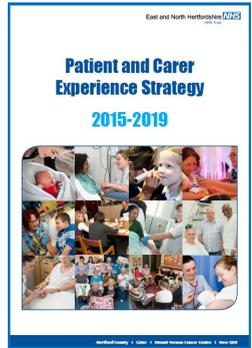


97.45% inpatients assessed for risk of blood clot Jan-Mar 2017 (National average 95.53%)



18% reduction in antibiotic usage
[Compared with 2013/14]

Patient experiences



Our aims for 2016/17: were:

- Improve communication:
 - Reduce complaints & concerns
 - Improve survey results
 - Improve nutrition & hydration

How did we do? (Figures for 2015/16 in brackets):

- ✓ Complaints and PALS concerns reduced compared with 2015/16
- ✓ Patients reported they were involved in decisions 7.1 /10 [6.8]
- ✓ Patient reported an improvement in the choice of food 8.4/10 [8]
- ✗ Patients told us they want more consistent information and more help eating their food. We will continue to make improvements in 2017/18.



Menu redesign
The range of menus has increased to improve patient choice and cater for dietary needs as well as preferences



Assurances

‘You said—we did’ display boards on wards show what has been done in response to your concerns.

The Trust participates in national surveys and gathers feedback from NHS Choices.

Patient stories are discussed at Trust Board.



105,000 responses to the Friends & Family Test



15% reduction of formal complaints (Compared with 2015/16)

97%

of in-patients would recommend the Trust for care and treatment