2017/18 Summary Quality Account

This summary of the Trust's quality account for 2017/18 has been designed to give you an overview of how we performed in relation to a number of key areas. The 12 months to March 2018 were challenging for all in the NHS, but good foundations were laid in terms of improving the quality of services and the experiences of our patients.

Nick Carver - Chief Executive

The Trust's hospitals

Rated requires improvement — Lister Hospital

Rated requires improvement — New QEII

Rated good — Hertford County

Rated requires improvement — Mount Vernon Cancer Centre

Medication management

	15/16	16/17	17/18	Aim for 17/18	Met
Inpatient survey: medication purpose	8.2	7.9 (70%)	72%*	>8.4	✓
Inpatient survey: side effects of medication	4.8	3.7 (26%)	35%*	>4.8	✓
Introduce set of leaflets (subject to funding) for medication group e.g. painkillers, antibiotics	N/A	N/A	0	>=1	x
% critical medication doses omitted	5.31%	8.38%	<6.15% (Since Dec 16)	<7%	✓
Medicines Optimisation Strategy milestones	125	Not measured	Improved	Improve	✓
Demonstrate benefits on 3 wards of the hospital pharmacy transformation programme	N/A	N/A	Improved	Improve	✓

*Results from the Picker Survey 2017 [shown in brackets for 16/17]

Progress deteriorating patient work

	15/16	16/17	17/18	Aim for 17/18	Met
Rollout of Nerve Centre as per plan	N/A	N/A	Completed	As plan	✓
Undertake human factors review in maternity	N/A	N/A	Completed	Complete	✓
Audit of Unexpected Critical Care admissions (improvement compared with 15/16 audit)	N/A	N/A	Completed	Complete	N/A
Reduce number of cardiac arrest calls	208	150	Improved[1]	<150	✓
Compliance with observations	93.61%	96%	100%	>=97%	✓
Reduce frequency of serious incidents involving poor escalation (recorded on Datix)			N/A[2]		

Further reduce mortality

	15/16	16/17	17/18	Aim for 17/18	Met
HSMR (3 month arrears)	93.31	95.18	99.41	<94*	x
SHMI (7-9 month arrears)	109.7	105.61	102.9	<100*	=
SHMI (adjusted for palliative care)	98.69	95.5	94.5	<95*	✓
Mortality review - areas of concern discussed at each meeting of the Clinical Governance Strategy Committee	N/A	Undertaken	Undertaken	Undertake	✓
Demonstrate learning from mortality review process	N/A	N/A	Undertaken	Undertake	✓

Further improve stroke standards

	15/16	16/17	17/18	Aim for 17/18	Met
3-4.5 hour thrombolysis	7.47%	6.1%	7.2%	≥12%	=
4 hours to stroke unit	62.33%	78.6%	72.1%	≥90%	x
90% time on stroke unit	82.12%	87.3%	86.1%	≥80%	✓
60 minute to scan (urgent)	89.2%	92.7%	87.2%#	≥90%	=

Improve patient communication

	15/16	16/17	17/18	Aim for 17/18	Met
Involvement in decisions (Meridian)	6.8#	83%	84.19%	>83%	✓
In-patient survey (given consistent information)	7.8#	7.8 (64%)	65.5%*	>7.8	✓
Doctors providing understandable answers (Meridian)	8.1#	88%	87.56%	>88%	x
Nurses providing understandable answers (Meridian)	8.0#	90%	91.41%	>90%	✓
In-patient survey (having a point of contact)	7.8#	7.8 (81%)	75%*	>7.8	x
Rate of communication related complaints per 100 bed days˜	0.32%	0.21%	0.11**	<0.21%	N/A
Rate of communication PALS concerns per 100 bed days	0.57%	0.26%	0.82**	<0.26%	x

#Scores are from the National In-Patient Survey (range 1-10). The methodology is replicated within the Meridian system. *Results from the Picker Survey [shown in brackets for 16/17]
˜Bed days - number of beds occupied at a particular point in the day. **Bed day data for quarter 4 not published so quarter 3 bed day data used for quarter 4

Improve nutrition and hydration

	15/16	16/17	17/18 YTD	Aim for 17/18	Met
In-patient survey - quality of food	5.2	5.2 (54%)	56%*	>5.2	✓
In-patient survey - choice of food	8	8.4 (75%)	78%*	>8.4	✓
In-patient survey - help with eating	7.5	6.3 (57%)	54%*	>7.5	x
Delivery of nutrition and hydration strategy milestones		Delivered	Delivered	Deliver	✓
Compliance with nutritional aspect of ward observational tool	95	96.52%	97.69	≥95%	✓

*Results from the Picker Survey [shown in brackets for 16/17]

Improve patient flow

	16/17	17/18	Aim for 17/18	Met
Reduce on the day cancellation of operations (one month arrears)	467	759 (to Feb)	<504*	✓
Reduce readmissions (within 30 days)	8.3%	7.01%	<7.75%	✓
Reduce delayed discharges from critical care	603	636	<603	x
Discharge summaries to GP within 24 hours		Not available		
Reduce complaints relating to delays per 100 bed days	0.08	0.13	<0.08%	N/A

*This number was increased from 467 on the Board report

Priorities for 2018/19

- Reduction in avoidable harm
- Better use of digital technology
- Improved patient experience

- Improving patient flow, especially around access to outpatient services, inpatient discharge and meeting national A&E waiting time standard

Patient safety

	14/15	15/16	16/17	17/18	Aim for 17/18	Met
Never events	1	4	2	6	0	x
MRSA Bacteraemia (post 48 hours)	5	0	2	1	0	x
Number of inpatient falls	919	861	867	859	<845	=
Number of inpatient falls resulting in serious harm	14	13	15	12	≤15	✓
Number of preventable hospital acquired pressure ulcers	54	26	27	33	≤25	x
Safeguarding adults training	90.6%	87.6%	90.9%	88.2%	90%	=
Safeguarding children training	89.1%	88.5%	91.2%	89.3%	90%	=