



Quality Report

Presentation to Council of Governors, 25 March 2014

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External assurances are a requirement of the quality account process one of which is ...

- A copy of the auditors report on the external work performed on the content of the quality report, and the mandated and local indicators, to Monitor and to the NHS Foundation Trusts Council of Governors. (The Governors report)

Mandated indicators to be audited 2 to be chosen

- C. Difficile – Number of cases for patients aged 2 and over.
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers – Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
- Emergency re-admissions within 28 days of discharge from hospital – Percentage of Emergency readmissions to a hospital that forms part of the Trust within 28 days of discharge from a hospital that forms part of the Trust.

1 Further indicator to be chosen by Governors

- The Trust's responsiveness to the personal needs of its patients during the reporting period - This is measured through the National Friends and Family Test. (FFT)
- Board Safety Walkabouts - Visibility of senior members of staff (members of the Board), became a key priority after the 2012 staff survey which showed that this was something staff would like to see more of.
- Identification of patients with Dementia - The aim of this priority is to identify any patients where there is a suspicion of dementia or memory loss and make the appropriate referral to their own GP, to investigate if the problem needs further referral to the Memory Service Outpatients Service.

What the auditors will look at...

Assurance is looked at over six dimensions of data quality, which are:

- **Accuracy.** Is data recorded correctly and is it in line with the methodology for calculation?
- **Validity.** Has the data been produced in compliance with relevant requirements?
Reliability. Has data been collected using a stable process in a consistent manner over a period of time?
- **Timeliness.** Is data captured as close to the associated event as possible and available for use within a reasonable time period?
- **Relevance.** Does all data used to generate the indicator meet eligibility requirements as defined by guidance?
- **Completeness.** Is all relevant information, as specified in the methodology, included in the calculation?

Quality Priorities for 2014/15

The initial list prior to voting

- *Reduce avoidable deaths*
- *Provide quality data to Boards and Business units*
- *Provide a positive patient experience*
- *Ensure patients and staff have confidence in the quality assessment by the Care Quality Commission (CQC)*
- *Increase engagement with our surrounding academic networks*
- *Ensure nursing skill mix is safe and appropriate to caseload*
- *Engage junior doctors as the clinical leaders of today*
- *Increase engagement with staff to provide the best outcomes for our patients*

How did we engage?

- Quality priorities road show for 1 week in February 2014, votes were from Patients, staff and visitors.
- Promotion at Core Brief
- Virtual noticeboard on Staffnet for voting
- E-mail voting to all Trust members and Governors

After voting ...275 people responded to the survey they chose 3 priorities that were important to them

- *Reduce avoidable deaths 78%*
- *Provide a positive patient experience 64%*
- *Ensure nursing skill mix is safe and appropriate to caseload 68%*

Reduce avoidable deaths

How we will measure...

- WHO Checklist - Improve patient safety during surgery by improving utilisation of the WHO checklist.
- Mortality Review group - Increase the utilisation of the Mortality Review Group, with the aim that through the lessons that we learn we will reduce the number of avoidable deaths by 10%.
- Early warning system – Measurement and use of our early warning system and escalation procedures for deteriorating, high-risk patients.
- Duty of Candour- We will measure that when things go wrong we will be open and honest and we will measure this through our critical and serious incident reporting.

Provide a positive patient experience

How we will measure...

- Patient feedback - Improvement in care that is driven by patient feedback, input from patient and public engagement by seeking the views of patients and the public through focus groups.
- Real time patient feedback - ensuring that we know what our patients feel about their care at the point of care beyond the Friends and Family test; utilising the “you said, we did” slogan throughout the Trust.
- Development of staff - Implement education and development programmes for all levels of staff based on our values and measure how these are reflected into practice through the feedback from our patients.

Ensure nursing skill mix is safe and appropriate to caseload - How we will measure...

- Trust Board – will sign off evidence-based staffing levels at least every six, providing assurance about the impact on quality of care and patient experience.
- Clinical areas - will display the approved and actual staffing levels and we will monitor these through the integrated performance dashboard reported to the Trust Board
- Business units - Where there are on-going staffing issues action plans will be put in place

Key measures (the must do's)

- Measurement of SHMI
- Reporting of National PROMS - (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery
- Readmission rates - readmitted to a hospital which forms part of the trust within 28 days of being
- The trust's responsiveness to the personal needs of its patients during the reporting period
- Staff friends and Family test
- Patient friends and family test
- VTE - The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism .
- C Difficile cases
- Patient safety incidents and the number and percentage of such patient safety incidents that resulted in severe harm or death.