

East & North Hertfordshire NHS Trust Quality Account 2015/16

Please find below a summary of achievement against the targets. Specific data, with historic figures where available, is given in appendix 1.

Priority	Targets	RAG	Comment
Patient Safety Priority: Improve safety thermometer scores	<ul style="list-style-type: none"> Safety thermometer score for falls, pressure ulcers, UTI and VTE 	2.5%	This data is collected and is published on the national reporting system.
	<ul style="list-style-type: none"> Number of inpatient falls 	861	Aim < 888. The National Audit of Inpatient Falls shows the Trust as reporting 3.23 falls per 1000 bed days compared with a national average of 6.63 and places the Trust in the top 10% of best performing Trusts.
	<ul style="list-style-type: none"> Number of falls resulting in serious harm 	11	Aim < 24. All serious harm falls are thoroughly investigated with learning identified and shared. There were 11 severe harm falls leading to fractured hip and 1 fall resulting in a head injury. This represents a small improvement on the previous year where there were 14 such incidents.
	<ul style="list-style-type: none"> Number of pressure ulcers (hospital acquired) 	26	Aim < 36.
Patient Safety Priority: Improve medication management	Survey results (medication purpose & side effects)		The national In-Patient Survey results will not be released until 8 th June.
	<ul style="list-style-type: none"> Incident reporting re medication 		Final end of year data is awaited although indications to date suggest that the medication incidents leading to harm has reduced and that the number of medication errors being reported has remained stable.
	<ul style="list-style-type: none"> Medication omission audit 		December 2015 audit of omitted or delayed critical medication showed: 92.67% doses correctly given (89.16% in January 2015) 5.31% doses omitted (10.33% in January 2015) 2.02% doses delayed (0.51% in January 2015)
	<ul style="list-style-type: none"> Implement Medicines Optimisation Strategy objectives for year 		The milestones of the strategy have been met. This includes the introduction of the medication safety thermometer.
	<ul style="list-style-type: none"> Results of medication thermometer 		This is a measure of medication errors on one day from a review of all medication charts from 13 wards. The tool assesses compliance with allergy status, omissions of critical medication and briefing sessions. The results are currently variable and individual ward feedback reports are starting to be prepared to generate improved ownership.
Clinical Effectiveness Priority: Continue to reduce mortality	<ul style="list-style-type: none"> HSMR (Hospital Standardised Mortality ratio) 	94.8	This measure of mortality remains better than the England average (100). Please note there is a time lag as this information is reported approx 3 months in arrears. The figure will be updated before final publication of the report.

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	<ul style="list-style-type: none"> SHMI (Summary Hospital Mortality Indicator) 	110.3	This measure of mortality remains worse than the England average (100). Please note the time lag is approx 7 months. The reasons for this are largely around the Trust having a hospice where people are expected to die (these deaths are included in the SHMI figure) and around deaths in the community within 30 days of discharge. It is noteworthy that the Trust treats a significantly higher proportion of end-stage respiratory and cardiac disease patients who are admitted to die than the England norm. Significant actions, working with community partners, have taken place to better manage chest conditions, urinary infections and acute kidney injury.
	<ul style="list-style-type: none"> SHMI data adjusted for palliative care 	98.69	This measure of mortality removes the impact that having a hospice. Whilst better than the England average it does not meet the trust aim of <96%
	<ul style="list-style-type: none"> Unexpected admissions to critical care audit 		The results of this audit are being finalised.
	<ul style="list-style-type: none"> Cardiac arrest calls 		The data is currently being finalised although April – September 2015 data shows that 0.15% of patients admitted have a cardiac arrest which is an improvement compared with 2014/15. National data confirms performance better than national averages with 25% of patients having had an arrest being discharged home compared with 18% nationally.
	<ul style="list-style-type: none"> Observation Compliance 		Audits of observation compliance, undertaken on a monthly basis, indicates that on average 93.61% (of 7278 sets of notes audited) are completed properly. There is no pre-determined aim for this although the expectation should be that 100% are completed properly.
	<ul style="list-style-type: none"> Mortality review 		A review of the notes of 546 patients who died within the Trust was undertaken. A formal review process identifies any areas of concern which are then discussed during the learning forums within the clinical teams. The clinical governance strategy committee oversees the findings and will make further recommendations where necessary.
Clinical Effectiveness Priority: Continue to improve stroke standards	<ul style="list-style-type: none"> 3 hr thrombolysis 		Final end of year data is awaited, but year to date is 7.32% against a target of >=12%
	<ul style="list-style-type: none"> 4 hrs to stroke unit 		Final end of year data is awaited, but year to date is 61.88% against a target of >=90%. This is better than 2014/15 but has been impacted by the high emergency demand and the closure of the hyper-acute stroke services in Harlow.
	<ul style="list-style-type: none"> 90% time on stroke unit 		Final end of year data is awaited, but year to date is 82.57% against a target of >=80%.
	<ul style="list-style-type: none"> 60 minute to scan 		Final end of year data is awaited, but year to date is 89.47% against a target of >=50%
Patient Experiences Priority: Improve communication	<ul style="list-style-type: none"> Improvement in survey results (involved in decisions, consistent info, providing understandable answers, name of contact) 		The national In-Patient Survey results will not be released until 8 th June
	<ul style="list-style-type: none"> Monitoring ward staffing levels 		Staffing levels are routinely monitored each shift with results reported monthly. The percentage of 'red shifts' range from 1.85% (June 2015) to 7.1% (February 2016). The latter figure is largely linked with vacancies and the payment restrictions for agency staff.

Priority	Targets	RAG	Comment
	<ul style="list-style-type: none"> Reduction in complaints & PALS concerns (rate) 		End of year data is awaited. However the position so far indicates an increase in the rate of complaints relating to communication (approx 0.3% of discharges compared with 0.2% in 2014/15) and PALS concerns (approx 0.57% of discharges compared with 0.48% in 2014/15).
	<ul style="list-style-type: none"> GP Survey 		The GP survey was undertaken, although the number of responses was very low. The results indicated a lack of awareness by GPs of some of the electronic and fast-track means of gaining advice which the Trust is working to promote.
Patient Experiences Priority: Reduce delays	<ul style="list-style-type: none"> Reduction in complaints & PALS concerns (rate) 		End of year data is awaited. However the position so far indicates an increase in the rate of complaints relating to delays (approx 0.32% of discharges compared with 0.33% in 2014/15) and PALS concerns (approx 1.07% of discharges compared with 0.96% in 2014/15). Improvements are noted in quarter 3 though which indicate an overall improving trend.
	<ul style="list-style-type: none"> Improvements in survey results (waiting list, waiting for bed, OPD waiting time) 		The national In-Patient Survey results will not be released until 8 th June.

The priorities for 2016/17 will largely remain the same as in 2015/16 to continue the improvements in these important areas. The safety thermometer scores and complaints / PALS concerns relating to delays are being retired from the QA. These will continue to be routinely monitored as part of the Director of Nursing reports to the Risk and Quality Committee. The introduction of Human Factors and the improvement in nutrition and hydration standards have been introduced. These align with the national travel on safety and the implementation of the Trusts Food and Drink Strategy.

Appendix 1

	PATIENT SAFETY	12/13	13/14	14/15	15/16 YTD	Aim for 15/16	Met
1.1a	Safety thermometer score for falls, pressure ulcers, UTI and VTE (no of harms)	N/A	6.4%	4.9%	2.5%	Collect	✓
1.1b	Number of inpatient falls	1244	988	919	861	<876	✓
1.1c	Number of in-patient falls resulting in serious harm	14	16	14	11	<=24	✓
1.1d	Number of preventable hospital acquired pressure ulcers	113	45	54	23	<=36	✓
2.1	Survey results: - medication purpose - side effects	8.4 5	8.2 4.4	8.4 4.8	Awaited	Improve	✓
2.2	Medication incidents - rate per 100 discharges - % leading to harm	1175 N/A N/A	987 1.24 11.96	799 0.91 11.76	Awaiting full year	N/A >1.24 <11.96	N/A
2.3	Undertake medication omission audit					Undertake	✓

2.4	Implement Medicines Optimisation Strategy objectives for year	Implement	✓
2.5	Medication safety thermometer	Introduce	✓

	CLINICAL EFFECTIVENESS	12/13	13/14	14/15	15/16 YTD	Aim for 15/16	Met
3.1	HSMR (3 month arrears)	97	88.96	92.31	94.8	<=95.3	✓
3.2	SHMI	111.39	111.76	112.9	110.3	<=110	✗
3.3	SHMI (adj palliative care)	102.04	100.43	100.51	98.69	<=96	✗
3.4	Unexpected admissions to critical care	N/A	Audit completed	Completed	Underway	Complete audit	✓
3.5	Cardiac Arrests	219	174	203	Awaiting	<174	✗
3.6	Observation compliance	96.02	95.88	95.49	93.61%	N/A	-
3.7	Mortality review	N/A	N/A	N/A	Undertaken	Undertake	✓
4.1	3 hour thrombolysis for stroke	8.1%	10.08%	7.36%	7.32%	>=12%	✗
4.2	Admission to stroke unit within 4 hours of arrival	46.5%	66.25%	51.89%	61.88%	>=90%	✗
4.3	90% time in dedicated stroke unit	79.8%	72.71%	73.87%	82.57%	>=80%	✓
4.4	60 minute to scan				89.47%	>=50%	✓

	PATIENT EXPERIENCES	12/13	13/14	14/15	15/16	Aim for 15/16	Met
5.1	Improvement in survey results (involved in decisions, consistent info, providing understandable answers, name of contact)	See results below			Awaited	N/A	-
5.2	Monitoring ward staffing levels	N/A		Introduce	Monitored	Monitor	✓
5.3	Communication - reduction in complaints & PALS concerns (rate)	See results below			Awaiting year end data	Reduce	
5.4	GP Survey	N/A		Completed	Completed	Complete	✓
6.1	Delays - reduction in complaints & PALS concerns (rate)	See results below			Awaiting year end data	N/A	
6.2	Improvements in national surveys (waiting list, waiting for bed, OPD waiting time)	See results below			Awaited	N/A	-