

Performance on Quality measures at Leeds Teaching Hospitals NHS Trust

Background

Quality in the NHS is measured in several different ways, but fundamentally revolves around three domains:

- Clinical effectiveness (how good are outcomes in medicine and surgery)
- Safety (how safely we treat patients)
- Patient experience (what patients expect and experience whilst in our care)

The board has agreed a five year plan to improve quality at the Hospital and we are currently changing our management arrangements to put quality, care and compassion at the very centre of everything we do.

Our national mandate to operate as a hospital depends on us upholding standards in each of the domains and we report regularly in our board papers and to the Department of Health on these measures. A copy of the quarterly assessment (published in November is attached to this paper). Our general performance in each of these domains is outlined in the following sections. In each of these three domains we have set a specific improvement target for the year

Quality domain	Improvement target
Clinical outcomes	Dementia
Patient Safety	Pressure Ulcers
Patient Experience	Discharge

Clinical outcomes

i) General performance

Leeds Teaching Hospitals has an excellent record in this domain of quality. The key performance indicator (KPI) in this area of healthcare is the Summary Hospital-level Mortality Indicator (SHMI). This measure tells us how good we are at keeping people alive.

Leeds teaching Hospitals SHMI is significantly better than expected nationally and shows a marked improvement on last year's indicator (lower score = better performance; expected score = 100).



What is more, in addition to this headline figure Leeds Teaching Hospitals is significantly better than most other hospitals in the UK at keeping people alive if they are admitted as emergency over the weekend period or after surgery. Both these measures point to the very high standards of medical care we offer.

ii) Improvement target - Dementia

Dementia is a significant challenge to the NHS with approximately 25% of general hospital beds occupied by people with dementia. Dementia is extremely common affecting 670,000 people in England alone.

There are 8,400 dementia sufferers in Leeds, and it is predicted that this will increase to 12,000 by 2026. However, Dementia is under-recognised and under-diagnosed, with only 42% of sufferers in England having a formal diagnosis.

Dementia patients often have a longer length of hospital stay, contribute significantly to delayed discharges, and have a high rate of readmission.

Our target is to improve outcomes for patients with dementia by identifying signs of early onset dementia, undertake a risk assessment where appropriate and refer people who are diagnosed with early onset dementia via their GP for appropriate care and follow-up once discharged. The aim is for symptoms of dementia to be diagnosed earlier to improve the outcomes for patients and provide support to their families and carers.

Specifically, in 2012/13 we aim to deliver a set of three measures to ensure we are compliant with national standards of care for dementia patients. These measures are:

- Screening question for all emergency admission patients over the age of 75.
- A risk assessment undertaken where potential early onset dementia is identified.
- Referral for specialist care where risks are identified.

This applies to all patients, admitted acutely aged 75 years and over with a length of stay of 72 hours or more. Day cases and elective patients are excluded as are patients who are in a coma or who serious illness, particularly malignant disease.

The Trust has spent some time designing guidance and assessment processes as well as a screening tool. Clinical teams piloted the project on the Acute Medical floor at St James's University Hospital during August and Trust-wide roll-out happened during September and October.

Awareness campaigns, education and training are under way across the Trust. Data collection processes are being implemented and improved. Assurance processes are in place for wards where ten or more patients fit the criteria. Compliance reports are being compiled and sent to managers and clinicians on our wards.

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The national target is to achieve 90% compliance in each of the 3 measures for 3 consecutive months (from January). Currently, compliance is not high enough to achieve this national target but the Trust Board has not yet been able to assess a full month data because of the timetable for implementation. Performance will be monitored nationally and will be available for comparison with peer organisations the monthly submissions to a national database.

We are considering the issues arising from early implementation and identifying risks to achieving the target, including the short time remaining to improve compliance.

The programme of work is being led by an experienced consultant with expertise in the care of patients with dementia, supported by the Trust's informatics team to collect the data required. Our progress is being monitored through our Clinical Effectiveness and Outcomes Sub-Committee and reported to the Board as part of our Integrated Quality and Performance Report.

We are engaging our commissioners and they have acknowledged resource issues arising from the currently cumbersome manual processes and have agreed to consider providing non-recurrent funding to appoint additional coders for data collection and to support ward teams in implementation. We aim to agree a trajectory that is achievable during Q4 January – March 2013, taking the Trust towards 90% compliance during this period.

Safety

i) General Performance

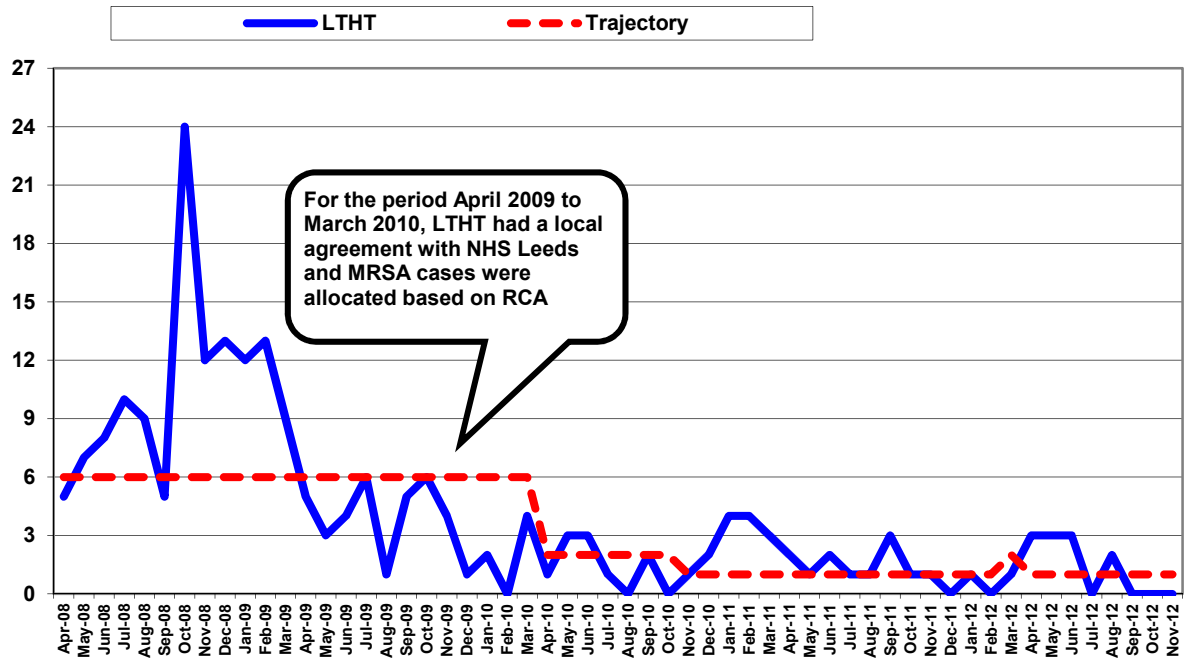
There are several KPIs we use to assess safety in hospitals but we have chosen three to focus our efforts upon this year: The rate of infection (specifically MRSA and C-Diff), the number of falls patients have in our care and the skin care of patients (in particular the prevalence of pressure ulcers).

MRSA & C-Diff

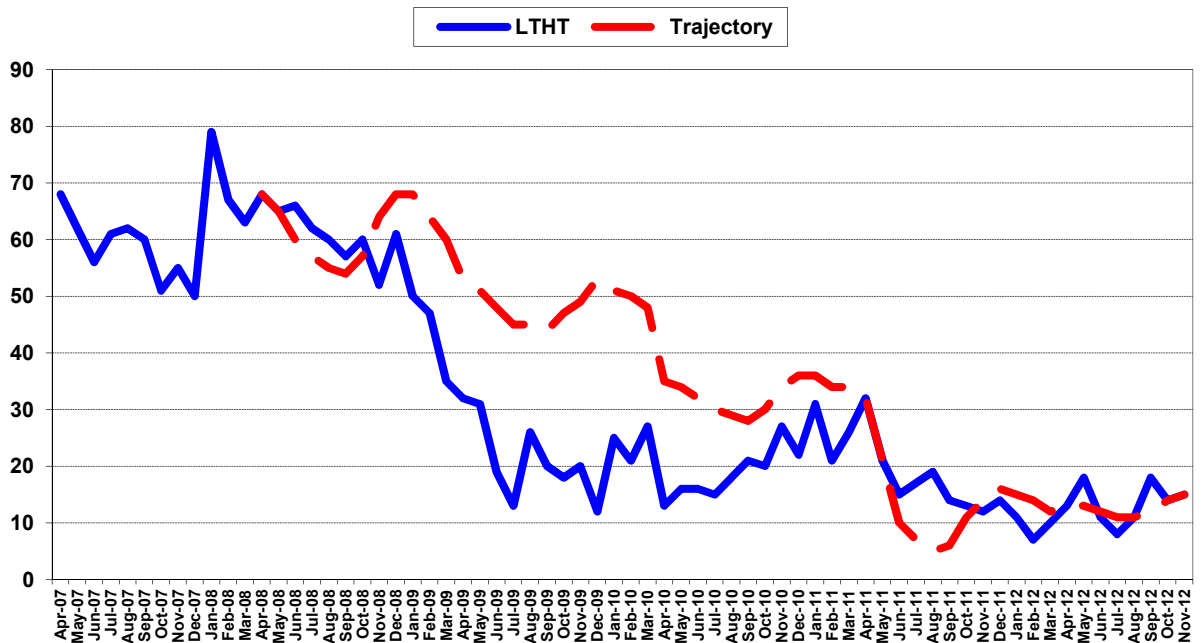
Over the past few years, the rate of infection with MRSA & C-Diff within NHS hospitals has plummeted. Leeds has had well reported issues with this quality standard and a great deal of time and effort has been put in to eradicating infection within our hospitals. We have been successful in reducing the level of infection - but we are determined to reduce infection rates to the lowest possible levels.

We are aware that we will never be able to completely eliminate MRSA & C-Diff either from the general population or the hospital - but we are determined to match or better the rates found anywhere in the UK. There is still work to do if we are to achieve our ambition. At the time of submitting this paper it is 95 days since we harmed anyone with an MRSA bacteraemia, but a spate of poor practice in the spring has left us with a difficult task if we are to match our ambition of 13 or less MRSA infections this year. More information about our performance on MRSA is published every month in our board papers.

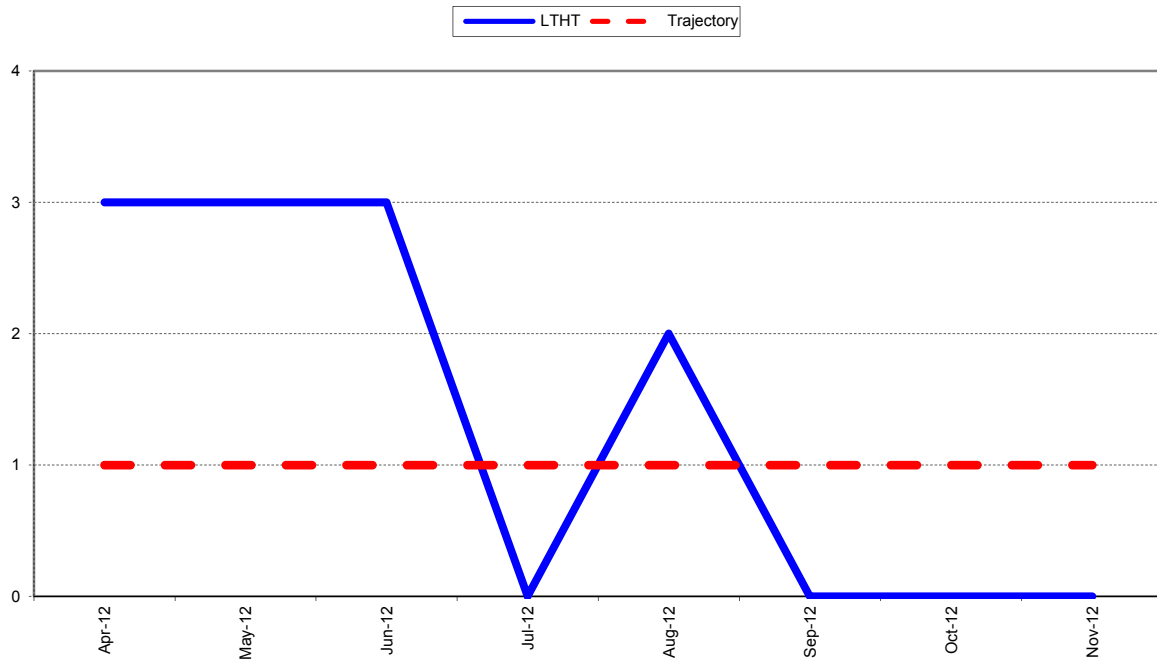
LTHT Apportioned MRSA Cases April 2008 to November 2012



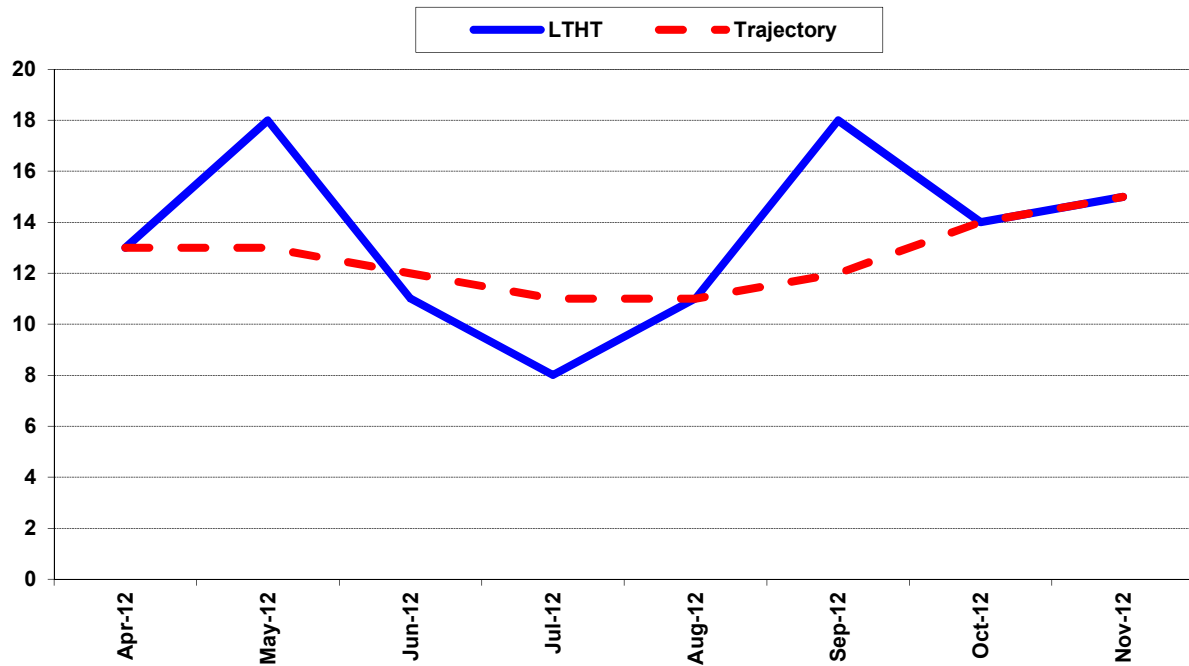
LTHT Apportioned CDI Cases April 2007 to November 2012



LTHT Apportioned MRSA Cases April 2012 to November 2012



LTHT Apportioned CDI Cases April 2012 to November 2012



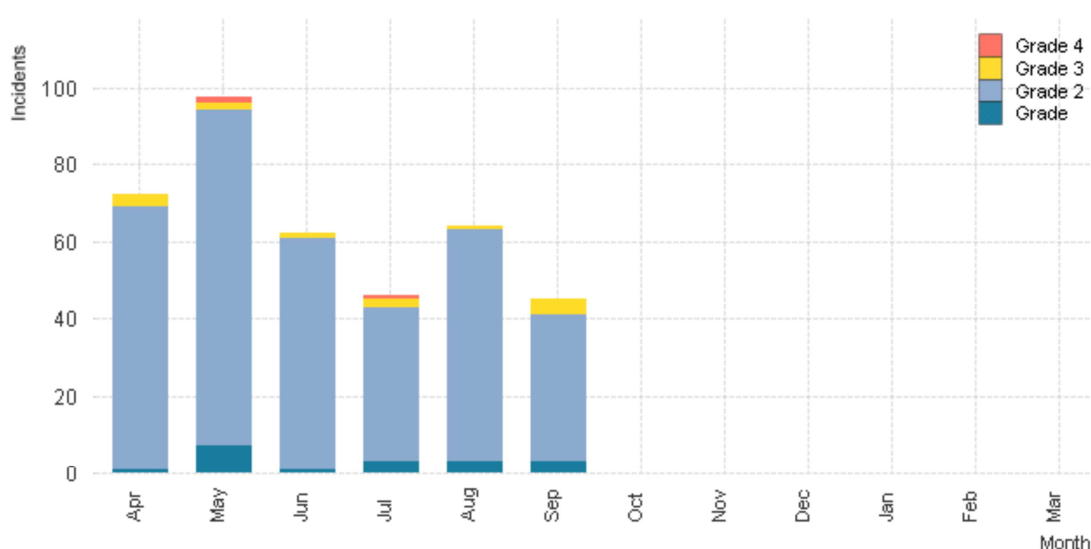
Number of falls in hospital

Another quality measure we use is the number of falls our patients suffer whilst in our care. Last year 4000 of our 1.2 million patients fell whilst they were in our hospitals; that is eleven people every single day and is far too many. It is true that many patients are vulnerable to falling (especially if they have had surgery are elderly or have a neurological condition) and it is true that we are seeing more and more patients in these high risk categories, but that make it more important that we do all we can to reduce the instances of falling. So far this year we has failed to reverse the upward trend in falls, twelve people every day are falling. This trend must be reversed; a programme of improvement is in place, including the implementation of the falls prevention care bundle in all areas and a process for undertaking a Root Cause Analysis (RCA) investigation for all falls where the patient has suffered harm, such as a fracture.

ii) Improvement target - Pressure ulcers

Pressure ulcers can occur in people who are unwell and immobile. Pressure ulcers are graded from 1-4, according to the level of severity and can result in patients suffering pain and discomfort and may increase their risk of acquiring complications such as infection.

The latest data reports on performance for the first half of the year 2012-13. We are making good progress in reducing the number of pressure ulcers that patients suffer in our care, however, we have not yet achieved our target to reduce the prevalence of the more serious (grade 3 and 4) ulcers suffered within the Trust.



The Trust's own target is to reduce by 50% the number of Grade 3 pressure ulcers from a baseline figure established using recent data, and to eliminate Grade 4 pressure ulcers.

Q1 April – June

At the end of Q1 there should have been no more than 12 Grade 3 and zero Grade 4. We recorded 22 Grade 3 and two Grade 4 pressure ulcers.

Q2 July – September

At the end of Q2 the target was to achieve a total of no more than 12 Grade 3 and zero Grade 4 pressure ulcers. We recorded 11 Grade 3 and one Grade 4 pressure ulcer.

Reporting of incidents is mandatory and there are inspections and audits to ensure this happens. Following careful assessment and investigation of the circumstances of each incident, there are action plans in place to address the causes and reasons that we have been able to identify:

- Improved competency assessment, education and training
- Trust-wide awareness campaign and Executive walkrounds with a focus on pressure ulcers
- Improved ward-level reporting, documentation, monitoring and assurance
- Specialist collaborative work in high-risk areas

Patient Experience

i) General performance

We know which aspects of care are viewed as the most important to our patients they are access to services, reliability and responsiveness. We are introducing the new friends and family test which will give us, for the first time, a proper assessment of patient satisfaction of all our services. This will be available for A&E and discharge patients from April 2013 and all patients by September 2013.

We know from ad-hoc surveys that our million patients a year are generally happy with the service we provide. We receive many thousands of letters and cards to thank us for our service compared to hundreds of complaints. But we accept this measure of satisfaction is as arbitrary as a yearly poll of some of our patients carried out by the NHS which has placed our satisfaction rate at around 75-80% of patients for several years, so we welcome the move to the friends and family score and look forward to the insight it will bring.

Until the friends and family experiential survey results are available the NHS is using proxies that measure our access and waiting times in what the public tell us are the key NHS services: A&E and cancer (see the attached validated chart reported at the November Leeds Teaching Hospitals Board meeting). We are improving on both and currently performing.

ii) Improvement target - discharge

We know from analysing inpatient survey findings that within the domain of patient experience improving discharge will be the single most effective change we could make. On a number of questions in the survey, patients report a poor experience of their discharge.

Our aim in 2012/13 is to achieve an improvement in the experience of our patients when they leave hospital. Specifically we will ensure that by 2012/13 all patients will:

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- have correct information that is easy to understand, when they go home
- have a point of contact should they have any worries after leaving hospital
- be provided with all necessary information in respect of medications
- feel confident when they leave hospital to ensure they experience the best possible recovery.

Specific actions we have undertaken to improve discharge are divided into four areas:

- i) Involving patients, families and carers in this work
- ii) Improving information provided to patients on discharge
- iii) Ensuring patients have a clear point of contact if they need to discuss concerns or in case they need further information; and
- iv) Reviewing and promoting information relating to medicines.

Achievement against our objectives will be measured through a variety of patient feedback mechanisms, including:

- patient responses to the National Inpatient Survey 2012
- responses to our ongoing programme of local patient surveys
- patient and carer involvement activities including focus groups
- review of complaints, comments, compliments and patient postings (on the NHS Choices and the Patient Opinion website).

Progress will be reported through the Trust's Patient Experience Sub-Committee, which reports to the Clinical Governance Committee, a committee of the Board.

Summary

Quality is hard to define and to measure accurately in a health service setting. But, against the basket of measures we have available we can conclude that in general terms quality is improving over time. We are definitely providing a higher quality service than we did five or ten years ago. And our medical skill and ability to save lives is amongst the best in the UK.

But we cannot make that statement about patients' safety or their experience. Neither can we make that statement about every single service, every single time. We therefore know we have specific issues we must address.

We have identified these issues and are working on their improvement. We have made progress but the rate of progress we have made needs to increase if we are to match and better the best Hospitals in the world.

For more detailed information on the Hospital's performance against quality please refer to our board papers which are available at our website.

LTHT
December 2012