



Quality Accounts

Dr Gulamabbas Khakoo
Clinical Director for
Quality & Safety

A definition for Quality

Will I be protected from healthcare acquired infections and avoidable accidents?

Safety

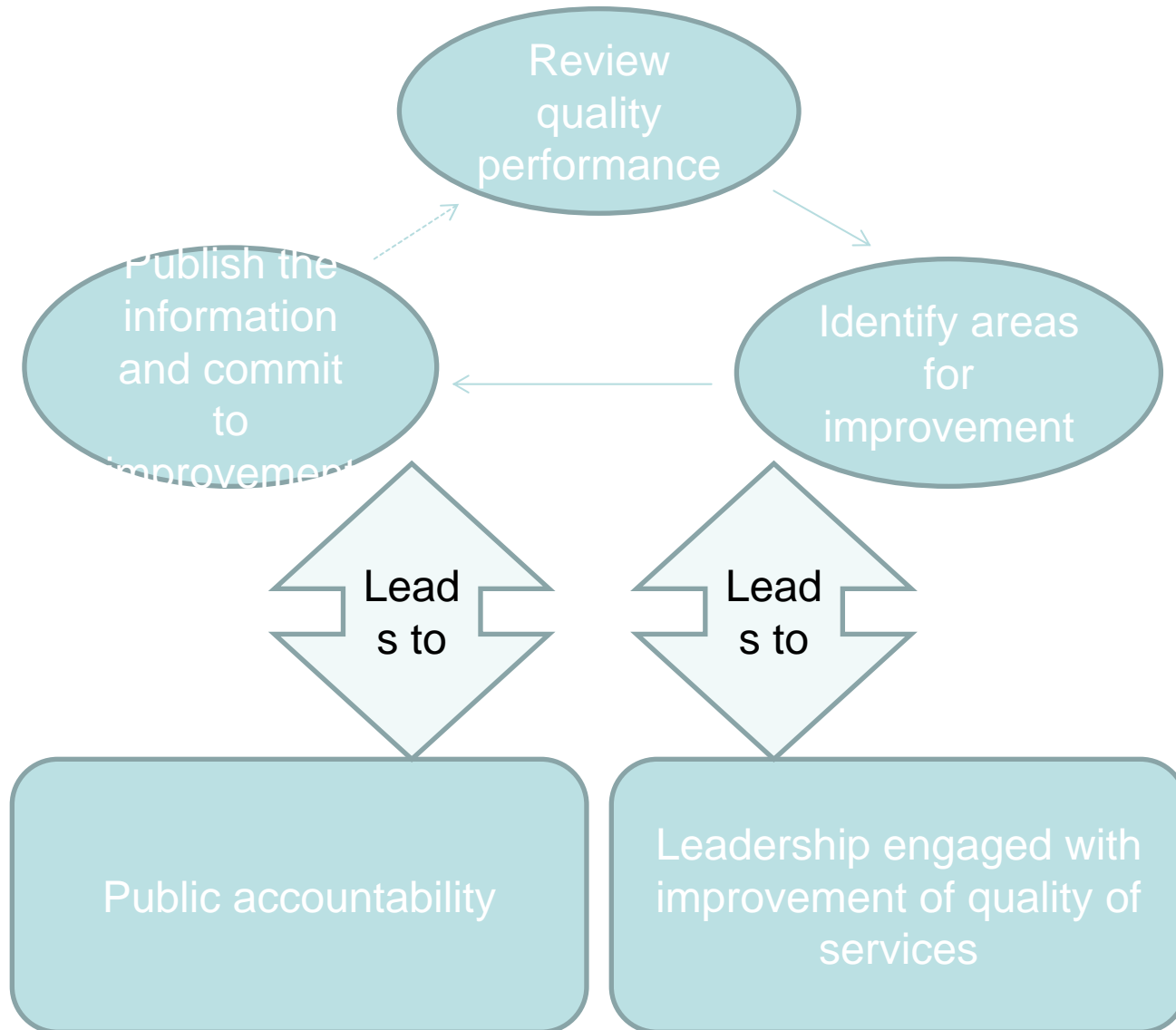
Effectiveness

Experience

What will my experience of the NHS be like?
Will I be treated with compassion, dignity and respect in a clean, safe and well managed environment?

How will my clinical procedure be carried out?
What will its result be?
What about my quality of life after treatment?

The aim of Quality Accounts



The framework for 2010-11

Part one

- statement on quality from the Chief Executive

Part two

- priorities for improvement
- statements relating to the quality of NHS services provided

Part three

- review of quality performance
- an explanation of who the Trust has involved
- audits, CQC, research activity,
- any statements provided from the commissioning PCT, LINKs or OSCs

An explanation of who the Trust has involved

- Patients, their carers and the local public
- Staff and volunteers (clinical and non-clinical)
- Commissioners
- Any other interested parties (e.g. peers, partners along a pathway etc.)

Priorities for improvement

- Forward looking section of the report
- At least three priorities
- Consider linking these to the three domains of quality: safety, effectiveness, patient experience
- Should be measurable and achievable but stretching and aiming to achieve high quality care

THH – Looking forward (2011-12)

The following seven priorities have been identified:

- Enhanced Recovery Programme, a programme pioneered by Hillingdon Hospital for orthopaedic patients. It consists of a structured pathway of post-operative recovery which allows patients to recover quicker, and places them in greater control of their recovery. The Programme will be extended to certain bowel and gynaecology operations.
- Development of Clinical Pathways for dementia and diabetes, jointly with primary care to ensure that high quality care is delivered in the appropriate place.

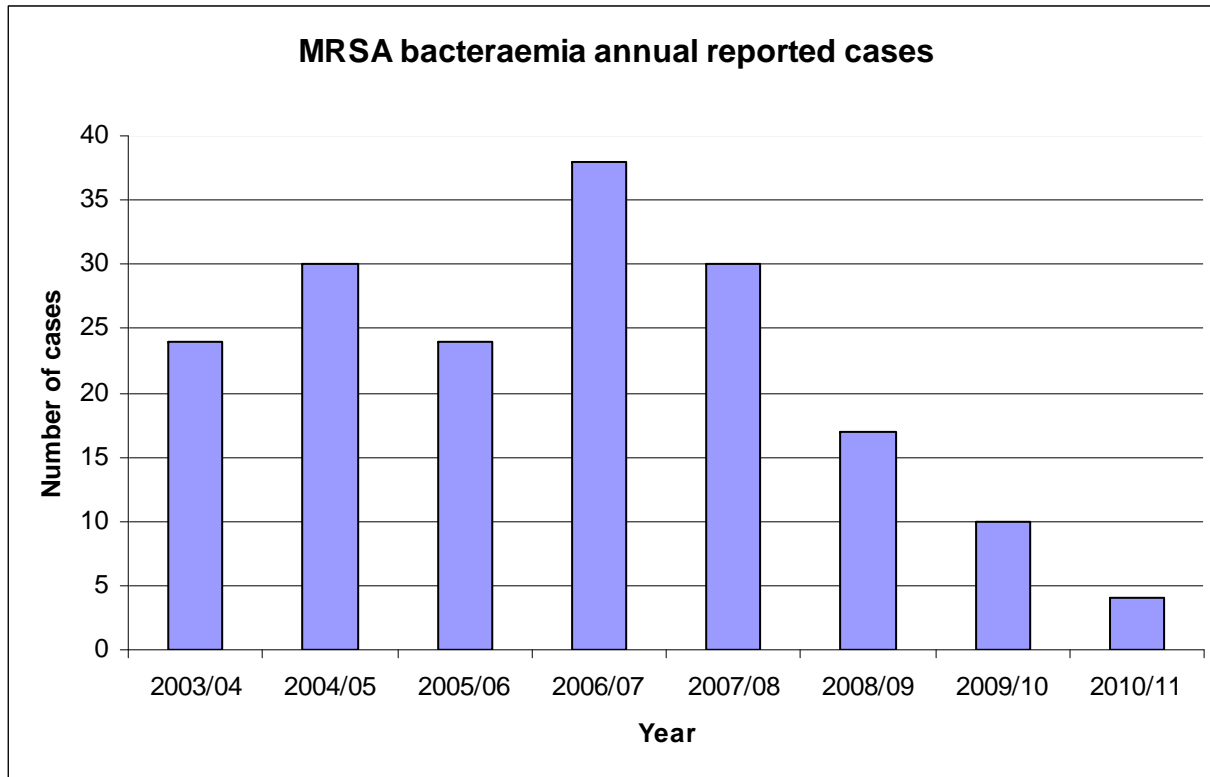
THH – Looking forward (2011-12)

- The Leaving Hospital Project, aiming to improve patient's experience of discharge. Current satisfaction with discharge is only 70%, with no improvement in the past 2 years.
- The First Contact Project, improving the outpatient experience, as patients tell us that they do not get enough information about their appointment, changing it is often difficult and non-attendance rates are high at nearly 11%.

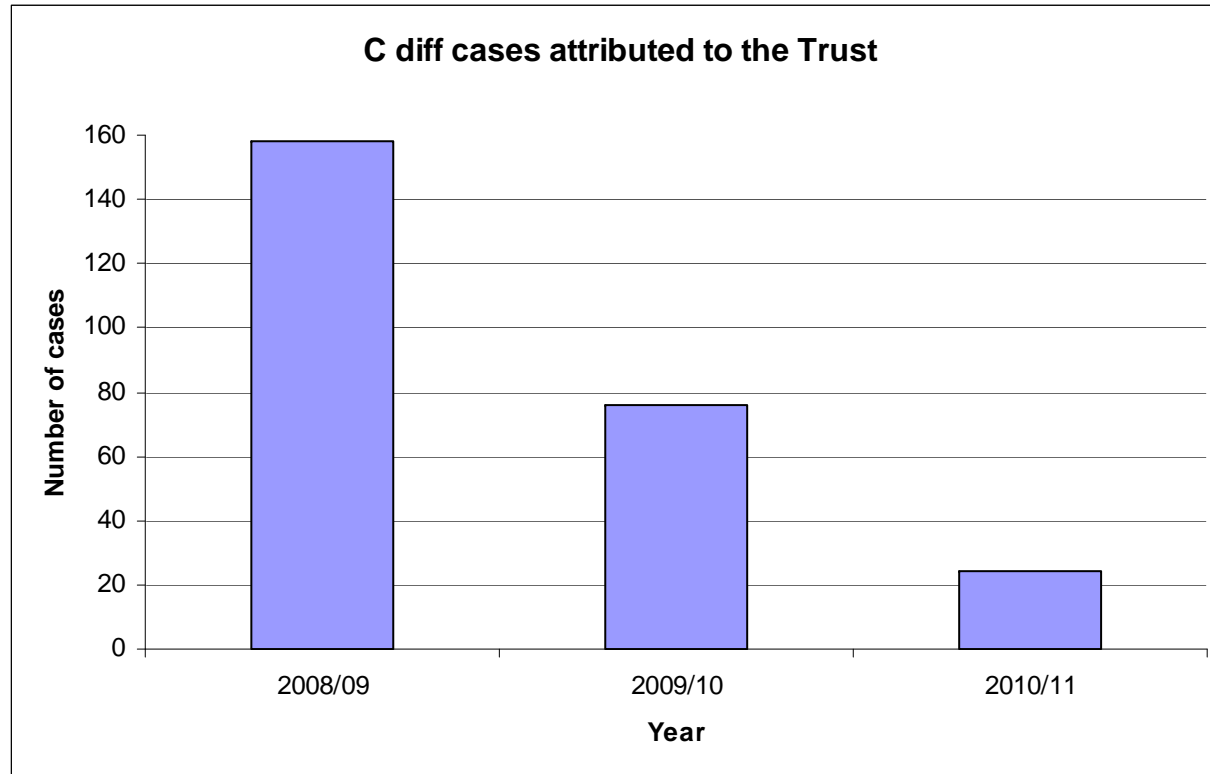
THH – Looking forward (2011-12)

- Communication – seeing the person in the patient. Two patient quotes “A bit more information about the admission process” and “Need better communication between hospital staff and patients” summarise the change in culture needed by our staff to improve patient experience.
- Maternity changes, including an increase in midwifery staffing and more choice in type and place of birth, and midwife rather than medical assisted delivery.
- A set of quality targets agreed with our commissioners, including more clinical pathways, reducing short stay admissions and improving discharge communication

THH – Looking back (2010-11)



THH – Looking back (2010-11)



THH – Looking back (2010-11)

- Priority 2 was the Patient Safety First Campaign which led to a small reduction in ward cardiac arrests from 203 in 2009-10 to 183 in 2010-11, introduction of an early clinical warning system in maternity, safer insulin and warfarin (a blood thinner) prescribing, and introduction of a safe site surgery checklist.
- Priority 3 resulted in an over 90% compliance with a variety of measures of care including pressure ulcer prevention, falls assessment, fluid and nutrition assessment and medicine management.

THH – Looking back (2010-11)

- Priority 4 focused on Emergency Care with more senior doctors now available in the busy evening hours (including weekends), a rapid access triage system so pain relief can be given and tests can be ordered without delay, and a care pathway for giving intravenous antibiotics at home rather than hospital.

THH – Looking back (2010-11)

- Our other key quality indicators for 2010-2011 were:
- Mortality rate at 88.9% (National Average 100%)
- All cancer access and stroke targets met
- Total time in A&E of 4 hours or less of 97.6% (better than London and National average)
- 100% cancelled operations rescheduled within 28 days
- PEAT (independent assessment of cleanliness of hospital) Good/excellent
- No unjustified single sex accommodation breach
- Timely operation of fractured neck of femur

THH – Looking back (2010-11)

- 60.3% satisfaction with key questions in National Patient Experience Survey below target of 69.3%.
- Readmission rates higher than national average
- Percentage of complaints responded to in agreed timescale at 77% below target of 90%
- 66.6% of patients assessed for risk of blood clots (VTE) versus target of 90%

We will endeavour to improve these areas where performance was below expectations, whilst maintaining those areas where we achieved our targets.

THH – Quality Accounts (2010-11)

SOME QUESTIONS?