

Quality Account

2015/16



What is the Quality Account?

A Quality Account is a public report that demonstrates the quality of the care we provide. Its purpose is threefold: firstly, as an important document that will enable the public to hold NHS Trusts to account for the quality of the NHS healthcare services they provide; secondly, to enable Trust Boards to focus on quality improvement as a core function; and finally, to assist patients and their carers to make fully informed choices about their healthcare.

Every healthcare provider is required to produce this report which is published every year. The Department of Health requires Trusts, by law, to publish their Quality Account on the NHS choices website. Plymouth Hospitals NHS Trust's Quality Account for 2014/2015 is available at <http://www.plymouthhospitals.nhs.uk/ourorganisation/newsandpublications/annualreports/Documents/QualityAccount201415.pdf>

What do we mean by Quality?

The Care Quality Commission defines the quality of NHS services by looking at the areas:

- **Are services safe** – are people protected from abuse and avoidable harm?
- **Are services effective** - does care, treatment and support achieve good outcomes and promote a good quality of life and is it based on the best available evidence?
- **Are services caring** - do staff involve and treat people with compassion, kindness, dignity and respect?
- **Are services responsive** - are services organised so that they meet people's needs?
- **Are services well-led** – is the leadership, management and governance of the organisation delivering high-quality person-centred care, supporting learning and innovation and promoting an open and fair culture?

What do we need from you?

Every year we identify three key areas of quality to focus on and measure and these are identified as our “quality priorities”. Our priorities may arise as a result of looking at an area that we know we could improve on, an area of growing concern or to align with national guidance.

We are passionate about continuously improving the quality and safety of the care provided to our patients and these key priorities will help us to achieve part of that goal. It is important to us to seek your views and comments as to what those priorities should be. We aim to get as many people as possible involved and will be seeking the views of patients, staff, voluntary organisations and other interested groups.

You can provide feedback in two ways:

1. By completing the attached questionnaire and returning it to:
Plymouth Hospitals NHS Trust, Patient Services, Derriford Hospital,
Derriford Road, Plymouth, PL6 8DH
2. Completing an online questionnaire on:
www.oc-meridian.com/plymouthNHS/survey/QP20162017

To ensure your feedback is included as part of our 2015/16 Quality Account, please return your comments to us by 25 March 2016.

Quality Priorities

Overleaf is a list of some of the quality priorities that we have committed to working towards next year and which we would like to seek your views. We have also provided an option for you to share your own ideas if you feel we have missed something.

Please indicate your three priorities by either ticking the boxes or writing in your suggestions. For a more detailed definition of each of the priorities, including their associated work programmes please see the table at the back of leaflet.

1. **Improve the quality and reliability of the care we provide to patients**
2. **Reduce the overall number of patients who suffer harm whilst under the care of the hospital**
3. **Improve discharge arrangements to ensure it is a patient centred and timely process**
4. **Ensure the safe use of medicines so that patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm**
5. **Reduce the number of patients who are cancelled and ensure patients are able to access services within acceptable time frames**
6. **Staffing – improve the patient experience by ensuring our wards and departments have the correct levels of staff with the appropriate skills**

* Detailed definition of each priority is included at the back of the

1.	
2.	
3.	

What will happen to the information you give us?

Once all the feedback has been received it will be reviewed and presented to the Trust Board to make an informed decision based upon the areas that matter most to the people. Three priorities will then be selected for inclusion in the Quality Accounts for delivery in 2016/17.

The Trust will then develop a plan for measuring and delivering these priorities, the outcome of which will be reported on in the Quality Accounts for 2015/16 which will be published in June 2016.

If you would like to provide additional information, or wish us to contact you to discuss this further please provide your details below and we will be in touch as soon as possible.

Name	
Contact details	
Telephone Number	
Address	
Email	

Thank you for your time

Priority	Why and How will we achieve it
1. Improve the quality and reliability of the care we provide to patients	
Ensure we respond to a diagnostic report recommending further action.	Failure to act on an abnormal radiology report may result in significant patient harm such as delayed diagnosis of cancer.
Ensure patients are correctly identified	To reduce the incidence of errors a reliable method is required to identify patients to ensure they received the correct treatment.
Improve early management of severe Sepsis (<i>Sepsis</i> is a severe infection in the blood which can damage important organs in the body, such as the heart and lungs. Patients who develop sepsis are at a high risk of dying)	This has been identified as a national priority as there are deaths from severe sepsis that could have been prevented by earlier intervention. The "Sepsis 6" identifies the key initial treatment priorities that we are implementing within the first hour following diagnosis.
End of life care	Good end of life care enables people to live in as much comfort as possible until they die, and to make choices about their care and where to spend their last days.
2. Reduce the overall number of patients who suffer harm whilst under the care of the hospital	
Reduce the number of adverse incidents resulting from failure to respond to a deteriorating patient.	Failing to respond appropriately and in a timely manner to deteriorating patients vital signs continues to result in avoidable critical illness and cardiac arrest.
Over the last year we have reduced hospitals acquired pressure ulcers by 50% we aim to continue this work reducing them by a further 20% and continue to have zero tolerance to severe skin or tissue damage (grade 3 & 4).	Pressure ulcers are the most commonly reported harm events acquired by patients at Derriford Hospital resulting in longer stays for patients.

Priority	Why and How will we achieve it
Over the last year we have reduced falls causing harm by 20% we aim to continue this work reducing them by a further 20%.	We can improve the way we assess the risk of a falls and improve prevention. The work around reducing falls will be focused much more on planning specific care for the individual patient.
3. Improve discharge arrangements to ensure it is a patient centred and timely process	
Discharge documentation	Discharge from hospital needs to be a patient centred process that may require the collective contributions of various agencies. It should be a planned and coordinated process with effective communication with the patient and where appropriate their relatives and carers.
Discharge medications – Drug To Take Away (TTA)	Medication to take home to delivered to the patient on the ward within 2 hours of the decision to discharge home.
Identification and communication with Carers	Carers have an important role in the effective and safe delivery of treatment and care of patients in hospital. It is important to identify, involve and support carers in the clinical setting in order to get the care of the patient right.
4. Ensure the safe use of medicines so that patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm.	
Patient allergies	Medicine related incidents are one the most commonly reported adverse clinical incidents. Patients receive medications they have a documents allergy to, resulting in potential harm and even death.

Priority	Why and How will we achieve it
Diabetes Management - improve the care for patients with diabetes so they do not develop complications and have to spend longer in hospital.	At any one time 20% of all adult patients in hospital have diabetes and, because of complications, they spend on average two days longer than patients without.
5. Reduce the number of patients who are cancelled and ensure patients are able to access services within acceptable time frames	
Patients have the right to expect timely care which is in line with best practice. The Trust has recently experienced difficulties with capacity which resulted in cancellations for patients and longer waits for treatment that we would like	
6. Staffing – improve the patient experience by ensuring our wards and departments have the correct levels of staff with the appropriate skills	
Having the right staff in the right place at the right time is a fundamental element to the delivery of high quality care for our patients, It is essential we build highly effective teams and provide assurance to patients and the public that staffing on the wards are at the right levels.	