

Appendix C: 2015/16 Quality priorities

Our three quality priorities for 2015/16 are shown below. They are linked to the advancement of equality on the grounds of age, disability and gender, in particular:

Patient safety, Priority 1 - Dementia Care

To further develop the care we provide to patients, their families and carers with or without early warning signs of dementia in our hospital and in the community.

Dementia is an increasingly common condition for our patients and so being able to identify early warning signs that may lead to dementia continues to be priority for the trust. Patients with early warning signs of dementia may access any of our community services and so it is important that all staff have an awareness and understanding of dementia.

Our aim was for people to receive mental health interventions at the right time and for those who are less able to make decisions about their care to be supported to do this. The outcomes we achieved were:

- 85% of our staff have received training in dementia awareness
- Over 90% of our staff have been trained to understand and apply the Mental Capacity Act (MCA)
- 86% of records when audited showed that treatment being given in a patient's best interests was recorded

The amount of demographic information that we are able to report is limited but we are working with our systems team to ensure that we will be able to report sex, age and race from later in 2016. Of the 433 people who were screened for early warning signs of dementia during 2015/16, 69% were 75 years of age or older, 30% were between 65 and 74 years of age and 1% were below 65 years of age.

Clinical effectiveness, Priority 2 - Skin Care

Ensure that patients who are at risk of pressure damage have their care delivered in a way which consistently meets best practice guidance.

We know how distressing a pressure ulcer can be and how it can affect the quality of a person's life. We also consider pressure ulcers to be a reflection of the general standard of nursing care and so it was really important that we embedded our zero tolerance to pressure ulcers and that all of our staff were trained to provide care and treatment which is evidence-based and effective.

Our aim was for no patient to acquire an avoidable pressure ulcer whilst in our care. The outcomes we achieved were:

- 0 pressure ulcers reported as a serious incident
- The prevalence of pressure ulcer harms has reduced from 9% to 5% during 2015/16 (Safety Thermometer)
- Thermometer data – see page 40 for more information on the Safety Thermometer)

- 23% of grade 3 and 4 pressure ulcers were assessed as having been avoidable against 30% by Q4 of 2015/16.

We looked at the demographic information, particularly sex, age and race, of the patients who had an avoidable grade 3 or 4 pressure ulcer. 27% of patients were over 95 years old, 45% were between 75 and 94 years old, 9% were between 65 and 74 years old and 18% were below 65 years old. 73% of patients with avoidable grade 3 or 4 pressure ulcers were female. 91% reported they were white British, 9% reported their race as being white other.

Patient experience, Priority 3 - Leading Care

Ensure that our staff have the skills and behaviours to deliver the right care, at the right time, in the right

We know that what we do and how we behave affects our patient's experience of care, the quality of that care and our organisational reputation as a provider of care and as an employer. Good leadership means high quality care and that is why this was chosen as one of our priorities for 2015/16.

Our aim was for our staff to have the knowledge, leadership skills and behaviours to deliver consistently high quality care. The outcomes we achieved were:

- Staff reported that clinical supervision has made a difference to the effectiveness (84%) and the safety (73%) of their practice
- 80% of patients had an advanced care plan and died in their preferred place.
- 86% of records showed that communication with patients and their families at the end of their life was sensitive and there was clear evidence of family involvement

The trust is committed to a culture where staff are valued and appreciated for the skills and talents they bring to the organisation and where the needs of those using our services are understood and respected.

We know that the distribution of gender at all levels across the trust is unequal; 87% of staff are female and 13% are male. 49% of senior nurses participating in the bespoke leadership development programme report they are white British, 15% reported they were black or black British, 12% reported they were white Irish, 2% were white other and 22% of participants in the programme preferred not to declare their ethnicity.