

# Quality Report 2015/16

- Progress against quality objectives for 2015/16
- Board assurance from headline quality measures
- Our quality ambitions for 2016/17
- Opportunity to ask questions about our Quality Report

## Quality objectives 2015/16

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### Achieved:

- Improving the experience of cancer patients (learning from South Tees)
- Improving the quality of appointment letters (Plain English templates)

### Partially achieved:

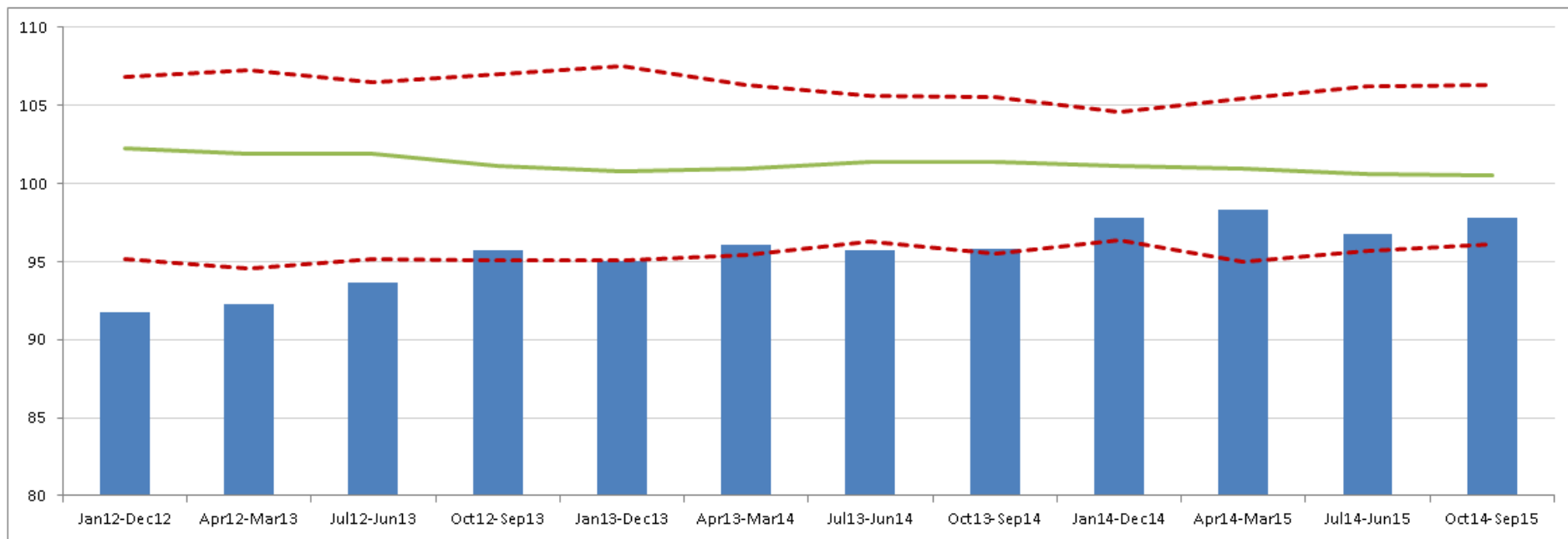
- Reducing last-minute cancelled operations for non-clinical reasons
- Ensuring patients are cared for on the right ward for their clinical condition (reducing the number of outlier bed days)
- Improving timeliness of discharge from hospital (increasing the number of patients discharged between 7am and 12noon)
- Improving the management of sepsis
- Reducing in-clinic outpatient delays and keeping patients informed
- Improving the quality of written complaints responses (reducing the number of dissatisfied complainants)

### Not achieved:

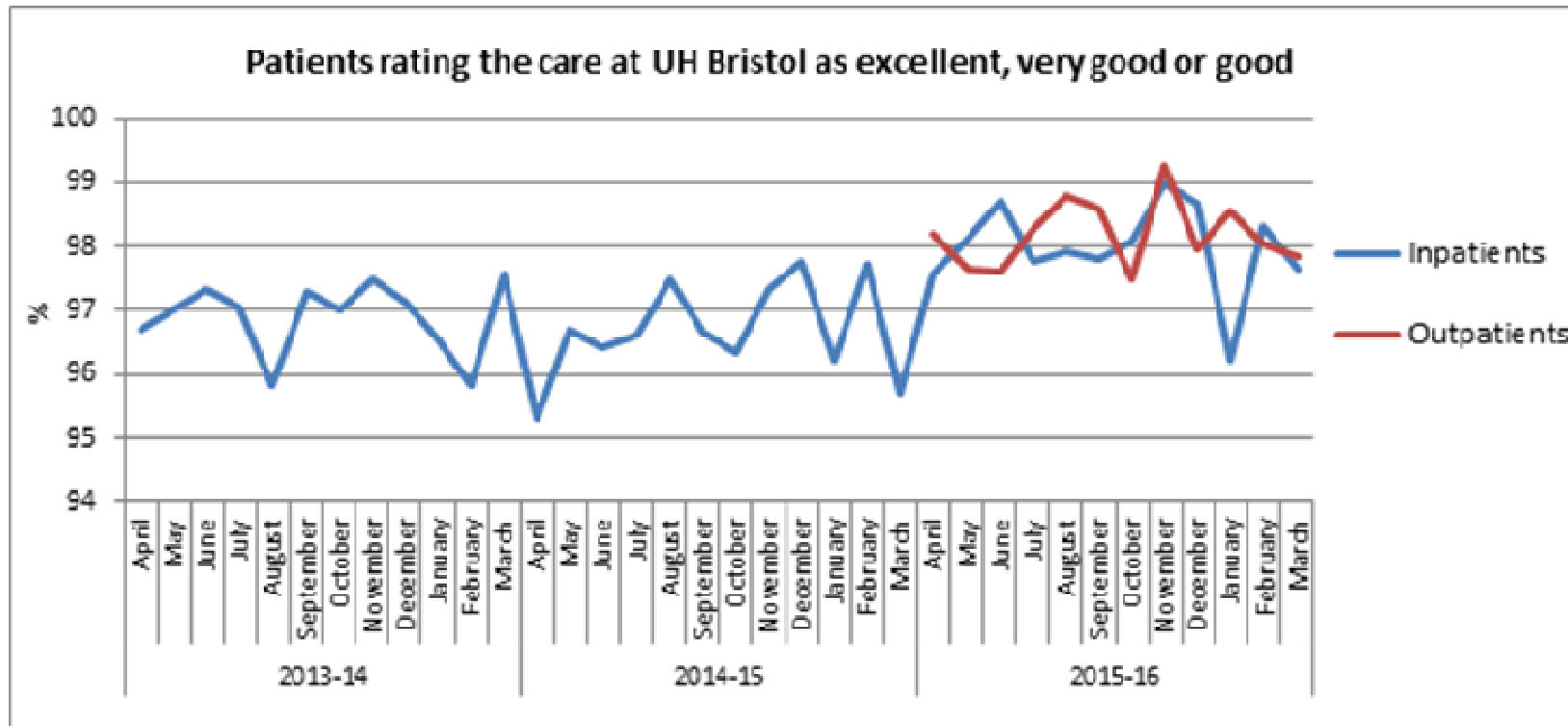
- Minimising inappropriate patient moves between wards

## Board assurance – clinical effectiveness

### In-hospital deaths / deaths within 30 days of discharge

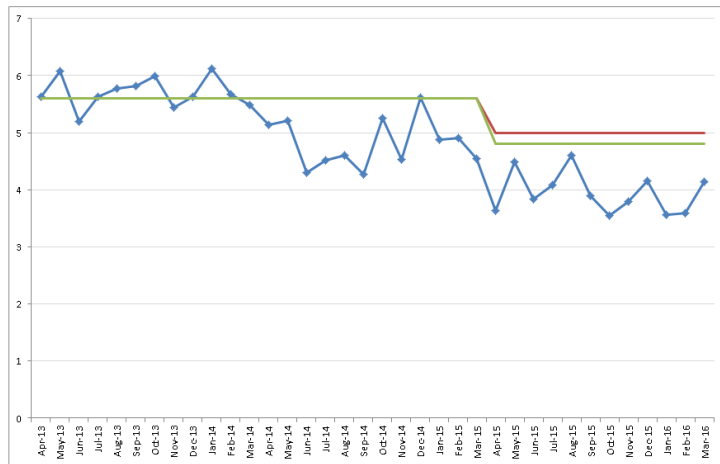


## Board assurance – patient experience

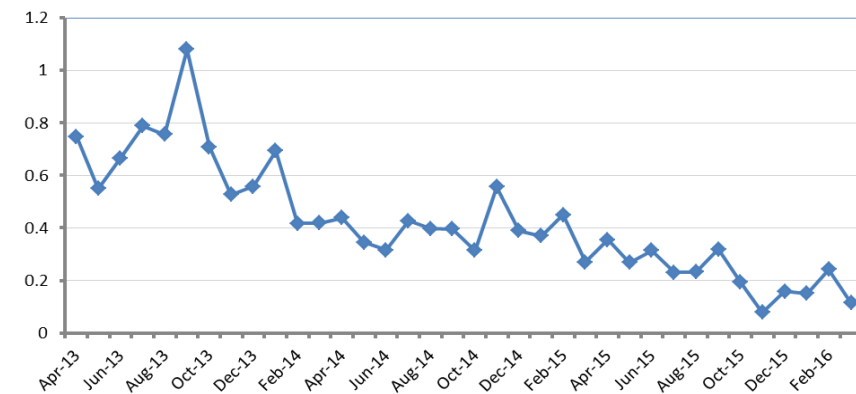


# Board assurance – patient safety

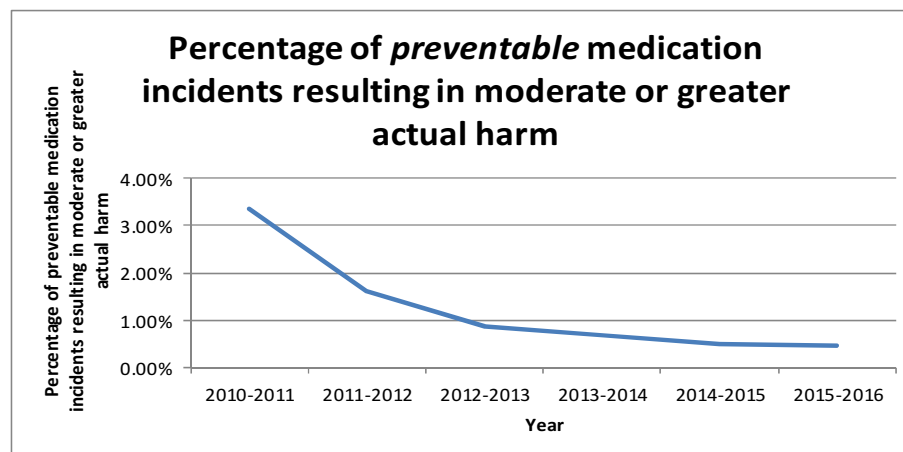
**Patient falls per 1,000 bed days**



**Number of hospital acquired pressure ulcers per 1,000 beddays**



**Percentage of preventable medication incidents resulting in moderate or greater actual harm**



## Quality objectives 2016/17

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Carried forward from 2015/16:

- Reducing last minute cancelled operations
- Ensuring patients are cared for on the right ward for their clinical condition
- Improving timeliness of patient discharge
- Reducing delays in outpatients (and keeping patients better informed about delays)
- Improving the management of sepsis

New objectives for 2016/17:

- Ensuring public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible
- Reducing the number of complaints received where poor communication is identified as a root cause (including telephone communications)
- Ensure inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen
- Implementing the Accessible Information Standard
- Increasing the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving (we currently do this after people go home)
- Continuing to reduce avoidable harm to patients

# Questions?