

<b>Meeting / Committee:</b>	Board of Directors Meeting	<b>Meeting Date:</b>	26 March 2013
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<b>Title:</b>	Potential Quality Account Priorities 2013/14
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<b>Purpose:</b>	The Quality Account regulations require the Board of Directors to approve the quality account priorities for 2013/14
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<b>Summary:</b>	<p>The Quality Account for 2012/13 is being prepared for submission to Monitor and publication by the DH on the NHS Choices website, as well as in the trust's annual report. In addition to reporting on the quality of services delivered in 2012/13 the Account must include a selection of quality improvement priorities for the coming financial year</p> <p>This report outlines the work undertaken to collect and review data from patients, staff and external sources in order that a list of potential Quality Account priorities can be established.</p>
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<b>Recommendation:</b>	<p>The Board of Directors is asked to receive the report, support the top three quality account priorities identified by the consultation process, and to select one other to give a total of four quality account priorities for 2013/14.</p> <p>For each of the agreed priorities the Board is asked to identify a Board lead who will nominate an operational lead to take responsibility for reporting of the initiatives which underpin each of the priority areas.</p>
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<b>Implications (Please mark an X)</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
				X	

## Potential Quality Account Priorities 2013/14

### 1. Introduction

The trust is required to produce an annual Quality Account. The main purpose is to help support the trust's accountability to its stakeholders for the quality of the services it delivers and the identification of areas for focussed quality improvement work for the coming year, the identification of these quality improvement priorities should be made jointly with stakeholders.

### 2. Background

The Quality Account builds on existing quality improvement in order to improve patient experience and outcomes. The Quality Account does not include all of the trust's targets but describes a small number of high priority quality improvement initiatives with at least one within each of the domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

### 3. Methodology and findings

In order to establish the priorities for the Quality Account, engagement has taken place with staff, patients and key external stakeholders. Information has been collated from a number of sources through surveys, questionnaires, complaints and direct feedback.

#### 3.1 Staff

- Patient Safety Culture Survey

#### 3.2 Patients

- Surveys
- Essence of Care audit
- Complaints and PALs data
- Choices website

#### 3.3 External Stakeholders

- Consultation with local Improvement Networks (LINKs)

### 4. Potential Quality Accounts Priorities Matrix

A matrix has been drawn up to demonstrate the responses from all of the different sources, this is included in **Appendix 1**. This matrix was presented at the March meetings of the Integrated Governance Committee and the Council of Governors, and to a joint meeting of the Middlesbrough, Redcar and North Yorkshire LINKs in order to get their views on what the priority areas should be.

## **5. Recommended Quality Account Priorities**

The feedback from the consultation suggests that the following are the key priorities for consideration within each of the domains of quality. The Board of Directors is asked to approve the top three priorities identified and select one other identified by the consultation process to give a total of four priorities (in line with the Quality Account guidance). The Board is also asked to identify the Board lead for each priority selected.

### **Patient Safety**

#### **Quality Account Priority – Improve the quality of the discharge processes**

This would continue as a priority from 2012/13 with the focus continuing on the quality of discharge. Increasing the use of the planned discharge date is a CQUIN measure for 2013/14 and can be used to demonstrate better planning of the discharge process. This would also link with the planned work with the NHS QUEST network on safe handover.

### **Clinical Effectiveness**

#### **Quality Account Priority – Further improve nutrition**

This would continue as a priority from 2012/13, building on the work already underway. The focus in 2013/14 would be around increasing the compliance for actions taken as indicated by the MUST score. It would also be to support the implementation of the Standard Operating Procedures for Food and Hydration (Adults) across all wards. This would also link with the NHS QUEST clinical community work on nutrition and hydration.

### **Patient Experience**

#### **Quality Account Priority - Compassion in Practice**

This would build on the existing quality account priority to improve communication and would link with the new Compassion in Practice strategy for nursing, midwifery and care staff. It also supports the trust's commitment to a duty of candour.

#### **Other priority areas identified in the consultation – one further Quality Account Priority to be selected from this list:**

##### **Safety thermometer.**

This focuses on four harms; pressure ulcers, falls, VTE and catheter associated UTI. The trust currently reports a rate of 92% harm free care and one of our quality objectives is to achieve >95% harm free care. The reduction of pressure ulcers measured using the Safety Thermometer is a CQUIN target for 2013/14.

##### **Identification and management of deterioration in condition**

The main focus of this work is the use of the early warning score (EWS) and the actions taken when the score deteriorates. While the trust has not achieved the CQUIN target in this respect for 2012/13, there is a significant amount of work taking place to support improvement including; introduction and roll out of the new national EWS tool, further development of the Acutely Ill Management course for staff and roll out of a paediatric EWS tool in children's services.

##### **End of life Care**

The focus of quality improvement for end of life care will be measuring the patient/family/carer experience, adoption of the regional "Deciding right" document and on-going work around the documentation of discussions of initiation of the care pathway for the last days of life.

### **Right time, right place, right care**

This is a quality account priority for 2012/13 which still has scope for improvement; the focus is on waiting times, cancelled operations and delayed discharge. It may be an option to combine this with the Discharge Quality Account Priority to form a single priority to improve all aspects of patient flow which is already a focus for improvement for the trust and commissioners through CQUIN and the commissioning intentions.

### **6. Conclusion**

The Board is asked to support the top three quality account priorities identified by the consultation process:

- Patient Safety: Quality Account Priority – Improve the quality of the discharge processes
- Clinical Effectiveness: Quality Account Priority – Further improve nutrition
- Patient Experience: Quality Account Priority - Compassion in Practice

And to select one other priority from the following to give a total of four quality account priorities for 2013/14:

- Safety thermometer.
- Identification and management of deterioration in condition
- End of life Care
- Right time, right place, right care

For each of the agreed priorities the Board is asked to identify a Board lead who will nominate an operational lead to take responsibility for reporting of the initiatives which underpin each of the priority areas.

### **7. Next Steps**

The next steps in respect of preparing the Quality Account report for 2012/13 will be to:

- Produce a draft report
- Send the draft report to LINKs, OSC and PCTs and give these organisations 30 days to comment
- Send draft report to Integrated Governance Committee on the 8<sup>th</sup> May 2013, comments will not yet have been received
- Send paper to Audit Committee on 23<sup>rd</sup> May 2013 to present the final report, with description of process.
- Final report to Board of Directors on 28<sup>th</sup> May 2013
- Report published 30<sup>th</sup> May 2013.
- Communication plan to be developed with the communication team.
- Progress with the Quality Account Priorities will be reported through the governance report.

**Potential Quality Account Priorities for 2013/14**

Quality Domain	Staff	Patients / Public					Other stakeholders	
	Staff	Governors	Surveys	Essence of Care	Incidents	Complaints & Pals data	Choices	LINKS
<b>Patient Safety</b>								
Pressure Ulcers	√			√	√			√
Falls	√				√			
HCAI	√		√					
Medication Errors	√							
Discharge	√	√	√			√		√
Safety Thermometer				√				
<b>Clinical Effectiveness</b>								
Mortality	√							
Identification and management of deterioration in condition	√				√			
Nutrition	√	√		√				
Dementia care	√	√						
Right care, right place, right time (reduce waiting and cancellations)	√	√	√			√	√	√
<b>Patient Experience</b>								
End of life care	√	√						
Communication	√		√	√	√	√		√
Pain management	√			√				√
Compassion in practice – the 6 C's			√			√	√	

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**March 2013**