

Trust Board - Part 1	Item: 12
Date: 27th January 2016	Enclosure: H
Purpose of the Report: To provide an overview of the process for producing the 2015/16 Quality Account, and identifying the 2016/17 Quality Account Objectives. The long list of potential 2016/17 Quality Account Objectives is included for discussion and input as part of the process to identify the final 9 objectives.	
For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Duncan Burton, Director of Nursing & Patient Experience
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Nil identified
Legal / Regulatory / Reputation Implications:	Regulatory requirement for annual Quality Account and Quality Goals
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	To comply with CQC and Monitor requirements to maintain licence to practice To ensure an active quality improvement programme
Document Previously Considered By:	N/A
Recommendations: The Trust Board is asked to: <ul style="list-style-type: none"> • Note the proposed timeline for production of the 2015/16 Quality Account and the 2016/17 Quality Account objectives • Discuss and make suggestions to enhance the proposed long list of the 2016/17 Quality Account objectives and preferences for the final 2016/17 objectives 	

Quality Account 2015/16 Plan

Purpose:

1. To provide an overview of the process for producing the 2015/16 Quality Account, and actions taken and to be taken, in identifying the 2016/17 Quality Account Objectives.

Introduction:

2. Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of the services delivered. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows leaders, clinicians, governors and staff to demonstrate commitment to continuous, evidence-based quality improvement, and to explain progress to the public.
3. At the Trust Board in May 2015, the Board received the final draft of the 2014/15 Quality Account before being published in June 2015. The Quality Account objectives published in the current version are as follows:

Quality Domain	Theme / measure of success
Patient Safety	<p>Priority 1 - Improved recognition and management of sepsis in hospital</p> <p>Priority 2 - Implement patient safety elements of Year 2 of the Dementia Strategy</p> <p>Priority 3 - Reduce use of agency staff by reducing vacancies</p>
Clinical Effectiveness	<p>Priority 4 - To work towards paper-light systems using information technology and record management across the Trust</p> <p>Priority 5 - To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values</p> <p>Priority 6 –Increase in the provision of 7 day working of key staff and services</p>
Patient Experience	<p>Priority 7 - To transform administration across the hospital and make improvements in administration</p> <p>Priority 8 - To improve our patients and their relatives experience of End of Life Care</p> <p>Priority 9 - Improvements in discharge planning and processes</p>

4. The November 2015 Trust Board was provided with information on the progress made to date on achieving these objectives.

Developing the Quality Goals and Local Measures of success:

5. The Quality Account looks forward to 2016/17 and the measures of success in achieving the Trust Quality goals in three dimensions Patient Safety (Prevent Harm), Clinical Effectiveness (Improve Clinical Outcomes) and Patient Experience (Listen and respond to patients concerns).
6. Our Quality goals will be developed in partnership with our local community partners and commissioning bodies and will include existing areas of performance where there is room for improvement and a priority.
7. Each Quality Goal will have a measure of success will have an action plan and be monitored within a designated group. The proposed measures and outcomes will be detailed within Section 2 of the Quality Account.
8. The number of priorities appears at this stage to remain unchanged from last year and will be:
 - *at least 3 indicators for patient safety;*
 - *at least 3 indicators for clinical effectiveness; and*
 - *at least 3 indicators for patient experience.*

Selection of Priorities:

9. The “long list” of potential priorities (Appendix 2) has developed using a range of sources including:
 - Discussions with patients, Staff, Volunteers Governors and other stakeholders including Healthwatch
 - Clinical Quality Report performance (areas of underachievement)
 - Clinical Effectiveness Committee (areas of focus for coming year)
 - Clinical Quality Improvement Committee (areas of focus for coming year)
 - Executive Management Committee (proposals for inclusion reflecting local key issues)
 - Quality Assurance Committee (feedback on areas of focus)
 - Council of Governors (Governors Quality Scrutiny Committee)
 - Corporate Objectives 2016/17
 - Sign up to Safety Projects
10. The planned survey of the whole membership as was conducted last year was not attempted as planned due to the this falling at the same stage as the CQC public listening collection exercise. A decision was therefore taken to prioritise and promote feedback to the CQC and not dilute this with an alternative survey and communications. The membership will now be consulted on feeding back on the long list of priorities in order to identify the overall 9 Quality Goals.
11. In order to reduce the long list to the required number, the following groups will be formally consulted:
 - Staff and volunteer Survey
 - Healthwatch Kingston

- Healthwatch:
 - Richmond
 - Wandsworth
 - Merton
 - Sutton
 - Surrey Downs
- CCG: (formal letter)
 - NHS Richmond CCG
 - NHS Wandsworth CCG
 - NHS Merton CCG
 - NHS Sutton CCG
 - NHS Surrey Downs CCG
- South West London Commissioning Support Unit
- Councils of Governors (via Governors Quality Scrutiny Committee (GQSC))
- Members survey

12. The timelines for consultation on the long list from those originally presented and have been slightly adjusted to recognise the changes as a result of the CQC inspection.
13. In determining the long list to be sent out for consultation careful consideration has been made to including areas which would provide improvement and focus on areas which the Trust knows improvement is required. The long list therefore includes areas which are not necessarily so well known to the public or recognise marginalised or seldom hear groups. Areas such as pressure ulcers and hospital acquired infections (MRSA and Clostridium Difficile) have been excluded from the long list due to the Trusts improved performance in these areas and in comparison to others.

Audit and completing the Quality Account:

14. The Trust's Auditors will be auditing the delivery of the 2015/16 Quality Account indicators in February 2016.
15. Additionally the Trust is required to undertake a review of a local indicator included in the Quality Account. This should be selected by the Governors of the Trust. As last year, it is proposed that a recommendation will be made to the Governors via the GQSC that the locally selected indicator is the third mandated indicator (not chosen by the Trust). This would allow us to benchmark ourselves against best practice nationally.
16. The Quality Account is to be completed in line with the annual report timescales and posted /uploaded to Monitor portal with the Annual Report end of May 2016. It is to be sent to the Parliamentary Clerk's office, with the Annual Report on 27 June 2016, and published externally by 30 June 2016. A more detailed list of the dates for delivery of the Quality Account is attached at Appendix 1. These may be subject to change as further guidance is issued.
17. The Trust Board is asked to:
- **Note** the proposed timeline for production of the 2015/16 Quality Account and the 2016/17 Quality Account objectives
 - **Discuss** and make suggestions to enhance the proposed long list of the 2016/17 Quality Account objectives and preferences for the final 2016/17 objectives

Appendix 1

Quality Account 2015/16 Timetable

Date	Milestone	Stakeholder/ Lead
7 December 2015	Proposed measures of success identified and prepared.	HoQG / DoNPE
During December 2015	Priorities long list developed includes discussion with QAC, CQIC, GQSC and Healthwatch	HoQG / DoNPE
11 December	Initial planning meeting with auditors	DON/ HoQG
16 December	Proposed measures of success discussed at EMC	BIU/HoQG/EMC
6 January 2016	Proposed measures of success identified. Feedback and timetable approved.	QAC
15 January 2016	Launch survey about our priorities for 16/17 Quality Account	
21 January 2016	Proposed measures of success discussed at COG	GQSC/COG
25 January 2016	Public and Staff to vote on measures of success commences (through Survey Monkey).	HoQG / DoNPE
27 January 2016	Trust Board review QA process and discuss proposed measures of success	Trust Board
3 February 2016	Receive narrative return for achievements in the previous year to be included in "looking back" section BIU to provide data for the year to date (further population at year end required)	All authors
8 February 2016	Summary of voting results prepared	HoQG/ Communications
17 February 2016	Review of identified measures of success and sign off of final list	QIWG
19 February 2016	Team Brief to all staff to include feedback on measures of success	DDON/ HoQG/Communications
29 February 2016	First draft report circulated to Healthwatch / CoG / OSC / Service Lines (includes data and narrative to date)	HoQG
14 March 2016	External audit of the mandatory and local indicators	HoQG/GT
16 March 2016	CQRG review Identified priorities and agree final list	HoQG
tbc March 2016	Audit Committee review Identified priorities and sign off final list	AC
30 March 2016	Comments back from draft report circulated on 29 February	HoQG
31 March 2016	Ensure all external stakeholder face to face briefings are completed Ensure all internal stakeholder face to face briefings are completed	HealthWatch/ CCG/ QIWG/ OSC/ Clinical Divisions
12 April 2016	Second draft QA to include comments on first draft	Review of draft for AC
19 April 2015	Teleconference to approve Second Draft QA if any absent members	QIWG approval for AC
19 April 2016	Final data for year-end to be included in report (based on previous tables updated)	Business Intelligence
27 April 2016	Quality Account to be circulated to external stakeholders and external audit	HoQG
Early May 2016	External Audit undertake top-up testing of the local and	HoQG/GT

	mandatory indicators to complete the full year's testing	
10 May 2016	Amendments to Final Draft QA based on the final responses received from external stakeholders	HoQG
13 May 2016	Feedback from Auditors & confirmation no material issues identified Any further evidence to be provided (external comments received/ changes made based on comments)	HoQG
16 May 2016	Final Draft QA report for Trust Board to be approved (teleconference with Chair of QAC)	TB
25 May 2016	Final draft QA to Trust Board for approval (25 May 2016 meeting)	HoQG / DoNPE
27 May 2016	Posted and uploaded to Monitor portal with the Annual Report	HoQG
27 June 2016	Sent with the Annual Report to the Parliamentary Clerk's office	HoQG / DoNPE
Immediately post June 2016 Trust Board	Approval of Final QA - Publication on intranet/ hard copies available / notices erected at main entrance / Trust-wide email/ upload to NHS Choices website / post to Department of Health	Communication Team/ Finance Department

AC	Audit Committee
BIU	Business Intelligence Unit
CCG	Clinical Commissioning Group
CoG	Council of Governors
CQRG	Clinical Quality Review Group
DoNPE	Director of Nursing and Patient Experience
EMC	Executive Management Committee
FTG	Foundation Trust Governors
GT	Grant Thornton UK LLP (External Audit)
GQSC	Governors Quality Scrutiny Committee
HoQG	Head of Quality Governance
OSC	Overview and Scrutiny Committee
QA	Quality Account
QAC	Quality Assurance Committee
QIWG	Quality Improvement Working Group
TB	Trust Board

Appendix 2

Potential Quality Account Priorities 2016/17 (Draft)

Safety Domain		
Suggested Priority	Potential	Other Links
CAUTI – ensure that the period of catheterisation even in those where indicated (Acute Kidney Injury, Sepsis) is minimised	<ul style="list-style-type: none"> Reduced time of catheterisation, reduced risk of catheter reliance and impact on dignity 	South London Health Innovation Network Priority Extension of 2015/16 Quality Goal
Reduction in adult inpatient falls by implementing NICE key recommendations	<ul style="list-style-type: none"> Benchmark well against hospital with similar population and set further improvement trajectory Focus on interventions on patients with repeat falls 	NICE Compliance National Falls Audit results
Reduce avoidable harm from sepsis	<ul style="list-style-type: none"> Achieve 90% of antibiotic and IV fluids given within 1 hour of sepsis identification 	National CQUIN Priority Extension on 2015/16 Quality Goal
Intrapartum fetal wellbeing assessment and management in high risk pregnancy	<ul style="list-style-type: none"> Increase rate of normal delivery and reduce unexpected admissions to NNU 	Sign Up to Safety Priority
Reduce use of agency staff by reducing vacancies	<ul style="list-style-type: none"> Reduce use of agency by x % from x % (15/16) TBC 	NHS Improvement agency reduction priorities Extension on 2015/16 Quality Goal
Hospital Acquired Thrombosis (HAT)	<ul style="list-style-type: none"> System of incident reporting and root cause analysis in place for all HAT Baseline for improvement through benchmarking & safety thermometer audits 	National Audit
Improve completion of National Early Warning Score (NEWS) & escalation of deteriorating patient	<ul style="list-style-type: none"> Achieve 95% NEWS compliance & 100% escalation of abnormal scores Embed electronic alert system throughout organisation 	Links to Sepsis Sign up to Safety Programme and national focus on avoidable deaths

Clinical Effectiveness Domain		
Suggested Priority	Potential Outputs	Other Links
To work towards 'paperlight' using information technology and record management in outpatients	<ul style="list-style-type: none"> Paperlight' achieved in at least 4 specialty outpatient services through deployment of electronic record 	Trusts Information Technology Strategy
Reduction in readmissions in non-elective care	<ul style="list-style-type: none"> Identify 3 specific specialties to reduce readmissions Identify patients with frequent readmissions and implement changes to avoid readmission. 	
Reduction in length of stay	<ul style="list-style-type: none"> Reduced length of stay for patients with dementia Reduced length of stay within the Acute Admissions Unit Increased number of ambulatory pathway 	Trusts Dementia Strategy
Increase 7 day working provision	<ul style="list-style-type: none"> Implement new models of care to provide 7 day services in acute areas – specific areas to be identified 	Extension on 2015/16 Quality Goal
Hospital mortality index better than expected	<ul style="list-style-type: none"> Trust wide Mortality Review Group implemented Reduce avoidable deaths Improve identification and planning of expected deaths 	Links to Sepsis Sign up to Safety Programme and national focus on avoidable deaths
Reduction in patient reported pain	<ul style="list-style-type: none"> Baseline pain audit & improvement trajectory set <i>Interventions to be determined</i> 	Inpatient Survey results
Patient Experience Domain		
To transform administration across the hospital	<ul style="list-style-type: none"> Eliminate duplicate appointment letters to patients Achieve 90% of calls answered 1st time from Patient Pathway co-ordinators from 75% to 90% Implement a dedicated appointments hotline and reduce PALS contacts related to administration by xx% (TBC) 	Extension on 2015/16 Quality Goal Complaints & PALS data
End of Life Care	<ul style="list-style-type: none"> Implement 7 day a week specialist palliative care service Increase proportion of patients achieving preferred place of death by xx Redecorate and equip a side room on at least 4 wards specifically for dying patients to make less clinical 	Extension on 2015/16 Quality Goal

Understand and improve experience of discharge	<ul style="list-style-type: none"> TBC based on the 2015 inpatient survey results 	
Improve experience of patients with specific protected characteristics e.g. vision or hearing impaired, LGBT	<ul style="list-style-type: none"> Identify 3 groups of patients with protected characteristics to focus on Baseline assessment of current provision 'Walk the pathway's of each group using PPI & staff Create change projects in response to findings 	Patient Experience Committee focus Trusts Patient & Public Involvement Strategy 2016-2018
Improve experience of children & young people across Trust, focused on areas outside of children's ward & OPD e.g. Oral & dental, fracture clinic, REU, radiology	<ul style="list-style-type: none"> Baseline performance using FFT Undertake environmental improvements in x services Dedicated children & Young people section of website 	Trusts Children & Young Peoples Board priorities
Improve the experience of patients with dementia in outpatient settings	<ul style="list-style-type: none"> Patient & Carers FFT baseline for improvement Identify specific interventions and implement e.g. volunteer buddy system in place 	Trusts Dementia Strategy

NB Specific details of each specific topic, the aim of the priority, how progress will be tracked and reported will be defined once the long list is reduced to the required number.