

Quality Account

Trust Board – Part 1	Item: 7.6
29th January 2014	Enclosure: H
Purpose of the Report:	
To provide an overview of the process for achieving the 2013/14 Quality Account, 2014/15 Quality Account Objectives and highlights any mandated changes required. A long list of potential items for inclusion as 2014/15 Quality Account Objectives, included for discussion and input	
FOR: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Principle risks 1, 2, 3, 5, 7
Link to Relevant Corporate Objective:	To deliver quality, patient centred healthcare services with an excellent reputation
Document Previously Considered By:	Executive Management Committee 8 th January 2014 Quality Assurance Committee 8 th January 2014 Governors Quality Scrutiny Committee 15 th January 2014
Recommendation& Action required:	
<ul style="list-style-type: none"> • Note the timeline and process for production of the 2013/14 Quality Account and 2014/15 Quality Account objectives • Discuss and make suggestions for the 2014/15 Quality Account objectives from the long list provided (three in each of the three Quality Domains) • Propose any further methods of engagement with partners above those already identified 	

Quality Account – Briefing

Purpose:

1. The purpose of this paper is to share with the Trust Board the actions to be taken to identify the priorities to be selected for delivery of the Quality Account for 2013 – 14, and a timetable to ensure publication of the Quality Account by 30th May 2014.

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 2013, the Board received the final draft of the 2012/13 Quality Account before being published in June 2013. The Quality Account objectives published in the current version are as follows:

Quality Domain	Quality Goal	Theme / measure of success
Patient Safety	Prevent Harm	Reduce the number of patient falls Reduce the number of Clostridium difficile infections
Clinical Effectiveness	Improve Clinical Outcomes	Improve staff engagement (involvement)
Patient Experience	Listen and respond to patients concerns	Improve Waiting Times (Outpatient Department)

4. As part of the development of the next Quality Account, the Trust will report and provide feedback on how these have been approached over the year. The Trust Board received a progress update on the objectives in November 2013.

Developing the Local Measures of success:

5. A more concise and reader friendly publication was presented and published last year and it is planned to ensure that the measures of success identified for the coming year should also be simple to understand.
6. The Quality Account looks forward to 2014/ 15 and the measures of success in achieving the Trust Quality Goals in three dimensions:

Quality Domain	Quality Goal	Themes of measures of success
Patient Safety	Prevent Harm	This means ensuring the environment is safe and clean, reducing avoidable harm such as drug errors or healthcare associated infections.
Clinical Effectiveness	Improve Clinical Outcomes	This includes clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement.
Patient Experience	Listen and respond to patients concerns	This means how “personal” care is – the compassion, dignity and respect with which patients are treated.

7. Our measures of success 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.
8. Each 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.

Selection of Priorities:

9. During December 2013/ January 2014 a “long list” of potential priorities has been developed from a range of sources including:
 - 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)
 - Patient Experience Committee
 - Quality Assurance Committee (feedback on areas of focus)
 - Council of Governors (Sub Committee on Quality)
10. As part of the development of this year’s Quality Account, a long list of priorities will be shared in a variety of forums to engage our patient’s, staff and other stakeholders in the identification of our Trust priorities in the coming year. This list is provided at appendix 1.
11. It is proposed for the following groups to be formally consulted:
 - Trust Staff (through Team Brief in February 2014)
 - Staff Survey (through Survey Monkey in January 2014)
 - Healthwatch Kingston (formal letter)
 - Kingston CCG (formal letter)
 - South West London Commissioning Support Unit (formal letter)
 - Governing body (via Governors Quality Scrutiny Committee (GQSC))

A more detailed list of the dates for delivery of the Quality Account in time for publication by 30th May 2014 is attached at Appendix 2.

12. The Monitor Annual Reporting Manual has been published in December 2013 and has provided more detail regarding the number of priorities for the coming year, which is an increase on prior years:

“An overview of the quality of care offered by the NHS foundation trust based on performance in 2013/14 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:

- *at least 3 indicators for patient safety;*
- *at least 3 indicators for clinical effectiveness; and*
- *at least 3 indicators for patient experience.*

For those indicators selected by the NHS foundation trust, the report should refer to historical data and benchmarked data where available, to enable readers to understand progress over time and performance compared to other providers.”

13. It should be noted that the timeline for completion of the 2013/14 Quality Account is less than in previous years. This is due to the requirement as a Foundation Trust to complete the Quality Account in line with the annual report timescales.

14. The Trust Board is asked to:

- Note the proposed timeline for production of the 2013/14 Quality Account and 2014/15 Quality Account objectives
- discuss and make suggestions for the 2014/15 Quality Account objectives from the long list provided (three in each of the three Quality Domains)
- propose any further methods of engagement with partners above those already identified

Appendix 1 - Potential Quality Account Priorities 2014/15 (Draft)

Domain	Suggested Priority	Rationale	Other Links
Safety	Preventing and reducing falls in care of the elderly wards	Higher rate compared to National Patient Safety Agency rates Unachieved QA priority 13/ 14 Year to date performance higher than target	Clinical Quality Report KPI Previous Quality Account Priority for all falls
	Reducing the overall incidence of pressure ulcers trust wide	Year to date performance higher than target Reduces avoidable harm for patients	Clinical Quality Report KPI
	Improved recognition and management of sepsis in hospital	Local audits shows opportunity for improvement, supported by significant body of evidence nationally to support reductions in length of stay and prevent people dying prematurely in hospital	Clinical Quality Improvement Group Priority
	Reduction of incidences of hospital acquired C Diff	Unachieved Quality Account priority 13/ 14 Year to date performance higher than target	Clinical Quality Report KPI Previous Quality Account Priority Corporate Objective 14/ 15
	Reduction of incidences of hospital acquired MSSA/ E Coli	Year to date performance higher than target Reduces avoidable harm for patients	Clinical Quality Report KPI
	Improvements in the inpatient ward environment - more dementia friendly (implementation of coloured crockery/ orientation clocks and calendars, memory boxes)	National priority (CQUIN/ PLACE) Part of overall dementia strategy Feedback from FFT PLACE Results	Corporate Objective 14/ 15
	Reduction in intravenous line complications for inpatients	Reduces avoidable harm for patients Post Infection Reviews (PIR) have identified locally areas for improvement	Clinical Quality Improvement Group Priority
	Improve oxygen prescribing in hospital and availability of monitoring equipment	Reduces avoidable harm for patients National audit findings British Thoracic Society (BTS) 2013/14	Clinical Quality Improvement Group Priority
	Overall improvement in the National Safety Thermometer Score – targeted on in-hospital component for VTE/ Falls/ Pressure Ulcers and CAUTI	Key indicator for quality improvement Reduces avoidable harm for patients National CQUIN 14/ 15	Clinical Quality Report KPI

Domain	Suggested Priority	Rationale	Link to Strategy
Clinical Effectiveness	Displaying safe staffing levels to patients and the public	Clear evidence of a link between appropriate staffing and the outcomes for patients Transparency of information for patients Chief Nursing Officer national priority 14/ 15 Feedback from FFT – common theme re perception of staffing levels	Corporate Objective 14/ 15
	CQUIN Scheme delivery 14/ 15	National priority to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management	Contractual obligation Corporate Objective 14/ 15
	NHS Quest benchmarking and engagement	NHS QUEST is a network for Foundation Trusts to focus on improving quality and safety, learning from best practice (Trust joined in 13/ 14)	Clinical Quality Improvement Group Priority
	Safer surgery for the Elderly including medicines review and frailty risk assessments	NCEPOD audit 2010/11 aims to improve the quality of patient experience, the safety and outcomes of surgical services. Local audit supports this.	Clinical Quality Improvement Group Priority
	Delivery of the Productive Theatre project	The Productive Operating Theatre helps theatre teams to work more effectively together to improve the quality of patient experience, the safety and outcomes of surgical services, the effective use of theatre time and staff experience.	Clinical Quality Improvement Group Priority
	Implementation of e-Prescribing/ clinical documentation as part of becoming a paper light organisation	Links to medication safety element of Clinical Quality Report KPI	Corporate Objective 14/ 15
To achieve a hospital mortality index in the “better than expected” range	Currently mortality index is in the “as expected” range	Clinical Quality Report KPI Corporate Objective 14/ 15	

Domain	Suggested Priority	Rationale	Link to Strategy
Patient Experience	Increase patient involvement in decision making (service re-design)	In line with Trusts Patient & Public Involvement (PPI) Strategy Ensuring people's views are heard is essential for creating and delivering better services.	Corporate Objective 14/ 15 PPI Strategy 2013/ 17
	Improve working with voluntary organisations	Working in partnerships with the voluntary sector can prove beneficial to patients In line with planned objectives of Trusts Volunteering Strategy	Corporate Objective 14/ 15 Volunteering Strategy (Draft)
	Dementia strategy – improvement in experience of patient carers	National priority Feedback from FFT To improve communication between those caring for people with dementia and health professionals	Corporate Objective 14/ 15 Dementia Strategy (Draft)
	Improvements in experience of hospital food	Links to nutrition element of Clinical Quality Report KPI Feedback from FFT	Clinical Quality Report KPI Corporate Objective 14/ 15 Feedback from FFT
	Expansion of Dining Companions support	Links to nutrition element of Clinical Quality Report KPI Feedback from FFT	Dementia Strategy priority Volunteering Strategy (Draft)
	Improve information for patients/ visitors displayed in wards	Francis Report recommendation Improve transparency Feedback on Trust performance Celebrate success and highlight actions being taken to address performance	Corporate Objective 14/ 15
	Creation of day rooms and social spaces for inpatients	Feedback from FFT Improve privacy and dignity Improve environment for patient care and rehabilitation Support for patients at mealtimes by promoting independence Improve social aspects of hospital stay for patients PLACE results and dementia friendly environments	Dementia Strategy (Draft)

NB 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.

Appendix 2

Quality Account 2014/ 15 Time table

Date	Milestone	Stakeholder
18 th December 2013	Proposed measures of success identified and prepared	QIWG
27 th December 2013	Proposed measures of success identified and prepared. Paper to QAC	DoNPE
8 th January 2014	Proposed measure of success discussed at EMC and process approved	EMC
8 th January 2014	Proposed measures of success identified. Feedback and timetable approved	QAC
15 th January 2014	Proposed measures of success discussed by GQSC prior to review at CoG	GQSC
22 nd January 2014	Engagement of FTG in selection of measures of success	CoG
23 rd January 2014	Public and Staff to vote on measures of success completed (through Survey Monkey).	DDON
29 th January 2014	Trust Board approved of QA process and discuss proposed measures of success	Trust Board
3 rd February 2014	Receive narrative return for achievements in the previous year to be included in "looking back" section BI to provide data for the year to date (further population at year end required)	All authors
4 th February 2014	Summary of voting results prepared	DDON/ Communications
5 th February	Review of identified measures of success and sign off of final list	QIWG
7 th February 2014	Team Brief to all staff to include feedback on measures of success	DDON/ Communications
10 th February 2014	Confirm dates and attendees for external speaking re QA (OSC/ HealthWatch/ CCG) and internal stakeholders (PA/ CoG/ EMC/ Clinical Divisions)	DDON
28 th February 2014	First draft QA circulated (includes data and narrative to date)	DDON to send to - HealthWatch/ CCG/ PA/ QIWG/ OSC/ Clinical Divisions
TBC March 2014	Meet with External Auditors to agree local indicators to be assessed	DONPE
27 th March 2014	Receive first draft comments back from 28 th Feb circulation list	DDON
28 th March 2014	Receive narrative returns for achievements against last year's measures of success	DONPE/ MD
31 st March 2014	Ensure all external stakeholder face to face briefings are completed Ensure all internal stakeholder face to face briefings are completed	HealthWatch/ CCG/ PA/ QIWG/ OSC/ Clinical Divisions
11 th April 2014	Second draft QA to include comments on first draft	Review of draft for AC
18 th April 2014	Teleconference to approve Second Draft QA if any absent members	QIWG approval for AC

18 th April 2014	Final data for year-end to be included in report (based on previous tables updated)	Business Intelligence
21 st April 2014	External Auditors to receive Second Draft and progress local indicators to be assessed	DDON
21 st April 2014	Quality Account to be circulated to external stakeholders	DDON
30 th April 2014	Backstop final date for QA to be sent to external stakeholders	DDON
9 th May 2014	Follow up for responses from External Stakeholders for inclusion in the Final Draft of the QA	DDON
17 th May 2014	Back stop date for final responses received for inclusion in the Final Draft of the QA	HealthWatch/ CCG/ OSC/ CoG
21 st May 2014	Amendments to Final Draft QA based on the final responses received from external stakeholders	DDON
22 nd May 2014	Feedback from Auditors and confirmation that no material issues identified Any further evidence to be provided (external comments received/ changes made based on comments)	DDON
23 rd May 2014	Final Draft QA report for Trust Board to be approved (teleconference with Chair of QAC)	TB
24 th May 2014	Draft an "easy read" version of the Quality Account	DDON/ Communications
29 th May 2014	Signature for Final Version to be included in Trust Board papers (tbc April 2014)	Director of Finance/ Chief Executive
31 st May 2014	Backstop final date for QA comments to be received from external stakeholders	DDON
Immediately post June 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
CCG	Clinical Commissioning Group
CoG	Council of Governors
CQRG	Clinical Quality Review Group
DDON	Deputy Director of Nursing
DONPE	Director of Nursing and Patient Experience
EMC	Executive Management Committee
FTG	Foundation Trust Governors
GQSC	Governors Quality Scrutiny Committee
HealthWatch	From April 2013, previously LiNKS
MD	Medical Director
OSC	Overview and Scrutiny Committee
PA	Patient Assembly
QA	Quality Account
QAC	Quality Assurance Committee
QIWG	Quality Improvement Working Group
TB	Trust Board