

TRUST BOARD
31 March 2016

AGENDA NUMBER	ITEM	6.3
TITLE OF PAPER	Draft Quality Account Priorities 2016/17	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
STRATEGIC OBJECTIVE(S):		
Best outcomes	Y	
Excellent experience	Y	
Skilled & motivated teams	Y	
Top productivity	Y	
EXECUTIVE SUMMARY		
The Board is asked to approve the draft Quality Account Priorities for 2016/17 which has been prepared after consultation with stakeholders including Governors and North West Surrey CCG.		
RECOMMENDATION:	For approval	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	Included in the priorities.	
Patient impact	Included in the priorities.	
Employee	Included in the priorities.	
Other stakeholder	Have consulted with external stakeholders through Quality Workshop.	
Equality & diversity	A specific priority addresses vulnerable patients.	
Finance	Not applicable	
Legal	Quality Priorities are required as part of Monitor's requirements.	
Link to Board Assurance Framework Principle Risk	Not applicable	

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PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	23 March 2016
BOARD ACTION	Approve

1.0 Background and scope

It is a statutory requirement that the Trust prepares annual Quality Account Priorities and discloses these in the Annual Quality Report.

2.0 Strategic issues and options

The Quality Priorities have been prepared to accord with the Trust's business plans, strategic priorities and national focus areas.

3.0 Recommendations

The Draft Quality Account Priorities for 2016/17 are presented to Board for approval.

4.0 Stakeholder engagement

A consultation exercise has been undertaken with Governors, Healthwatch Surrey, Surrey County Council, North West Surrey Clinical Commissioning Group and other external representatives who attend our Quality Stakeholder Workshop, and also with staff and Executive and Non-Executive Directors in order to obtain feedback on draft Quality Report priorities for the upcoming year.

5.0 Follow-up

The Quality Priorities will be discussed with stakeholders in the quarterly workshops and reported on at the end of each quarter to Trust Board during 2016/17.

6.0 Draft Quality Account Priorities 2016/17

The draft priorities recommended for approval are outlined below for consideration.

1 Patient safety

Priority 1 Safety - Improving harm-free care

Medication safety thermometer data to be collected to enable performance against the national position to be baselined.

Maternity safety thermometer performance to be better than the national average.

Classic safety thermometer performance to be better than the national average.

Continue the Sign up to Safety falls trajectory with a 20% reduction in falls compared to the prior year.

Achieve a 20% reduction in stage 2 and above hospital acquired pressure ulcers compared to the prior year.

Risk assess 97% of adult inpatients for VTE¹ on admission.

Root cause analysis of 100% of identified cases of hospital associated thrombus within 2 months from date of notification.

Audit documentation of the prescription of appropriate chemical thromboprophylaxis with the aim of achieving 85%.

Achieve VTE Exemplar Centre Status by 31 March 2017.

Priority 2 - Embedding and measuring the safety culture

Undertake quarterly audits of the duty of candour with exception reporting to Quality and Performance Committee.

Review the Manchester Patient Safety Framework divisional action plans by Q3 ensuring evidence of implementation of actions.

Implement the KSS AHSN² safety culture and leadership and improvement capability test site pilot programme by Q4.

Complete the implementation of the National Standards for Invasive Procedures by September 2016 (criteria as per the NHS England Safety Alert).

Priority 3 Safety standards

Implement monitoring and support for staff to ensure registered nurses and midwives comply with the timescales for nursing revalidation as set by the Nursing and Midwifery Council.

Progress the Reducing Variation Programme including participating in the external data

¹ VTE: Venous thromboembolism

² KSS AHSN: Kent, Surrey, Sussex Academic Health Science Network

collection exercise. This programme will continue throughout 2016/17.

Harm free care as measured with the Safety Thermometer was a priority in both 2014/15 and 2015/16 and this national focus area will continue to be a Trust priority this year.

The aim to risk assess 97% of inpatients for VTE remains 2 percentage points above the national target of 95% and this is in line with both 2014/15 and 2015/16. The measure for root cause analysis for hospital associated thrombosis remains at 100%, as per 2014/15 and 2015/16. The measure for documentation of prescribing appropriate chemical thromboprophylaxis was increased from 80% in 2014/15 to 85% in 2015/16 and remains a stretch target. VTE Exemplar Centre Status is awarded by VTE Prevention England, which is a programme of NHS England. The Trust has been working towards achieving Exemplar Centre Status for the past year and will seek to achieve this by next year. The KSS AHSN culture and leadership improvement capability pilot is an exciting opportunity to improve our safety culture through collaborative learning.

The National Safety Standards for Invasive Procedures (NatSSIPs)³ seek to reduce the number of patient safety incidents related to invasive procedures in which surgical never events could occur. The standards contain safety checks, education and training and also promote local standards along with sharing best practice.

Reducing variability in care and maintaining continuity of care is key to improving outcomes and reducing harm. The Medical Director is leading the Trust's ambitious Reducing Variation Programme which is an initiative sharing learning in conjunction with NHS England's Sustainable Improvement team that aims to deliver the outcomes of excellent patient experience and clinical outcomes which do not vary upon the day of the week. A number of vehicles to deliver this include implementing the Keogh Standards and transformational change centring upon functional units of care around patients' needs. The Keogh Standards work involves participating in sentinel data collection review in March and June this year. The overarching Keogh work-plan is in the developmental phase and is being guided by the baselining work to establish the current level of divisional preparedness.

2 Clinical effectiveness

Priority 4 – Work to improve diagnosis for patients with diabetes

The population of eligible admitted patients to be screened for diabetes will continue to be audited on a spot day each month, with target performance to remain at 98% as per

³ <https://www.england.nhs.uk/2015/09/natssips/>

2014/15 and 2015/16.

Priority 5 – Improve dissemination and learning from national audits and National Institute for Health and Care Excellence (NICE) guidance

Implementation of relevant NICE Clinical Guidelines – monthly status report on progress including a gap analysis with reasons for non-compliance identified.⁴

Review performance against NICE Guideline NG 31, Care of Dying Adults in the Last Days of Life with a gap analysis and action plan produced by Q3.

Participate in all applicable mandatory national audits and implement action plans based on key recommendations from the national bodies.

Diabetes screening is a 2015/16 priority and as this is not yet consistently achieving the inpatient target of 98% this measure will therefore be continued.

The Care of Dying Adults NICE guideline was issued in December in 2015 and is a response to the need for an evidence-based guideline targeting clinical care in the last few days of life (as distinct from the wider initiatives involving care in the last months as part of end of life care). The guideline includes recognition, communication and shared decision making and providing individualised care.

3 Patient experience

Priority 6 – Work to improve the experience of vulnerable groups

Mental Health Act

The Mental Health Act training scheme is to be reviewed by Q1 and an action plan for modifications will be prepared by the end Q2 for consideration by Mandatory Training Committee.

We will develop an Introduction to Mental Health Act Training as part of Safeguarding Training for Clinical Staff which is to be implemented in Q2 2016/17.

Privacy and Dignity

A complete rollout of a privacy and dignity campaign addressing both information governance over patient records and patient privacy whilst receiving care will occur by Q2 2016/17.

⁴ NICE Clinical Guidelines are not required to have 100% implementation.

Dementia

Undertake a comprehensive dementia environment review of clinical areas by Q2 and develop action plan by Q3.

Continue to undertake the dementia carers' local survey; explore themes and implement improvement actions with six monthly updates to Trust Board.

Priority 7 – Obtain patient feedback on outpatient experience

Implement a process to capture, publish and feedback clinician level patient experience data, including both outpatients and inpatients, by Q4.

Priority 8 – Improve inpatient experience

Develop a means of communicating to inpatients the potential for transfers between wards as part of their expected care pathway and implement this communication process by Q2.

The Trust will design and implement a framework for enabling teams to access and use the NHS England Always Event toolkit when seeking to make system or service improvements in their area. The aim is to have a minimum of 3 specific Always Events in the Trust by Q4.

95% of patients in the Urgent Care Centre to achieve the 4 hour wait target.

Design a process to measure face-to-face feedback from service users at the Urgent Care Centre. The process will be in place by Q2 with quarterly data capture and improvement actions then to be set.

Priority 9 – Opportunities for patient involvement in research

To implement a new communication programme to further promote the involvement of patients in research opportunities at the Trust; to explore options by Q2 and implement the programme by Q3. To measure outcome by seeking patients' views in Q4 with feedback to the Research Committee.

The focus on the experience of vulnerable groups of patients is a continuation of work from 2015/16 and has been extended to include a trustwide campaign focussing on privacy and dignity. Dementia friendliness of the environment is a continuation of the priority from this year.

Both outpatient and inpatient experience are also continuing focus areas from 2015/16. The focus on always events is an exciting way of improving service in a positive way and is supported by a toolkit from NHS England⁵. Always events are key things which should always occur when service users interact with healthcare professionals and focussing on these provide a way of enabling health care providers to achieve reliable person and family centred care processes.⁶

As part of measuring the experience of patients receiving emergency care, 2 new measures have been added in respect of the newly opened Urgent Care Centre.

Communication with patients is an ongoing priority area, and providing the opportunity to learn more about research opportunities is a new priority for the current year.

4 Priority areas discontinued from 2015/16

The below priority areas from 2015/16 are proposed to be discontinued.

Priority 3, sepsis, will be discontinued as it is part of a CQUIN to be achieved in the current year.

Priority 4, diabetes prescribing and pathway working is part of 2015/16 work.

Priority 5, the Woking Locality Hub project was specific to the current year and is in place.

Regarding priority 5, the Trust has discontinued 30 day non-elective readmissions as a priority area as we benchmark well for this measure currently with good performance compared to other acute trusts both nationally and against our CHKS peer group.

There is no single specific improvement initiative for readmissions for the current year, rather readmissions is influenced by a complex combination of factors including community programmes and our emergency pathway reconfiguration. Readmissions will continue to be monitored as part of business as usual in the monthly quality report to Board.

Priority 7, patient experience for patients from vulnerable groups has been refreshed. Access to Surrey Public Health suicide prevention training has been achieved and will be part of business as usual.

Priority 7, dementia training is progressing during the current year but as this is part of a long-range programme as part of a 3 year plan this has not been chosen as a current year priority.

Priority 7, 50% applicable dementia patients with significant memory impairment are to have the This is Me/REACH documents by the end of Q3 2015/16 is to be discontinued. The 'This is Me' tool is a booklet which people with dementia can use to inform staff about their needs, interests, likes and dislikes.⁷ REACH is a special response plan for patients with dementia. At the national Dementia Action Alliance forum held in February 2016 these documents were discussed and the

⁵ In conjunction with Picker Institute Europe and Institute for Healthcare Improvement

⁶ <https://www.england.nhs.uk/ourwork/pe/always-events/>

⁷ Refer to the This is Me section of alzheimers.org.uk

collective viewpoint from sector specialists was that a number of patients with early dementia do not necessarily benefit from these documents. Thus, it is not practicable to carry this forward as a quantifiable priority measure as determining applicability is insufficiently practicable at the scale needed for this to be a Trustwide priority. However, the Trust will continue to use these booklets in practice where the clinical need warrants this.

Priority 7, dementia screening, is a national CQUIN which is being discontinued in 2015/16. The Trust will continue the clinical screening process but will not monitor this as a quality priority area.

Priority 8 in respect of communicating waiting time in Outpatients has been achieved.

Priority 9, inpatient experience, has been refreshed. Orthopaedic Supported Discharge is now operational. Reviewing assessing patients before discharge to care homes has been undertaken in the current year. End of life care outreach partnership working was specific to the current year. The percentage of follow-up complaints received will be monitored as part of business as usual.

Priority 9 was to review ward moves and setting an improvement trajectory to minimise these. This priority is not continuing during 2016/17 as there are many instances whereby ward moves are an appropriate part of a patient's stay, such as moving from an acute admissions area to a specialty ward, or into intensive care for further treatment. Consequently, the focus will instead move to improving communication with patients about situations whereby they can reasonably expect to move wards as part of a routine care pathway.