



Clerk: Bernard Page
Telephone: 01803 207063
E-mail address: scrutiny@torbay.gov.uk
Date: Wednesday, 21 March 2012

Overview and Scrutiny
Town Hall
Castle Circus
Torquay
TQ1 3DR

Dear Member

HEALTH SCRUTINY BOARD - MONDAY, 26 MARCH 2012

I am now able to enclose, for consideration at the Monday, 26 March 2012 meeting of the Health Scrutiny Board, the following report that were unavailable when the agenda was printed.

Agenda No	Item	Page
6.	Summary of Quality Accounts	(Pages 29 - 39)

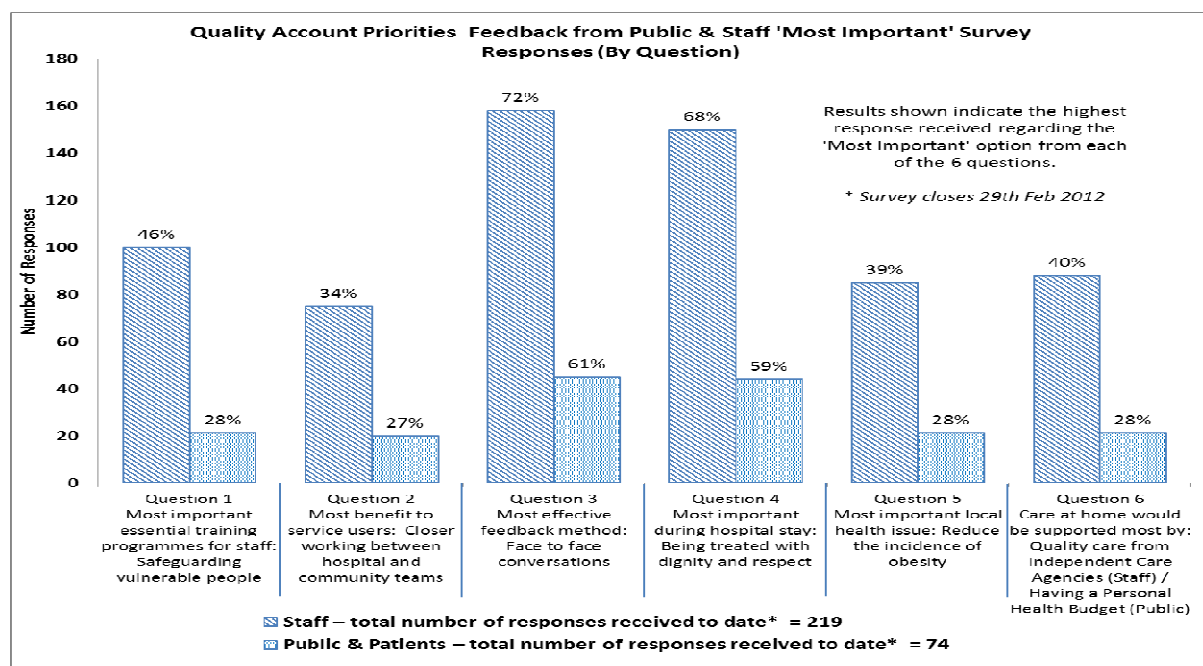
Yours sincerely

Bernard Page
Clerk

<i>Title:</i>	Quality Account 2011/12 – Draft Priorities for 2012/13		
<i>Report to:</i>	Overview & Scrutiny Committee	<i>Prepared by:</i>	Sue Ball
<i>Meeting Date:</i>	22nd March 2012	<i>Date Prepared</i>	29 February 2012
<p>Introduction</p> <p>In 2011/12 the Trust has completed a number of excellent quality improvement projects addressing safety, clinical effectiveness and patient experience; we plan to build upon this work during 2012/13.</p> <p>In 2012/13 there are a number of quality improvement projects that we will be undertaking in addition to the priorities identified within this account. These projects include national priorities defined within the NHS Outcomes Framework 2012/13 (DH 2011). These require us to further develop the work we started last year relating to:</p> <ul style="list-style-type: none"> • Dementia Care • Clinical safety to include: <ul style="list-style-type: none"> ○ Reducing pressure ulcers ○ Reducing hospital acquired infections ○ Reducing Venous thromboembolism ○ Reducing falls ○ Reducing medication errors • Improve patient experience <p>An update on our performance against the improvement targets set last year for these national priorities can be found in section three. We will be enhancing and progressing improvements relating to these priorities this year. It is our intention to continue to reduce the incidence of pressure ulcers, healthcare associated infections, venous thromboembolism, falls and medication errors.</p> <p>As highlighted within the NHS Operating Framework 2012/13 we will continue to improve the patients experience and quality of care in nutrition and hydration, respecting their dignity and eliminating mixed sex accommodation within our hospitals. These were areas that our quality improvement work focussed upon in 2011/12 we had no breaches of mixed sex accommodation in our hospitals, PEAT (Patient Environment Action Team) scores received for our hospitals were either good or excellent and our patient surveys undertaken monthly were very favourable, although this year we will change the questions to include some nationally prescribed questions to allow national benchmarking. In section 3 of this quality account we will provide more information regarding our performance against the priorities set last year.</p> <p>To ensure that we focus on what matters most to you we have engaged widely with service users, the public, carers, staff, members of our Local Authorities and commissioners to develop meaningful priorities for the coming year.</p> <p>As part of its duty to involve and consult members, patients and the local community, the Trust developed a short Quality Account survey that contained a total of six questions in which participants were asked to rank answers in order of importance. The results gathered from the survey will help inform the Trust Priorities for 2012 – 2013. This survey was made available electronically via Torbay Care Trust website with paper versions provided where required accompanied with a pre-paid envelope.</p>			

Posters were widely distributed inviting people to participate explaining the Quality Account, purpose of the survey and how to access the survey. Distribution included the Carers Support Workers in GP surgeries, carer support groups and the Torbay Carers Forum. Invites were also sent to the Overview & Scrutiny Committees, LINKs in Devon and in Torbay, community hospital patients and staff within the Trust.

This survey closed on 29th February 2012, a total of 293 surveys have been completed. (219 staff & 74 public and patients). The graph below shows the areas that have scored the highest and are felt most important to the participants. The results indicate that both staff and patients/public agree on most priorities.



In addition to the consultations undertaken, we have reviewed national local and best practice recommendations to inform our final list of priorities for 2012/13.

This review included:

- The NHS Operating Framework
- Regional Standards for Dementia Care
- Locally agreed CQUINs
- NICE guidance
- National Quality Standards
- The Trust intentions that support its purpose and mission statement
- Priorities identified by the Trust as important to people who receive our care from feedback and other consultation events
- Discussions with clinical leads and managers within the Trust and partner organisations

The above process resulted in the production of a long list of priorities. These have been considered by the Trust Clinical Advisory Group, the Board and other internal and external groups to establish the priorities that we will focus on in 2012/13. In all of our priorities in 2012/3 we will work to improve outcomes for patients and others who use our services.

These priorities will relate to 3 specific areas of quality improvement:

1. Safety
2. Effectiveness
3. Patient Experience

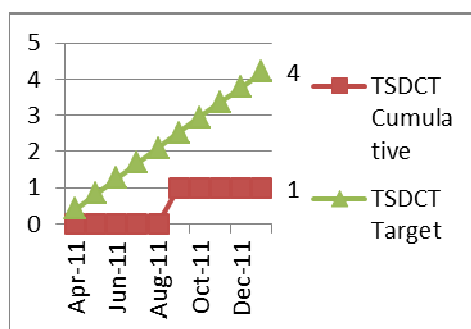
1. Safety

1.1 Treating people in a safe environment and protecting them from avoidable harm

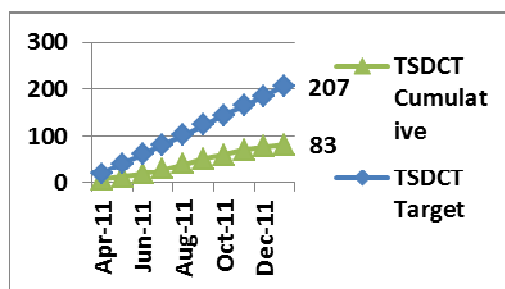
To date we are within the target set for MRSA Bacteraemia, and have reduced our numbers year on year. Time and resources have been invested in keeping our staff up to date with their training with specific attention to inserting and managing devices such as intravenous cannulas and urinary catheters which are known to increase the risk of infections. We have investigated a number of the cases where infections have occurred to look at any learning that could help avoid people acquiring similar infections in the future. This learning is shared at our infection control committee meetings and in our training sessions to staff.

The Graphs below illustrate the good progress we made during 2011/12; reducing Methicillin-resistant *Staphylococcus aureus* (MRSA) to one case, 3 cases below the regionally agreed target of 4, and managing *Clostridium Difficile* Infection rates to 83 set against a regional target of 207.

MRSA Bacteraemia 2011/12



Clostridium Difficile Infection 2011/12



We will continue our work to reduce the incidence of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *clostridium difficile* infections in line with national objectives set within the Operating Framework 2012/13. This will be monitored by the Infection Control Committee and reported to the Clinical and Audit Effectiveness Committee as part of our quality and safety dashboard.

1.2 We will develop our work to achieve level 2 compliance in medicines reconciliation as directed by the National Patient Safety Agency (NPSA) and NICE.

To improve medicines reconciliation at hospital admission we will review the Trust policies to make sure that staff have the information to support their work to check people's regular medications on admission to hospital. Whenever possible we will make sure that pharmacists are available to check the medications as soon as possible once someone is admitted to hospital.

We understand that often communication difficulties can make the checking of medicines taken prior to admission with a patient is difficult; we will therefore develop mechanisms to improve this in 2012/13

Progress toward full compliance with this priority will be monitored by Clinical and Audit Effectiveness Committee quarterly.

1.3 Safeguarding vulnerable people

The Trust is committed to developing safeguarding services building upon the Safeguarding improvement work that we achieved last year to hold strategy and case conference meetings within set time frames.

This year we plan to maintain and improve upon the timeliness of these meetings and allow the teams who are working with the vulnerable person to manage the meeting process.

To achieve this we will provide specialist training, supervision and support to our staff. Progress of this priority will be reported quarterly to the Integrated Safeguarding Committee.

Within our general services we will deliver the necessary training as defined by the National Safeguarding Competency Framework to make sure that all our staff are able to detect safeguarding concerns, reporting them and manage any necessary investigation. We will do this by training our staff in safeguarding adults and Mental Capacity Act practice with reports of training provided and evaluation of training effectiveness reported to the Safeguarding Adults Board and the Integrated Safeguarding Committee Monthly.

As part of our plan to engage more widely with people who use our service to achieve the best outcome for them, we will set goals and evaluate the outcome of the safeguarding process, taking the learning from these cases to improve practice and peoples experience.

We will report this to the Safeguarding Adults Board and the Integrated Safeguarding Committee quarterly.

In safeguarding children's services we will continue to promote effective training programmes for all staff to ensure that they have the necessary skills to enable them to undertake their responsibilities. For example how to recognise abuse, where to go for advice and support, and how to report suspected abuse including where allegations are against staff. This will include staff working in adult services that may have contact with carers and parents, as well as occasionally with children. Training numbers will be reviewed monthly as part of the Safeguarding Children Dashboard and reported to the Safeguarding Children Executive, the Integrated Safeguarding Committee and the Torbay Safeguarding Children's Board.

2. Effectiveness

2.1 We will ensure that people who receive care from independent health care providers from whom we commission services are treated safely, with consideration for their dignity and respect, and that this care is person centred.

- This will include working with:
- Intermediate Care
- Continuing Healthcare
- Nursing Homes in Torbay

- Learning Disability placements
- Out of area placements of all types

The standards that we will work towards will be:

- Level 1 - assurance that all individuals placed with service providers are receiving appropriate care and are appropriately safeguarded
- Level 2 – assurance that all service providers meet statutory regulations and related requirements with specific reference to safeguarding
- Level 3 – assurance that all service providers have appropriate quality assurance and governance arrangements in place with specific reference to safeguarding

By 31st March 2013, we will have a process in place to assure the quality, safety and client experience of care provided by non-NHS residential, nursing and domiciliary organisations. To do this we will:

- Enhance the current contract monitoring data base and assessment tool to include clinical quality indicators and client/carer feedback alongside the current business and financial data we collect.
- Gather information from the professional assessments undertaken by our teams on clients, provider and include their own general observations of a standard set of quality indicators. These indicators will include environment (odours, floor covering), the appearance of the individual (nails, clothes, skin) and care records (e.g. weight/fluid charts).
- Collect key information, from incident reports, safeguarding, etc. to monitor how effectively these have been fed back and discussed with their staff to reduce, eliminate and prevent these issues reoccurring.
- Capture “soft intelligence” from clients, carers, front line health and social care staff to pro-actively monitor activity and trends outside of the formal incident/safeguarding process to prevent escalation or crisis intervention.
- We will work in partnership with a small group of homes to measure the effectiveness of early assessment and monitoring of care within an individual’s support plan. Through agreed targets in areas such as skin care, nutrition, continence, medicines and falls prevention we believe this will demonstrate the good quality of the care provided.

We will develop a reporting framework that will enable providers to demonstrate through internal governance processes full compliance with the principles above, and report breaches and identified risks of non-compliance to the commissioner through Quality Review Monitoring Forums and the Quality, Safety and Clinical Risk Committee quarterly.

2.2 Managing Obesity

By managing some of the causes of long term conditions we can improve the quality of life for people as well as reduce the burden on health services in the future. By reducing obesity we will reduce levels of diabetes, heart disease and other complications caused by obesity. In Our local Quality Account Priority Survey this was rated the most important by the public and our staff. We will build upon the work of our public health teams in 2011/12 to develop services to support weight management services. We will improve access to local level 2 and level 3 Obesity (weight management) services and plan and deliver a newly commissioned Level 2 adult obesity programme, across Torbay. Performance data will be reported using the Clinical Pathway Group dashboard which will be reported quarterly to the Quality, Safety and Clinical Risk Committee quarterly.

As part of the recently commissioned level 3 obesity service the public health life styles team will implement and deliver the community based group part of the new service across Torbay &

Southern Devon, to meet the KPI targets set NICE Obesity Clinical Guidance. This priority is supported by Torbay Care Trusts Strategic Improvement Framework, the Torbay Community Plan and Obesity CPG outcome framework

The Planned launch of new service in June 2012 will assist us in managing the Increasing numbers of adults who are clinically obese and the demands for level 4 bariatric surgery interventions as well as co-morbidity complications. Progress will be monitored by the Quality, Safety and Clinical Risk Committee quarterly.

3. Patient Experience

3.1 Recognised, Valued, Supported

To identify the causes of carer breakdown. This priority is aimed at recognising those carers at risk of not coping and providing support that will enable them to continue their caring role. The Association of Directors to Adult Social Services publication 'Carers as Partners in Hospital Discharge' (2010) highlights that the period immediately after a 'cared for' person is discharged from hospital can be very stressful for the carer. This priority will involve development of a carer survey to identify those factors that most help carers and reduce likelihood of crisis or breakdown. The findings from this survey will be used to develop a project that will offer support based on the findings and then with feedback from the carer evaluate their success. A report outlining findings and recommendations will be developed to inform future carer support practice and reported to the Engagement and Experience Committee quarterly.

Existing local data is not available but the Audit Commission report 'Support for Carers of Older People' (2004) highlight that 43% of carers received no additional help when the 'cared for' was discharged from hospital. The Government recognises and values the contribution of carers. By caring for people in their own time and supporting other people's independence, carers embody the spirit of the Big Society. Supporting carers' well-being is therefore in all our interests. And is supported by nationally recognised best practice described within 'Recognised, Valued and Supported: next steps for the careers strategy' (Dept. of Health 2010). Two key outcomes set out in this document are:

- Carers will be supported to stay mentally and physically well and be treated with dignity
- To support those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset, both in designing local care provision and in planning individual care packages.

This priority aims to develop a mechanism whereby those at risk of breakdown are recognised early and are offered the support they need and deserve. We will undertake a literature review to identify best practice supported by discovery interviews with carers who have had a good experience and those who have not to identify what needs to happen to reduce the risk of a crisis occurring. We will then pilot interventions that our audit has identified as key to avoiding a crisis occurring, producing an evaluation report that will enable the organisation to review current services and recommend changes that are demonstrated to make a real difference to carers and those that are cared for.

Progress of this work will be monitored by the Engagement and Experience Committee Quarterly and to our commissioners as part of the CQUIN monitoring meeting.

3.2 To improve the participation of children and young people who use our Child and Adolescent Mental Health Services.

We will implement the Hear by Rights assessment tool and develop and action plan to improve the participation of children and young people.

Over a number of years national legislation has increasingly emphasised the need to engage and involve service users, in the decision making process. Within the context of children and young people, some of the relevant legislation and policy developments include:

- i. UN Convention on the Rights of the Child (1989; ratified in UK law 1991)
- ii. Children Act 2004
- iii. National Framework for Children, Young People and Maternity Services
- iv. Equality Duties for Local Government

To enable us to do this we will develop an action plan from the Hear by Rights self-assessment tool and develop SMART objectives. This will also be supported by the successful entry for measuring children and young people's experience of healthcare, proposed by The Picker Institute Europe, using the Children's Outpatient Experience Indicator. The indicator measures the recent hospital outpatient experience of children aged 8 to 17 years and derives a single indicator score from responses to questions about aspects of the experience that matter most to children and young people (outcomes Framework 2012/13)

Progress of this service development will be monitored quarterly by the Engagement and Experience Committee.

These priorities will be reported to the identified committees with progress reported to the Trusts Board; we will also link with our partners to ensure that they have information available to them on our progress.

Attendance: -

See * for attendance

*Dr John Lowes, Medical Director	*Camilla de Bernhardt, Scrutiny Officer Devon, Health & Wellbeing Scrutiny Committee
*Liz Childs, Director of Nursing & Governance & Deputy Chief Executive	Councillor Jane Barnby Torbay, Health Scrutiny Board
*Susan Martin, Quality Lead	*Bernard Page, Group Manager Torbay Council
*Samantha Morton, Commissioner	*Terry Bannon, Governor
Gill Gant, Commissioner	*Barry Behenna, Governor
*Pat Harris, Torbay LINKS	*Anne Harvey, Lead Governor
Rebecca Keeling, Devon LINKS	*Guest speaker: Ann Skipworth

Introduction

Dr Lowes provided a brief background to the Quality Accounts and the process of Engagement with the South Devon & Torbay Community for this year's accounts. Dr Lowes & Liz Childs also gave a brief presentation of progress against last year's quality account indicators. This was followed by a brief presentation by Ann Skipworth on the work undertaken by the Working with Us Panel regarding capturing real time patient feedback. It was noted that all the priorities were on target to complete by the end of the financial year.

Priorities for improvement 12-13

Dr Lowes & Liz Childs presented a short list of potential quality improvement priorities to be included in the 12/13 accounts. It was noted that this was built from a longer list of approximate over 20 QI priorities.

The group discussed each of the priorities in detail and the following five QI priorities were recommended to go forward to the February Board for approval: -

- Safety indicator - Productive ward (yr 2)
- Safety indicator – Medicines management (patient information)
- Patient experience indicator – End of Life care (Implementation of 'Route to success')
- Patient experience indicator – Communication (Letters written direct to patients)
- Clinical effectiveness indicator – Transition of care for young people

It was noted that the criteria for the Governors choosing the Data quality indicators had not yet been published and this would form part of the March Quality & Compliance Committee Meeting.

S. Martin, Quality Lead 20/02/12

Priorities for improvement: part 2 - looking forward

The description must include:

- **at least three priorities for improvement;**
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities identified in paragraph (a) will be reported by the provider.

Quality improvement priorities 2012/13: Draft

No	Quality domain	Goal Name	Description of Goal	Rationale for potential inclusion	Indicators & outcomes	Measurement	Assurance & Feedback	Status
1	Safety	Productive ward	Implement Productive Ward/Releasing Time to Care across Torbay Hospital	The Productive Ward is a proven approach to improving all domains of quality as cited on the NICE evidence database e.g. improved patient experience, reduced length of stay and readmissions, improved staff morale, reduction in safety incidents. The Productive Ward enables optimum use of resources by maximising the use of clinical time and reducing waste. The South Devon Productive Ward project has been tailored to meet the local challenges.	1. To complete 69 Productive Ward modules over the period 12/13. These include modules on patient hygiene, meals, nursing procedures	1. Action plan 2. Productive ward measures	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. CIP Board 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters 6. Website (intranet, internet)	Continuation of 11/12
2	Safety	Medicine management	To ensure that patients or carers of patients discharged on a 'high risk drug' or patients that belong to particular vulnerable groups are provided with an appropriate level of medicines information prior to discharge	A secondary driver to a safe medicines management process is for patients and carers to have sufficient information about their medicines to ensure that they are used appropriately and safely. This is particularly relevant when either the medicine is known to be high risk associated with particular adverse effects or where the patient is more vulnerable to inadvertently taking their medicine incorrectly	Improve the quality of medicines information. This will include the agreement of a list of drugs such as: - antibiotics, warfarin, insulin, amiodarone and methotrexate where an agreed intervention prior to discharge is required to improve their safe use post discharge. Particular groups of patients would also be identified, such as; patients being discharged on a compliance aid, patients being discharged on unlicensed medicines and patients being discharged to a nursing home. In each of these situations there would be an agreed intervention.	1. Measurement against agreed plan 2. Feedback from groups	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	
3	Safety	Safety thermometer	Implementation of The NHS Safety Thermometer, an improvement tool for measuring, monitoring and analysing patient harms and harm free care	Participation in data collection using the NHS Safety Thermometer is an important preparatory step for NHS-funded provider organisations in reducing harm. Incentivising use of the NHS Safety Thermometer will increase the participation in this data collection, establish a national baseline of performance on the four harms and provide information on the range of performance. This will allow the establishment of quality improvement aims for year two (further details to follow) and contribute to the provision of data required for the Outcomes Framework and Government Transparency Agenda. This is a national target (CQUIN)	Improve data quality, reporting and subsequent actions	1.Number of months for which a complete record of Safety Thermometer survey data covering all appropriate patients in all appropriate settings for all relevant measures is submitted.	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	
4	Patient experience	End of Life Care	The route to success in end of life care - achieving quality in acute hospitals - (implementation & integration of good end of life care 'enablers' at ward level including	The aim of the National End of Life Care Strategy is to provide people in their last year of life with the opportunity to discuss options for their care and for any recorded wishes to be widely available to those caring for them. To be effective, these 'enablers' for good end of life care need to be implemented across the South Devon health and social care community.	1. Implementation and integration of advanced care plans, use of EPCCS electronic palliative care co-ordination system (EPCCS), new TEP forms and enhanced use of rapid discharge pathway and Liverpool Care Pathway	Evidence of implementation & integration on agreed number of adult wards compared to baseline measurements	1. Quality Review Meetings with Commissioners 2. Work stream 2 - Patient experience 3.Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	Build on work in 2011/12
5	Patient experience	Way finding	Improve the internal & external way finding & signage at the Torbay Hospital site	Every year the Trust undertakes an annual survey of its Foundation Trust members. Fromm the responses received an area identified for improvement was way finding/signage. The Trust has embarked on a number of pieces of work to improve this incorporating the feedback from patients and groups e.g. Low Vision Group	Provide clearer external and internal directional and way finding from the Hospital entrances up to departmental entrances.	1. Patient/members feedback 2. PEAT score 3. Actions completed against project plan	1. Work stream 2 - patient experience 2. Operations Group 3.Newsletters 4. Website (intranet & internet) 5. Governors sub committee - Quality & Compliance Committee	
6	Patient experience	Carers	Subject to discussion work stream 2 meeting on the 17/2/12					
7	Patient experience	Communication	Increase the number of letters written direct to the patient and copied to the GP	Part of the Government's policy is to increase patients' involvement in their own care and treatment and also for them to have more ready access to their information. There is considerable evidence and experience to suggest that patients receiving good quality letters/information respond very positively and with the outcome of improved satisfaction and reduction of anxiety. Currently most letters only get copied to patients and the aim is to move way from this being the norm to patients receiving information direct and copied to other health care professionals.	To increase the % of number of letters sent direct to patients/families. (Trajectory to be agreed)	Monitor no of patients copied to patients & audit letter style	1. Work stream 2 - Patient experience 2. Governors sub committee - Quality & Compliance Committee 3. Newsletters 4. Website (intranet, internet)	

8	Clinical effectiveness	Sepsis	Develop, test and apply the enhanced recovery model of care to medicine (acute sepsis) with an initial focus on Urinary Tract Infections	The enhanced recovery model of care within surgery is clinically proven because it improves the elective/ planned care pathway for patients enabling them to recover more quickly with earlier discharge and reduced postoperative complications. What is less well known is whether the principles can be more widely applied outside the field of surgery. This innovative piece of work takes the principles of enhanced recovery and applies it to medicine to see whether the benefits can be replicated more widely.	1. To design, test, monitor and review an enhanced recovery UTI patient pathway The team will use the Institute for Health Improvement PDSA methodology	1. Actions completed against project plan 2. Patient feedback & satisfaction 3. Outcomes (length of stay)	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. CIP Board 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters 6. Website (intranet, internet)	
9	Clinical effectiveness	Research	Increase the number of patients entered into clinical research	Research is vital in order to provide the new knowledge required to improve health outcomes and ensure evidence based practice. It is even more important when resources are under pressure - i.e. both from income generation for the Trust and also due to the outcomes of Research which identify new, more cost effective/beneficial treatments etc. Participation in a wide/varied portfolio of studies benefits to the South Devon Healthcare community, Involvement in Research leads to better outcomes for patients etc. Aligns to government policies on NHS R&D and improving the health & wealth of the nation agendas	Performance against national objectives set by the NIHR e.g. Recruitment to time and target	No. of patients entered into research projects monitored/measured by R&D Department	Recruitment data reported to R&D Department, reviewed by R&D senior management team, problem/poor performing areas identified and where necessary action plans developed/implemented to improve performance	
10	Clinical effectiveness	Young people	Transition of care for young people	Medical advances over the last 30 years mean that increasing numbers of children with long term conditions are surviving to adulthood. This means the way transitional care from paediatric to adult services is important. Successful transitional care can improve health related quality of life outcomes.	1. To improve the transition of care for all young people with long term health conditions through defining groups appropriate for transition, identifying the appropriate requirements, setting up and managing the appropriate arrangements for transition	1. Actions completed against project plan 2. Compliance in year against agreed groups approp for transition	1. Quality Review Meetings with Commissioners 2. Work stream 2 - Patient experience 3. Quality Review meetings with commissioners 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters	