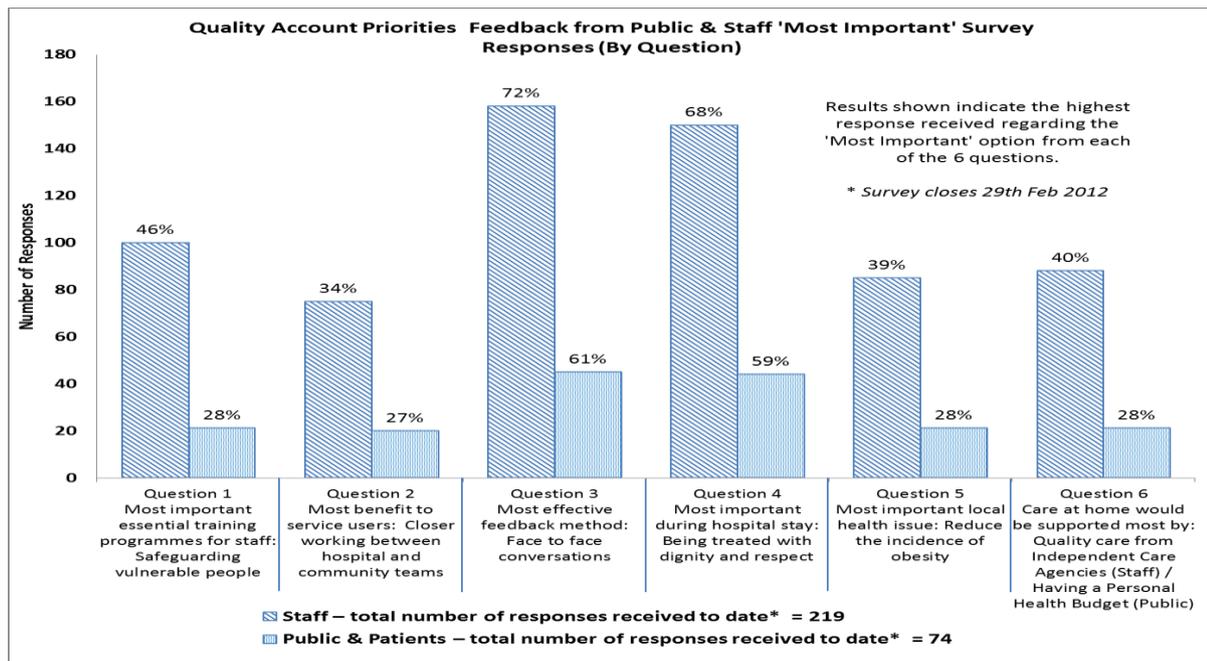


<i>Title:</i>	<b>Quality Account 2011/12 – Draft Priorities for 2012/13</b>		
<i>Report to:</i>	<b>Overview &amp; Scrutiny Committee</b>	<i>Prepared by:</i>	<b>Sue Ball</b>
<i>Meeting Date:</i>	22nd March 2012	<i>Date Prepared</i>	29 February 2012
<b>Introduction</b>			
<p>In 2011/12 the Trust has completed 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"> <li>• Dementia Care</li> <li>• Clinical safety to include: <ul style="list-style-type: none"> <li>○ Reducing pressure ulcers</li> <li>○ Reducing hospital acquired infections</li> <li>○ Reducing Venous thromboembolism</li> <li>○ Reducing falls</li> <li>○ Reducing medication errors</li> </ul> </li> <li>• Improve patient experience</li> </ul> <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 29<sup>th</sup> 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

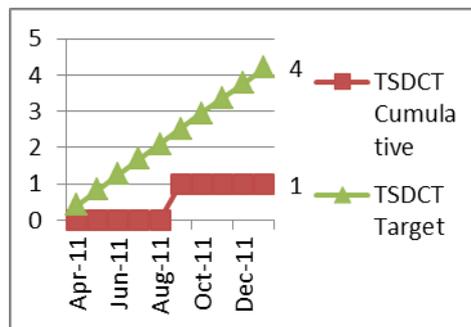
## 1. Safety

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

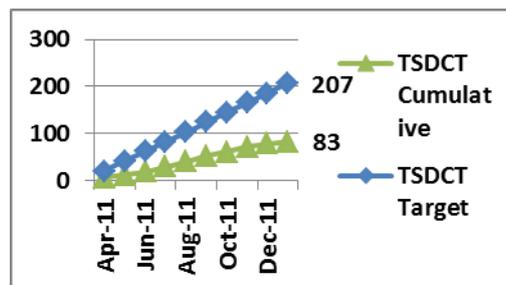
To date we are within the target set for MRSA Bacteraemia, and have reduced our numbers year on year. Time and resources have been invested in keeping our staff up to date with their training with specific attention to inserting and managing devices such as intravenous cannulas and urinary catheters 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 31<sup>st</sup> 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 an 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.