

TRUST BOARD

Date of Meeting: 17/01/2012	Agenda Item No: 6.4	Enclosure: 5
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Quality Account		
Aims: To update the Trust Board on preparation for the annual production of the Trust's Quality Account.		
Executive Summary: This report updates the Board on the following key areas: <ul style="list-style-type: none"> • Progress with implementing the Quality Account priorities set for 2011/12 • Priority setting for 2012/13 • Production of the Quality Account for 2011/12 		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: That the Board NOTES the report.		
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**QUALITY ACCOUNT
UPDATE – JANUARY 2012**

1. INTRODUCTION

The Trust is required to publish an annual Quality Account (QA). The main purpose of the QA is to support Trust's accountability to its stakeholders on the quality of care provided. The Trust should identify, jointly with stakeholders, where the Trust needs to improve; therefore the QA is also about setting priorities as well as looking back at how the Trust has performed.

The QA must be presented in a prescribed format as per Department of Health guidelines. This includes information on the previous year, where we would expect to demonstrate what we have achieved for those priorities set in 2011, targets set for the coming year, and a range of prescribed information including compliance with national audits and confidential enquiries, progress against CQUIN targets, and information relating to data quality.

The Cumbria Health and Wellbeing Scrutiny Committee has facilitated seeking views and feedback on the priorities the Trust has set, which includes involvement from Cumbria LINK. NHS Cumbria also provide feedback on the Quality Accounts, which will also need to include the Clinical Commissioning Group this year to ensure we seek the views from GP Commissioners on the priorities we set.

2. PROGRESS WITH IMPLEMENTING THIS YEARS PRIORITIES

For 2011/12, the Trust Board approved the quality priorities set out in appendix 1 of this report. The priorities were set in three specific categories; safety, effectiveness and experience.

The Trust is on track to fully achieve the priorities it set out for 2011/12 by 31 March 2012. It is also important to highlight that in addition to the QA priorities, the Trust has also been working on implementing the governance improvement plan, which links to improving the quality of care we give to patients and the systems and processes we have in place for clinical governance.

3. SETTING PRIORITIES FOR 2012/13

It is important to highlight the national priorities which are being set as part of the NHS Outcome Framework. This framework sets out a vision for the NHS which includes a shift in how the NHS defines its quality priorities. This is described as a focus on delivering the outcomes that matter most to people. A summary of the NHS Outcomes Framework is set out in appendix 2 of this report.

The framework is structured around five core domains, which set out high-level national outcomes that the NHS should be aiming to improve:

- Domain 1 – Preventing people from dying prematurely
- Domain 2 – Enhancing quality of life for people with long term conditions
- Domain 3 – Helping people to recover from episodes of ill health or following injury
- Domain 4 – Ensuring that people have a positive experience of care
- Domain 5 – Treating and caring for people in a safe environment; and protecting the from avoidable harm

The domains are then built on 12 indicators and 27 improvement areas. The domains relate to overall healthcare; however some of the indicators are focussed on GP/primary care and some focussed on delivery of secondary care. It is therefore essential that the Trust sets its quality priorities based on the NHS outcomes framework.

The Medical Director and Director of Nursing and Quality have reviewed the framework and there are specific indicators that link to the Trust priority areas for 2012/13:

- Improvement of mortality rates in key areas
- Improvement in the end of life care pathway, including palliative care
- Reducing the incidences of serious harm

In addition to the specific priorities above, the Trust has implemented specific ward clinical indicators during the year as part of achieving the quality account priorities for 2011/12. The Medical Director and Director of Nursing and Quality would like to extend the implementation of the indicators to develop improved reporting to the Trust Board on specific outliers or issues at ward level, for example the management of acutely ill patients and early warning systems.

3.1 Engaging with stakeholders

The Trust will be seeking views from stakeholders during January and February on the priorities outlined above, including seeking views directly from the public on the Trust's website.

4. TIMELINE FOR PRODUCTION OF THE QUALITY ACCOUNT

The table below summarises the timeline for the production of the quality account for 2011/12.

Feedback from stakeholders on priorities for 2012/13	January and February 2012
Scrutiny with External Auditors on production of QA, including action plan from the 2010/11 audit on the QA	February 2012
DRAFT quality account circulated for comments from internal and external stakeholders	March 2012
DRAFT quality account reviewed by Board and External Auditors	April 2012
Board approval of QA	May 2012
Production of QA	June 2012

5. RECOMMENDATION

The Board are asked to NOTE the report.

APPENDIX 1 – PRIORITIES FOR 2011/12



SAFETY

- All wards to implement the Productive Ward
- Implement a Trust-wide framework to support the implementation of the national 'never events' policy
- Revise the Trust's system for patient safety walkabouts



EFFECTIVENESS

- All wards to implement the Productive Ward
- Review and revise the clinical indicators on all wards
- Develop a Trust-wide framework for the reviewing of mortality and morbidity in all specialities
- Develop and improve the Trust's performance in national and local clinical audits



EXPERIENCE

- All wards to implement the Productive Ward
- Implement the patient and public involvement toolkit
- Review our management of complaints to ensure timely responses and lessons are learned
- Improve the experience of patients and carers in relation to dementia

Annex A

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
1b Life expectancy at 75 i males ii females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease*
1.2 Under 75 mortality rate from respiratory disease*
1.3 Under 75 mortality rate from liver disease*
Cancer
1.4 i One-and ii five-year survival from colorectal cancer
iii One-and iv five-year survival from breast cancer
v One-and vi five-year survival from lung cancer
vii under 75 mortality rate from cancer*

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness*

Reducing deaths in babies and young children
1.6.i Infant mortality* ii Neonatal mortality and stillbirths

Reducing premature death in people with learning disabilities
1.7. An indicator needs to be developed

One framework
defining how the NHS will be accountable for outcomes
Five domains
articulating the responsibilities of the NHS
Twelve overarching indicators
covering the broad aims of each domain
Twenty-seven improvement areas
looking in more detail at key areas within each domain
Sixty indicators in total
measuring overarching and improvement area outcomes

The NHS Outcomes Framework 2012/13 at a glance

*Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework.

** A complementary indicator is included in the Adult Social Care Outcomes Framework

***Indicator replicated in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification of a suitable indicator.

2 Enhancing quality of life for people with long-term conditions

Overarching indicator
2 Health-related quality of life for people with long-term conditions**

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions*

Reducing time spent in hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers**

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness**

Enhancing quality of life for people with dementia
2.6 An indicator needs to be developed

4 Ensuring that people have a positive experience of care

Overarching indicators
4a Patient experience of primary care
i GP services ii GP Out of Hours services iii NHS Dental Services
4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 An indicator to be derived from the survey of bereaved carers

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 An indicator to be derived from a Children's Patient Experience Questionnaire

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators
3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital

Improvement areas

Improving outcomes from planned procedures
3.1 Patient Reported Outcomes Measures (PROMs) for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia
iv Varicose veins

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 An indicator needs to be developed.

Improving recovery from stroke
3.4 An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital***

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators
5a Patient safety incidents reported
5b safety incidents involving severe harm or death

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'