

## EXECUTIVE SUMMARY

## REPORT TO THE BOARD OF DIRECTORS

HELD ON 15 MARCH 2017

<b>Subject</b>	Quality Report 2016-17
<b>Supporting TEG Member</b>	Dr David Throssell, Medical Director
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<b>Status<sup>1</sup></b>	A

**PURPOSE OF THE REPORT**

To present the timetable for the completion of the Quality Report 2016-17.  
To seek initial approval for the Quality Report Objectives 2017-18.

**KEY POINTS**

Final guidance for the 2016-17 Quality Report is now available with no substantive change from the 2015-16 Quality Report guidance.

A new process for the selection of Quality Report objectives has been agreed by the Trust's Quality Report Steering Group (QRSG), which includes representation of Trust governors and Sheffield Healthwatch. This new process means that from 2017-18, there will be a rolling programme of two x two-year quality objectives and one x one-year quality objective.

The two mandated performance indicators for substantive sample testing have been confirmed. The third, locally selected, indicator was selected by Trust governors at the QRSG meeting on 28 February 2017.

**IMPLICATIONS<sup>2</sup>**

<b>AIM OF THE STHFT CORPORATE STRATEGY 2012-2017</b>		<b>TICK AS APPROPRIATE</b>
1	Deliver the Best Clinical Outcomes	X
2	Provide Patient Centred Services	X
3	Employ Caring and Cared for Staff	X
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	X

**RECOMMENDATIONS**

The Quality Report objectives for 2017-18 are presented to request the Board of Directors' approval at this stage of the process.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Date</b>	<b>Approved Y/N</b>
Trust Executive Group	22 February 2017	Y
Quality Report Steering Group	28 February 2017	Y
Healthcare Governance Committee	27 February 2017	Y
Board of Directors	15 March 2017	

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the five aims of the STHFT Corporate Strategy 2012-2017

## **Introduction**

NHS foundation trusts are required to produce an annual Quality Report, reporting on the quality of services delivered during the previous financial year and identifying quality objectives for the coming year. Performance is reported against a core set of prescribed indicators along with progress reports in relation to quality objectives from previous years. Quality Reports are published on NHS Choices by 30 June each year.

Quality Reports are prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (1) which incorporates the Quality Accounts regulations. Reporting requirements for 2016-17 have now been confirmed, with no substantive change from the requirements for 2015-16.

The Quality Report provides an opportunity for the Trust to provide a balanced and accurate assessment of the quality of its services and to be held to account by the public. In addition to the full Quality Report, this Trust also provides a summary version to make the report as accessible as possible to our patients and the public.

The production process is overseen by the Trust's Quality Report Steering Group, which is chaired by the Medical Director with membership including Trust governors, managers, clinicians and Sheffield Healthwatch.

Work is underway for the 2016-17 Quality Report and the purpose of this report is to confirm the timetable for the completion and to seek initial approval for the 2017-18 Quality Report objectives.

## **2016-17 Quality Report**

### **a) Timetable**

A copy of the proposed timetable for production of the 2016-17 Quality Report is attached in Appendix A. This highlights key dates throughout the production process including presentation of the report to stakeholders for comment.

Commissioners have a legal obligation to review and comment, whilst local Healthwatch organisations and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis.

### **b) Quality objectives**

The Quality Report must include at least three priorities for improvement (quality objectives) and rationale for their selection. Along with a progress report on the previous year's objectives, a year on year update on all past years' objectives is also required.

The selection of in-year objectives has been the approach adopted by the Trust in the past. However, this approach has ruled out the selection of objectives which may be higher priority but longer term. In addition, the difficulty of achieving real change within a year has been recognised and this is illustrated in the 2016-17 quality objective updates in Appendix B.

The Quality Report Steering Group has therefore given careful consideration to the process for selecting quality objectives and has agreed that a rolling programme should be adopted. This will mean that in any one year there will be:

- Two x two- year objectives, one in its first year and one in its second and final year
- One x one- year objective, for completion within year

Representatives from Sheffield Healthwatch and from the Trust's governors are fully supportive of this more meaningful approach to the selection of objectives.

(1) Detailed requirements for quality reports for foundation trusts 2016/17: NHS Improvement, February 2017

With this in mind, two of the three 2016-17 quality objectives will be rolled over to 2017-18 as follows:

- End of Life Care (to continue for an additional two years)
- Patient Safety Zone (to continue for an additional one year)

The third 2016-17 objective, Environmental improvements at Weston Park Hospital, is on track for completion within its original timescale.

A summary of progress against each of the three 2016-17 quality objectives is provided in Appendix B.

A new objective for 2017-18 focuses on the introduction of Electronic Care Planning across the Trust with the overall aim of improving individual care plans, the sharing of information and interaction with patients/carers. This new objective is outlined in more detail in Appendix C.

### **c) CQC ratings**

Following the Trust's CQC inspection in December 2015, the 2016-17 Quality Report will include the CQC ratings grid alongside plans and timescales for addressing areas that require improvement.

### **2016-17 audit of performance indicators**

NHS Foundation Trusts follow NHS Improvement's guidance for external assurance on Quality Reports (2). For 2016-17, Mazars, will undertake substantive sample testing on two mandated performance indicators and one locally selected indicator. This will include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators.

The two mandated performance indicators for 2016-17 are:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

The third, locally selected, indicator has been selected by the Trust's governors as follows:

- Emergency re-admissions within 28 days of discharge from hospital

Mazars will then provide a signed limited assurance report in the Quality Report. This will outline whether there is evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects in accordance with the NHS Improvement's annual reporting manual and supporting guidance (1).

They will also provide a report to the Trust's Council of Governors and Board of Directors (known as the *governors' report* to distinguish it from the assurance report) of their findings and recommendations for improvements on the content of the Quality Report, the mandated indicators and the locally selected indicator.

### **2017-18 Quality Reports**

One additional requirement for the 2017-18 Quality Report will be for providers to report their progress in using learning from deaths to inform their quality improvement plans. This will be an annual summary of monthly/quarterly Trust Board reports on reviewing and learning from deaths.

(1) Detailed requirements for quality reports for foundation trusts 2016/17: NHS Improvement, February 2017

(2) Detailed requirements for external assurance for quality reports for foundation trusts 2016/17: NHS Improvement, February 2017

**Quality Report 2016-17****Timetable**

<b>Date</b>	<b>Item</b>
13 September 2016	<b>Quality Report Steering Group:</b> <ul style="list-style-type: none"> <li>Finalise summary version of 2015/16 Quality Report</li> <li>Confirm timetable for completion of Quality Report 2016/17</li> <li>Consult on Quality Objectives for 2017/18</li> </ul>
19 September – 20 October 2016	<b>Overview and Scrutiny Committee:</b> <ul style="list-style-type: none"> <li>Submit draft objectives</li> <li>Meet to discuss</li> <li>Receive feedback</li> </ul>
1 November 2016	<b>Quality Report Steering Group:</b> <ul style="list-style-type: none"> <li>Present feedback from Overview and Scrutiny Committee</li> <li>Confirm and agree Quality Report objectives for 2017/18</li> </ul>
22 February 2017	<b>Trust Executive Group:</b> <ul style="list-style-type: none"> <li>Present timetable for completion of 2016/17 Quality Report</li> <li>Report on progress against 2016/17 Quality Report objectives</li> <li>Present proposed 2017/18 Quality Report objectives</li> </ul>
27 February 2017	<b>Healthcare Governance Committee:</b> <ul style="list-style-type: none"> <li>Present timetable for completion of 2016/17 Quality Report</li> <li>Report on progress against 2016/17 Quality Report objectives</li> <li>Present proposed 2017/18 Quality Report objectives</li> </ul>
28 February 2017	<b>Quality Report Steering Group:</b> <ul style="list-style-type: none"> <li>Report on progress against 2016/17 Quality Report objectives</li> <li>Select indicator for testing by auditors (Mazars)</li> <li>Present final Quality Report objectives for 2017/18</li> </ul>
22 March 2017	<b>Trust Executive Group:</b> Present draft 2016-17 Quality Report for review
Post 22 March 2017	<b>Overview and Scrutiny Committee:</b> Submit draft 2016-17 Quality Report for review (with any amendments following TEG review)
31 March 2017	<b>Overview and Scrutiny Committee:</b> Deadline for comments
4 April 2017	<b>Key stakeholders:</b> Latest draft Quality Report 2016-17 circulated for comment to: <ul style="list-style-type: none"> <li>Sheffield Healthwatch</li> <li>Sheffield Clinical Commissioning Group</li> <li>Overview and Scrutiny Committee</li> <li>Mazars</li> </ul>
19 April 2017	<b>Trust Board of Directors:</b> Submit Annual Report (including Quality Report)
21 April 2017	<b>Key stakeholders:</b> Deadline for comments
24 April 2017	<b>Healthcare Governance Committee:</b> Submit final draft (this will not include comments from stakeholders)
25 April 2017	<b>Sheffield Healthwatch:</b> Meet to discuss comments
16 May 2017	<b>Trust Audit Committee:</b> Present Annual Report (including Quality Report)
17 May 2017	<b>Trust Board of Directors:</b> Present draft Annual Report (including Quality Report)
End of May 2017	Annual Report (including Quality Report) completed and published
June 2017	<b>Quality Report Steering Group:</b> <ul style="list-style-type: none"> <li>Prepare summary version of 2016-17 Quality Report</li> <li>Receive governors' report from Mazars following indicator testing</li> </ul>

2016-17 quality objectives2016-17 objective 1 update

<b>Our Aim</b>	To improve the safety and quality of care provided to our patients by emphasising the importance of staff introducing themselves and checking the patient's identity against documentation.
<b>Update</b>	<p>The aim for 2016-17 was for the Renal Unit and Brearley 7 to achieve compliance. Compliance is defined as staff introducing themselves 90% of the time, positive patient ID 100% of the time and 95% of staff- patient interactions not being interrupted.</p> <p>Whilst these two areas have not yet achieved compliance due to the complex nature of the inpatient environment, five outpatient areas have submitted data and have achieved compliance during 2016-17. These teams have challenged their safety culture by ensuring that:</p> <ul style="list-style-type: none"> <li>• they <b>introduce</b> themselves to the patient;</li> <li>• get the patient to <b>confirm their identity</b> with the appropriate checks against documentation and the wristband (if worn);</li> <li>• reduced the number of unnecessary interruptions by using '<b>room in use signs</b>' - agreeing what are acceptable and valid interruptions; and</li> <li>• Discussing the audit and Patient Safety Zone (PSZ) principles at staff meetings.</li> </ul> <p>The Audiological Science team were the first team to be certified in 2015. They have been collecting monthly data throughout 2016 and have been re-certified.</p> <p>To scale up this initiative it has been identified that a project manager is required and the recruitment process is underway. The Clinical Effectiveness Unit has drafted a PSZ implementation plan and continues to support the PSZ until March 2018. For 2017-18 there will be continued roll out and embedding of the PSZ across the Trust, aiming to have 10 areas certified. Work with inpatient areas will continue but the primary focus for 2017-18 will be on outpatient areas.</p> <p>To build on existing patient safety work within inpatient areas, a structured process to improve the transfer of time critical patient information will continue to be implemented. As part of this we will continue to roll out 'Safety Huddles', a small meeting focussed on patient safety, to ensure that patient safety is at the forefront in every clinical handover. The use of 'Safety Huddles' will be an opportunity to improve team working, communication and learning from adverse events (such as falls). We aim to have 30% of all inpatient areas using 'Safety Huddles' by March 2018.</p> <p>The PSZ project has been recognised by the CQC and UK Accreditation Service. In November 2016 the Trust's PSZ project team were winners of a Trust 'Thank You Award'.</p>

## 2016-17 objective 2 update

<b>Our Aim</b>	To improve End of Life Care
<b>Update</b>	<p>During 2016-2017 local guidance focusing on looking after patients who may die in the next few hours or days of life has been implemented. This was subsequently evaluated through a notes audit across three wards to assess the impact of the new guidance on the documentation of end of life care for Trust patients. The evaluation looked at the documentation surrounding the Five Priorities of Care, both before the guidance was introduced and following introduction of the guidance.</p> <p>Although the audit did show a small number of improvements it was concluded that overall there was not a significant change demonstrated after the guidance was introduced. Due to this, the guidance has not been rolled out as planned during 2016-17.</p> <p>In light of the audit results, during 2017-18, staff across STH will be consulted regarding their views and use of the guidance, which will then be reviewed and changed as necessary.</p> <p>The Trust's End of Life Care Strategy, which cites the Five Priorities of Care, is central to our vision and ambitions for end of life care at STH. The strategy is due to be formally approved by the Trust Executive Group and the Healthcare Governance Committee in February 2017. The next step is to develop an implementation plan for how this strategy will be operationalised. The newly appointed clinical leads will lead on this plan which will be developed in consultation with staff across the Trust during March 2017. The implementation plan will be rolled out from April 2017 with the aim of getting key elements in place by October 2017. Monitoring and evaluation will be built in to this plan in order to provide evidence of assurance.</p> <p>As the local guidance for End of Life Care was not rolled out as planned during 2016-17, the review of complaints planned for 2016-17 has been rolled over to 2017-18. This review will form part of the monitoring of the impact of the guidance.</p> <p>A survey of next of kin of deceased patients has been on-going since May 2016 with a plan to run for a full 12 months. The survey covers all aspects of end of life care and will enable us to ensure that the feedback of relatives is incorporated into our work going forward.</p> <p>The results will be reviewed during 2017-18 which will enable the Trust to look at themes relating to treatment at the end of life, highlighting any areas for improvement.</p>

### 2016-17 objective 3 update

<b>Our Aim</b>	To improve the environment at Weston Park Hospital
<b>Update</b>	<p>The current refurbishment of Ward 2 at Weston Park Hospital has been completed. Focus will now move to the refurbishment of Ward 3 which is on track for completion within its original timescale.</p> <p>The improvement work in Weston Park Hospital theatres has been completed. These improvements focused on five key areas:</p> <ul style="list-style-type: none"><li>• Security enhancement</li><li>• Signage - clear signage for patients and visitors</li><li>• Improved storage</li><li>• Refurbished recovery area</li><li>• Patient environment - improvements to the decor, an updated seating area and replacement of the flooring</li></ul> <p>An Estates Group and work stream will be established. The group will look specifically at developing the Weston Park Hospital estate to meet the future needs of patients.</p>

**Proposed new objective for 2017-18**

<b>Our Aim</b>	Introduce Electronic Care Planning across the Trust to improve the quality of care planning.
<b>Past Performance</b>	<p><i>The Department of Health defines care planning as:</i>  <i>"...a process which offers people active involvement in deciding, agreeing and owning how their condition will be managed. It is underpinned by the principles of patient-centeredness and partnership working... It is an on-going process of two-way communication, negotiation and joint decision-making in which both the person... and the health care professionals make an equal contribution to the consultation."</i></p> <p>It has been identified by Nurse Executive colleagues and the CQC that care planning across the Trust does not fully reflect the individual needs of patients. To improve this, an extensive scoping and consultation exercise was undertaken to develop a way forward for care planning in the Trust. Feedback from the consultation overwhelmingly pointed towards a return to a well-established nursing model of care planning - Roper, Logan and Tierney's Activities of Daily Living. This is aimed to improve individual care plans, sharing of information and interaction with patients/carers.</p> <p>An electronic version of this model has been built in the Trust electronic patient record, Lorenzo and tabled at various forums for approval. This was then piloted for a six week period from week commencing 31 October 2016 on wards E1/2, RHH and Firth 9, NGH. The wards continue to use e-care planning whilst a qualitative evaluation of the project takes place during January 2018.</p> <p>The intended outcomes of the care planning pilot were:</p> <ul style="list-style-type: none"> <li>- To have fully individualised care plans for patients</li> <li>- To improve the quality of documentation</li> <li>- To enable evaluation of the care to be done at the bedside in collaboration with the patients (using laptops on wheels, LOWs)</li> <li>- To facilitate contemporaneous documentation using LOWs</li> </ul> <p>The pilot scheme evaluated well, gaining interest from other disciplines.</p>
<b>Key Objectives</b>	<p>The Electronic Care Planning roll out will coincide with EPMA (e-prescribing), due to this the two projects will be rolled out concurrently. The roll out will be completed by December 2017. To support the implementation a staff training programme, including specific training resources, will be drawn up.</p> <p>To support other disciplines outside of nursing with the change in practice a SOP for medical, administration and AHP staff has been developed.</p>
<b>Measurement and Reporting</b>	A full roll-out of electronic care planning across the Trust. The ongoing process of roll-out will be reported through 2017-18 to the Trust Nurse Executive Group
<b>Board Sponsor</b>	Professor Hilary Chapman, Chief Nurse
<b>Implementation Leads</b>	Deanne Driscoll – Innovation & Technology Lead Nurse Simon Tierney Wigg – Clinical Implementation Lead