

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS****HELD ON 17 FEBRUARY 2016**

Subject	Quality Report Objectives 2016/17
Supporting TEG Member	Dr David Throssell, Medical Director
Author	Sandi Carman, Head of Patient and Healthcare Governance Hannah Constantine, Clinical Effectiveness Co-ordinator
Status¹	D

PURPOSE OF THE REPORT

To present the timetable for the completion of the Quality Report 2015/16.
To seek initial approval for the Quality Report Objectives 2016/17.

KEY POINTS

Every year the Trust is required to produce a Quality Report which has two key aims; to report on the quality of services delivered by Sheffield Teaching Hospitals in the year 2015/16 and to identify the Quality Report Objectives for 2016/17.

Planning for the completion of the Quality Report 2015/16 has started to ensure it is completed to time. A copy of the proposed timetable is attached. This is currently provisional until national guidelines are published.

After discussion at the Quality Report Steering Group, taking account of the views of Trust Governors and Healthwatch, the proposed Quality Report Objectives for 2016/17 are:

1. To improve the safety and quality of care we provide to our patients by emphasising the importance of staff introducing themselves and checking the patient's identity against documentation.
2. To improve End of Life Care
3. To improve the environment at Weston Park Hospital

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
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 Board of Directors is asked to note the Quality Report Objectives for 2016/17 and timetable for the production of the Quality Report.

APPROVAL PROCESS

Meeting	Date	N
Trust Executive Group	10/02/2016	
Quality Report Steering Group		
Healthcare Governance Committee		

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017

WORKING QUALITY REPORT TIMETABLE – 2015/2016

Last Update: 04 February 2016

Date	Item
25 August 2015	Governance Team to meet <ul style="list-style-type: none"> • Initial identification of objectives – contact Healthwatch • Submit suggested objectives to Overview and Scrutiny Committee
Monday 21 September 2015	Prepare QRSG agenda and circulate papers
Tuesday 29 September 2015	<u>Quality Report Steering Group</u> <ul style="list-style-type: none"> • Consultation on Quality Objectives for 2016/17 • Timetable for completion of the Quality Report 2015/16
Wednesday 30 September 2015	<ul style="list-style-type: none"> • Draft objectives and prep for Overview and Scrutiny Committee (OSC)
2 October 2015	<ul style="list-style-type: none"> • Submit draft objectives to OSC
Monday 12 October 2015	Prep QRSG agenda and circulate papers
Monday 19 October 2015	<u>Quality Report Steering Group</u> <ul style="list-style-type: none"> • Present feedback from OSC • Confirmation and agreement of Quality Objectives for 2016/17
24 November 2015	Governance Team to meet <ul style="list-style-type: none"> • Monitor 2014/15 objectives • Review Feedback from OSC • Ensure action plan in place for CQC
Wednesday 3 December 2015	<u>Update email to Sandi Carman</u> <ul style="list-style-type: none"> • Progress update
Tuesday 22 December 2015	Prepare TEG paper Prepare HCGC paper
7 January 2016	Governance Team to meet <ul style="list-style-type: none"> • Monitor 2014/15 objectives • Draft Quality Report
Tuesday 26 January 2016	Prepare QRSG agenda and circulate papers Confirm presentations for 1st Feb QRSG
Friday 29 January 2016	Submit TEG paper to Ros Dawson
Monday 1 February 2016 (2 hour meeting)	<u>Quality Report Steering Group</u> <ul style="list-style-type: none"> • Presentation and Feedback on Objectives from 2015/16 – Sue Butler/Jackie Lowe/Andrew Scott/Paul Whiting • Selection of indicators for testing by KPMG • Present final objectives and timetable for completion of the Quality Report 2015/16 • Discuss version to be sent for review and comments (4/4/16)
Friday 5 February 2016	Submit paper for TEG and HCGC
10 February 2016	<u>Trust Executive Group</u> <ul style="list-style-type: none"> • Presentation of proposed 2016/17 objectives and timetable for completion of the Quality Report 2015/16
Friday 19 February 2016	Deadline for 15/16 objective updates
22nd February 2016	Healthcare Governance Committee <ul style="list-style-type: none"> • Quality Report Objectives 2016/17 and selected indicators for testing by KPMG
Thursday 10 March 2016	Proof read meeting SC/HC/Jon Brice/Catherine Bywaters
16 March 2016	Submit TEG papers to Ros Dawson
23 March 2016	TEG Draft report for review

4 April 2016	Governance Team to meet <ul style="list-style-type: none"> • Circulate draft Quality Report 20115/16 to QRSB for comments
Monday 4 April 2016	<i>Updated Quality Report circulated to:</i> <i>Healthwatch</i> <i>Sheffield CCG</i> <i>KPMG</i> <i>OSC</i> <i>Comments to be returned by 14th April 2016 (tight turnaround due to Easter break)</i>
April 2016 (tbc)	Governance Team to meet Consolidate all comments prior to submission
Wednesday 20 April 2016	Submission of draft Annual Report (include Quality Report) to Board of Directors
Friday 22 April (9.00am)	Trust to submit unaudited FTCs and accounts to Monitor
25 April 2016	Healthcare Governance Committee Meeting <ul style="list-style-type: none"> • Final draft (this will not include comments from stakeholders) Statutory Audit of Financial Accounts and the Quality Report limited Assurance Review to commence
May 2016 (tbc)	Proof read meeting
17 May 2016	Audit Committee to review the Annual Report (including the Quality Report), and Statutory Financial Statements (2.30pm)
18 May 2016	Trust Executive Group- Board of Directors <ul style="list-style-type: none"> • Submission of a draft Annual Report (inc Quality Report) to the Board of Directors
Friday 27 May 2016 (5.00pm)	<ul style="list-style-type: none"> • Trust to submit quality report assurance documents (Audited Accounts, Annual Report, Auditors statements) to Monitor)by noon • Submission of Quality Report and Auditors statements to Monitor (5.00pm)
End of May 2015	<ul style="list-style-type: none"> • Completed for publication • Comms Team to post on NHS Choices Website • Copy to Secretary of State • Format to be checked with Parliamentary Office in advance of 22 June 2016 • Full submission to Parliamentary Office (hard Copies) by 24th June 2016
6 June 2016	<u>Quality Report Steering Group</u> <ul style="list-style-type: none"> • Summary Report • Feedback from KPMG indicator testing
4 July 2016	<u>Quality Report Steering Group</u> <ul style="list-style-type: none"> • KPMG feedback June • Monitor submission deadline. • Summary Report draft June

NOTE: Local deadlines required following publication of national guidelines

Objective 1

<p>Our Aim</p>	<p>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.</p>
<p>Past Performance</p>	<p>Nationally many Trusts have adopted the campaign 'Hello my name is....' which addresses the issue of clear introductions but not the correct identification of patients. Sheffield Teaching Hospital NHS Foundation Trust aims to combine consistent application of effective introductions to patients and correct identification of patients.</p> <p>Identifying the full scale of the problem is difficult but using the DATIX system and searching for 'wrong patient' and 'mis-identification' incidents identifies about 700 incidents a year across the Trust. These come from all areas of the Trust with the significant majority being classed as near misses or no harm events.</p>
<p>Key Objectives</p>	<p>This is, at its core, a cultural shift project that aims to change how staff view the importance of introductions and patient identification. We have piloted the project in the Renal Unit at the Northern site and have started work on Brearley 7.</p> <p>The project team do not intend to script how staff should interact with patients but aim to emphasise what the core minimum standards for introduction and patient identification are. The introduction should allow a patient to identify the member of staff later should they need to and should enable the patient to be clear on their role. Patient identification should be actively sought, requesting the patient to state their name and date of birth not offering a name and date of birth and asking if it is correct. Where a patient cannot reliably do this the member of staff must check the patient wrist band as well. The name and date of birth given or the details on the wrist band must be checked against documentation at the patient bed side to confirm they have the correct patient.</p> <p>Our current goal is to achieve compliance on the Renal Unit by early 2016 and to replicate this on Brearley 7 by mid 2016. Compliance is defined as staff introducing themselves 90% of the time, positive patient ID 95% of the time and 95% of staff patient interactions not being interrupted. The standard for patient ID is the one set out in the trust patient identification SOP. We are monitoring compliance via weekly audits done by the staff on the renal wards. After this we intend to roll the project out Trust wide, the LIA team are going to support us as we expand. This early testing period enables the development of effective implementation processes to ensure appropriate Trust wide application.</p>
<p>Measurement and Reporting</p>	<p>Results are reported to the central team weekly and this project is also monitored as part of the STH Listening into Action process.</p> <p>Final outcome data and improvements will be reported in the 2016/17 Quality Report</p>
<p>Board Sponsor</p>	<p>Dr David Throssell Medical Director</p>
<p>Implementation Lead</p>	<p>Implementation Team: Sandi Carman (Lead) Andy Ward Julia Hanvere David Oskiera Christine Cafferty Richard Clarke Sharon Barker</p>

Objective 2

Our Aim	To improve End of Life Care
Past Performance	<p>Over the past 18 months there has been a significant change in the way end of life care is delivered in hospitals. This has included the removal of the Liverpool Care Pathway nationally, and the Sheffield End of Life Care Pathway (EOLCP) locally, in line with department of health policy following the Neuberger Review (More Care, Less Pathway).</p> <p>Following this the Trust developed a new, local guidance (21st October 2015), focusing on looking after patients who may die in the next few hours or days. This is to ensure these patients receive the best and most appropriate care. This has been piloted on 3 wards and is being rolled out across the Trust.</p>
Key Objectives	<p>Our aim is to roll the new local guidance out across the Trust during 2016/17. As part of this an audit will be undertaken on the use of the guidance. This will measure the five priorities for the care of dying people:</p> <ol style="list-style-type: none"> 1. The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed and revised regularly. 2. Sensitive communication takes place between staff and the person who is dying and those important to them. 3. The dying person, and those identified as important to them, are involved in decisions about treatment and care. 4. The people important to the dying person are listened to and their needs are respected. 5. Care is tailored to the individual and delivered with compassion – with an individual care plan in place <p>Target compliance for the audit will be that by March 2016 30% of all expected deaths audited will demonstrate the five priorities for care of dying people.</p> <p>All complaints relating to end of life in 2013 were reviewed during 2014/15 and key themes were collated. One key theme was that 64% (29/45) of the complaints included the theme of communication by the clinical team. Following the roll out of new local guidance all complaints from the last quarter of 2016 relating to end of life care will be reviewed. This will allow the Trust to see the impact of the new local guidance, with the aim of seeing a reduction in complaints relating to communication at end of life and complaints relating to end of life overall.</p> <p>During 2016/17 a bereavement survey will also be implemented. This will enable the Trust to look at themes relating to treatment at the end of life, highlighting any areas for improvement.</p>
Measurement and Reporting	Results will be reported to the End of Life Strategy Group, this reports to the Trust Executive Group.
Board Sponsor	Dr David Throssell Medical Director
Implementation Lead	Dr Kay Stewart Palliative Care Consultant

Objective 3

Our Aim	To improve the environment at Weston Park Hospital
Past Performance	<p>The hospital environment is an important element of a patient's experience. The Trust has a rolling programme of work to update and refurbish wards areas to improve the environment and in turn improve the patient experience.</p> <p>Prior to the new clinical assessment centre at Weston Park Hospital (WPH) opening in December 2015 clinical assessments were undertaken on Ward 2. The creation of the new clinical assessment centre has provided the opportunity for redevelopment and improvements to be made to the ward environment at WPH.</p> <p>The environment of WPH theatres was also highlighted during the recent CQC inspection as an area for improvement. Due to environmental difficulties within the theatres at WPH infection control accreditation is yet to be achieved.</p> <p>As a result the Trust will finalise plans aimed at mproving the environment at WPH during 2016/17.</p>
Key Objectives	<p>To improve the environment at WPH all wards will undergo a total redesign and refurbishment. This will include increasing the number of en-suite rooms, the creation of a room for visitors, refurbishment of the patients' day room and a dedicated staff room. This will take place over 2-3 years. Year one will include establishing a clear specification for the developments.</p> <p>In addition this year the Trust Patient Partnership team will work in collaboration with the Executive team at Weston Park to identify any in year changes that are required as a result of patient feedback.</p> <p>The improvement work at WPH Theatres will focus on five key areas , these are:</p> <ul style="list-style-type: none"> • Security- ensuring the theatre area is locked and secure at all times • Signage- clear signage for patients and visitors • Improved Storage- ensuring appropriate storage is available to keep the corridors clear • Recovery Area- The recovery environment is to be refreshed including the installation of new fixtures and fittings throughout • Patient Area- whole environment to be reviewed including improvements to the decor, an updated seating area and replacement of the flooring <p>Following a comprehensive review of the theatres area an extensive action plan has been developed to address the above five key areas in detail to ensure the environment is fit for purpose. This will be completed during 2016/17 although many immediate actions have already been implemented.</p>
Measurement and Reporting	The improvement work will be monitored locally within the Directorate and reported in the 2016/17 Quality Report. Interim reports will also be provided to the Quality Report Steering Group and Patient Experience Committee.
Board Sponsor	Professor Hilary Chapman, Chief Nurse and David Throssell, Medical Director
Implementation Leads	<p>Dr Trish Fisher – Clinical Director, Specialised Medicine Martin Salt - Nurse Director, Specialised Medicine Dr Nick Barron – Clinical Director, OSCCA Cath Bailey - Nurse Director, OSSCA Phil Brennan - Director of Estates</p>