

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARYREPORT TO THE GOVERNORS COUNCILHELD ON 17 NOVEMBER 2011

<b>Subject</b>	Quality Report 2010/2011 – Update
<b>Supporting TEG Member</b>	Professor Mike Richmond, Medical Director
<b>Author</b>	Mrs Sandi Carman, Head of Patient and Healthcare Governance
<b>Status</b>	Note and approval.

**PURPOSE OF THE REPORT**

To update the Governors Council on the:

- Quality Report 2010/2011 priorities
- External Assurance Report on the Trust Quality Report 2010/2011 and
- Planning actions for the 2011/2012 Quality Report.

**KEY POINTS**

The Quality Report 2010/11 describes the service quality and improvement initiatives that the Trust plans to achieve in 2011/2012 and also reports on those undertaken in 2010/2011.

**Quality Report 2010/11 Priorities**

The five key priorities identified in the 2010/2011 Quality Report are identified in **Appendix A**. Subject leads have provided a Quarter 1 update which shows steady progress; this will be shared with external partners Overview and Scrutiny Committee, LINKs and NHS Sheffield.

**External Assurance on the Trust's Quality Report 2010/11**

Monitor requires the Trust to seek External Assurance on the Trust Quality Report (**Appendix B**).

Overall this is a positive External Assurance Report with only three recommendations for inclusion in the 2011/2012 planning.

- 1) To include additional outcome measures for the priority areas in the Quality Report.
- 2) To include an analysis of complaints within the Quality Report 2011/2012.
- 3) Retain the laboratory referral forms for 18 months to enable retrospective audit

As part of the overall Quality Report process the External Assurance Report is required to be submitted to the Governors Council (this paper) and Board of Directors.

**Planning actions for the 2011/2012 Quality Report**

Planning for the 2011/2012 Quality Report production has commenced. This involves a refresh of the Steering Group membership and Terms of Reference, implementation of the lessons learnt from this year's process and greater collaboration with the Service Improvement and Patient Partnership Directorates to ensure alignment of Trust priorities. Significantly this year the report will need to include all Community Services, to facilitate this a member of the Community Services Care Group will be invited onto the Steering Group. The proposed Terms of Reference are attached as **Appendix C**.

## IMPLICATIONS<sup>2</sup>

<b>Achieve Clinical Excellence</b>	
<b>Be Patient Focused</b>	
<b>Engaged Staff</b>	

## RECOMMENDATIONS

The Governors Council are asked to note:

- a. Progress with the Quality Report 2010/11 priorities (**Appendix A**) and the proposal to share the Quality Report Quarter 1 progress report with external stakeholders
- b. The External Assurance Report on the Trust Quality Report (**Appendix B**) and recommendations for inclusion in the Quality Report 2011/2012
- c. Early planning for the Quality Report 2011/2012 and the draft Terms of Reference (**Appendix C**)

In addition Governors are asked to **APPROVE** the ongoing Governor representation on the Quality Report Steering Group and **CONFIRM** that the correct individuals are listed in the Terms of Reference.

## APPROVAL PROCESS

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
TEG	Mike Richmond		28 September 2011
Governors Council			17 November 2011
Board of Directors			

<sup>1</sup> Status: A = Approval

A\* = Approval & Requiring Board Approval

D = Debate

N = Note

<sup>2</sup> Against the three pillars (aims) of the STH Corporate Strategy 2008-2012

## QUALITY REPORT PROGRESS – QUARTER 1

THEME	TARGET	Q1 UPDATE/PROGRESS	COMMENTS
<p><b>Priority 1</b> - Improving the care received by older people using our services</p>			
<p><u>Nutritional Assessment</u></p>	<p>On admission 70% of patients will receive Nutritional Screening and 60% will go onto received an appropriate care plan (assessment) in 2011/2012 (MUST tool)</p>	<p>This will be re-audited in November 2011 to determine how we measure against these targets.</p> <p>Reported by: Beccy McGeehan</p>	<p>Information awaited.</p>
<p><u>Pressure Ulcers</u></p>	<p>There will be a 10% reduction in the number of hospital acquired pressure ulcers in 2011/2012</p>	<p>In Quarter 1 (1<sup>st</sup> April-30June) 61 grade 2 or above hospital acquired pressure ulcers were recorded. Data collection methods changed in early 2010/2011. However, comparable data from Quarter 2 in 2010/2011 reports 89 cases.</p> <p>Reported by: Chris Morley</p>	<p>On target</p>
<p><u>Dementia Care Pathway</u></p>	<p>Dementia Care Pathway agreed and rolled out September 2011. Working in collaboration with other care providers e.g. Social Care and Voluntary Sector Organisation. Supported by a dedicated training programme for staff.</p>	<p>Dementia Care Pathway now finalised. Due for rollout 01/12/2011 to A&amp;E, MAU's Hadfield and Brearley wards NGH. Series of presentations to CMB, Medical Staff and ward bases September through to November 2011.</p> <p>Business case for cognitive impairment support team to be submitted to BPT Friday 2 September 2011 for consideration.</p> <p>Collaborative working with the PCT and Care Trust continues.</p> <p>Educational programme for staff at STH underway.</p> <p>Reported by: Dr Chris Austin</p>	<p>On target</p>

### QUALITY REPORT PROGRESS – QUARTER 1

THEME	TARGET	Q1 UPDATE/PROGRESS	COMMENTS
<p><b>Priority 2</b> – Improving the diagnosis and treatment of venous thromboembolism</p>	<p>At least 95% of patients who have been identified as receiving treatment to prevent thromboembolism received preventative treatment</p>	<p>Ongoing monitoring of risk assessments in place. Work underway to establish process to measure number of patients receiving Prophylaxis treatment.</p>	<p>Information awaited</p>
<p><b>Priority 3</b> – Reducing hospital acquired infection</p> <p><u>MSSA</u></p> <p><u>MRSA</u></p> <p><u>Clostridium Difficile</u></p>	<p>To collect information on the cases of Trust attributable MSSA bloodstream infections. Examine the information collected and devise methods to reduce the number of cases.</p> <p>To maintain or reduce the number of MRSA bloodstream infections when compared to 2010/2011 figures (not to exceed 10 cases for 2011/2012)</p> <p>Plan to reduce current figures to 134 cases per year (184 cases for 2010/11)</p>	<p>Data being collected and uploaded on to the national HCAI database. Some basic data being collected regarding most likely source for the bacteraemia. Too early to undertake analysis.</p> <p>Reported by: Chris Morley/Christine Bates</p> <p>Data being collected and uploaded on to the national HCAI database. Currently zero episodes of Trust Attributable MRSA have been detected in 2011/12 (Apr to Jul inclusive).</p> <p>Reported by: Chris Morley/Christine Bates</p> <p>Data being collected and uploaded on to the national HCAI database. The number of episodes has been above target for each month- April to Jun. Target for end of June was 35, the actual figures was 71. A wide ranging action plan has been developed and implemented.</p> <p>Reported by: Chris Morley/Christine Bates</p>	<p>On target</p> <p>On target</p> <p>Further improvement work required to active target</p>

### QUALITY REPORT PROGRESS – QUARTER 1

THEME	TARGET	Q1 UPDATE/PROGRESS	COMMENTS
<p><b>Priority 4</b> – Continued improvement in stroke care services</p>	<p>Stroke service at least to achieve Vital Signs Quality Standard ensuring that over 80% of patients spend at least 90% of their time on the Stroke Unit, and high-risk TIAs are assessed and investigated within 24 hours.</p>	<p>Both Vital Signs Quality Standards have been achieved in ensuring stroke patients spend at least 90% of their time on a stroke unit. The national standard for ensuring that at least 60% of high risk TIAs are assessed and investigated within 24 hours has also been achieved in this quarter.</p> <p>Reported by: Amanda Jones</p>	<p>On target</p>
<p><b>Priority 5</b> – To improve the patient experience by reducing the number of operations cancelled for non clinical reasons</p>	<p>To reduce cancellations on the day of surgery for non clinical reasons from 768.</p>	<p>During Quarter 1 2011/2012, 231 procedures were cancelled within 24 hours of the procedure. This represents a deterioration on Quarter one performance in 2010/2011 were 161 procedures were cancelled.</p> <p>Reported by: Richard Parker</p>	<p>Performance in Quarter 1 has been disappointing but reflected the continuation of winter pressures.</p> <p>To ensure that the number of cancelled procedures reduces the Trust is developing a service reconfiguration plan and it is expected that over the full year a reduction in cancellations will be achieved.</p>

**DRAFT TERMS OF REFERENCE**

**QUALITY REPORT STEERING GROUP**

**1. PURPOSE**

- A Steering Group established to oversee the design, production, publication and review of the Trust's Quality Report which will provide the Board with the necessary assurance to comply with guidance from Monitor and the Department of Health Monitor.
- To provide a forum for the creation, monitoring, and discussion of the Trust's Quality Report objectives.
- To provide a forum for the ongoing co-production of the Trusts Quality Strategy

**2. DUTIES/RESPONSIBILITIES**

- To provide oversight of the Quality Report process and provide regular progress reports.
- To agree the Quality Report production approach
- To agree the Quality Report objectives for 2011/2012.
- To monitor achievement of the Quality Report priorities.

**3. ACCOUNTABLE TO**

The Trust Executive Group.

**4. REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

The Trust Executive Group – reports

**5. MEMBERSHIP - NAME/DESIGNATION/CHAIR OR DEPUTY**

➤ Members

<b>NAME</b>	<b>DESIGNATION</b>	<b>CHAIR/DEPUTY</b>
Mike Richmond	Medical Director	Chair
Sandi Carman	Head of Patient and Healthcare Governance	
Sue Butler	Head of Patient Partnership	
Tom Downes	Service Improvement Lead	
Graham Thompson	Governor	
George Clark	Governor	
Anne Eckford	Governor	
Andrew Manasse	Governor	
Susan Wilson	Governor	
Jennifer Hill	Consultant in Respiratory Medicine	
Chris Morley	Deputy Chief Nurse	
Annette Peck	Head of Information STHFT	
Tbc	Community Services Care Group	

➤ Standing invitation

NAME	DESIGNATION

➤ Serviced by

NAME	DESIGNATION
Jenny Price	Personal Assistant

➤ Lead Officer (If applicable)

NAME	DESIGNATION
Sandi Carman	Head of Patient and Healthcare Governance

6. **QUORUM**

4 members

7. **MEETING FREQUENCY AND PROCEDURES (MINIMUM IF APPLICABLE)**

Monthly meetings

8. **DATE TERMS OF REFERENCE WERE APPROVED**

TBA

9. **REVIEW DATE**

Annually

10. **PROCESS FOR REVIEWING EFFECTIVENESS**

Production of Quality Report 2011/2012

11. **REPORTING STRUCTURE**

None