

		Agenda No	201
Name of meeting	Executive Management Board		
Date	22 March 2018		
Name of paper	Quality Account Priorities and Metrics		
Responsible Executive	Steve Lennox, Executive Director of Nursing & Quality		
Author	Steve Lennox, Executive Director of Nursing & Quality		
Synopsis	This paper summarises the metrics that will be included in the 28/19 Quality Account.		
Recommendations, decisions or actions sought	For approval		
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	<b>No</b>		

## Quality Account Priorities and Metrics

### 1. Introduction

1.1. The Trust has now received the guidance regarding the mandated requirements of this year's Quality Account.

1.2. There are a number of mandatory requirements across the three sections of the Quality Account

### 2. Section 1 Requirements

2.1. This section of the Quality Account contains the statement on quality from the Chief executive. The only mandated requirement within this section is a declaration, signed by the Chief Executive, stating that to the best of their knowledge the information is accurate.

### **3. Section 2 Requirements**

3.1. Section 2 of the Quality Account (Priorities for Improvement & Assurance).

3.2. In this section, the Trust identifies what it intends to focus on, in terms of quality improvement, during 2018/19. In addition, the section reports on the previous year's improvement areas. This section contains a number of mandatory requirement.

3.3. The description must include:

3.3.1. At least three priorities for improvement (agreed by the NHS foundation trust's board).

3.4. The Trust is proposing the following three improvement measures for 2018/19:

3.4.1. Priority Area 1. Improving outcomes from Out of Hospital Cardiac Arrests.

3.4.2. Priority Area 2. Learning from Incidents, Complaints and Safeguarding reviews.

3.4.3. Priority Area 3. Patient facing staff adequately trained to manage safeguarding concerns and to report them appropriately

3.5. The priority areas were identified from a workshop held with external stakeholders on Monday 27 November 2017. This meeting included invitations to Governors, Healthwatch and the CCG. The indicators are directly taken from areas of the CQC Inspection Report 2017.

3.6. This section also includes a number of mandatory indicators and audit requirements on issues such as income and clinical audit that require no specific consultation.

### **4. Section 3 Requirements**

4.1. This section is the most complex section with a variety of mandatory indicators. The quality accounts regulations specify that the provider should use Section 3 of the quality account to present other information relevant to the quality of relevant health services provided or sub-contracted during the reporting period.

4.2. An overview of the quality of care offered by the NHS foundation trust based on performance in 2017/18 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:

4.3. At least three indicators for patient safety. The Trust proposes the following three indicators;

4.3.1. Incident Reporting

4.3.2. 999 Call Recording

4.3.3. Medicines Compliance

4.4. All three of these were reflected within the CQC Inspection Report as requiring improvement. Medicines Management and 999 Call Recording were subject to a Notice of Proposal and the Trust is able to demonstrate progress in these areas.

4.5. At least three indicators for clinical effectiveness and the Trust proposes the following three indicators;

4.5.1. Clinical Audit Programme

4.5.2. Cardiac Arrest Survival

4.5.3. ROSC

4.6. Again, all three are reflected within the CQC Inspection Report.

4.7. At least three indicators for patient experience.

4.7.1. The Trust proposes the following three indicators;

4.7.1.1. Complaints

4.7.1.2. Compliments

4.7.1.3. 111 Patient satisfaction

4.8. These last three indicators have evolved as we have discussed our proposed indicators with stakeholders.

4.9. In addition to the nine indicators above there is a requirement to report additional mandatory indicators. These are;

4.9.1. Category A call – emergency response within eight minutes (now Cat 1)

4.9.2. Category A call – ambulance vehicle arrives within 19 minutes (now Cat 2)

4.9.3. Stroke 60 minutes: Proportion of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyperacute stroke centre within 60 minutes of call connecting to the ambulance service.

4.10. There is also a requirement to report ROSC but as this is already selected in section 2 it is permitted to refer to that section.

## **5. Summary**

5.1. This paper has summarised the mandatory requirements of the Quality Account. The EMB is asked to approve the following measures;

5.2. The following three improvement measures for 2018/19:

5.2.1. Priority Area 1. Improving outcomes from Out of Hospital Cardiac Arrests

5.2.2. Priority Area 2. Learning from Incidents, Complaints and Safeguarding reviews

5.2.3. Priority Area 3. Patient facing staff adequately trained to manage safeguarding concerns and to report them appropriately

5.3. The following nine Indicators

5.3.1. Incident Reporting

5.3.2. 999 Call Recording

5.3.3. Medicines Compliance

5.3.4. Clinical Audit Programme

5.3.5. Cardiac Arrest Survival

5.3.6. ROSC

5.3.7. Complaints

5.3.8. Compliments

5.3.9. 111 Patient Survey