

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

8 February 2013

Harrogate and District NHS Foundation Trust (HDFT) Quality Account 2012/13

Purpose of Report

1. The purpose of this report is to provide an opportunity for Members to have an input into the draft priorities that will shape the Trust's Quality Account for 2012/13.

What is a Quality Account?

2. Quality Accounts are annual reports to the public, from NHS providers of healthcare, reporting on the quality of healthcare services they provide.
 - Quality Accounts enhance the public accountability of organisations that provide services to NHS patients.
 - We are required to annually produce and publish a Quality Account to give an account of the quality of those services and their priorities for improvement.
 - HDFT's Quality Account is published by the 30 June each year.
 - The production of the Quality Account as an opportunity to engage with our stakeholders.
 - The Quality Account is published as part of our Annual Report and also as a stand alone document.
3. Scrutiny of Health Committees are part of the formal assurance process set out by the Department of Health. The Scrutiny of Health Committee is asked each year to provide a comment in the Quality Account. The comment provided in HDFT's 2011/12 Quality Account is attached at Appendix 1.

HDFT's Quality Account 2012/13

4. In the 2012/13 Quality Account, the following Quality priorities were identified:
 - a. **Improving End of Life Care**
 - Identification and implementation of specific measures relating to improvements which impact on end of life care both within and outside hospital;
 - Continued improvement in the completion of Liverpool Care Pathway (LCP) documentation. The LCP is an integrated care pathway that is used at the bedside to improve the quality of care of the dying in the last hours and days of life;

- Appropriate use of DNACPR orders and completeness of the documentation; and
- Increased numbers of ward based clinical staff trained in the use of the LCP.

b. Improving Discharge

- Increased numbers of e-discharge letters sent to GPs;
- The development of measures to monitor and improve the efficiency of the discharge process;
- Increased use of planned discharge dates; and
- Improved patient experience of the discharge process.

c. Improving Fundamental Care

- The use of data collected monthly from ward audits to effect improvement;
- The use of information from Director Inspections to effect improvement;
- Increased take up of “Every Patient, Every Time” communications training by focusing on staff groups and directorates;
- A reduction in numbers of negative feedback or complaints citing poor attitude or poor communication; and
- Increased numbers of patients completing discharge questionnaires.

5. In addition, the Trust’s Quality and Governance Group have been monitoring other elements of the quality improvement work plan throughout the year. This plan includes the following priorities:

- Dementia care – to improve the pathway of care for patients admitted into acute care and who also have dementia;
- Community equipment and responsiveness of service – systems to ensure appropriate provision of equipment to support the Care Closer to Home Strategy;
- Stroke care – to include the establishment of a community stroke team;
- Outpatient services – reducing waiting times within identified specialty clinics;
- The deteriorating patient – to introduce the National Early Warning Score and escalation process and monitor local practice against this;
- Safe prescribing and drug administration – the implementation of the e-prescribing project and a reduction in drug errors;
- Clinical handover – implementation of a new communication process for multidisciplinary handover of care particularly out of hours; and

- Inpatient falls reduction – to focus on the recording of data, falls prevention and the minimisation of harm to patients.
6. The Trust is currently undertaking its consultation process with stakeholders in relation to the priorities for inclusion in this year's Quality Account. We are keen to hear any suggestions from Scrutiny of Health Members. We have also consulted with Governors, Trust staff, the LiNK, the Trust's Patient Voice Group and members of the public through our Council of Governors meeting held on 30 January 2013.
 7. As a result of the consultations, a long list will be drawn up and then reviewed to produce a final shortlist of options for inclusion.
 8. On the long list to date the following items have been included:
 - Discharge
 - Care Closer to Home,
 - Community Equipment,
 - End of Life Care,
 - Use of technology,
 - Managing Long Term Conditions in the community,
 - Endoscopy
 - Cancer Care
 - Response to outcomes of Francis Report 2
 - Being Open – addressing patient concerns
 - Electronic prescribing
 - Patient handover – hospital @ night
 9. When the draft document is produced, it will be sent to your Scrutiny Officer to circulate and a formal comment is requested from the Chair of the Scrutiny Committee. This will happen in April 2013.

Recommendations

10. That Members offer comment on the quality priorities for the HDFT Quality Account 2012/13.
11. That taking into account discussion at the meeting, Chairman be given delegated powers to respond on behalf of the Committee.

Mrs Angela Monaghan
Chief Nurse
Harrogate and District NHS Foundation Trust

29 January 2013

NORTH YORKSHIRE COUNTY COUNCIL SCRUTINY OF HEALTH COMMITTEE
QUALITY ACCOUNT STATEMENT 2012

As we know Quality Accounts (QAs) are now in their 3rd year. The way in which the Harrogate and District NHS Foundation Trust (HDFT) has engaged with the Scrutiny of Health Committee over this period has been commendable. It demonstrates that the HDFT has entered into the spirit of QAs as a way of continually improving quality of services in terms of patient safety, clinical effectiveness and patient experience.

With regard to the Trust's priorities for 2012/13 the Committee supports the ongoing attention to infection control and cleanliness. The Committee also supports Improving End of Life Care, Improving Discharge and Improving Fundamental Care being included as key priority areas and supports the measures that will be examined.

Privacy and dignity in health and social care are frequently highlighted at meetings of the Committee so it is reassuring to see that these issues underpin many of the quality improvement initiatives in the QA. We acknowledge how information from the Every Patient, Every Time initiative underpins much of the HDFT's quality improvement work. As the Committee has highlighted in previous years we acknowledge that the HDFT is working from a high quality baseline.

Finally the process which the Trust has followed in producing its QA demonstrates a commitment towards involving patients and the public and a willingness to share information in an open way with the Scrutiny of Health Committee.

County Councillor Jim Clark
Chairman – North Yorkshire Scrutiny of Health Committee