



MEETING TITLE Public Trust Board		MEETING DATE 31/01/2017	
TITLE of PAPER	2016-17 YAS Quality Accounts: Proposed Quality Improvement Priorities for Improvement for 2017/18	PAPER REF	4.3
STRATEGIC OBJECTIVE(S)	Deliver world class health outcomes in urgent and emergency care		
PURPOSE OF THE PAPER	The purpose of this paper is to present the proposed 2017-18 quality improvement priorities to be included in the YAS 2016-17 Quality Account.		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Dave Green, Head of Quality Improvement	ACCOUNTABLE DIRECTOR	Steve Page, Executive Director Quality Governance and Performance Assurance
DISCUSSED AT / INFORMED BY The priorities for improvement to be included in YAS 2016-17 Quality Accounts have been informed by consultation with Trust Directors, managers and staff and with external stakeholders including commissioners. The proposed priorities have also been informed by learning from patient feedback and from the priorities set out in the Clinical Quality Strategy 2015-18.			
PREVIOUSLY AGREED AT:	Committee/Group: Quality Committee	Date: 8 December 2016	
RECOMMENDATION(S)	It is recommended that the Board approves the proposals for quality improvement priorities for inclusion within the 2016-17 YAS Quality Accounts.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	
NHSI Single Oversight Framework Choose a THEME(s)			

1. PURPOSE/AIM

- 1.1 The purpose of this paper is to present the proposed 2017-18 quality improvement priorities to be included in the YAS 2016-17 Quality Account.

2. BACKGROUND/CONTEXT

- 2.1 The production of Quality Account is a mandated requirement of all healthcare providers and the document is published annually. It describes the quality of care and services, and also highlights the priorities for quality improvement for the forthcoming year. The Quality Account is publically available and contains a number of mandated statements.
- 2.2 The timeline for the YAS Quality Account 16-17 has been reviewed by the Quality Committee and is progressing to plan. The Department of Health requires providers to submit their final Quality Account to the Secretary of State by June 30 2017.
- 2.3 The proposed quality improvement priorities are determined through the national agenda, the five year Integrated Business Plan (IBP), the 2015-18 Clinical Quality Strategy, learning from incidents, and complaints, and patient feedback; and further through consultation both internally and externally with stakeholders.

3. PROPOSALS FOR QUALITY IMPROVEMENT FOR 2017/18.

3.1 Patient Safety:

i. Improving emergency ambulance response times for patients.

- Lead Dr David Macklin Executive Director of Operations.

Key Drivers: Patient care is a key priority and our involvement in the national Ambulance Response Programme is enabling us to implement patient care improvements through ensuring that patients are effectively assessed and allocated the appropriate response for their need.

Aim: The aim of the National Ambulance Response Programme is to help improve the management of demand and allocation of the appropriate response which is determined by patient need. Fundamentally, it is about delivering the right care, in the right place and at the right time. It will also help inform potential changes in national performance standards. Whilst national targets of a response time of 8 minutes for 75% of people with life threatening conditions will remain a key focus, YAS will maintain an aim to deliver a safe and responsive service to all patients with different levels of clinical need.

ii. Development of the Trust's role in care co-ordination across the urgent and emergency care system, with particular focus on care closer to the home and improved information sharing across care boundaries

– Lead Dr Phil Foster, Director for Planned and Urgent Care.

Key Drivers: The National Emergency and Urgent Care Review and High Impact Action have described the agenda for improving healthcare by looking holistically and what patients need in a local area. The plans which have been developed locally include the West Yorkshire Vanguard and Accelerator Zone which provide us with a strengthened engagement to review our services across traditional organisational boundaries. This will additionally contribute to the Trust's focus on responsiveness and development of urgent care services

Aim: To provide staff with the right skills, knowledge and alternative care pathways to deliver the right care in the right place first time. This also includes working closely with local health and social care partners to maintain current pathways and develop new pathways for patients for whom the emergency department is not the most appropriate place for care.

3.2 Patient Experience:

Maintain effective patient feedback systems to ensure learning is identified and shared. Additionally develop methodology to ensure robust analysis of all adverse events and patient and staff feedback. This includes route cause analysis, appreciative enquiry and greater involvement of families and carers to inform organisational learning

- Lead Karen Warner, Deputy Director Quality and Nursing.

Key Drivers: YAS is committed to continually improving the patient experience. In addition, the recent Care Quality Commission ("Learning, candour and accountability" December 2016) concluded that there is more organisations can do to learn from adverse events and improve the experience of patients.

Aim: To continually improve the experience of patients through effective investigations/enquiries by involving patients and continually developing systems and practice and communication to ensure learning is shared both internally and externally.

3.3 Clinical Effectiveness:

Develop a patient centred pathway which enables best practice for patients who have suffered a stroke.

Lead Dr Stephen Dykes Deputy Medical Director.

Key Drivers: A stroke is a time critical condition for patients and it is important that patients who suffer a stroke receive treatment as quickly as possible. Currently this is measured as a performance target in blocks of 60 minutes: these are broken down as follows:

- 1- 60 minutes : onset symptoms to arrival at hospital
- 60-120 minutes :arrival at hospital to scan to confirm diagnosis
- 120-180 minutes scan to treatment.

There is a strong evidence base which now indicates that the overall window of 180 minutes is the most optimal time period for treatment in terms of a longer term outcome for patients.

Aim: YAS are looking to work with partners to develop a stroke care pathway which will streamline the whole acute stroke pathway from onset of symptoms to diagnosis. This should then improve outcomes for patients.

4. GOALS AGREED WITH OUR COMMISSIONERS

- 4.1 In addition to the above priorities for improvement YAS have agreed a number of CQUINs with commissioners. The table below provides a summary of the CQUINs for 2017/19:

		CQUIN	Lead Director
1a	National (A&E & PTS)	Improvement of health and wellbeing of staff (improvement in staff survey responses)	Roberta Barker
1b	National (A&E & PTS)	Healthy food for staff	Emma Bolton
1c	National (A&E & PTS)	Improving the update of flu vaccine	Roberta Barker
2	National A&E	Reduced conveyance: implementing enablers which may support the “right care, right place” agenda	Dave Macklin
3	Local A&E	End to end reviews: learning from adverse events through a multi professional and patient/carer involvement approach	Dave Macklin
4	Local A&E	Mortality reviews: learning from deaths which occur for patients in our care	Dave Macklin
5	PTS	To be confirmed: Local PTS CQUINs have not yet been agreed as part of contract negotiations.	Phil Foster

The CQUINs above, will provide a further opportunity to improve the quality of care provided as well as provide opportunities for staff engagement and improving staff wellbeing.

5. PRIORITIES ARISING FROM THE CARE QUALITY COMMISSION INSPECTION

- 5.1 Inspections of all Trust services were completed in September/October 2016. Reports are due for publication in the near future and this will be followed by a stakeholder Quality Summit.

- 5.2 An action plan will be developed to address priority issues arising, both in terms of areas for improvement and opportunities for wider dissemination of existing good practice. This work may also inform the final Quality Account priorities.

6. NEXT STEPS

- 6.1 The Deputy Directory of Quality and Nursing and the Head of Quality have a series of invitations in the coming weeks to present the proposals to a number of Healthwatch and Health Overview and Scrutiny Committees across the region. This will promote further engagement.
- 6.2 The draft Quality Account 2016-17 will be presented to the Trust Management Group in February 2017 prior to the mandatory 30 day consultation period with stakeholders in April 2017. It is due to be presented at the Quality Committee in March 2017 for onward recommendation to the Trust Board in May 2017.
- 6.3 Upon the approval for the priorities, implementation plans will be developed to support delivery of the priorities.

7. RISK ASSESSMENT

- 7.1 There are some risks associated with the delivery of the CQUINs, specifically the flu vaccination and the reducing conveyance CQUIN.

8. RECOMMENDATIONS

- 8.1 It is recommended that the Board approves the proposals for quality improvement priorities for inclusion within the YAS 2016-17 Quality Account.