

# Board of Directors Meeting

# Report

**Subject:** Patient Safety and Quality Strategy  
**Date:** Thursday 27<sup>th</sup> March 2014  
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## Executive Summary

The Patient Safety and Quality Strategy was presented to the Trust Board in October 2013. It was agreed this strategy would be refreshed following the completion of the Organisational Development and Patient Experience and Involvement strategies to ensure their key priorities were reflected within this strategy.

This strategy has been shaped under the domains of *High Quality for All* and states the key goals and improvement priorities for Sherwood Forest Hospitals as of today and the next three years. It is a flexible strategy that will be reviewed at least yearly and updated to include the current landscape and environment in which we are delivering health care.

This strategy has very similar priorities to those described in the October document, but the link to the patient experience strategy and OD strategy has been explicitly included. Quality governance has also been strengthened to reflect the needs of the Trust in ensuring we have strong governance and performance systems and clear accountability and ownership to meet the expectations of the Quality Governance Framework

Mortality reduction, falls prevention and patient experience (with a particular drive on dementia and the family and friends test) have been identified as our key priorities for 2014/15, however there are many improvement projects which the Trust is driving to ensure our services and patients are safe, free from avoidable harm and have an excellent experience.

This strategy should be seen as a strategy that is not fixed, but is flexible and responsive to new information and priorities. It should also be noted that this strategy needs to sit alongside and fully interlink with other strategies, namely the clinical, workforce, IT, patient experience and organisational strategies.

It is planned following the board discussion to share our strategy with other stakeholders including governors, our patients and CCG's.

## Recommendation

The Board is asked to accept this strategy and for the Quality Committee to track, measure and monitor its progress, reporting periodically to the Trust Board

## Relevant Strategic Objectives (please mark in bold)

<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

<b>Links to the BAF and Corporate Risk Register</b>	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5
<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach. Failure to deliver the Keogh action Plan and be removed from 'special measures' Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety
<b>Links to NHS Constitution</b>	Principle 2, 3, 4 & 7
<b>Financial Implications/Impact</b>	Contractual penalties for failing to meet quality targets
<b>Legal Implications/Impact</b>	Reputational implications of delivering sub-standard safety and care
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	This paper will be shared with the CCG Performance and Quality Group, governors, Patient Engagement work and the Patient Quality and Experience Committee
<b>Committees/groups where this item has been presented before</b>	Trust Management Board Executive Team Medical Managers
<b>Monitoring and Review</b>	To be decided
<b>Is a QIA required/been completed? If yes provide brief details</b>	No