

Board of Directors Meeting Report

Subject: Quality Account, Quality Priorities and Quality Strategy
Date: Thursday 30^h January 2014
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Executive Summary

This report discusses how the quality account, quality priorities and quality strategy are intrinsically linked.

The Trust Board were aware the quality strategy (phase one) should be refreshed following production of a number of Trust strategies to ensure the quality strategy supports the delivery of all our priorities.

Reflecting on the quality account it is evident there is a requirement for an alignment between the quality account and the quarterly reports. The report reflects on how we can improve reporting against our quality priorities in 2014/15 and the need to be more prescriptive in defining SMART objectives for each one.

The Quality Strategy is to be reviewed and refreshed following the Trust Board discussion of the listed strategies.

Consultation of the refreshed strategy will enable 2014/15 quality priorities to be identified concurrently.

Identification of 2014/15 quality priorities require clear measurable targets. These will be included within the refreshed quality strategy.

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Recommendation

The Board is asked to note:

1. The Quality Strategy is to be reviewed and refreshed
2. This will go through a consultation process prior to presentation to the Trust Board.
3. Consultation of the refreshed strategy will enable 2014/15 quality priorities to be identified concurrently which will inform our 2013/14 Quality Account.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3,
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	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, Failure to receive limited assurance on our quality account if due process not followed
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Indirect financial implications – patients not being referred to SFH or not choosing SFH as a consequence of poor patient experience. NHSLA and Ombudsman implications – gratuity payments
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	ET
Monitoring and Review	Monitoring and review of our top 3 quality priorities currently occurs monthly to Board of Directors. Progress is also discussed at Clinical Management Team and specific updates on various priority projects are tracked at Patient Safety Steering Group and escalated to CMT. Divisional performance meetings also commence with an update on the quality priorities.
Is a QIA required/been completed? If yes provide brief details	No

Trust Board – Thursday 30th January 2014

Quality Account, Quality Priorities and Quality Strategy

1. Quality Account

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the quality account is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public. By putting information about the quality of services in your organisation into the public domain you are offering your approach to quality up for scrutiny, debate and reflection.

The quality account gives us an opportunity to demonstrate our commitment to continuously review and improve the services and care we offer. It gives an honest account of our performance and shows our successes, as well as areas in which we need to improve.

2. Quality Priorities

The quality account is an opportunity to clearly show plans for quality improvement within our organisation and why we have chosen those priorities for improvement. It also demonstrates how the Trust is developing quality improvement capacity and capability to deliver these priorities. An organisations priority for improvement should be determined by the process of reviewing services and working with stakeholders (including governors). We have a responsibility to indicate how the priorities were decided and who was involved in the decision making process.

Due to the absence of a Quality Strategy Sherwood Forest quality priorities have previously been chosen independently, predominantly aligned with areas of concern or CQUIN's, albeit there has been consultation. Even though they have predominantly been delivered they have often sat outside of other strategies. During 2013/14 we have improved tremendously on reporting but there are still opportunities for tracking performance against improvement trajectories at all levels; from ward to board using quality scorecards, for example. Reflecting upon our current Quality Account and Quality Priorities, it is evident that our Quality Strategy requires some further work to ensure it is SMART and from this we can easily identify our Quality Account Priorities.

3. Quality Strategy

A newly developed quality strategy was developed and received at the October 2013 Trust Board. It described our quality priorities based upon consultation with our divisional teams, clinicians and governors. Running in parallel to the development of the quality strategy was the development of the Trust's Patient Experience and Involvement Strategy, Workforce and OD Strategies, Estates Strategy, IT Strategy and Nursing and Midwifery Strategy. It was agreed that the Quality Strategy should be refreshed once these other strategies were

completed as it is important that the quality strategy unites in supporting the delivery of all our priorities. We are now in a position to refresh our quality strategy.

Safety priorities for the Trust are progressing well e.g. mortality action plan, pressure ulcer reduction (appendix 1). It feels pertinent to shape next year's priorities and the refresh of the quality strategy around these priorities

4.0 Reporting

Reporting progress against quality priorities has been an evolving process over the past nine months. The Trust Board now receives in depth monthly quality and safety reports; specialty reports e.g. Mortality, and two extensive quarterly reports: the quarterly 'Quality and Safety' report and the 'Patient Experience' report.

Reflecting on the quality account it is evident there is a requirement for an alignment between the quality account and the quarterly reports. Apart from the three quality priorities (HSMR, Pressure Ulcer and Bed Moves) it is difficult to see a similar thread of reporting, albeit all priorities have been reported in different forums e.g. CQUIN. This will be addressed and specified for 2014/15.

It is also clear that we have not been specific in identifying measures of success e.g. baseline and reduction targets for all our priorities. This again is a learning opportunity that we need to rectify for 2014/15. I propose that where possible we adapt the quality strategy to include measurable priorities, which enables us to measure our success against this strategy. It also enables our staff and stakeholders to understand our ambition and direction of travel.

5.0 Recommendations

1. The Quality Strategy to be reviewed and refreshed following the Trust Board discussion of the listed strategies.
2. This will go through a consultation process prior to presentation to the Trust Board. Consultation of the refreshed strategy will enable 2014/15 quality priorities to be identified concurrently.
3. Identification of 2014/15 quality priorities requires clear measurable targets. If an improvement measure cannot be clearly identified and articulated it should be decided whether this is the correct priority and replaced accordingly with a measureable target. These will be included within the refreshed quality strategy.
4. All quality priorities for 2014/15 will be reported quarterly. A template for reporting will be developed, supporting reporting by exception, with remedial actions. This will be presented to the Quality Board (sub board committee).

Susan Bowler

Executive Director of Nursing and Quality

Appendix one - Patient Safety Priorities 2013/2014

REDUCING HSMR	Mortality Reviews	Coding	AKI – Abstract DONUTS	Managing Sepsis		
IDENTIFICATION OF DETERIORATING PATIENT	Vital PAC	NEWS	Cardiac Arrest	Patient Oxygenation	Fluid Management	
REDUCING HARM	Pressure Ulcer reduction	DVT/VTE	Slips, Trips & Falls - Jan '14	UTI – new group	Hydration & Nutrition (Mealtime Matters)	Intentional Rounding (Care & Comfort Rounds)
SAFER EMERGENCY ADMISSIONS	EAU Length of Stay Effective Care pathways	Timely investigations	Medical & Nurse staffing ratios	EAU Medical Handovers	EAU exit Passport	
MEDICATION SAFETY	Medicines Reconciliation	Safe prescribing practice High risk medication	Safe administration of medicine	Missed Doses	Self Administration	TTOs
SURGICAL PATHWAY	Enhanced recovery	WHO Theatre Checklist	#NOF Pathway	Safe Management of emergency admissions	Peri-transfer preparation & Pre-op assessment	
COMMUNICATION	Positive Patient Identification	Medics Handovers	Accountability & handover in nursing	Safety Huddles	Ward Round checklist	Board Rounds (MDT)
Training, Education & Development	A Trust wide training, education & development strategy will be required to underpin the Patient Safety Strategy. Derby University Initiative – Patient Safety Training					
Audit & Assurance	Work stream leads will be responsible for ensuring clear improvement plans are supported by KPIs. Effective clinical reporting to provide a KPI					
Communication Strategy	Effective communication of patient safety improvements, anticipated outcomes & impact of patient safety incidents will be essential to facilitate wider organisational learning and maximum impact of patient safety initiatives. This includes externally. Patient Safety Week & Patient Safety Conference. Possible Patient Safety Bulletin. Trust Mortality Dashboard.					
Walkabouts	Patient Safety team – once a week to ½ wards (planned with them in advance – NOT for scrutiny) to discuss & identify areas of concern. A possible opportunity for some board involvement					
Quality Improvement Projects	Projects to work towards making appropriate changes in safety issues. Junior doctors already on-board. A number of nurses also interested.					