

Board of Directors meeting: Thursday 16 July 2009

BD2009.55

Subject	Quality Strategy for the Trust			
Purpose of paper	To present the Board of Directors with a Quality Strategy for the Trust, aimed at delivering improvements in quality for patients and their families, for staff, and for the commissioners of services			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Patient Safety Strategy Staff Safety Strategy Patient and Public Engagement Strategy NHS Next Stage (Darzi) Review: High Quality Care for All			
Action/decision required	To <b>approve</b> the Quality Strategy, noting in particular the suggested areas of focus in 2009/10 and inclusion in the Trust's first Quality Account to be published in June 2010			
Key purpose	<u>Strategy</u>	Assurance	Policy	Performance
Strategic Goal(s)	SG1: To be hospitals of choice for patients SG2: To be world-leading teaching hospitals and an AHSC SG4: To be an excellent employer			
Strategic Objective(s)	All, and specifically SO2: To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community. SO7: To provide demonstrably excellent clinical outcomes and indicators of patient safety SO8: To improve the overall patient experience by offering excellent customer care. SO9: To maximise the Trust's contribution to the health and wellbeing of the local community			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Approval of the Quality Strategy will support all areas of the Trust's activities and hence help mitigate risks to the strategic goals and objectives			
Also considered by	Care Quality Board			

Resource and financial impact	–
Consideration of legal/equality/diversity/engagement/risk issues	–
Acronyms and abbreviations used	As described in the text
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### Quality Strategy

#### Introduction

1. The strategic goals of the Trust were developed as part of its strategic review and reflect the way in which the Trust intends to deliver quality improvements.
2. In developing its approach to quality, the Trust has also drawn on the following:
  - 2.1. the Darzi Report, which focuses on high quality care, quality at the heart of the NHS and working in partnership with staff;
  - 2.2. the NHS operating framework which highlights some specific areas that will improve quality including improving the patient experience and staff satisfaction, and improving cleanliness and reducing infections;
  - 2.3. the SHA's development of clinical pathways; for example, 'we will ensure that all healthcare settings are safe and clean and offer a high standard of personalised care; and
  - 2.4. the Oxfordshire PCT's strategy for the next five years with its focus on improving access to health, reducing health inequalities and deprivation.
3. The Trust Business Plan for 2009/10 has highlighted the financial challenges we face (which are likely to become stronger over the next few years) but at the same time it has stressed the Board's commitment of improving quality and efficiency and hence also to improve the safety and effectiveness of our services.
4. Much has already been done: the patient environment has been improved considerably as new buildings come on stream, the Trust has joined the SHA's patient safety federation; it is a member of the Patient Safety First, the national initiative and it has already approved both patient and staff safety strategies. The OIRH has paid attention to the recent reports that have highlighted the importance of focus on quality, safety and patient views, and the tensions that can exist between these crucial aspects of service and the financial and operational pressures.
5. However, quality initiatives do not always require additional funding or resources. Much can be achieved by a change of focus and attitude and an understanding of how simple improvements can deliver great benefits to patients and their families.

#### The approach

6. The strategy will seek to deliver in a number of general and specific areas as follows:
  - 6.1. the **standards of care** – the Trust will seek to maintain its compliance with all the core standards which cover seven domains including safety, governance, public health and patient focus. In maintaining compliance, the Trust will also be working towards registration with the care Quality Commission from 1 April, following its successful registration on 1 April 2009 for Healthcare associated infections. The Care Quality Commission has said that compliance with the core standards will be used a key indicator of whether a trust meets the new registration requirements now being developed.

- 6.2. As part of the focus on standards of care across all areas, the Board will continue to review its **risk register**, noting changes in the risk scores and making sure that any new risks are brought to its attention. The Care Quality Board will ensure robust processes are in place across all services for the management and mitigation of all risks.
- 6.3. **patient safety** – through the work of safety action groups covering for example, the care of the deteriorating patient, reducing avoidable deaths and harm, and reducing falls, infections, tissue breakdown and medication errors. There will be a particular focus on improving surgical safety and learning from serious untoward incidents and complaints. Board members will lead the way through their safety walkabouts across all areas of the Trust and we shall be developing better means of monitoring the actions following incidents and complaints<sup>1</sup>. Work in the Trust has also been aligned to the work being led across the SHA.
- 6.4. The Board has approved the establishment of the Surgical Working Group to draw on lessons learned from a tragic serious untoward incident and to draw on good practice from elsewhere. The Group's work will include the study of '**human factors**'. The externally chaired group will be meeting over the summer and intends to report to the Board by the end of the year.
- 6.5. **patient experience** – making sure that the Trust works with patients, relatives and patient groups and other bodies to take account of what they have to say, and particularly to improve communication with patients and to provide information. The Trust will use new technology to obtain instant feedback on patient experience so that it can make changes to ways of work immediately wherever possible. The Board will listen to patient stories, to hear first hand about patient experiences and suggestions on means of improvement;
- 6.6. **patient outcome and effectiveness** – we need to understand what the available information and data mean, so that we can take actions when we need to. We will use information gained from the national PROMS initiative, and consider procedures that might benefit from this approach.
- 6.7. We will build on the success of the work done by our cardiac surgeons who publish their **outcomes** for the various procedures each year. The Board will continue to review their performance and those of other specialities as they develop their outcome reports. Good work has already been done in urology and dermatology and we shall be asking services to try and suggest quality measures that can demonstrate their performance and, after comparison with other hospitals, show how this performance ranks.
- 6.8. **Staff safety, satisfaction and morale**<sup>1</sup> – these are important aspects and making sure that staff are safe when they work (by, for example, reducing incidents that impact on staff including falls and manual handling) and that their jobs are satisfying can only help drive improvements in the quality of services. Staff safety and satisfaction will therefore continue to be a focus even though the challenges we face are considerable. Leadership from the Board will show the

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<sup>1</sup> Additional detail is available in the Patient Safety Framework approved by the Board in July 2008 and the Staff Safety Framework approved in November 2008

commitment of the Directors to the development of staff and clinical leaders. We will also update our whistleblowing practices and policy to make it easier for staff to tell their managers what their concerns are.

- 6.9. **Openness and honesty** – the Board will lead and promote the culture of openness and honesty so that staff and patients feel able to raise any concerns about the quality of care and the safety of services. The whistleblowing policy is now being updated for discussion internally and circulation by the end of the year. The Leaders' Briefings will be used, with other means of communication, to discuss quality issues, the risks we face and the ways in which quality can be driven forward in partnerships between the Board and all staff.

### **Specific areas for focus during 2009/10**

7. In addition to the national indicators and core standards required, the following four areas for focus are recommended:
8. To improve stroke care by ...
- 8.1. increasing the percentage of patients spending 90% of their hospital stay in a specialised stroke unit;
  - 8.2. provide stroke thrombolysis services for their population in accordance with DH standards;
  - 8.3. ensuring that immediate CT scans are available as required and ensure that all patients receive CT within 24 hours;
  - 8.4. ensuring that all patients are referred for the dysphagia service within 24 hours; and ensuring that all patients are referred promptly to the Acute Stroke team (ideally within 4 working hours of admission);
  - 8.5. improve access to the Trusts Transient Ischaemic Attack (TIA) assessment and management service over 7 days a week .
9. **To reduce mortality by ...**
- 9.1. reducing unintentional harm events;
  - 9.2. reducing the number of patients acquiring infections ;
  - 9.3. reducing harm from high risk medications, e.g. anti-coagulation and risk of venous thromboembolism; and
  - 9.4. recognising and treating deteriorating patients.
10. **To improve the patient experience by .....**
- 10.1. reducing noise at night;
  - 10.2. making sure that patients are helped to eat when they need help; and
  - 10.3. working much harder to make sure the way we communicate is good.
  - 10.4. improving the timeliness of response to patient call bells.

11. To develop directorate safety and quality plans which include.....

11.1. Specific plans and indicators to improve the patient safety

11.2. Plans and indicators to monitor and improve at least two clinical outcomes in the specialty

11.3. A programme of work and milestones to measure and improve the patient experience

**Monitoring the strategy**

12. The Care Quality Board will review progress across all areas and ensure that lead executive directors are able to report to the Board of Directors. Performance reports highlighting both qualitative and quantitative data will be developed and used to support and populate assurance reports to the Board and the Governance Committee. Metrics will include mortality rates and other indicators of harm reduction such as retrospective notes audit and use of the 'Global Trigger Tool' which looks for indicators of patient harm.

13. The Care Quality Board will make sure that robust systems are in place for reviewing outcome and mortality and morbidity data, so that possible causes of less than satisfactory performance can be identified, and prompt, appropriate action taken.

14. The Care Quality Board will cross reference with the work of the Operational Performance Board and the Cost Reduction Programme Board to ensure that the quality and safety of services is paramount, and that the tensions that arise in the management of operational activity and financial performance are mitigated and reported to the Board of Directors.

15. The Board of Directors will receive regular reports on delivery of the quality strategy and will consider the contents of the Trust's first Quality Account to be published in June 2010. Both staff and patients are already coming up with ideas on what might be reported on in the Accounts in addition to the performance measures that apply across the NHS. Suggestions to date include learning from SUIs and incidents, vulnerable people, privacy and dignity and single gender accommodation, reductions in infections and improvements in end of life care.

**Conclusion**

16. The Board is asked to consider the approach to the delivery of quality within the Trust and to approve the areas for action as outlined above.

17. The Board will receive quarterly updates on progress through reports from the Director of Nursing and Clinical Leadership and from the Governance Committee.