

The Shrewsbury and Telford Hospital NHS Trust

Public Trust Board – 29th March 2012

Quality Improvement Strategy

Executive Lead	Vicky Morris- Director of Quality and Safety/ Chief Nurse
Author	Vicky Morris Director of Quality and Safety/ Chief Nurse
Corporate Objective	C Quality and Safety
Goal	<p>C1 Ensure that we learn from mistakes and embrace what works well</p> <p>C2 Design care around patient needs</p> <p>C3. Provide the right care, right time, right place, right professional</p> <p>C4. Deliver services that offer safe, evidence-based practice</p> <p>C5. Meet regulatory requirements and healthcare standards</p> <p>C6 Ensure our patients suffer no avoidable harm</p>
Executive Summary	<p>The Quality Improvement Strategy provides a five year framework within which the Trust Board can proactively make improvements across patient safety, patient experience and Clinical effectiveness.</p> <p>In the process of developing this strategy workshops have been held to gather the views of staff, patient and carer representatives as well as meetings with external stakeholders. They have defined the principles of this Strategy and are keen to map our progress in implementing the improvements.</p> <p>The strategy will be implemented through annual Clinical centre “Quality development plans” where the detailed objectives to support the improvements will be made.</p> <p>The progress made against this Strategy will be published through the annual Quality account.</p>
Recommendations	<p>The Board is asked:</p> <ul style="list-style-type: none"> • to APPROVE this Quality Improvement Strategy. • to NOTE the implementation process

Insert Title of Paper

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	Please refer to relevant risks in the Corporate Risk Register and explain how this paper will support the Trust to mitigate these risks and/or provide assurance that this risk is being managed (or state “not applicable”). More information is available from the Risk Management Strategy. The Risk register is available at https://www.4risk.co.uk/riskmanager/default.aspx Contact the Head of Risk and Assurance for access.
Contribution to Key Performance Indicators	Please describe how this paper supports the Trust to maintain and improve performance and/or manage risk to delivery of the Key Performance Indicators in the Trust’s Integrated Performance Report (or state “not applicable”).
Compliance with Clinical and other Governance Requirements	Please describe how this paper supports the Trust to maintain: CQC Registration; other quality standards (e.g. NHSLA, CNST, NPSA); External Reports and Inquiries. Please refer to specific standards wherever possible (or state “not applicable”). Information on the CQC standards, NHSLA, CNST and NPSA guidance and requirements are on the “Corporate Projects” shared drive at rshan02/PerformanceFramework Information about NPSA compliance is available from the “Corporate Projects” shared drive at rshan02/CAS

Impact Assessment

Quality	Please summarise the impact of this paper on patient experience, patient safety and clinical effectiveness (or state “not applicable”).
Financial	Please summarise the financial implications of this paper (or state “not applicable”).
Workforce	Please summarise the workforce implications of this paper (or state “not applicable”).
Legislation and Policy	Please summarise the legislation and policy implications of this paper. This should include reference to the relevant exemption under the Freedom of Information Act 2000 if this paper is being considered in Part II of the Trust Board meeting (or for Committee or other internal papers that are exempt from publication).
Equality and Diversity	Please summarise the impact on equality and diversity, including whether a Stage 1 and/or Stage 2 Equality Impact Assessment is required and has been completed. Please note that EqlAs are needed for new and revised policies, service reviews/developments and new services.
Communication and Marketing	Please describe the ongoing communications and engagement implications of this paper. For example, how will the decisions resulting from this paper be communicated (e.g. with patients, local communities, staff, partner organisations)? Please also specify the disclosure status of this paper, referring to any relevant exemptions under the Freedom of Information Act 2000 if applicable.

Engagement and Decision-Making Process

	<p>Please indicate if the report has been considered by any Boards or Committees prior to presentation at the meeting (including the date of the meetings at which the report was considered and any decisions made concerning the proposal, if applicable).</p> <p>Also, briefly describe the engagement (e.g. with patients, local communities, staff, partner organisations) that has contributed to this paper. Please note there is a statutory duty under Section 242 of the NHS Act 2006 to engage with patients and public in changes and developments to health services. Papers relating to service change/delivery details of engagement with patients and public should provide details of the engagement process that has contributed to the development of the proposals.</p>
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