

# The Shrewsbury and Telford Hospital

NHS Trust

**Trust Board  
31<sup>st</sup> March 2011**

## **Developing the Quality Account for 2010/11 and a 5 year Quality Improvement Strategy.**

### **1.1 Introduction**

It is clearly a priority for the Trust to make continuous improvements in the quality of care provision including rapid improvements in patient safety and patient experience and ensuring that all clinical teams are clearly focused on improving clinical effectiveness and clinical outcomes over the next few years.

The Trust is required to publish an annual Quality Account and this paper outlines the timescales to meet this years requirement but also sets out the intentions to develop a Quality Improvement Strategy and the methods and timescale in which a comprehensive strategy can be developed.

### **2.0 Developing the Quality Account for 2010/11**

The Department of Health has produced a Quality Accounts toolkit for the 2010/11 production of Quality accounts. The toolkit provides an update on last years guidance and supports a consistent approach to the regulatory requirements of a Quality account whilst recognising the need to have an account that reflects the local provider and local context. The full guidance can be found on the web site at <http://www.dh.gov.uk/publications>

### **2.1 Trust process to develop the 2010/11 Quality Account**

This Executive summary provides an overview of the requirements for Quality accounts and establishes a timescale to develop the document and a process in which patients, staff, clinical leaders and stakeholders can be fully involved in the development of the document.

#### **2.1.1 Regulatory requirements of a Quality account**

- A statement from the Board (or equivalent) of your organization, summarising the Quality of the NHS services provided.
- The organisations priorities for Quality Improvement for the coming financial year 2011/12.
- Series of statements from the Board for which the format and information required is set out in regulation.
- A review of the Quality of services in your organisation in the areas of
  - Patient safety
  - Clinical effectiveness
  - Patient experience
- An involvement process which includes stakeholders and patients/ staff to ensure true involvement and engagement.
- Data presentation should be simple and consistent format.
- Information should provide a balance between positive information and acknowledgement of areas that need improvement (Qualitative and Quantitative data)

- The account should outline the Quality management systems in place to ensure quality is embedded within the organisation. It should identify:
  - What needs improving
  - How this can be achieved
  - Clarity about the quality of care you are delivering, what needs to improve and how this needs to be done.
- The Quality account should be published in electronic format on NHS Choices web site with hard copies of the last 2 years accounts being available in hard copy taking into account translation requirements
- The Account will need to include assurances on the accuracy of the information as well as the fairness of interpretation of data.
- It will also need to describe the range of services described and priorities for improvement which will need to be representative of the services delivered.
- Stakeholders (PCT, SHA, OSC, and LINKs) will need to be fully engaged in the process and be asked to make commentary within the published account.

### 2.1.2 Process and timetable for publication

Action to ensure publication process is on track for final approval	Timescale	Lead manager	Executive lead
Identify lead managers from last years process and invite to internal Quality account meeting.	Mid January 11	Divisional and clinical leads	Vicky Morris
Commence Internal meetings to collate information required	Beginning of February 11	Helen Coleman	Vicky Morris
Last years account and other external examples out to all members with actions from baseline meeting	February'11	Trust offices	Vicky Morris
First draft outline of content to QA meeting on the 16 <sup>th</sup> February 2011	16 <sup>th</sup> February '11	Dept managers	Vicky Morris
Presentation to Centre Chiefs on Quality accounts- last years priorities and feedback	Week commencing 7 <sup>th</sup> February	Vicky Morris	"
QA paper to Quality and Safety Committee to outline requirements and seek views on approach and follow up meeting in March	18 <sup>th</sup> February '11 March meeting		Vicky Morris
Presentation to Senior Nursing and Midwifery forum to gain views on improvements made and priorities for next year	Feb/ March	Helen Coleman	Vicky Morris
2 <sup>nd</sup> presentation to centre chiefs to agree clinical priorities for 2011/12	March 2011	Vicky Morris	"
Executive team agenda to seek views on content for QA	Beg April		Vicky Morris
Initial presentations to OSC, PCT's and LINKs/ CHC on core principles of the account, engage with views on priorities and to outline process for gaining commentry	Beg to mid April		Vicky Morris
Workshops held with staff and patient reps in April	April	Helen Coleman	Vicky Morris
First draft report to Centre Chiefs/ Executive	Mid April '11	Adrian	Vicky

colleagues & Quality and Safety Committee		Osborne	Morris
Second draft report to be used to gain commentary from OSC, PCT, LINKS/ CiNCH & CHC and gain their statements for inclusion in the QA	Mid - Late April '11	Adrian Osborne	Vicky Morris
Formal consideration of last draft by Q & S followed by private Board session consideration	May Quality and Safety Committee Private Board in May	Adrian Osborne	Vicky Morris
Final approval by Q & S Committee in early June  and final Board approval in June.	June Q&S  June Board (30 <sup>th</sup> June)	Adrian Osborne	Vicky Morris
Publication on NHS Choices web site by 30 <sup>th</sup> June	Before the end of June	Adrian Osborn	Vicky Morris

### 3.0 Developing a Quality Improvement Strategy

A Quality Improvement Strategy needs to be developed with staff, clinicians and patient representatives to ensure that the process towards final approval at the Board is fully inclusive and staff at all levels of the organisation recognise the document as one that they own and take forward.

- Commencing from April the Trust will use the "Listening into Action" methodology and programme to engage and work with staff and patients to develop their views on defining Quality and what improvements need to be made.
- This process will also work in conjunction with the LIPS (Leading Improvements in Patient safety) programme which will identify key priorities for patient safety in June 2011.

#### 3.1 Programme and timetable

**April 2011**– Listening into Action programme commences and provides a detailed programme of engagement and involvement in the programme

**May 2011**– Initial feedback to staff and patient groups from initial process

**June 2011**– LIPS programme to define

**July/ August 2011**- First draft principles outlined to Quality and Safety Committee

**September 2011**- First draft outline principles/ objectives feedback to staff and patient groups.

**October- November 2011**- Refining 5 year improvement objectives

**December 2011** – Second draft to Quality and Safety & staff and patient groups

**January 2012**- Final draft to Quality and Safety Committee for approval

**February 2012** – First draft to Board

**March 2012**- Final version of Quality Improvement Strategy for Board approval

#### **4.0 Conclusion and Recommendations**

The Quality and safety Committee have approved the timescales for both processes and the Board are asked **to note** the development of the Trust's Quality Account and Quality Improvement Strategy.

**Vicky Morris**  
**Chief Nurse/ Director of Quality and safety**

**March 2011**