

**TRUST BOARD OF DIRECTORS – July 2015**  
**Patient Safety and Quality Strategy / Quality Improvement Plan**  
**Next Steps**

## **Executive Summary**

The **Patient Safety and Quality Strategy** was presented to the Trust Board in October 2013, with key quality goals agreed in January 2014. This strategy was seen as a strategy that was not fixed, but flexible and responsive to new information and priorities. Sherwood Forest Hospitals is currently in special measures as determined by Monitor. In response to a number of quality and safety challenges the Trust developed a **Quality Improvement Plan (QIP)**. A vast number of the actions have been delivered through the implementation of a Patient Safety and Quality Strategy and the Quality Improvement Plan. Alongside the QIP, the Executive Team have been reporting against a number of priority / key actions within a **SMART** Action Plan.

Post Care Quality Commission (CQC) inspection the Trust will revise the QIP to represent a single integrated consolidated plan recognising the root causes of issues, with rated outcomes and clear links to existing governance committees. Parallel to this process the Trust will refresh and re-develop the patient safety and quality strategy to develop a refreshed quality strategy. This strategy will build implementation plans that support each of the required initiatives / work programmes. The trust will have a single quality strategy and implementation plan that will sit alongside and fully interlink with other strategies, namely the clinical, workforce, IT and estates strategies

### **1.0 Introduction**

The **Patient Safety and Quality Strategy** was presented to the Trust Board in October 2013. It was agreed at the time 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.

In January 2014, the Trust agreed a Patient Safety and Quality Strategy in which the key quality goals were identified. The link to the patient experience strategy and OD strategy was explicitly included. This strategy was designed to establish a framework for the delivery of high quality, safe care that the Trust provides. It was shaped under the domains of *High Quality for All* and stated the key goals and improvement priorities for Sherwood Forest Hospitals as of then and the following three years. It was described as a flexible strategy that would be reviewed at least yearly and updated to include the current landscape and environment in which we are delivering health care. Quality governance was strengthened to reflect the

needs of the Trust in ensuring we had stronger governance and performance systems and clear accountability and ownership to meet the expectations of the Quality Governance Framework.

This strategy was seen as a strategy that was not fixed, but is flexible and responsive to new information and priorities. It was noted that this strategy needed to sit alongside and fully interlink with other strategies, namely; the clinical, workforce, IT, and estate strategies.

This strategy has been utilised to inform the quality priorities and the CQUIN negotiations with commissioners for 2014/15 & 2015/16.

## **2.0 Special Measures and Quality Improvement Plan.**

Sherwood Forest Hospitals is currently in special measures as determined by Monitor, the extent of the challenge for the Trust is informed by its financial position and its response to its safety and quality challenges, highlighted by external reviews (Keogh, Care Quality Commission (CQC) and Health Education England) into its services.

In response, the Trust created and has since updated a **Quality Improvement Plan** (QIP) which details all the actions required to address the concerns raised by the reviews. During this period of 'special measures' the Trust has worked with an Improvement Director - Gillian Hooper. Gillian has helped the Trust to formulate and manage an extensive QIP, which has been closely monitored monthly at the Trust Board. As at 30<sup>th</sup> May 2015, the Trust was reporting;

- 71 actions were fully completed (Blue)
- 50 actions were on track to be complete in line with completion dates (Green)
- 53 are working towards completion or are overdue (Amber)
- 0 (Red) rated actions – no progress being made.

(The latest version of the QIP can be assessed in the Board of Directors reading room)

A vast number of the actions have been delivered through the implementation of a Patient Safety and Quality Strategy and a focus on service transformation underpinned by staff / patient engagement and Board/ staff development

The Trust has gained assurance on the degree to which change, post Keogh, has been embedded, through audit, observational visits, panel reviews and reviews from external bodies.

Alongside the QIP, the Executive Team have been reporting against a number of priority / key actions within a **SMART** Action Plan. This plan gave focus on priority

areas, e.g. safeguarding , pathways and risk management with these clinical actions reflected in the QIP, which has been represented to the trust board.

### **3.0 Next steps**

Since the inspection the Improvement Director has made the following recommendations. These recommendations being summarised as:

1. Ensuring all trust strategies demonstrate a coherent direction and interdependent priorities. The Director of Strategic Planning has proposed and is leading on this work, as described within the May Board paper –‘ Review and refresh of Cross Cutting Strategies’
2. The QIP is urgently revised to represent a single integrated consolidated plan recognising the root causes of issues, with rated outcomes and clear links to existing governance committees (refer to 3.1).
3. A robust reporting system is established to mirror that in place by the transformation board (refer to 4.1.3)

3.1 Within 4 weeks the Trust will have revised the Quality Improvement Plan. As part of this revision we will;

- Update the plan to include those issues ascertained during the CQC inspection
- Strengthen the drafting of ‘issues’ to provide context for actions to be taken
- Strengthen recognition of transformational changes that need to take place eg clinical senate
- Differentiate between actions taken and those to be taken
- Ensure all actions recognise systemic causes in addition to the primary issue
- Consolidate the plan and expand the ‘improvement source’ to recognise those issues sources from HEE/GMC/ WLR /JAG
- Integrate actions from external safeguarding review
- Summarise issues/actions, remove duplication & synthesise
- Re-describe ‘flow’ priorities to capture key issues/measures
- Consider rating the outcome achieved in addition to the actions undertaken
- For each ‘blue’ issue/section identify the governance committee that will recommend closure or escalate issues to the Trust Board
- Remove duplication
- Provide count of ratings at the front of the plan

### **4.0 Going forward**

Over recent years, a number of strategies have been produced to support our development as an organisation

Many of the Trust’s strategies are current, live documents. However, in an ever-changing environment, we are required to continually develop new strategies and

revisit / refresh existing ones to meet a broad range of internal and external needs. The main risks of this approach include a lack of coherence across strategies and the production of a large, disparate number of documents that are difficult to navigate or embed within the organisation.

Important factors in considering whether a strategy is current, requires refreshing or is no longer relevant will be:

- the extent to which it supports our strategic direction;
- whether having a particular strategy is mandatory or best practice;
- the extent to which progress has been or is being made with the implementation of the strategy.

The Trust is currently delivering the second year of the current Patient Safety and Quality Strategy 2014-16. Progress has been made regarding the implementation, as reported against the quality priorities within the Quality Account but;

The trust is currently reporting against a:

- Quality Improvement Plan
- Quality Account / Quality Priorities / Patient Safety and Quality Strategy
- SMART Action Plan
- Individual local plans e.g. Maternity Improvement Plan, Outpatients Improvement Plan, Sepsis Mortality Action Plan, Safeguarding Action Plan.

#### **4.1 Quality Strategy (QS) proposal**

**4.1.1 Aim:** To outline a proposed approach to developing and managing the implementation of a new Quality Strategy (QS). This will ensure consistency and coherence with the vision and strategic narrative that is currently being developed with our staff and stakeholders.

#### **4.1.2 Principles:**

The development of this proposal is based on the following principles:

- A QS is required that focuses on the key quality improvement objectives
- It will frame and inter-relate with our other key strategies; namely financial, workforce, estate and IT strategies.
- Transformation will be the 'bedrock' ensuring it feels real for Sherwood Forest.
- Our QS should encompass the principles laid out by the Care Quality Commission (CQC) to ensure all of our services are;
  - Well Led
  - Safe
  - Effective
  - Caring
  - Responsive
- The scope of the strategy and any associated action plans needs to be clearly set out. If this is not done, it will not be clear which of the Trust's activities

should be managed within the delivery of the QS, given that every action within the Trust contributes either directly or indirectly to quality.

- Action plans that are managed as part of the delivery of the QS should all contribute to achieving the objectives stated within the strategy
- A more manageable approach to tracking delivery of supporting actions is required
- Actions that support other, complimentary strategies should be managed within the governance framework for delivery of those strategies. For example, actions relating to an IT development should be managed and monitored through the governance that exists for delivering the IT strategy or delivering IT projects.

The Quality Strategy will support us in our endeavour to continually improve the services we provide for our patients and their families. It aims to make explicit what the quality goals for the Trust are over the next 3 years, how we are going to achieve these goals and what needs to be in place to ensure the goals are achieved. The strategy will recognise the importance of effective relationships with our commissioners so that commissioning priorities inform the Trust's quality goals and annual work programme

Our strategy will recognise the importance of having good governance structures and processes, which will provide assurance from board to ward. The first year of the strategy will embed the improvement plan.

#### **4.1.3 Developing the Quality Strategy:**

A suggested sequence of activities for developing the QS is as follows:

1. Define the **scope** of the quality improvement strategy and identify quality **objectives**, building on:
  - Quality Account / Patient Safety and Quality Plan
  - Quality Improvement Plan
  - April Strategy and staff engagement work
  - CQC feedback
2. Identify / clarify **how** objectives will be achieved:
  - What initiatives or work programmes are required to achieve the objectives?
  - What existing work is already in train, to support achievement of the objectives
  - Can the work already underway and the work still required be organised around the objectives?
3. Build **implementation plans**, that support each of the required initiatives / work programmes and that are limited to the scope of the QS

4. **Reallocate** the outstanding tasks from the Quality Improvement Plan (QIP), as follows:
  - Tasks that are not within the scope of the QS should be re-allocated to plans that exist for delivering alternative strategies or mitigating Trust-wide risks e.g.
    - IT related developments are likely to sit best within the governance structure for delivering the IT strategy and mitigating IT risks
  - Tasks that are complete or that are managed as part of business as usual should be removed from the QIP
  - Tasks that are relevant, current and/or outstanding should be realigned to the implementation plans to be developed in support of the QS objectives
  
5. Ensure the **governance** is reassessed to deliver the QS, including:
  - Ownership of actions to be devolved throughout the organisation wherever possible (rather than individual Executive Directors needing to report the majority of updates on individual tasks themselves)
  - Establish new working groups, where required, to deliver the initiatives/work programmes as outlined in the QS
  - Report to the Board on progress against the objectives – only report on individual actions by exception. Use the committee structures to monitor progress of the required initiatives.

In terms of the **strategy document** itself, it is proposed that this should cover both the **objectives** and the broad **initiatives**. The individual actions required to deliver these would be a level of detail too far for the strategy and would be managed as part of the implementation of the strategy.

The timescale for the completion of this work is the end of September 2015. Appendix 1 provides a diagrammatic outline of how the end product could be structured and governed.

### Conclusion

The Trust Board are asked to note the recommendations and proposed steps for the revision of the Quality Improvement Plan and the refresh of the Patient Safety and Quality Strategy (to be named the Quality Strategy)

Susan Bowler  
Executive Director of Nursing & Quality

Appendix 1

