

TRUST BOARD
28 March 2019

AGENDA ITEM NUMBER	15.3	
TITLE OF PAPER	Draft Quality Account Improvement Priorities for the year ending 31 March 2020	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Quality of Care Committee 21 March 2019.		
STRATEGIC OBJECTIVES		
Quality Of Care	✓	This paper supports the Trust's Quality of Care strategic aims.
People		
Modern Healthcare		
Digital		
Collaborate		
SPECIFIC ISSUES CHECKLIST:		
Quality and safety		
Patient impact		
Employee		
Other stakeholder		
Equality & diversity		
Finance		
Legal		
Link to Board Assurance Framework Principle Risk		
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DATE	22 March 2019	
BOARD ACTION	For approval.	

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1.0 Trustwide QI priorities

Schedule 1 shows the Trust's quality improvement priorities for 2019/20 based on our Business Plan and aligned to our Strategy.

Our overall priority is to '**Create a learning organisation and culture of continuous improvement in order to reduce repeated harms and improve patient experience**'.

Our core quality priority areas will be:

- **Improving medication safety** by reducing harm to patients resulting from medications errors and serious incidents.
- **Improving infection prevention and control** by reducing the incidence of avoidable harm from infections and ensuring best practice use of antimicrobials.

The objectives and measures we will use to enable us to evidence achievement of these Trustwide priorities are shown in Schedule 1 on page 3.

2.0 Statutory Quality Account priorities

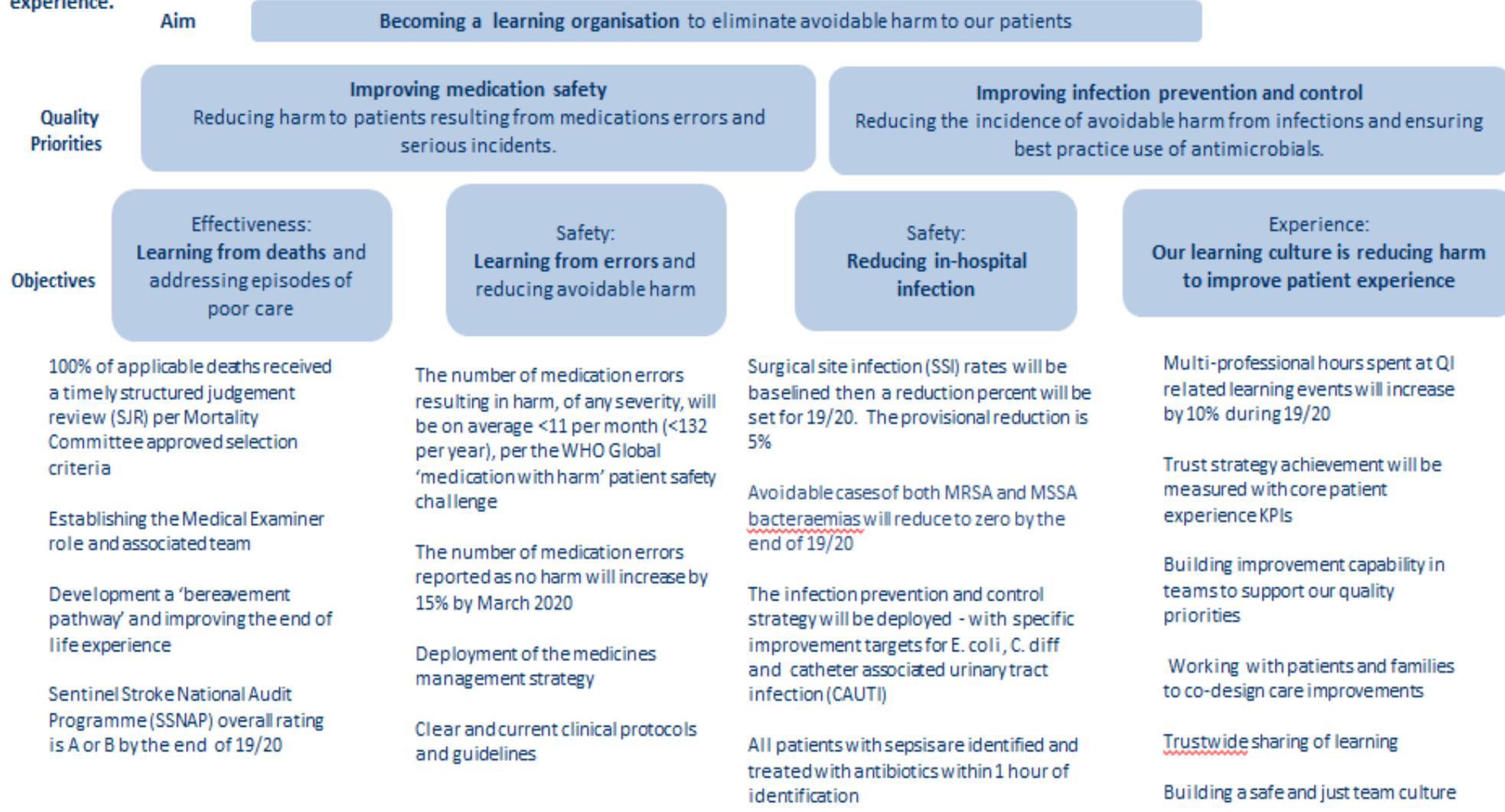
The Quality Account Regulations require the Trust to set 3 improvement objectives (KPIs) for each of the core quality categories of patient safety, clinical effectiveness, and patient experience and to report against these in the annual Quality Account.

Our proposed 9 Quality Account Priorities for 2019/20 are outlined in **Schedule 2** on page 4 and align with Trust Strategy aims. The Quality Account priorities are a subset of the Trustwide priorities in Schedule 1 and are shown in the mandatory 3 statutory reporting categories.

These priorities were consulted on with staff and external stakeholders including Governors, Healthwatch, Clinical Commissioning Group, and Surrey County Council.

Schedule 1 – Trustwide quality improvement priorities

OUR 2019/20 QUALITY PRIORITY: Create a learning organisation and culture of continuous improvement in order to reduce repeated harms and improve patient experience.



Schedule 2 – (draft) 2019/20 Statutory Quality Account improvement priorities

Patient Safety – learning from errors and reducing avoidable harm and in-hospital infection

- The number of medication errors resulting in harm, of any severity, will be on average <11 per month (<132 per year), per the WHO Global ‘medication with harm’ patient safety challenge.
- Surgical site infection (SSI) rates will be baselined then an in-year reduction percent will be set. The provisional reduction is 5%.
- By Q4 all patients with sepsis will be identified and treated with antibiotics within 1 hour of identification.

Clinical Effectiveness – learning from deaths and addressing episodes of poor care

- By the end of Q4 100% of applicable deaths will receive a timely structured judgement review (SJR) per the Mortality Committee approved selection criteria.
- By the end of Q4 the Sentinel Stroke National Audit Programme (SSNAP) overall rating will be A or B.
- We will establish the Medical Examiner role with an associated team by year end.

Patient Experience – our learning culture is reducing harm to improve patient experience

- Multi-professional hours spent at QI related learning events will increase by 10% during 2019/20.
- Trust Strategy achievement will be measured with core patient experience KPIs.
- We will work with patients and families to co-design care improvements.