

**TRUST BOARD MEETING – 31 March 2011**

<b>Title of the Paper:</b>	<b>Quality Account 2010/11 Priorities</b>		
<b>Agenda item:</b>	<b>34/11</b>		
<b>Author:</b>	<b>Natalie Forrest, Director of Nursing</b>		
<b>Trust Objective:</b>	Improve outcomes and quality of care Improve the patient experience		
<b>Key issues</b>  This paper sets out the long list of priorities to be included in the 2010/11 Quality Account and seeks comment and feedback			
<b>Risk Implications for the Trust</b> <i>(including any clinical and financial)</i>		<b>Mitigating Actions (Controls):</b>	
Not applicable		Not applicable	
<b>Level of Assurance that can be given to the Trust Board from the report</b> [significant, sufficient, limited, none]:  Not applicable			
<b>Links to Key Line of Enquiry (KLOE 1 - 5)</b> Not applicable/A			
<b>Legal Implications:</b> Not applicable			
<b>Recommendation to the Trust Board:</b>  The Board is asked to comment on the list of priorities and provide feedback.			



---

***Public Board Meeting – 31 March 2011***

**Quality Account 2010/11 Priorities**

Presented by: **Natalie Forrest, Director of Nursing**

---

**1. Purpose**

This report provides details of the long list of priorities currently being considered for inclusion into the Trust's 2010/11 Quality Account. The Trust is required to publish a Quality Account for 2010/11 which reviews the progress with the priorities set for 2010/11 and those it will focus on in 2011/12.

**2. Proposed Priorities**

In order to determine which priorities to put into the Quality Account a number of internal discussions have taken place from which a short list of potential priorities has been developed. These have been drawn from feedback on the services we provide from a variety of sources as well as issues that have come up as concerns from staff. The Trust has identified 15 priorities within three broad headings of safer patient care, patient experience and clinical effectiveness. Through a process of consultation with patients, members and staff we hope to reduce these to nine in order to provide a much more focussed set of priorities than were published last year.

This year we have invited all members of the Trust to provide feedback on the 15 priorities, together with staff and, most importantly, patients. We have issued the priorities set out in appendix 1 widely to the groups listed above, seeking their feedback on what we are proposing and giving them the opportunity to indicate in each of the areas if there are any other things they consider we should be including in our list of priorities. Feedback is continuing.

**3. Recommendation**

The Board is asked to comment on the list of priorities and provide feedback to Mark Jarvis, Associate Director, who is writing the 2010/11 Quality Account.

## **Proposals for Consultation for The 2011/12 Quality Account**

### **Safer Patient Care**

Providing safe care in a safe environment is a key part of ensuring patients receive the best possible treatment we can provide. We have agreed the following suggested priorities below where we want to achieve improvements and which patients have told us are important to them.

Priority 1: Provide a safe, clean environment for patients

Priority 2: Reduce the incidents of falls amongst patients

Priority 3: Reduce the number of patients who develop pressure ulcers whilst in hospital

Priority 4: Reduce the number of occasions patients are not given their prescribed medicine whilst in hospital

Priority 5: Improve the way in which patient observations are undertaken and monitored in order to ensure a reduction in the number of patients provided with an inappropriate cardiac arrest response

Your alternative suggestions

.....  
.....  
.....

### **Patient Experience**

How patients feel about what they receive from the Trust is very important. We have to ensure that what we provide is done so in a way that patients feel that they have a positive experience. Feedback from patients has led us to identify the following priorities on which we would like feedback. We believe that taking forward some or all of these will further enhance the current patient experience.

Priority 6: Increase the proportion of patients who rate their overall experience as very good or excellent

Priority 7: Ensure that all patients have their concerns addressed, are listened to and are treated with dignity and respect

Priority 8: Ensure that complaints are dealt with in a timely way and that at least 80% of complainants get a response within 40 days

Priority 9: Improve communication by providing clear information for our patients

Priority 10: Reduce the level of noise at night on wards

Your alternative suggestions  
.....  
.....  
.....

**Clinical Effectiveness**

Delivering high quality clinical services is at the heart of what the Trust does. We know that as medicine advances and changes this creates exciting and challenging opportunities for all our staff. We have identified the following clinically driven priorities for people to comment upon that we feel will improve what we can offer clinically to patients

Priority 11: Improve the delivery of pain relief services to patients

Priority 12: Achieve a year on year reduction in our Hospital Standardised Mortality Ratio (SMR)

Priority 13: Develop appropriate arrangements to ensure that patients with dementia are provided with optimum levels of care whilst in hospital

Priority 14: Increase the number of women who provided with advice and support on infant feeding

Priority 15: Reduce the length of time it takes for patients to be allocated to a bed in the Acute Admissions Unit.

Your alternative suggestions  
.....  
.....  
.....