

Meeting:	Board of Directors	Meeting Date:	24 th February 2015
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Title:	Selection of Quality Account Priorities for 2015/16
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This paper is for:	Action/Decision x	Assurance	Information
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Purpose:	The purpose of this report is to seek approval from the Board on the Quality Priorities for the Trust's Quality Account.
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Summary:	<p>The Quality Account must identify a minimum of one quality improvement priority from each of the domains of quality</p> <p>The paper summarises the outcome of the consultation process.</p>
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Prepared By:	Emma Carter, Trust Governance Manager	Presented By:	Ruth James Deputy Director of Quality Assurance
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Recommendation:	The Board is asked to select the quality priorities for the 2015/16 Quality Account.
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Implications	Legal x	Financial	Clinical x	Strategic	Risk & Assurance
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Quality Accounts Quality Priorities for 2015/16

Background

The key driver for the Trust's strategic objectives and the supporting annual plan is continuing quality improvement. The quality priorities described in the Quality Account are a subset of those which underpin the organisations strategic plan. The Quality Account is a means of providing information and assurance to the public on the quality of services provided by the trust, with detailed quality improvement plans for a small number of priority areas which have been identified through a consultation process with a range of stakeholders including patients, visitors and organisations representing the local public.

Potential quality priorities

The Quality Account Regulations require the Trust to identify a minimum of one quality priority from each of the domains of quality. In 2014/15 we identified 3 groups of quality priorities which became the framework for the South Tees keys. We continue to use this approach to communicate quality improvement work.

The results of the consultation process were discussed by Quality Assurance Committee in February 2015 which recommended the following areas for the Quality Account priorities:

Sign up to safety (Patient Safety)

Reducing avoidable harm by 50% over 3 years with a specific focus on

- Reducing pressure ulcers,
- Reducing harm from falls
- Reducing HCAI
- Reducing incidents of missed diagnosis / misdiagnosis

Right Care, Right Place, Right Time (Clinical Effectiveness)

Identification and management of deterioration in condition
Improve the experience of services users with dementia

At the heart of the matter (Patient Experience)

Listening and learning, improving how we respond to complaints and patient feedback including a focus on improving communication

Other indicators below were highlighted during the consultation; however it is recommended that they are not included as Quality Account priorities as they are part of the reporting of the overall quality of services which is covered in a section 3 of the Quality Account.

- Nutrition
- Mortality
- Reduce waiting and cancellations

The Board is asked to support the recommendations of the Quality Committee.

Ruth James
Deputy Director Quality Assurance
February 2015