

Foundation Trust Network

Quality Accounts

2

Reviewing NHS foundation trusts'
2009 experiences and plans

Hosted by: THE NHS CONFEDERATION



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Foreword

In our first publication on Quality Accounts 'Making the most of your Quality Accounts' published last year we supported members to use their Quality Accounts as the driver for integrating a quality approach throughout the organisation, with ownership at board level and strong involvement at all stages from stakeholders. Our approach drew heavily on experience and learning from commerce and industry. It encouraged NHS foundation trusts to see improving quality as a continuing learning journey – recognising that in the private sector this work has developed over the past two decades. We are also convinced that standardisation of approach and developments in regulatory framework best follows innovation, rather than being imposed too early and potentially stifling it.

All authorised NHS foundation trusts produced Quality Reports for 2008-09 and are now on the second stage of their journey. Now many are embarking on new ways of working both in developing their internal processes and in focusing evidence-based practice on priorities as these emerge from work undertaken nationally and from local discussions with stakeholders. In doing so they are releasing the energy, skills and enthusiasm of individuals, teams and their supply chain partners to deliver cost-effective service improvements.

It is still very early days, so this publication continues to focus on the processes and practices that promote an integrated approach to quality, but with added benefit of a year's worth of learning which we highlight as examples of what NHS foundation trusts themselves have done and learnt in the year, together with experiences from other sectors.

Sue Slipman
Director, Foundation Trust Network

Introduction

Whilst all NHS trusts are required to produce Quality Accounts from 2010 as a means of demonstrating public accountability for the quality of services, NHS foundation trusts have been using quality reporting as a key driver for whole system quality improvement over the course of the last year.

The key to making Quality Accounts work as a key driver of quality is to engage all local stakeholders in a dialogue to identify ways of measuring what matters most to them. FTN's guide 'Making the most of Quality Accounts'¹ supported foundation trusts in this by drawing on the learning and experience of industry and commerce to set out principles and processes for engaging stakeholders and embedding a responsive quality approach throughout the entire organisation, seeing improving quality is an ever continuous process.

The first Quality Reports (as a fore-runner to Quality Accounts) were produced last year and an evaluation of these has been undertaken by PricewaterhouseCoopers on behalf of the Department of Health². The report considers the content of the first round of quality reports required by DH of NHS foundation trusts and NHS Trusts in the East of England, and the impact of the reports on increasing a quality focus within organisations. The findings are interesting but limited in that this first round was a retrospective reporting requirement for 2008–09, done in a compressed timescale, and therefore the degree to which trusts had embedded the processes



the first year of quality reporting was an opportunity for NHS foundation trusts to get ahead of the curve

required to integrate a comprehensive quality approach was understandably limited. The FTN recognises that the first year of quality reporting was an opportunity for NHS foundation trusts to get ahead of the curve and produce prototypes for the further development of Quality Accounts and what is important is the intent for future development; it is interesting to note in this regard that even despite the time limitations on these first reports, 54% of 71 trusts sampled had involved patients and carers in their development.

Perhaps of most interest to NHS foundation trusts is that PricewaterhouseCoopers reach a judgement that echoes the FTN's view that Quality Accounts should, as well as reporting on quality of healthcare, be a tool to describe systems and processes for continuous improvement of quality, based on what counts most to stakeholders³.

The findings of MORI, also commissioned by DH to explore the public's view of Quality Accounts, further support this approach. Although at first little understood it seems that, once explained, Quality Accounts are likely to be viewed by the public as a means of driving up quality, thereby requiring the involvement of the public in creating them to ensure 'the content matches up with what the public are looking for' as well as in validating the accounts⁴.

Where are we now?

During the year NHS foundation trusts have been working hard to develop and embed the processes to produce Quality Accounts which secure local ownership whilst meeting the demands of national reporting. Findings from DH's evaluation mentioned above, from FTN's own analysis of a cross section of quality accounts⁵, and from a dialogue with over 40 foundation trusts to inform this publication indicate that:

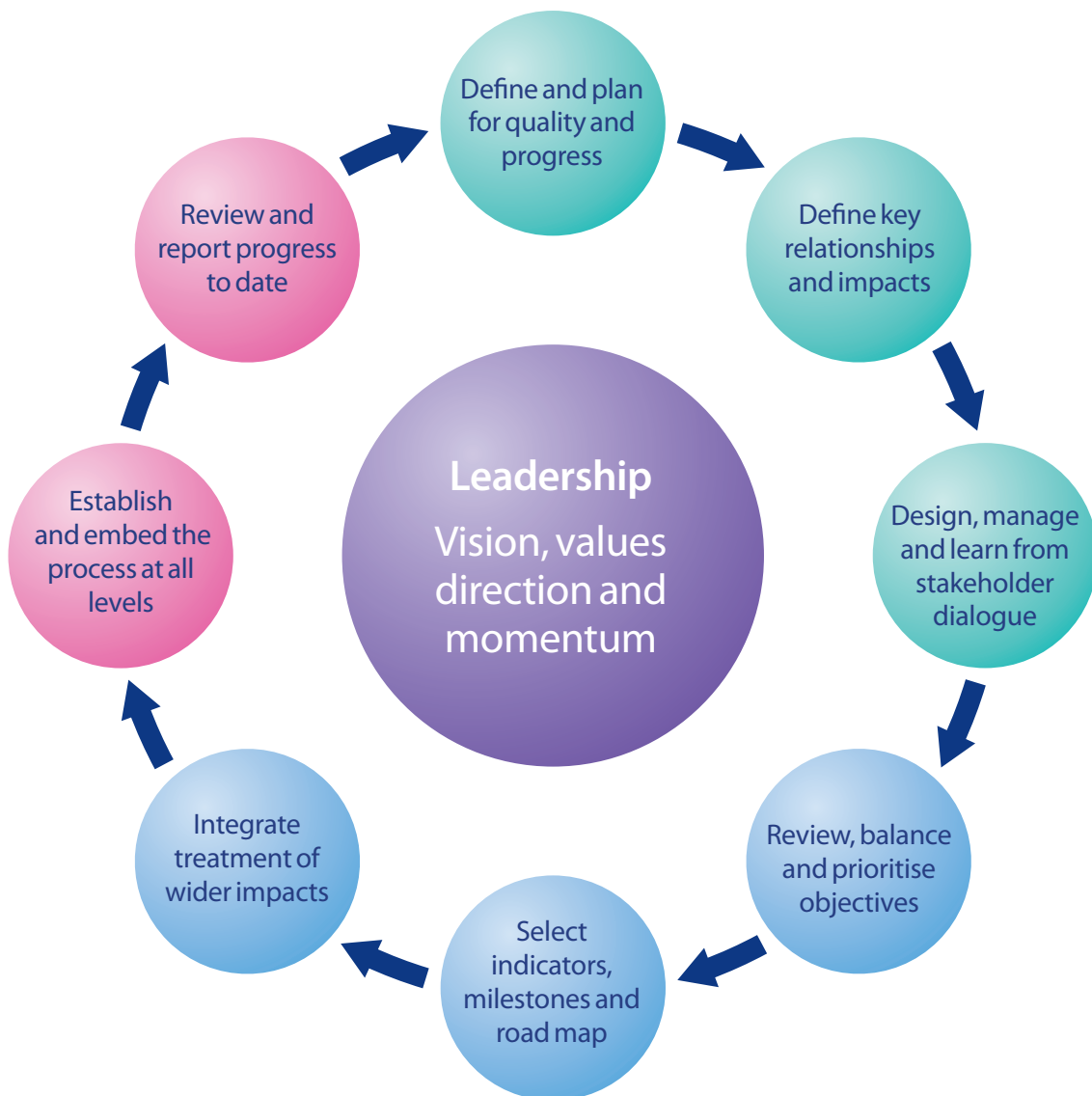
- A very wide range of priorities and indicators are being used across the country and across the range of trusts under the Darzi headings – safety, effectiveness and patient experience;
- Most NHS foundation trusts are only just developing full stakeholder engagements – many are using priorities set by boards and clinical and professional staff in the first year and results of stakeholder engagement on these will inform priorities for the next round of Quality Accounts;
- A wide range of processes are being used to embed a quality approach throughout the organisation from board level down – examples include quality boards and Subcommittees, quality review panels, monthly monitoring of the accounts, ward to board reporting and workforce development and reward schemes;
- Generally, mental health trusts seem to have gone the furthest in developing ways to engage patients and carers in the development of standards and metrics.

How this publication helps

'Making the most of your Quality Accounts' described a circle of quality improvement, together with the main steps, issues and decisions involved in planning a holistic quality programme.

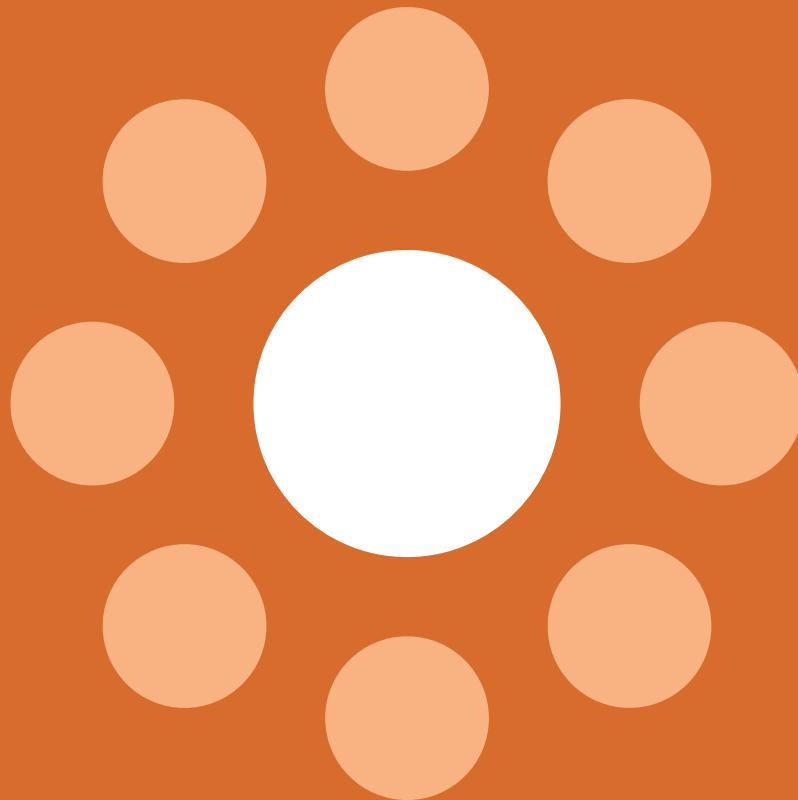
In this new publication we re-visit the circle, looking at the way these processes have been implemented by NHS foundation trusts to date and plans for the future.

Quality Accounts: Steps on the Quality Journey

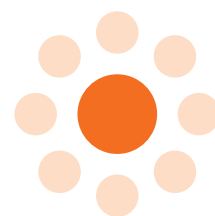


Implementing a quality process

part one: leadership



Effective leadership



Alongside engagement from the bottom up, commitment from the top down is one of the essential elements for success. 'Making the most of your Quality Accounts' recommended the development of an agreed statement of intent to signal organisational commitment from the top. A quality narrative including a statement agreed by the board summarising the NHS foundation trust's view of its quality has also been necessary in the most recent reporting requirements. Although these are not exactly the same thing it is perfectly possible to combine the trust's long term intention on quality within the reporting requirements. Salford Royal NHS Foundation Trust groups their priorities under headings suggested by patients which from a clear quality statement and vision, also part of their website:

Salford Royal NHS Foundation Trust

Safe • Clean • Personal

1000 lives saved, 10,000 adverse incidents avoided over 3 years

So far most NHS foundation trusts have 'set out their stall' in their early Quality Accounts based on limited stakeholder engagement and are looking to consult both more widely and more deeply as the journey progresses.

Recognising the importance of commitment at the top in addition to 'statements of intent', foundation trusts have taken steps to demonstrate top down leadership in a number of ways.

Hertfordshire Partnership NHS Foundation Trust

The quality agenda is a key priority for Hertfordshire Partnership NHS Foundation Trust who are using their Quality Account as a means to identify stakeholders' interests and concerns which then inform improvement priorities. The agenda is led from the top – the board have 2 executive posts with quality in the job titles (Director of Quality and Safety and a Director of Quality and Medical Leadership). A Quality Steering Group has been set up chaired by a Board Executive involving senior managers, professional leads, service users and carers and commissioners. This bi-monthly meeting is a forum for discussing the pre-board report in depth, identifying issues and solutions.

The use of designated board level posts and setting up of a separate quality board reporting to the main trust board is increasingly common within NHS foundation trusts. However many others are going further and ensuring that quality becomes the first item on the board agenda, rebalancing the weight of time spent on quality issues significantly.

Another way of demonstrating leadership from the top is through the use of recognition and reward schemes:

Gateshead Health NHS Foundation Trust

Bright ideas – an award scheme

This annual award, designed and sponsored by staff governors, recognises bright, original and innovative ideas and rewards efforts to deliver service improvement at any level in the organisation. Entries are invited from any individual or team (including volunteers) within the Trust. The size or scope of the idea is not important but it must benefit patients, staff, or support the overall aims of the Trust. The winner, judged by staff governors, is awarded £2,000 to be used to benefit their department. Winning ideas have included a large screen terminal in the Medical Assessment Unit with IT input allowing other departments (e.g. ultrasound and x-ray) to access information directly from the Medical Assessment Unit, cutting down on unnecessary phone calls as the patient journey can be monitored by staff on the Unit.

Great Western Hospitals NHS Foundation Trust

A similar idea but taking a very different approach, the Chief Executive at Great Western Hospitals NHS foundation trust has instituted a 'Dragons Den award scheme' to encourage new and improved ways of working or technology to enhance the efficiency of the Trust and improve the patient experience and an open and enjoyable way. Using the TV programme Dragon's Den concept quick decisions are given (or alternatively advice on how they can be implemented without cash investment) on business cases presented for investment. The 5 'Dragons' included the Chief Executive, the Medical Director and representatives from the Board and the PCT.



Dragon's Den At G W H

**Do you have an idea that will improve patient care?
Does it need finance for equipment or short term staffing?**

We are holding a Dragon's Den at GWH on

February 13th 2009 1pm-3pm

**when you can present your ideas and get an immediate
decision on funding from the Dragons on the panel.**

**No idea is too large or too small.
This is your chance to make a difference to
patients regardless of the post you hold.**



University Hospitals Coventry & Warwickshire NHS Trust

Outstanding Services to Care Awards (OSCAs) event

The OSCAs are an annual event that looks to reward teams and staff from across the Trust for excellence in terms of service. The focus is around those who deliver outstanding performance that aligns to the Trust's mission to Care, Achieve and Innovate.

- Care – deliver the best care for our patients
- Achieve – excellence in education and training
- Innovate – through research and learning

To deliver this mission we have four clear strategic priorities and awards are increasingly being made to an individual or team that can demonstrate outstanding achievement in one of these four areas:

- Delivering safe, high quality and evidence based patient care
- Developing excellence in research, innovation and education
- Improving the business and service framework
- Building a positive reputation and identity.

The nominations come from staff across the trust and the short list plus winner are invited to a gala dinner we work to get supported with sponsorship from local businesses. All winners both team and individual are recognised in our all staff email newsletter, In Touch to recognise their outstanding achievement.

Whilst securing clear leadership at the top NHS foundation trusts are also very aware of the need to develop leadership throughout the organisation as a way of achieving quality objectives by releasing and empowering staff.

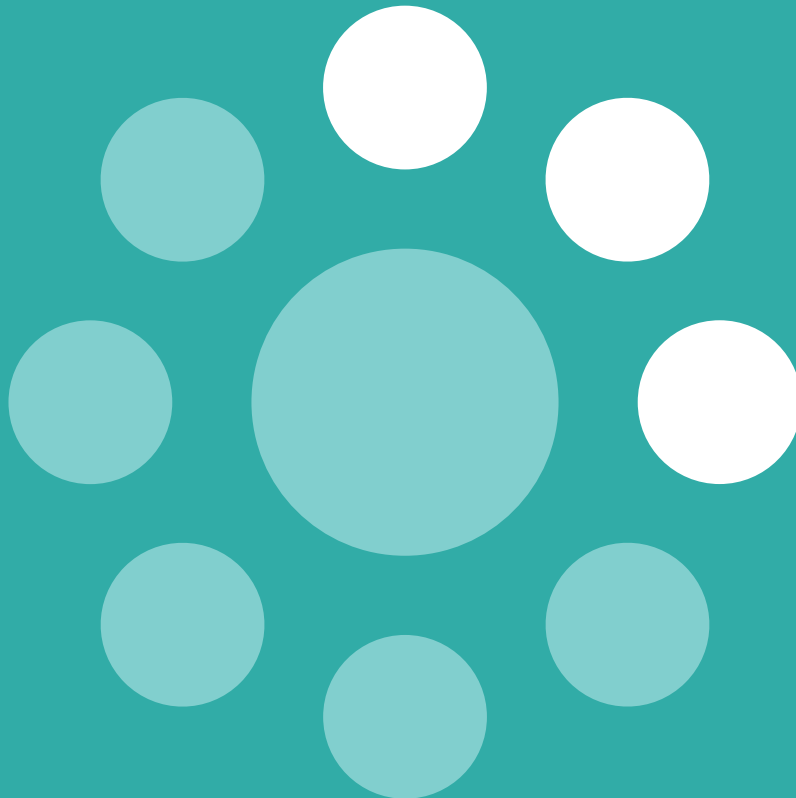
Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust won the HSJ leadership award for its initiative in leading the drive to prioritise safety and quality throughout the Trust. Having decided to implement the IHI's safety and quality framework, the Trust shared the philosophy and leverage points with the clinical teams agreeing the aim of being in the top decile of hospitals in England by 2011. The leadership team broke new ground by:

- being very ambitious
- communicating objectives to all clearly and concisely
- aligning the board, senior managers and ward staff on adoption of higher standards
- supporting ward clinical teams with data collection and providing prompt feedback on progress via email systems and the intranet site
- embedding new cultures and investing in the capability of leadership establishing competencies for senior managers
- enhancing a leadership learning programme disseminated throughout the organisation and beyond.

Implementing a quality process

part two: engaging stakeholders



Engaging stakeholders



'Making the most of your Quality Accounts' advocated stakeholder mapping – working out who are the key stakeholders and how best to open dialogue with them. In industry and commerce success depends on dialogue between all stakeholders – the leadership of an organisation, its employees, its supply chain and customers. A number have pioneered even wider stakeholder engagement. For NHS foundation trusts, clients or customers could be a whole host of groups including patients, families, carers, partners in other related trusts and the local authority, commissioners and even its suppliers, particularly where these are local firms and businesses on which the trust depends.

Much of the focus of activity within NHS foundation trusts has been on developing stakeholder engagement, particularly with members, governors, patients, the public and commissioners – finding ways of opening a dialogue about what is most important to them. In respect of engaging on what the trusts priorities should be, the most common methods used across foundation trusts include stakeholder events and meetings and discussion with LINKs, along with surveys and questionnaires.

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Member and governor involvement



Quality Accounts are essentially about stakeholder engagement and participation in driving up quality. Members are a key group of stakeholders and NHS foundation trusts are increasingly involving them through their governors.

Commonly reported ways in which this is taking place include:

- **As key stakeholders.** Most trusts are holding meetings with governors to introduce them to quality accounts, to help establish priorities and engage them in the whole process. Examples include the Queen Victoria NHS Foundation Trust where workshop sessions with Governors have been held, whilst in the Harrogate and District NHS Foundation Trust the Board of Governors is fully engaged with the quality agenda and invited to give their views in a structured way through meetings with staff and directors, and also on an ongoing basis through feedback from their member constituents and a wide range of Governor meetings.
- **To engage other stakeholders.** Some trust governors have been directly involved in helping to engage other stakeholders as described on page 21 – at Mid-Cheshire Hospital NHS Foundation Trust

Governors have taken a lead sending out information to a wide group of stakeholders and encouraging responses with an entry into prize draw in addition to their involvement in the trust's public meetings.

- **To inform the process, priorities and monitoring.** Governors have been involved in quality work streams and some NHS foundation trusts have set up new quality groups - for example Tees Esk and Wear Valleys NHS Foundation Trust has established a working group of the council of governors to advise and comment on quality priorities and the development of the Quality Account and University College London Hospitals NHS Foundation Trust has governors as members of the Quality and Safety Committee.
- **Leadership and embedding.** Governors are playing a key role demonstrating to top level interest and helping to embed quality initiatives throughout the organisation by helping to reward and recognise excellence as demonstrated on pages 13 and 14 with Gateshead Health NHS Foundation Trust's Bright Ideas Scheme and Great Western Hospitals NHS Foundation Trust's Dragon's Den.

Mid Cheshire Hospitals NHS Foundation Trust

Quality Accounts – getting stakeholders' input

Mid Cheshire Hospitals found their 'out and about' consultations were most successful when they 'brought in' the local Police Authority to help elicit feedback from the public!

Tracy Bullock, Deputy Chief Executive said 'The Authority's exhibition vehicle legitimised us stopping people to talk to. On days when we went out alone people just thought we were flogging something and wanted to hurry by!'

Both bodies wanted to find out what matters most to the public; so they came together to find out. The trust wanted feedback from local people on 10 key priorities, to recruit members and an opportunity for foundation trust governors and staff to talk to members of the public about the quality of services provided. The Police Authority wanted views on local policing priorities.

The vehicle was located in prominent places, enabling staff and volunteers to engage with members of the public. Displays were also organised in several local supermarkets, including Morrison's in Winsford and Sainsbury's in Crewe, at local GP surgeries in Nantwich and within MCHFT.

Each event delivered approximately 45 responses for Quality Accounts and Foundation Trust Membership – a total overall of 370.



Engaging and working with members is a key issue for NHS foundation trusts. Members (many of whom are also staff), along with patients, are arguably the most important stakeholder groups with a direct interest in establishing quality priorities for the trust. Standard ways of engaging stakeholders don't always involve enough people or bring about deeper relationships and dialogue. Northumbria Healthcare NHS FT has instigated two particular initiatives designed to tackle both the quantity and quality of input from members and patients in particular.

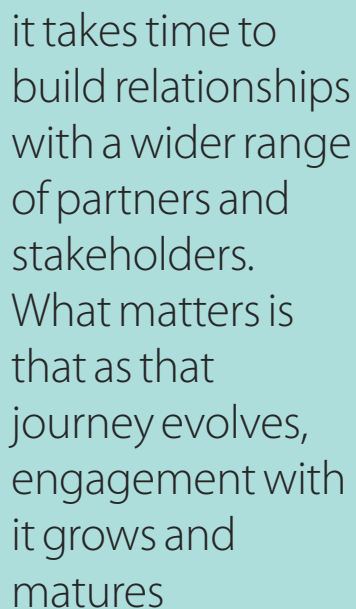
Northumbria Healthcare NHS Foundation Trust

Using governors to establish a dialogue with members – the trust challenged its governors to find ways of engaging with at least 100 members in each of its 8 constituency groups. Most of the championing governors opted for a very short survey of 3-4 key questions which they regularly sent out themselves until at least 100 responses from each group were obtained. Responses are monitored to ensure balance between staff (who are also members) and other members.

Identifying patient priorities

The trust has opened dialogue directly with its patient support groups for stroke, cancer, hip replacement and maternity. These groups often represent patients who are long term users of the services and between them the Director of Nursing, the Medical Director or the Chief Operating Officer have been attending these forums to hear what members see as their key priorities. Key themes emerging include:

- a) across the board support for a continued priority on cleanliness
- b) enhanced privacy and dignity by creating bays for a maximum of 2-4 patients with ensuite facilities and space for private consultations (this higher standard for wards is now included in the long term (10-15 years) capital plan).



it takes time to build relationships with a wider range of partners and stakeholders. What matters is that as that journey evolves, engagement with it grows and matures

The process outlined in 'Making the Most of your Quality Accounts' starts with stakeholder engagement, with boards collecting views and perspectives, weighing and balancing priorities, consulting on indicators and reporting on their decisions around these. Given the time-table set by Monitor to make them report in 2008/09, many foundation trusts did not have the time to start stakeholder engagement, although despite the pressure many still managed to involve their stakeholders in some of its stages; for example, PwC research reported that 54% (of 71 surveyed) had sought the views of patients and carers⁶. Others developed priorities using existing information sources and tested them out with staff, the board and their governors. They believe that giving their stakeholders a clinically informed basis to work from has also proved to be a valuable approach. There is evidence from the MORI survey that the public agree, as it takes time for people to understand what the trust is trying to do and how the Quality Accounts can help them do it. Improving quality is an evolving journey, during which it takes time to build relationships with a wider range of partners and stakeholders. What matters is that as that journey evolves, engagement with it grows and matures.

The Liverpool Heart and Chest Hospital NHS Foundation Trust

The trust, which achieved foundation trust status in December 09, identified its priorities for 09/10 as a result of detailed discussions mainly with internal stakeholders, in particular the Clinical Quality Committee which included Executive Directors and senior clinicians, and the Trust Board. Priorities were also informed by an integrated approach to learning from patients' experience (sourced from focus groups, monthly satisfaction surveys, and regular Matron's rounds) as reported to the Patient's Experience Committee, a newly established sub-committee of the Trust Board.

Five priorities were identified for the year ahead:

Reducing hospital mortality

Reducing surgical site infections

Reducing non-clinical cancellations

Improving the outcomes of care in heart attack, heart failure and bypass grafting patients – using indicators from the North West Advancing Quality Programme

Improving the experience of care for patients

Plans are in place to now widen consultation with a full programme of external stakeholder opportunities with GPs, Commissioners, local DGH clinicians and Managers, the Ambulance Trust and the voluntary sector. This will take the form of a specific meeting where past performance and these internally generated priorities are aired, together with an open discussion on participants' perceptions of quality improvement needs.

Engaging stakeholders goes further than the overall priorities of the trust. Talking with specific groups is also important in finding out how quality can be improved, particularly in terms of patient experience. Mental health NHS foundation trusts have been particularly busy in engaging with patients and carers and working directly with them to develop quality standards and metrics.

North East London NHS Foundation Trust

Improving User Experience

In response to service users' discontent with the more traditional targets being monitored by trusts, North East London NHS Foundation Trust commissioned Katalyst Consultancy: Well Being in Action to support improved service users' experience. This has led to the birth of User Led Standards; developed by Service Users, evaluated by Service Users and monitored by Service Users thus driving up performance and improved 'felt' experience.

Over 150 users participated in this development with some 225 suggestions for standards emerging from a series of 'Listening and Learning forums'. These were refined into 70 clearly defined standards covering nine core themes:

- Care Planning
- Information
- Communication, Listening and Engagement
- Philosophy of Care
- Dignity, Respect and Equality
- Specific In-patient Standards
- Rights and responsibilities
- Care and Treatment
- Confidentiality and Sharing Information

Each theme was piloted in a range of settings before being rolled out across the Trust to enable the barriers to implementation to be identified and overcome. Outcomes are published in public areas and results from the evaluations are fed through the performance management structures within the Trust and used as a performance measure for Team Managers.

North East London NHS FT found that working in close partnership with service users had a significant impact on the entire workforce. The trust has embarked on a challenging Organisational Development Programme which, in tandem with the service user standards, has led to staff changing their behaviours and increasingly thinking about ways in which they personally shape an individual's experience.

Responding and reporting back



Good stakeholder engagement is characterised by three principles⁷:

- 1 **Materiality** – knowing the stakeholder’s material concerns
- 2 **Completeness** – understanding concerns and the performance expectations and perceptions associated with these
- 3 **Responsiveness** – clear, coherent ways of communicating what has changed as a result.

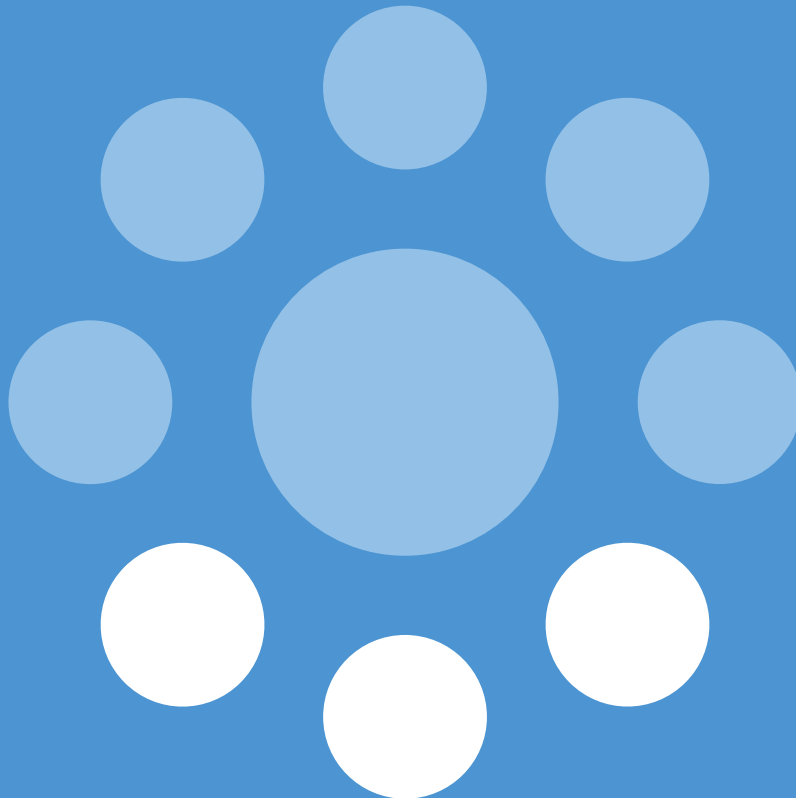
Communicating the outcome of consultation with stakeholders – particularly patients, staff and the public – is vital if on-going relationships and ownership are to be nurtured and developed. Salford Royal NHS Foundation Trust signal this very publicly in their quality report:

How We Keep Everyone Informed?

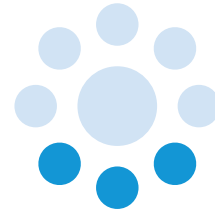
- High attendance and participation by our Council of Governor representatives to the safe, clean and personal sub-groups (until December 2008)**
- Foundation Trust members invited to take part in Quality Improvement learning sessions.**
- Foundation Trust members regularly updated through quarterly publication of ‘My Hospital’**
- Quality Improvement Team raise awareness of programme to the public through hospital open days and events.**

Implementing a quality process

part three: priorities, indicators and metrics



Choosing indicators



Focusing on those locally determined areas of improvement, this section considers the selection of priorities and indicators. Metrics and milestones clearly derive from the improvement programmes under each priority and the bundle of priorities selected by individual foundation trusts are extremely diverse. However, examples of metrics actually in use are given along with the tools designed to present these clearly to staff and boards, as these allow for the vital feedback to staff and boards to assess progress and fine tune activity.

Quality Accounts speak to a range of audiences. From the point of view of being a driver for quality, the focus on locally determined priorities is key and FTN continues to press for minimal national requirements. At the time of writing, national proposals required reporting on specific priorities and targets encompassing:

- 3–5 priorities for quality improvement
- at least 3 indicators for patient safety
- at least 3 indicators for clinical effectiveness
- at least 3 indicators for patient experience
- Key priorities in the Department of Health’s Operating Framework and against the Department of Health’s National Core Standards;
- CQUIN indicators

Foundation trusts should check for updates on reporting requirements via Monitor’s web site <http://www.monitor-nhsft.gov.uk> as well as FTN’s own site <http://www.nhsconfed.org/Networks/FoundationTrust/Pages/home.aspx>

What metrics are foundation trusts selecting to address the three Darzi drivers?



Analysis of data collected by Monitor⁸ shows that the most frequently chosen metrics in foundation trust Quality Accounts for 09/10 under the Darzi headings are:

Area	Metric	No. of FTs
Clinical outcomes	HSMR	40
	Readmission rate	39
	Stroke measures	20
	Length of stay	15
	Mortality	14
	Fractured Neck of Femur	13
	Delayed transfers of care	10
Patient experience	A&E waits	10
	Complaints	49
	Patient survey – dignity and respect	35
	Patient survey – Overall care	24
	Patient survey – recommend the trust to a friend	24
	Internal survey	13
	Patient survey – Decisions about care	13
	Patient Survey	12
	Patient survey – cleanliness of environment	11
Safety	HCAI	128
	Medication errors	25
	SUIs	17
	7 day follow up	15
	Hand Hygiene	12
	Never events	12
Safety/clinical outcomes	Falls	43
	Pressure ulcer rate	15

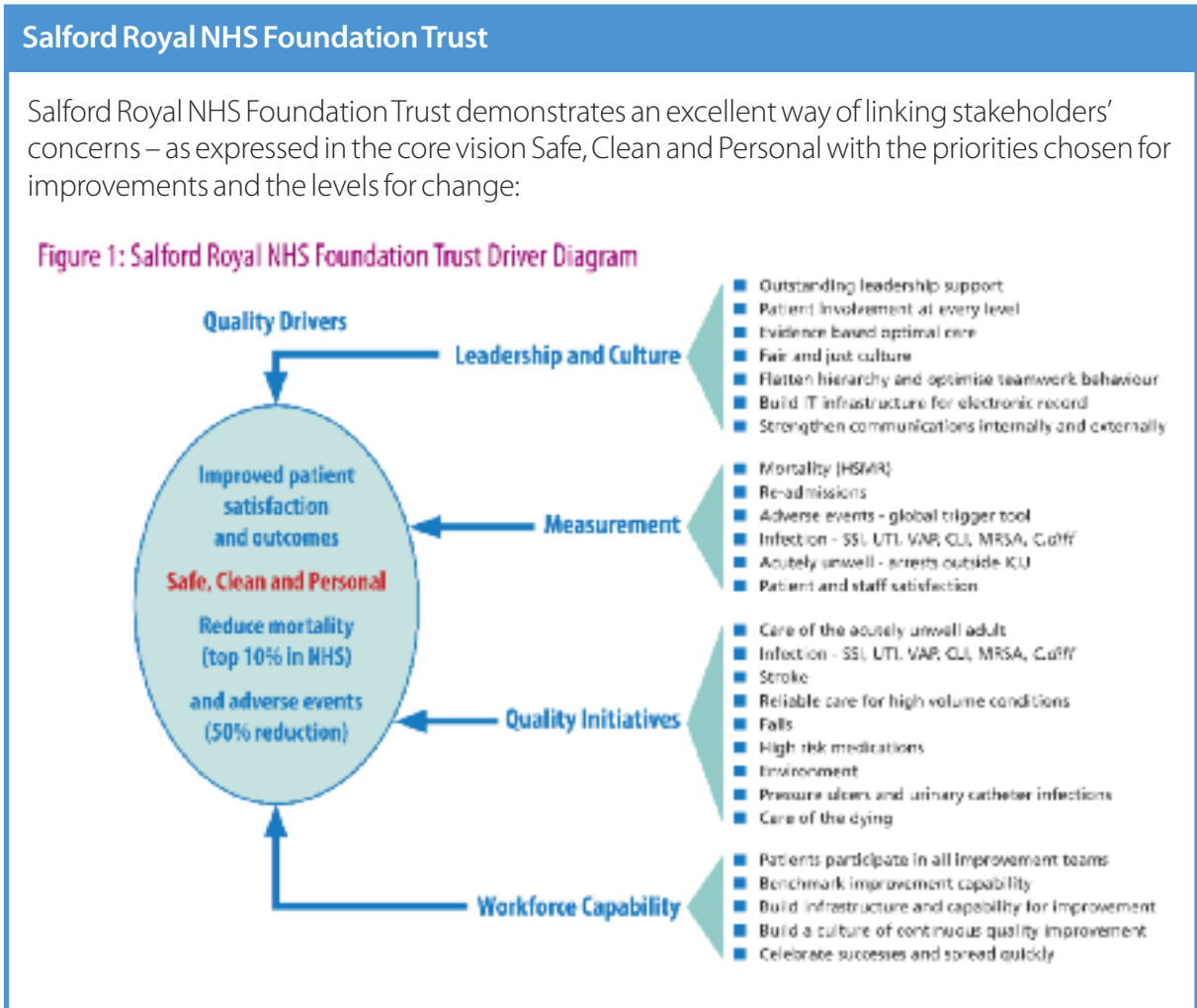
The above tables pull together only those metrics under each area which have been selected by more than 10 trusts. A notable feature across the country is the number of metrics in use by only one trust – there are many more. Full information on over 200 metrics can be viewed on Monitor’s web site

<http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/guidance-foundation-trusts/quality-reports-and-accounts>

There is greater commonality in the areas most frequently selected for quality improvements 09/10:

Area selected for improvement 2010	No of FTs selecting this priority
HCAI	66
Mortality	43
Overall patient experience improvement – inpatient survey question	33
Feedback System Development	21
Medication error reduction	19
Falls reduction	17
PROMS development	16
Compassion and dignity improvement – Patient survey question	13
Single Sex accommodation improvements	12
Recommendation to a friend – patient survey question	10
Reduce complaints	10

Whilst it is imperative that NHS foundation trusts meet the national reporting requirements, the best Quality Accounts will continue to present information relevant to the needs and interests of local stakeholders, maintaining the integrity of the accounts and the impetus of local strategies and initiatives empowering change and improvement.

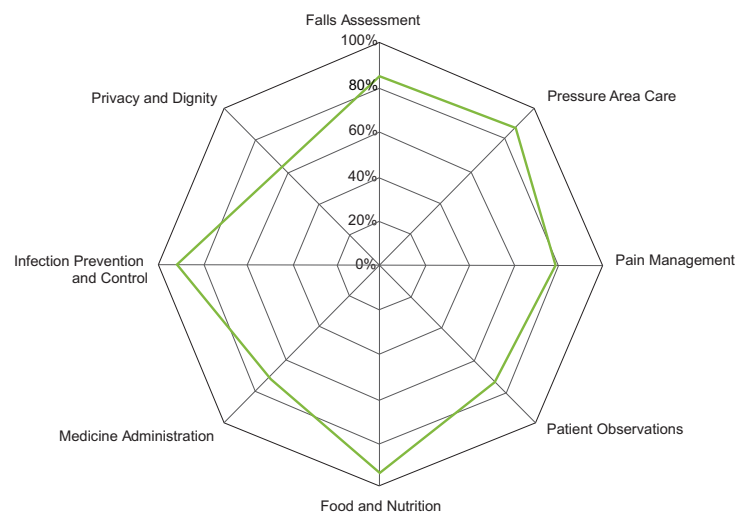


Wrightington, Wigan and Leigh NHS Foundation Trust

Wrightington, Wigan and Leigh NHS Foundation Trust in their first Quality Account also linked priorities clearly with the inputs and processes that contribute to quality improvement in the priority areas and the example below demonstrates a way of setting out complex information clearly and concisely.

	Safety	Clinical Effectiveness	Patient Experience
Inputs	<ul style="list-style-type: none"> • Policies fully understood • Staff appropriately qualified and monitoring in place • 'Implementation of Maternity Matters' • Appraisal • National Patient Safety Agency • Safety First • NHS Litigation Authority • Safer Handovers 	<ul style="list-style-type: none"> • Systems in place to collate and audit data • National Service Frameworks • National Audit programmes • Health Inequalities 	<ul style="list-style-type: none"> • Embedded within matron development programme • System in place for monitoring • Patient Engagement Group – chaired by Governor
Process	<ul style="list-style-type: none"> • Infection control policies • Ward-to-Board reports • Board 'Safety walkabouts' • Safe Surgery Initiative • Safeguarding 	<ul style="list-style-type: none"> • Advancing Quality Initiative pathways • Clinical Audit – National Institute for Clinical Excellence compliance, National Audit compliance • Accessible Guidelines • Institute for Healthcare Improvement Care Bundles • Dr Foster • Smoking cessation counselling 	<ul style="list-style-type: none"> • Ward-to-Board metrics on privacy and dignity • Access to information • Empathy pilots • 'Real time' patient survey feedback • One Stop clinics • Video diaries
Outcomes	<ul style="list-style-type: none"> • Rate of Adverse Incidents • Global Trigger Tool • Reduction in Serious Untoward Incidents • Reduction in: <ul style="list-style-type: none"> - Falls - Pressure ulcers - MRSA - CDiff - Surgical site infection - Ventilator Acquired Pneumonia - Central line infection 	<ul style="list-style-type: none"> • Mortality Rates • Life expectancy • Patient Related Outcome Measures 	<ul style="list-style-type: none"> • Patient Satisfaction rates • Number of complaints • Positive Comment cards • Reduced waiting times

Ward to board reports are one way of reporting on progress and WWL's Ward to Board reports are particularly clear. They were initiated in Wigan and since then have been expanded and modified. Wrightington, Wigan and Leigh NHS Foundation Trust now routinely measure 9 elements (Falls Assessment, Food and Nutrition, Healthy Hospitals, Infection Prevention and Control, Medicine Administration, Pain Management, Patient Observations, Pressure Area Care, Privacy and Dignity) – with metrics decided by the specialist nurses for each focus area.



From the outset the reports have been publicly displayed on each ward. The trust has increasingly adopted a zero tolerance approach to poor performance and the 'competition' between wards has been a powerful driver for improvement. Monthly meetings are held to update the metrics on the basis of new research or requests for information from external agencies. Recognising the importance of metrics being relevant and useful, the trust is evaluating the experience of ward to board reporting and the questionnaire designed for this purpose is included in Appendix 2.

University College London Hospitals NHS Foundation Trust

Extract of sample data from University College London Hospital monthly scorecard monitored at board and division level.

Performance indicator – example not actual service data	Target this month	Target YTD	Performance this month	Performance last month	Performance YTD
Clinical outcomes					
% Emergency Readmissions within 28 Days	7%	7%	5.2%	6.5%	5.9%
Returns to ITU within 7 Days	8	60		1	44
Returns To Theatre	12	97	11	5	72
Patient safety					
Patient falls	44	392	57	51	443
Number of Repeat Falls			12	12	69
Number of Serious Falls	1	10			1
Number of MRSA Bacteraemias	3	24	1	2	15
Number of clostridium difficile cases			5	10	75
Number of clostridium difficile cases after 48 hours	12	84	5	9	59
% MRSA screening for electives	100%	100%	125.2%	127.9%	115.0%
% Hand Hygiene Compliance	85%	85%	87.5%	87.3%	87.2%
% Hand Hygiene Reporting	100%	100%	76%	76%	49%
Blood Traceability Compliance	100%	100%	96.4%	97.5%	98.1%
Antibiotics – Percentage Of Indications Documented	100%		82.5%	82.5%	
Antibiotics – Percentage Of Durations Documented	100%		50.0%	50.0%	
Antibiotics – Percentage Of Stickers Attached	100%		44.6%	44.6%	
Antibiotics – Percentage Compliant with Guidance	100%		99.2%	99.2%	

Clinical outcomes	Target this month	Target YTD	Performance this month	Performance last month	Performance YTD
Patient experience					
Complaints responded to within target time	85%	85%	82.4%	82.5%	84.5%
% Last Minute Cancellations to Elective Surgery	0.8%	0.8%	0.9%	0.9%	1.1%
% Cancelled Operations Readmitted Within 28 Days	95.0%	95.0%	100.0%	98.3%	99.1%
Referral Booking Centre % Abandoned	5.0%	5.0%	0.9%	2.3%	0.9%
Referral Booking Centre % Answered 30 secs	85.0%	85.0%	87.6%	80.2%	87.6%
Delayed Transfers of Care	3.50%	3.50%	0.19%	0.21%	0.23%
Overall, how would you rate the care you have received	82.0%		78.9%	75.2%	79.1%
Would you recommend this hospital to your family and friends			89.8%	85.1%	89.1%
Overall, do you feel that you have been treated with respect and dignity while in hospital			90.9%	88.5%	89.9%
How would you rate how well the doctors and nurses work together			75.2%	67.1%	75.5%
Number of PDA responses			267	261	2006

Journey towards safer care

'In 2008 we began to develop our Better Care, SafeCare dashboard that links ward level measures up to Divisional, then to Board metrics. The framework for these is based on detailed work with individual ward teams, Divisional leadership teams and the Trust Board. There are 6 key domains:

- Effective Culture and Inspirational Leadership
- Efficient and Innovative Teams
- Safe and Reliable Care
- Right Care, Right Place, Right Time
- Positive Patient Experience
- Safe environment and appropriate equipment and supplies

For each of these domains there are a small number of measures which form the monthly dashboards that are provided at ward, divisional and Board level. The dashboards are continually revised as practice develops – however they provide valuable and important information that we are able to use to track improvements across a range of safety and quality measures that are aligned to our corporate SafeCare priorities and Trust objectives'

Avril Lowery, Head of SafeCare

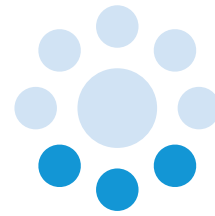
Addressing priorities – what works?



Indicators and metrics derive from the quality improvement programmes put in place to address selected priorities. The types of programmes being chosen by foundation trusts to help make improvements include the following (all viewed on 25 January 2010):

- Leadership leverage points for organisations
<http://www.library.nhs.uk/Improvement/ViewResource.aspx?resID=318810>
- Institute of Healthcare improvement Safer Patients Initiative:
<http://www.ihl.org/IHI/Programs/StrategicInitiatives/SaferPatientsInitiative.htm>
- Advancing Quality
<http://www.advancingqualitynw.nhs.uk>
- The Burdett Trust for Nursing
<http://www.qni.org.uk/project-funding/fund-for-innovation.html>
- Nursing Assessment and Accreditation system
http://www.institute.nhs.uk/building_capability/high_impact_actions_submissions/nursing-assessment-and-accreditation-system-naas.html
- IHI Global trigger tool
<http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/IHIGlobalTriggerToolforMeasuringAEs.htm>
- Harding and Yorke – empathy measures – patient satisfaction
<http://www.empathy.co.uk>
- Patient Experience Teams – reviewed by matron team
- Patient safety first campaign
<http://www.patientsafetyfirst.nhs.uk/content.aspx?path=/>
- Lean

Wider impacts



Foundation Trusts have a wider impact on their local communities than they perhaps realise.

They are major employers, a major consumer supporting other businesses and industries and can make their pounds really count in terms of influence over other organisations and in joint working with local partners. Building in consideration of the wider roles within a Quality Account speaks to local stakeholder interests as well as making good business sense. Industry and commerce realise that attention to issues such as sustainability goes hand in hand with business success. Mutuals such as the Co-op and John Lewis recognise the importance of Corporate Social Responsibility as well as the sustainability agenda to the interests of their members, staff and the wider public. As public sector finance tightens, increased attention on the role of NHS Foundation Trusts and their wider impacts within local communities can be expected.

Tees, Esk and Wear Valleys NHS Foundation Trust

Sustainability

The Board of Directors of Tees, Esk and Wear Valleys NHS Foundation Trust are fully committed to the sustainable development agenda and have signed up to a 6 part commitment summarised by the acronym DE-ICER.

- D**elivery of continuous improvement against a measurable set of targets which encourage the organisation to change the way we do things.
- E**MBEDDING sustainability and environmental management into the culture of the organisation.
- I**nvolve staff, patients, visitors and suppliers to ensure a joined up approach.
- C**OMMITMENT from the Board of Directors to long-term carbon reduction.
- E**NGAGEMENT with the local community and partners.
- R**EVIEW and develop ideas and opportunities to maintain the sustainable agenda in all aspects of the delivery of mental health care to our patients.

The trusts strategy, currently out for consultation, recognises the significance of the trust as a key local employer and body of influence. The strategy itself is based upon the six key elements that make up the NHS Good Corporate Citizenship Assessment audit tool developed in conjunction with the Sustainable Development Commission. These include:

- Travel
- Procurement
- Facilities management
- Workforce

- Community engagement
- Buildings

and contributes to one of the Trusts strategic goals:

‘To be an excellent and well governed Foundation Trust that makes the best use of its resources for the benefit of our communities.’

A key objective is to apply for and receive ISO accreditation for the trust’s own environmental management arrangements. TEWV FT recognises the needs to work with others on all aspects of environmental management and sustainability hence a wide consultation exercise on their strategy including:

- Local authorities
- PCTs
- Acute Trusts
- Service user groups
- Key suppliers and contractors
- Utility suppliers, transport and travel providers
- North East Ambulance Service
- Non-statutory, third sector organisations
- The Carbon Trust
- NHS Sustainable Development Unit
- SHINE (Sustainable Healthcare Buildings Network)
- Local strategic partnerships
- Biodiversity groups, schools
- Food growers and producers
- Sustainable Development Commission
- Sustrans

- World Wildlife Fund

A full action plan is in development and the trust recognises that to achieve a financially sustainable environmental management agenda, the Trust will need to:

- Reduce the overall size of the physical estate by 20% over 4 years.
- Maximise the capacity of the non-inpatient physical estate by up to 50% over 4 years.
- Identify and obtain investment from all available sources of external funding for energy efficiency and sustainable developments projects
- Identify opportunities to develop strategic partnership forums and agreements in order to share the benefits of developments and initiatives
- Develop a carbon reduction programme which all staff are committed to achieve.
- Identify and implement opportunities which eliminate waste ‘muda’ through process re-engineering undertaken by TEWV FT Quality Improvement System; reduce equipment and stock holdings; establish procurement templates and introduce relevant quality standards.
- Establish a process to record financial gain / savings linked to every quality and sustainability agenda initiative.

case study sustainability reporting and assurance

From strong ethics to brand renaissance, democratic governance to long-term sustainability, **The Co-operative Group Sustainability Report** is an open account of our performance and priorities.

Sustainability Report 2008/09



the Co-operative Group sustainability report altogether different and making a difference

The Co-operative Group Sustainability Report 2008/2009 presents a 'warts and all' look at The Group, focusing on the social, ethical and environmental issues that are most material to the business and its stakeholders.

'Our ecological sustainability priorities range from renewable energy generation to packaging reduction, sustainable fish sourcing to highlighting the honeybee decline.'

Strategy

As a large and diverse business, The Co-operative Group has a wide range of environmental impacts – both positive and negative. The issues of climate change, waste, biodiversity and persistent,

bioaccumulative and toxic chemicals have been identified as reporting priorities. This approach has been influenced by an emerging understanding of the environmental imperatives facing society, the business and its customers. In 2008 The Co-operative Food Ethical Policy was



launched, following an extensive consultation, in which 100,000 members identified 'the environment' as one of their top three priority areas. Millions of CFS customers have been consulted as part of The Co-operative Bank and The Co-operative Insurance's Ethical Policy consultations, most recently in 2008, when over 80,000 bank customers responded. In addition, from 2009, the Group's community activity will focus on three key themes, including 'combating climate change', as set out in its new Community Plan. The Group aims to maintain its leadership in the area of climate change and attain/maintain at least median positioning in other environmental areas.

Assurance

Setting and reporting against targets is an important element of The Co-operative Group's approach to sustainability management and reporting. It ensures the Group remains accountable to its

stakeholders. It also drives performance improvement in key areas. A summary of progress against is included targets set in 2008, and targets set for 2009, has been included.

The Group seeks to provide assurance to its stakeholders that its Sustainability Report is a credible and robust source of information. Reporting is aligned with the AA1000 Assurance Standard (2008), and the Group has commissioned Two Tomorrows (formerly csrnetwork) to carry out independent assurance of the Report content and associated performance. Importantly, in addition to providing assurance to stakeholders, these serve as a driver for performance improvement and contribute to the Group's identification of material issues.

The Report content has recently been rated A+ by the Global Reporting Initiative (GRI, G3 guidelines).

Another example of integrating sustainability reporting is from BT (2009)

CHANGING WORLD: SUSTAINED VALUES

How we performed this year

We measure progress towards our goals using our non-financial key performance indicators. We also report the direct costs to BT and the indirect impacts on society associated with the way we manage environmental and social issues. This follows the principles of the Connected Reporting Framework sponsored by HRH the Prince of Wales.

HOW WE PERFORMED THIS YEAR

All targets have an end date of 31 March 2010 unless otherwise indicated. This table is also published in our Annual Report and Form 20-F 2009 to help more people understand our performance on social and environmental issues.

Key CR performance indicators

	Key performance indicators	Direct company impacts: Non-financial indicators			
		Target 2010	2009	2008	2007
Customers	Customer service A measure of success across BT's entire customer base	To improve customer service based on getting things right first time (RFT) in line with our corporate scorecard	17% improvement in RFT service from 2008	9% improvement in RFT service from 2007	3% increase in customer satisfaction (our previous measure)
	Employee engagement index A measure of the success of BT's relationship with employees, through its annual employee attitude survey	Maintain or improve the 2009 level of employee engagement. We moved to a five point scale (five being good) this year and have restated previous scores	3.61	3.60	3.62
Employees	Diversity A measure of the diversity of the BT workforce	BT will maintain a top 10 placement in four of five major diversity benchmarks. Includes four UK benchmarks and the Schneider-Ross global diversity benchmark (from 2008)	BT is in the top 10 placement in four out of the five major diversity benchmarks	BT is in the top 10 placement in four out of the five major diversity benchmarks	BT is in the top 10 placement in three out of four main UK diversity benchmarks
	H&S: lost time injury rate Lost time injury cases expressed as a rate per 100,000 hours worked on a 12 month rolling average	Reduce to 0.157 cases	0.160 cases	0.188 cases	0.238 cases
	H&S: sickness absence rate Percentage of calendar days lost to sickness absence expressed as a 12 month rolling average	Reduce to 1.9% calendar days lost due to sickness	2.17%	2.43%	2.43%
Suppliers	Supplier relationships A measure of the overall success of BT's relationship with suppliers, based on our annual supplier survey	To achieve a rating of 80% or more, based on the question: 'how would you describe the quality of your company's relationship with BT?'	85%	78%	New measure in 2008
	Ethical trading A measure of the application of BT's supply chain human rights standard	To achieve 100% follow up within three months for all suppliers identified as high or medium risk, through our ethical standard questionnaires	78 risk assessments with 100% follow up	234 risk assessments with 100% follow up	413 risk assessments with 100% follow up
Improving society	Community effectiveness measure An independent evaluation of our community programme	Maintain evaluation score at over 90%	91%	79%	70%
	Investment to improve society	Maintain a minimum investment of 1% of underlying pre-tax profits	1.01%	1.02%	1.05%
Environment	CO₂ equivalent emissions A measure of BT's climate change impact	By December 2010, BT group will reduce its CO ₂ e emission intensity by 80% against 1997 levels. New target set in 2008	CO ₂ e 906,000 tonnes 44% reduction 43% intensity reduction	CO ₂ e 920,000 tonnes 43% reduction 52% intensity reduction	CO ₂ e 896,000 tonnes 45% reduction 52% intensity reduction
	Waste to landfill and recycling A measure of BT's use of resources	BT group will reduce the tonnage of waste sent to landfill by 8% from 2009	17% reduction in waste to landfill from 2008 (UK only)	22% reduction in waste to landfill from 2007 (UK only)	8% reduction in waste to landfill from 2006 (UK only)
Integrity	Business practices measure How our Statement of Business Practice is implemented. Measured through a regular employee survey	We plan to make this indicator more broad-ranging to include all relevant policies including our new anti-corruption and bribery, and gifts and hospitality policies	77%	83%	87%

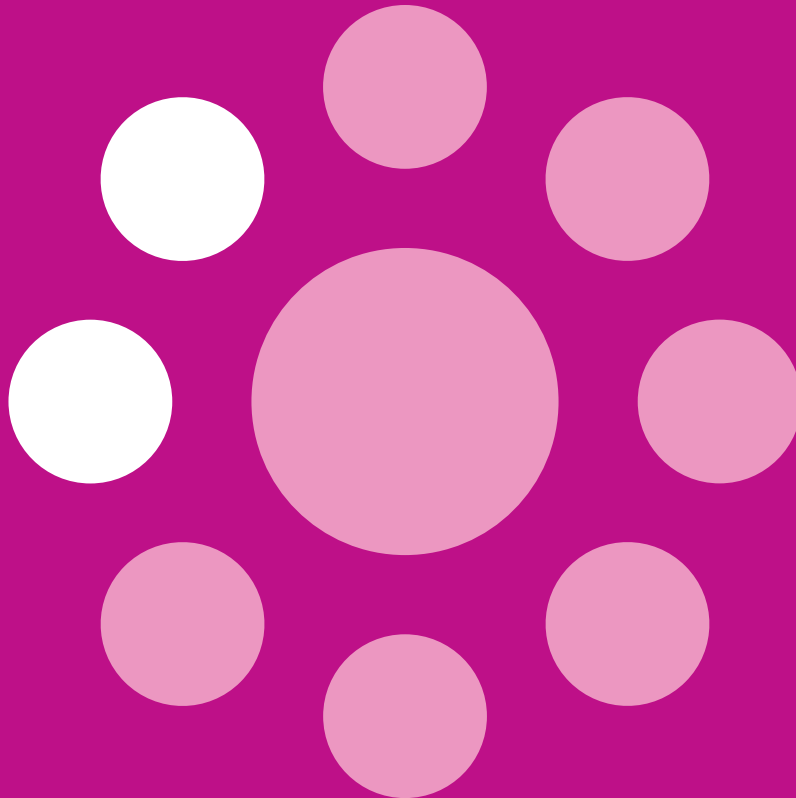
16 BT GROUP PLC SUSTAINABILITY REVIEW 2009

	Direct company impacts: Financial indicators			Indirect company impacts
	2009	2008	2007	
Total revenue	£21,390m	£20,704m	£20,223m	
Average revenue per (UK) consumer household	£287	£274	£262	
Employee costs	£5,506m	£5,358m	£5,223m	Employee engagement is a driver of customer satisfaction
Number of employees	107,021	111,858	106,200	
BT will develop a relevant financial indicator for diversity next year				Establishing a diverse workforce promotes social cohesion
Cost to the business arising from injuries resulting in time off work	£7m	New measure in 2009		Lowering lost days from injuries and sickness reduces societal health care costs and improves productivity
BT sick pay costs	£85.2m	£89.8m	£84.7m	
Total spend with suppliers	£8.9bn	£8.6bn	£6.8bn	Economic multiplier effect (e.g. employment) arising from BT's supply chain procurement
Value of procurement contracts where our suppliers agree that we work with them to improve sustainability impacts (extrapolated from a representative supplier survey)	£7.4bn (83% of supplier spend)	£5.7bn (66% of supplier spend)	First measure in 2008	Quality of life – especially working conditions in emerging economies
Community investment (time, cash and in-kind support)	£25.0m	£22.3m	£21.8m	BT's community programme focuses on improving communication and ICT skills. This helps improve people's employment prospects and increase social inclusion
Total energy costs (fleet fuel + gas + oil + diesel for back up generators etc; UK and Ireland only)	£227m	£194m	£185m	Indirect negative impacts occur in the manufacture of equipment and through energy consumption in customer premises. Positive impacts arise from application of ICT to support low-carbon economy
Income from recycling	£7.42m	£6.70m	£4.48m	Dealing with end of life products sold into the market place. Acting to reduce obsolescence
Landfill tax savings	£1.15m	£0.89m	£0.84m	
Waste costs	£(7.90m)	£(7.27m)	£(5.15m)	
Net waste savings/(cost)	£0.67m	£0.32m	£0.17m	
Revenue support (customer bids with a sustainability component)	£1.9bn	£2.2bn	£1.8bn	A responsible business culture, banning corrupt practices including facilitation payments, supports better international governance

BT GROUP PLC SUSTAINABILITY REVIEW 2009 17

Implementing a quality process

part four: embedding



Embedding in the organisation's culture



In our previous publication on developing Quality Accounts we referred to the Unipart Way and described the 'Lean' approach which is familiar now to many foundation trusts. The focus is on added value – what really matters to the customer and stripping away waste.

case study the lean approach



Defining Quality: What is Valued by The Customer?

- **Quality and Value is defined by the Customer**
- **Everything else is WASTE**
- **Most activity is Waste**
- **Eliminating Waste is one of the fundamental objectives of improving Quality**





The seven wastes, immediate right, refer to 'muda' or 'unevenness' and are derived from the Lean approach or Toyota Production System.

The benefits from The Unipart Way include productivity improvements of up to and beyond 70% delivering multi-million pound savings from hundreds of small improvements by employees at all levels⁹.

Whilst Quality Accounts were not born of the need to reduce costs, increasingly productivity will become a watch word for the NHS in the difficult years ahead. In addition to the financial savings are the increase enthusiasm and confidence in staff. Embedding a learning culture and building a continuous improvement approach following examples from leaders in industry such as Unipart and others such as Toyota is vital. A key lesson is to enable front line staff to be their own champions of quality.

The Seven Wastes (the seven sins of Muda)

Transport

Inventory

Motion

Waiting

Over production

Over processing

Defects and Rework

A different approach

Managers and leaders become teachers and coaches

A world class workforce does not happen by accident

Quality as defined by the customer: 'Value Added' and 'Right First Time'

“

‘Quality must become personal and individual to everyone working in the NHS. We must develop a culture inside organisations where quality is talked about – from every GP practice through to every hospital ward and every board. It means supporting staff as they step up to the challenge of raising quality, promoting dialogue and discussion about how things can be done differently and looking out to the communities we serve for our inspiration for change. High quality care for all will be accomplished through thousands of small changes, through the courage and leadership of frontline staff, sustained and supported by an NHS system with quality at its heart’

High Quality Care for All: Our Journey so far¹⁰

”

Devolution – embedding at team and individual level



Quality Accounts will only be effective if the processes and tools used in their development are devolved and embedded throughout the organisation.

This means:

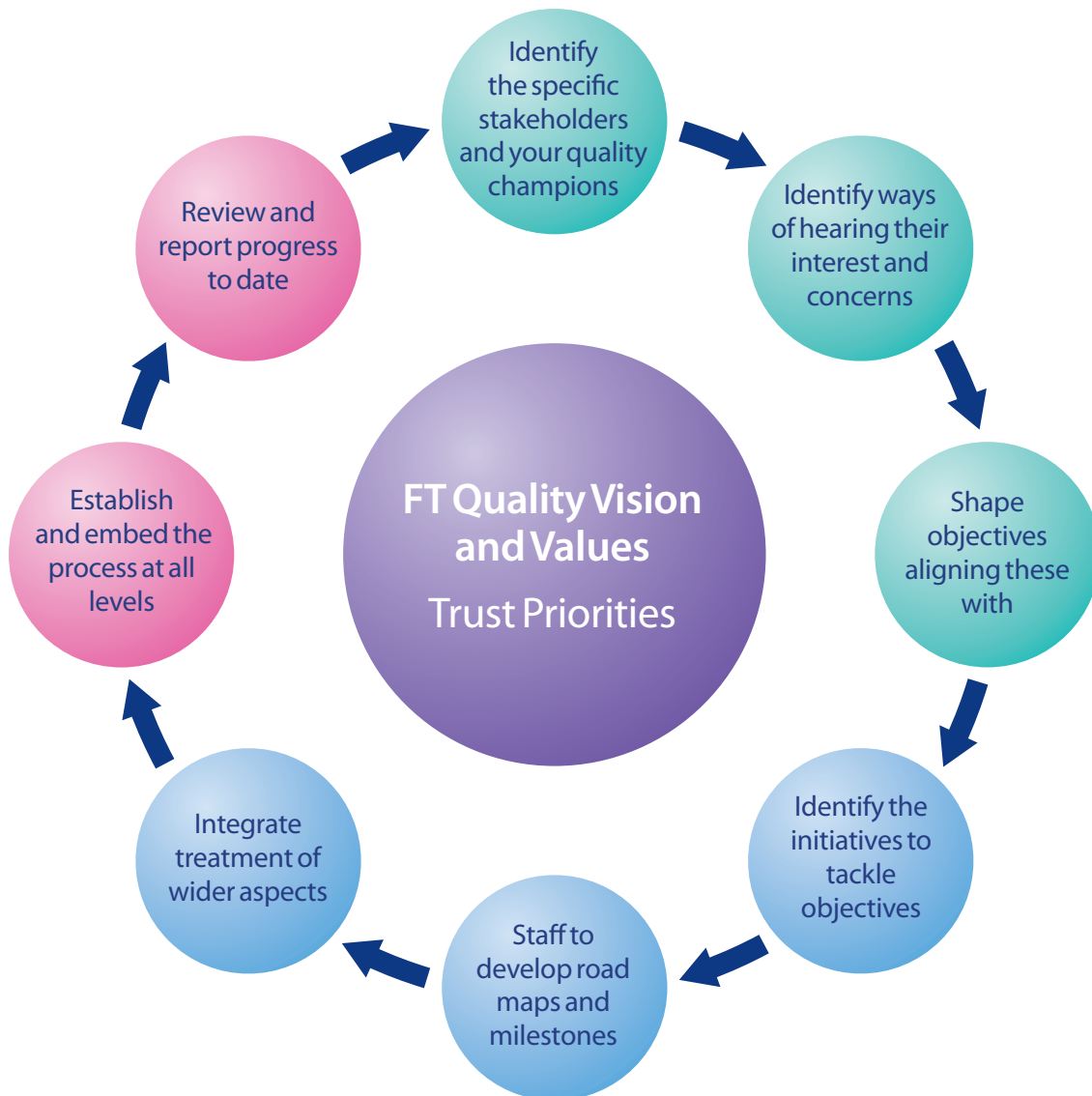
- **Creating ownership by those staff in the best position to really make a difference**
- **Equipping staff with the tools to set their own indicators and milestones towards the agreed overall priorities and objectives**
- **Developing leadership throughout the organisation as discussed earlier to encourage innovation and to empower staff**
- **Communicating values and creating a strong quality culture which will unify attitudes and behaviours across the different activities and approaches various departments develop – be it intensive care or the canteen**
- **Recognising and rewarding achievement and progress**

Essentially effective devolution means repeating the Quality Improvement Cycle within every department and speciality. Using the key vision or statement of Intent and the overall priority areas selected and signed off by the board, each department needs to be encouraged to work through similar quality processes. A quality circle for a specific department might look like this.

Not only is devolution of the process essential for Quality Accounts to really drive improvement (and this is where the accounts really need to be locally owned) but patients and the public are generally more interested in the performance of the parts of the organisation from which they receive a service – i.e. a specific hospital, department or specialty within a trust rather than the overall performance of the trust as a whole.

One example of these processes at work is at North Tees and Hartlepool NHS Foundation Trust. Here one of the key overall initiatives for improving overall quality has been training. The examples below demonstrate both the overall processes and how this can devolve throughout. Liverpool Heart and Chest Hospital NHS Foundation Trust also demonstrates the importance of clinicians owning indicators and metrics whilst Berkshire Hospital NHS Foundation Trust shows how individual teams are taking forward a quality account approach themselves.

Suggested quality circle for use by individual departments and divisions



North Tees and Hartlepool NHS Foundation Trust

Key initiatives – training – devolution – leadership – innovation

North Tees and Hartlepool NHS Foundation Trust have put much emphasis on workforce development as part of embedding a quality approach to ensure staff are equipped to lead improvement wherever they work. As stated by the Chief Executive Alan Foster in the quality account 'Whilst direction from the Board is important, quality cannot be developed without effective leadership at all levels in the organisation. The trust therefore believes that developing leaders is an integral part of the quality agenda.' Backing up this statement is the workforce development programme. Over 1500 staff have had some level of training in Lean methodology. The Trust runs an in-house certified leader programme in Lean management techniques which is being accredited at Masters level by Teesside University. The programme attracts 60 credits at Masters level.

The Productive Ward Programme has been rolled out to every ward and the trust is now implementing productive community and productive theatre programmes. 150 staff have undertaken an accredited leadership development programme which includes a quality improvement project. In addition entry into non-registered nursing posts is now exclusively through an accredited apprenticeship programme to ensure the level of literacy and numeric skills require to safeguard our patients.

The quality approach is devolved throughout the trust. For example the Orthopedic Directorate completed a major piece of work, looking at patient experience. Over a period of three weeks, they gathered information regarding how patients felt about the service, having a range of tools, including in-depth interviews, satisfaction surveys and focus groups. A video was produced, detailing both staff and patient views. This proved to be a very powerful tool in changing practice and implementing new ways of working.



Liverpool Heart and Chest Hospital NHS Foundation Trust

Embedding quality

Embedding quality has been achieved in a number of ways. At Board level reporting on quality is now a major component of the agenda which embraces reports on a patient story as well as reviews of performance in quality. Dedicated training sessions on quality and safety have been held, and Trust Board members have access to on-line training tools. Each priority area is allocated its own Executive Board sponsor.

Embedding quality throughout the organisation is achieved through implementation of a Clinical Quality Strategy. Consultation with clinical and medical staff about what information is most useful in demonstrating quality improvement and having clinician enter data at source has proved vital in indentifying the right indicators and in fully engaging clinical teams in getting to the heart of issues and working together to deliver improvements.

Berkshire Healthcare NHS Foundation Trust

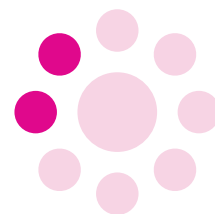
Team Quality Accounts Implementation Plan

- Baseline Data
 - Each team collects data for chosen measures by end of Oct 09
 - Reports baseline data at the end of Oct 09
- Analysis and improvement Setting
 - Each team considers the baseline evidence in its quality account and sets improvement targets by end of November
 - Each team reports improvement target
- Further Measurement
 - Each team completes second data collection by the end of March 2010
 - Each team reports its performance against targets at the end of March 2010

SERVICE	
Directorate	Service
AMH Berkswide	Inpatient Wards x 4 adult
	Home Treatment x 6
	AOT x 6
	EIP x 6
AMH Locality CMHTs	Slough
	Slough Psychology
	WAM
	WAM Psychology
	Bracknell
	Bracknell Psychology
	Wokingham
	Wokingham Psychology
	Reading Psycholgy
	Newbury
Newbury Psychology	
AMH Support Areas	Sorrell / PICU
	Rehabilitation / Recovery
	Day Hospital EAST
	Day Hospital WEST
	A+E Liaison EAST
	CRT (EAST)
Pharmacy	

MEASURE			OUTCOME
<i>Measure: PROM (outcome)</i>	<i>Measure: PEM (experience)</i>	<i>Measure: CIM (service safety)</i>	Team driven "quality circles"
HONOS	PET	AIMS, Minimum standards audit level 3	
HONOS, GAF (Bracknell only)	PET	Gate keeping	
HONOS, CAN (Maidenhead)	PET	Risk assessment	
HONOS, Quality of Life outcome	PET, user family satisfaction questionnaire	Psych education, relapse prevention medication management carer support	
HONOS	PET	NICE condition guidance, appointments, carers assessment, CPA review and collaboration	
CORE, HADS	PET, CORE	Response times	
HONOS, BDI, HADS	PET	WRAP, risk assessment	
CORE_OM, BDI, BAI	Satisfaction questionnaire	Audits of waiting times, notes, number of contacts	
HONOS, BDI, BAI	PET	WRAP use, inf diagnosis/ treatment, vocational, benefits, Schizophrenia and Bi Polar:	
HADS	PET	NICE psychological therapy compliance	
HONOS	PET	NICE Condition guidance	
CORE, HADS	CORE	NICE psychological therapy compliance	
CORE, HADS	CORE	NICE psychological therapy compliance	
HONOS	PET	NICE Condition Guidance	
HADS	CORE	Risk assessment	
HONOS	PET	AIMS (Intensive care)	
HONOS	PET	Recovery audit, use of WRAP	
HONOS	PET	NICE Condition guidance	
HONOS	PET	NICE Condition guidance	
Outcome of assessments to determine admission or not		% of 4 hr breach (exception for risk stratification), staff training	
Outcome of assessments to determine admission or not	Satisfaction survey	Response time, staff training	
LUNSEERS	PET, discharge survey, Clozapine survey,	Medication related incidents, clozapine drop out, medicine reconciliation, NICE standard benchmarks, audits of prescription turn around time, use of controlled drugs, internal KPIs	

Empowering staff to lead



Empowering staff is key to continuous improvement and workforce strategies will need to address training needs. Leadership training is not a topic for top managers and investment here can have a major impact.

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

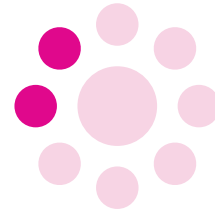
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust has been using the Burdett programme to support nurse executives and NHS trust boards to 'bring the ward to the board'. The programme is a partnership of the Burdett Trust for Nursing, a charity that offers grants to support the nursing contribution to health care and the Kings Fund and builds on work commissioned by the Burdett Trust which examined the ability of trust boards to focus on the 'business of caring' and the role of nurse leaders in supporting this.

The focus is on nurse executives; as leaders and their involvement in clinical quality and governance, and their role in helping Boards understand and focus on clinical quality. The programme looks at the interplay between the nurse executive and the board, and helping boards to make the best use of their nurse executive to improve the quality of care. This is done by observation of Board meetings followed by feedback to the Board and coaching for the Executive Nurse on their performance in the Board room (how they presented themselves; responded to challenge; contribution to discussions etc).

Drawing together learning from the work of NHS foundation trusts in developing and embedding a holistic approach to quality, some of the key things that make real difference throughout the organisation include:

- Promote leadership throughout the organisation
- Robust stakeholder engagement and feedback – for example telling of patient's story at board meetings
- Specifying the proportion of time that board meeting should focus on quality (up to a third in some cases)
- Safety walk round by executive teams
- Large process charts pasted up on walls in board rooms and wards
- Aiming high
- Devolving down
- Staff deciding what will work in achieving quality objectives
- Time for sharing practice and learning

Sharing learning



A vital part of the continuous quality improvement is learning from results and adjusting activity accordingly. This requires good feedback, clear results, an open, empowering and learning culture and time for discussions and experience to be shared both inside the trust and with external partners and colleagues.

The FTN sees the sharing of learning as one of its key functions supporting the development of NHS foundation trusts. Through its Board-level network meetings and Benchmarking programme, it offers members the opportunity to identify and share good practice and stimulate innovation.

As a trust-specific example, University Hospital of South Manchester Foundation Trust has set up First Friday:

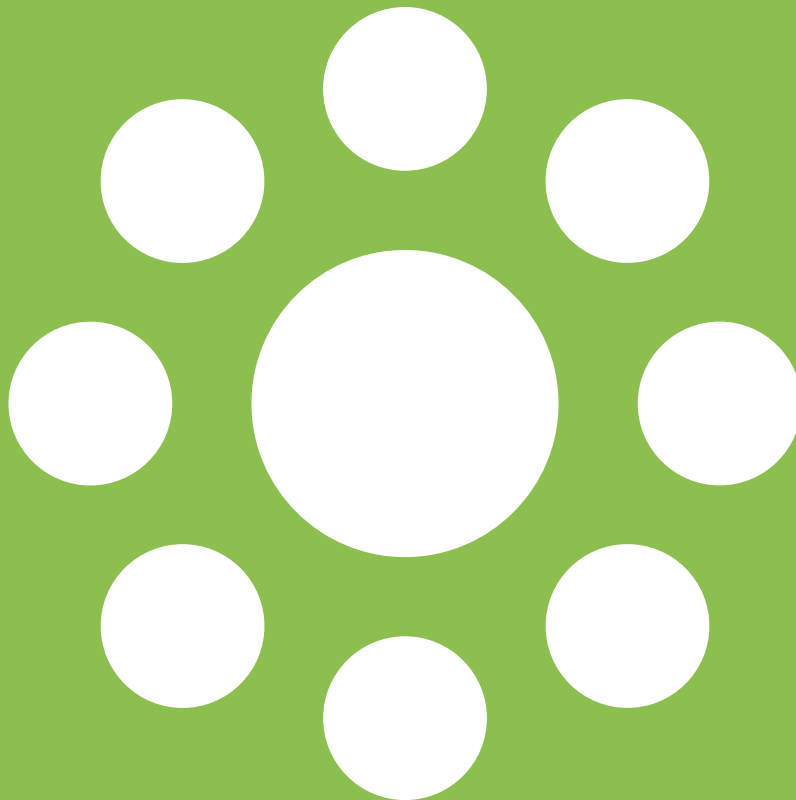
A vital part of the continuous quality improvement is learning from results and adjusting activity accordingly

University Hospital of South Manchester Foundation Trust

First Friday was implemented 12 months ago at University Hospital of South Manchester NHS Foundation Trust and has proved to be an extremely popular and important initiative. First Friday involves senior trust managers, including executive and non-executive directors, visiting wards and departments each month to speak to patients' first-hand about their experiences of using hospital services. The First Friday initiative is not primarily concerned with collecting quantitative feedback although all feedback is collected on 'Knowledge Capture' templates. This data is then aggregated and used to inform all aspects of patient experience reporting across the trust. First Friday is in fact primarily concerned with the following aspects;

- It connects non-clinical managerial staff who do not ordinarily have patient contact to the patient experience and is a reminder of the trust's primary objectives for delivering excellent patient care.
- Patients often comment on how they appreciate trust managers, including the Chief Executive, taking the time to speak to them about their experiences and therefore reducing barriers.
- Ward staff appreciate closer links with the executive teams and other managerial bodies (for example finance) and sees the reinforcement of the trust-wide 'team' in all aspects. Visits are often undertaken in pairs this also promotes pan-trust relationship building.
- First Friday, alongside the South Manchester 'Way' helps all staff to generate ideas for improvement by seeing the real issues on the ground.
- Feedback is consistently utilised to promote 'learning from experience'. All feedback is compiled in a monthly Patient Experience report and fed back to the responsible Division to which the service relates.

Assurance



Quality Accounts are about accountability, stakeholder engagement and the building of relationships of trust. Much of the information the accounts contain will be technical in nature and some data difficult for the lay reader to comprehend. Stakeholders need to be able to make sense of the narrative that support and interprets the technical data. Hence the main reason for seeking independent assurance that the accounts are both relevant and accurate is to give stakeholders re-assurance that their confidence in the narrative is justified.

There are many ways of getting independent assurance. Below we run through them and their pros and cons:

New Regulatory Machinery

It has been suggested in early DH-commissioned analysis that new regulatory machinery should be set up to verify the accounts. FTN objected strongly to this on the basis of cost and absurd bureaucracy. Above everything else the Quality Accounts are meant to strengthen local accountabilities in a direct relationship between service providers and their stakeholders, not add yet another layer to national regulation.

Given the financial challenges within the NHS over the next several years, it now seems unlikely that there will be any new regulatory machinery. However, existing regulators are likely to put more emphasis on Quality Accounts as part of their processes and will encourage the development of independent assurance.

Independent External Auditors

Clearly external auditors have a long and well established track record in financial auditing and assurance. Quality Accounts will require both hard and soft measures to meet stakeholder expectations- particularly in the realm of assessing patient experience and this has not traditionally been the remit of auditors. There are a number of assurance service providers in the private sector with experience of corporate responsibility account auditing (see Co-op case study on page xx)

There is no doubt that an appropriate market of Quality Accounts auditors could be created. The main problem for organisations is the cost of these services. It is going to be difficult to argue to spend significant sums on auditing fees rather than front line services for patients at a time when the NHS needs to take out £20 billion of spend.

Even if independent review through certified auditors is not a viable financial option, there are other ways of opening your Quality Accounts to independent scrutiny. These are part of a possible continuum and can work either alone or in concert. Such options are outlined below.

Independent Review

Independent Review is a reasonable option. It could be undertaken by the existing accountability body, such as Council of Governors or Member's Council. Some NHS foundation trusts have set up expert advisory bodies to the executive team with specific representation from stakeholder groups to 'hold the ring' for their interests. In some organisations these expert panels examine indicators

and sign off the accounts for the issues/stakeholder groups they represent. In addition the panel as a whole can make recommendations to the executive team on any aspect of the accounts and the report that presents the narrative around them. Any independent panel to review the quality accounts should have multi-stakeholder representation, rather than simply be a clinical review panel.

In any independent assurance the methodology matters and there are standards that have been developed to support the assurance process such as the AA 1000 (2008) Assurance Standard which also includes a Type 2 Assurance to underpin evaluations of the nature and extent of adherence to the AA 1000 (2008) Accountability Principles. An assurance report should also include findings and conclusions concerning the reliability of reported performance information.

case study Camelot Group plc



Advisory Panel for Corporate Responsibility (APCR)

The APCR is made up of independent specialists from outside Camelot who have professional expertise in areas of stakeholder concern. The Panel's job is to challenge Camelot's approach and provide advice on how to enhance our Corporate Responsibility practice.

The panel works closely with Camelot's internal Corporate Responsibility Board, and reports outputs to the main Board through the Chair. The CRB secures the focus of Camelot's management on responsible play and all other issues of corporate responsibility. In its more formal operation, the APCR tackles a rolling programme of themes, but also provides a



forum for debate on the key issues for our corporate responsibility priorities, particularly when there are divergent interests for different stakeholders. During 2008/09 new terms of reference were agreed for the APCR, giving clearer definition and scope to its role in scrutinising and challenging our CR performance.

The APCR is chaired by Gerry Acher, Non-Executive Deputy Chairman of Camelot, who represents the views of shareholders on the APCR and reports back to the Board on matters discussed by the Panel.

Other members, who each have a particular stakeholder perspective, are:

Players & winners: Sir Robert Worcester, Founder of MORI

Employees: Valerie Hammond, Chair of Roffey Park Institute

Local communities: David Grayson, Director of The Doughty Centre for Corporate Responsibility, Cranfield University

Public interest groups: Andy McLellan, CEO of GamCare

Suppliers & partners: Mark Goyder, Founder Director of Tomorrow's Company

Environment: Hugh Somerville, independent consultant

Retailers: Mahendra Jadeja, Past National President of the National Federation of Retail Newsagents.

Our Chief Executive is in attendance at each quarterly meeting of the Panel, as are members of the Corporate Responsibility team. Camelot Executives are not present at the start of each APCR meeting, to allow Panel members and the Chair to have a full, frank and independent discussion about the agenda.

All APCR members approve their designated sections of the Corporate Responsibility Report, (<http://www.camelotgroup.co.uk/crreport2009/index.html>). The APCR also publishes an independent statement as part of this report.

Trust to Trust and other forms of Peer Review

This option would involve the expert machinery in another foundation trust reviewing the accounts and offering an opinion on them.

Alternatively this could be a publicly known individual expert who has wide credibility in the particular field under review. In private sector corporate responsibility accounts this has been used quite widely. An example is in Marks & Spencers 2009 corporate responsibility report 'How we do business' which has an expert review provided by Jonathan Porritt (website viewed on 25 January 2010).

http://corporate.marksandspencer.com/howwedobusiness/hwdb_reports

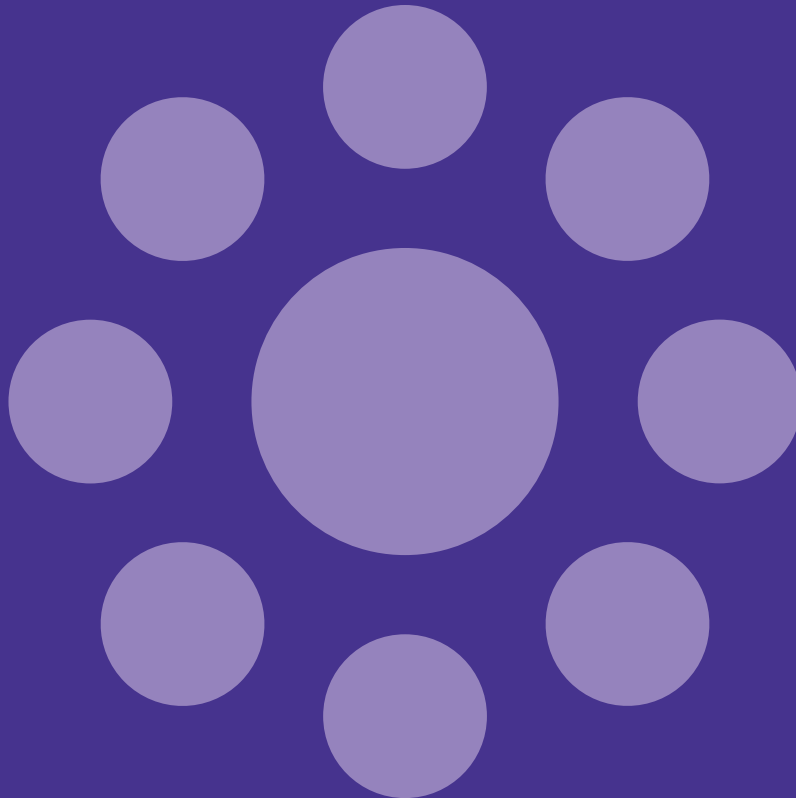
Self-Certification

If the board is to own the Quality Accounts, there is a strong argument for the FT board self-certifying. Monitor already uses processes of self-certification extensively. But foundation trust boards would additionally normally consult the Board of Governors on relevant matters for self-certification.

Stakeholder Review

The FTN publication 'Making the Most of your Quality Accounts' sets up a continuous process that takes place within each annual reporting round. Quality improvement is a journey in which the process is driven by genuine stakeholder engagement. Stakeholders are involved both in setting the quality priorities and indicators at the start of each cycle and reviewing performance outcomes at its end and strategies for continuing improvement over time in order to prepare for the next cycle.

Appendices



Appendix 1: What's on the horizon?

Stakeholder engagement is central to the success of the Quality Accounts process, and, for the time being at least, an 'ethic of engagement' is being promoted by government as the next stage of the journey of modernisation: as Tessa Jowell recently pointed out 'After all, public services are owned by the public, so the public must have the right to influence how those services are delivered'¹¹.

In terms of what will be a requirement of NHS foundation trusts in 2010 and beyond, the DH consulted in late 2009 on the shape of 2010 Quality Accounts; regulations are expected to be laid before parliament shortly.

While the FTN felt that there was too much prescription in the consultation proposals, there was scope for local determination of content too. The challenge for NHS foundation trusts will be to maintain the engagement of their staff and stakeholders in something dynamic that can be locally owned, while meeting these anticipated national reporting requirements.

The original DH proposals can be accessed here:

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_105304

The FTN response can be accessed here:

http://www.nhsconfed.org/SiteCollectionDocuments/20091125_FT_N_Response_Consultation_on_the_proposed_framework_for_quality_accounts.pdf

The DH response to the consultation exercise, setting the shape of the eventual regulations, was published on 5 February 2010. It can be accessed here:

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_111895



'After all, public services are owned by the public, so the public must have the right to influence how those services are delivered'

The Right Honourable Tessa Jowell MP



In the Ministerial statement of 5 February it was clarified that:

- the regulations would be less prescriptive about the number of priorities for quality improvement that a provider should set by removing the maximum and leaving that to local discretion;
- there would be a simplified the statement on participation in clinical audit;
- it would be made clear in guidance that providers should explain how participation in clinical audit and research improves patient care;
- information on data quality (inclusion of valid NHS number) will be supplied separately by admitted patient care, outpatient and accident and emergency;
- Local Involvement Networks (LINks) and Overview and Scrutiny Committees (OSCs) will be given the opportunity to comment on a provider's Quality Account;
- the regulations are now less prescriptive about the number of priorities for quality improvement that a provider should set. A minimum has been set but no maximum requirement-this allows larger organisation to set a higher number of priorities;
- the statement on participation in clinical audit has been simplified. The Department's response to the consultation acknowledges that there is limited benefit in asking providers to calculate what percentage of patients were covered by the audits undertaken;
- departmental guidance will make it clear that providers when reporting on the number and type of clinical audits undertaken and the number of patients recruited to clinical research should explain how participation in both processes has improved patient care in their organisation;
- the information on data quality (inclusion of valid NHS number) will be supplied separately by admitted patient care, outpatient and accident and emergency;

- although some responses indicated that all providers, irrespective of their size, should produce a Quality Account, the majority view was that providers that do not have a significant NHS workload should be exempt. The definition of a small provider is based on the definition used in the Standard NHS Contract (those whose annual contract value is less than £130,000 and who employ 50 or fewer full-time employees) and will be used as the cut off for exemption from the requirement to produce a Quality Account.

The eventual requirements will be available on the DH website and a link provided from the FTN website and resources. A 'comprehensive toolkit' from the DH is expected to be published shortly too.

Furthermore, Monitor has recently consulted on additional reporting requirements for NHS foundation trusts, which reflect the fact that NHS foundation trusts will have reported on quality in 2008-09 and need to look back on the achievement of priorities set. The proposals also aim to keep NHS foundation trusts ahead of the curve, introducing requirements for reporting on issues such as sustainability¹². The FTN's view on sustainability reporting is that it offers an opportunity for NHS foundation trusts to demonstrate the wider impacts NHS foundation trusts have on the local economy and within their communities – as a major employer, as a key part of the health economy and as a significant influence on local partners in health and wellbeing. The FTN response to this consultation can be found here:

<http://www.nhsconfed.org/SiteCollectionDocuments/2010-01-22%20FTN%20Response%20%20consultation%20on%20additional%20annual%20reporting%20requirements%20for%20200910.pdf>

Also at the time of writing, Monitor had issued consultative proposals on the assurance of quality accounts¹³. This FTN guide includes a section on possible means of assurance with examples from other sectors highlighted.

The Monitor proposals focus on the following three elements:

1. Board assertion including, proposals covering:

- NHS foundation trust boards affirming that the narrative and information reported in the Quality Accounts, and the inferences drawn from them, are fairly stated;
- the requirement for each NHS foundation trust board to include a Statement of Directors' Responsibilities as part of their Quality Accounts; and
- the requirement for trusts to detail their systems of internal controls relating to data quality within the Quality Accounts, in their Statement of Internal Controls.

2. External assurance on the arrangements in place to ensure Quality Accounts are fairly stated including, proposals covering:

- a requirement for NHS foundation trust auditors to review the NHS foundation trust's arrangements for satisfying itself that the Quality Accounts are fairly stated;
- the inclusion of a basis against which auditors can review arrangements, by establishing a set of criteria; and
- the auditor's assessment of a trust's arrangements would be based on evidence obtained from a number of sources.

3. External assurance on performance indicators in the Quality Accounts including, proposals covering:

- the inclusion of a number of indicators to test each foundation trust, to support the auditor's work on the trust's arrangements.

In the DH response to the consultation exercise on quality accounts, it was signalled that the DH would be working with Monitor to evaluate the outcome of the Monitor 2010 testing exercise, to develop policy on future assurance requirements.

Appendix 2:

Wrightington, Wigan and Leigh NHS Foundation Trust

Evaluation questionnaire for assessing the experience of staff on wards in using the ward to board reporting tool (detailed on page x). Questions are in three sections: structure, process and outcomes.

Ward to Board/QMP: Audit Evaluation					
	Poor	Average	Good	Excellent	Comments
Structure					
That the format is user friendly in design.					
That the questions are accurate and precise to what is needed to know /measure in the domain.					
That the questions relate to and measure care in all your areas of responsibility.					
That you are able to modify the questions to suit the specific areas.					
Process					
That you have enough help/human resource to conduct the audits.					
That you can 'protect time' to perform the audits					
That the process is all electronically captured (no paper)					
That any electronic problems are dealt with quickly and resolved.					

Ward to Board/QMP: Audit Evaluation (continued)

	Poor	Average	Good	Excellent	Comments
Outcomes					
That you are confident that monthly audit cycle of all patients ensure standards of care in your areas					
That you have enough time to correct poor performance between audits.					
That poorly performing areas are managed (please use comments space)					
That consistently well performing areas are recognised. (please use comments space)					
That best practice is shared between all areas.					
How best should we use the QMP audits in relation to Ward to Board reporting. (please use comments space)					

References

- 1 'Making the most of your Quality Accounts'FTN 2009
- 2 Quality Reports Testing Exercise: Evaluation
Department of Health. August 2009
- 3 Quality Reports Testing Exercise: Evaluation pg 26.
Department of Health. August 2009
- 4 Quality Accounts Patient and Public Engagement
Report (from summary section). Ipsos Mori. 17th Sept
09
- 5 Foundation Trust Quality Reports Analysis
- 6 [http://www.dh.gov.uk/dr_consum_dh/groups/
dh_digitalassets/documents/digitalasset/
dh_105619.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105619.pdf)
- 7 AccountAbility, AA1000 Stakeholder Engagement
Standard, London 2005: A revision process was begun
in 2009.

AA1000 provides a framework to help organisations build their accountability and social responsibility through quality social and ethical accounting, auditing and reporting. It addresses the need for organisations to integrate their stakeholder engagement process into their daily activities.

The Framework provides guidance to users on how to establish a systematic stakeholder engagement process that generates the indicators, targets, and reporting systems needed to ensure greater transparency, effective responsiveness to stakeholders and improved overall organisational performance. See documents performance.

<http://www.accountability21.net/publications.aspx?id=402>

- 8 <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/guidance-foundation-trusts/quality-reports-and-accounts> – see link to 200 unique measures
- 9 John Neil, Unipart Whitehall and Westminster Editorial 2007
- 10 High Quality Care for All: Our Journey so Far. Chapter 3 page 40/41. NSR Implementation Team. DH. June 09.
- 11 <http://www.guardian.co.uk/commentisfree/2009/dec/14/mutual-interest-public-services>; accessed on 25 January 2010
- 12 <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/consultations/monitors-consultations/consultation-additional-a> accessed on 25 January 2010
- 13 <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/consultations/monitors-consultations/consultation-seeking-exte> accessed on 25 January 2010

Useful sources of information

FTN website:

<http://www.nhsconfed.org/Networks/FoundationTrust/Workstreams/Quality/Pages/Quality-accounts.aspx>

DH website: <http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/Qualityaccounts/index.htm>

DH-commissioned report evaluating 2008-9 Quality Reports:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105620

Monitor website: <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/guidance-foundation-trusts/quality-reports-and-accounts>

AccountAbility: <http://www.accountability21.net/>

BT: <http://www.btplc.com/Societyandenvironment/Ourapproach/Sustainabilityreport/index.aspx>

Camelot Group: <http://www.camelotgroup.co.uk/crreport2009/index.html>

Co-operative Group: <http://www.co-operative.coop/corporate/Sustainability/>

Global Reporting Initiative: <http://www.globalreporting.org/Home>

Marks and Spencers “How we do business” reports:

http://corporate.marksandspencer.com/howwedobusiness/hwdb_reports

TwoTomorrows (assured the Co-operative Group’s report):

<http://www.twotomorrows.com/>

Unipart Group: <http://www.unipart.co.uk/>

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Salford Royal NHS Foundation Trust
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The Foundation Trust Network (FTN) was established as part of the NHS Confederation to provide a distinct voice for NHS foundation trusts. We work to raise the profile of the issues facing existing and aspirant foundation trusts and to improve the influence of FTN members.

The NHS Confederation is the independent membership body for the full range of organisation that make up today's NHS across the UK. Its ambition is excellence for patients, the public and staff by supporting the leadership of today's NHS and addresses the distinct needs of all parts of the NHS through its networks and forums. The FTN is one of these.

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