

QUALITY ACCOUNTS 2013/14

(THE TRUST'S QUALITY PRIORITIES AND AIMS FOR 2014-2015)



Quality

Safety

People

Delivery

Environment

Cost



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Quality Goals

Aim 2020	Measure
100% of Patients and Carers involved in decisions about their care.	Achievement of 100% in Friends and Family Test by 2016
100% compliance with standard pathways	Pathway specific
Zero inappropriate admissions	Care in the community milestone
Zero Harms	95% harm free care by 2016 Reduction in Pressure Ulcers, Falls and Venous Thrombo-Embolism (VTE)
Zero Delays	All inpatient diagnostic tests to be undertaken with 24 hours of referral

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Quality improvements made as a result of audits undertaken focus on the areas listed below

Education

Development and implementation of guidelines, procedures and policies to improve patient care/outcomes

Documentation

Improved diagnostics

Patient observation

Medicines Management

Implementation of National Institute for Health and Care Excellence (NICE) guidance

Pathway Development

Blood product management

Staff and patient safety

Infection prevention

Reduced Mortality

Venous Thrombo-Embolic

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Work undertaken by the Clinical Audit Department in 2013/14 has supported the following

Mortality/Pathway reviews

National Audits

NHS Litigation Authority (NHSLA) Audits

Clinical Negligence Scheme for Trusts (CNST) Audits

Nursing care indicators

Medical care indicators

Achievement of Commissioning for Quality and Innovation (CQUIN)

Contract requirements

Quality framework schedules for Acute and Community

Improved working with Clinical Commissioning Groups (CCGs)

Case note retrieval

Venous Thrombo-Embolicism (VTE)

Dementia

Quality

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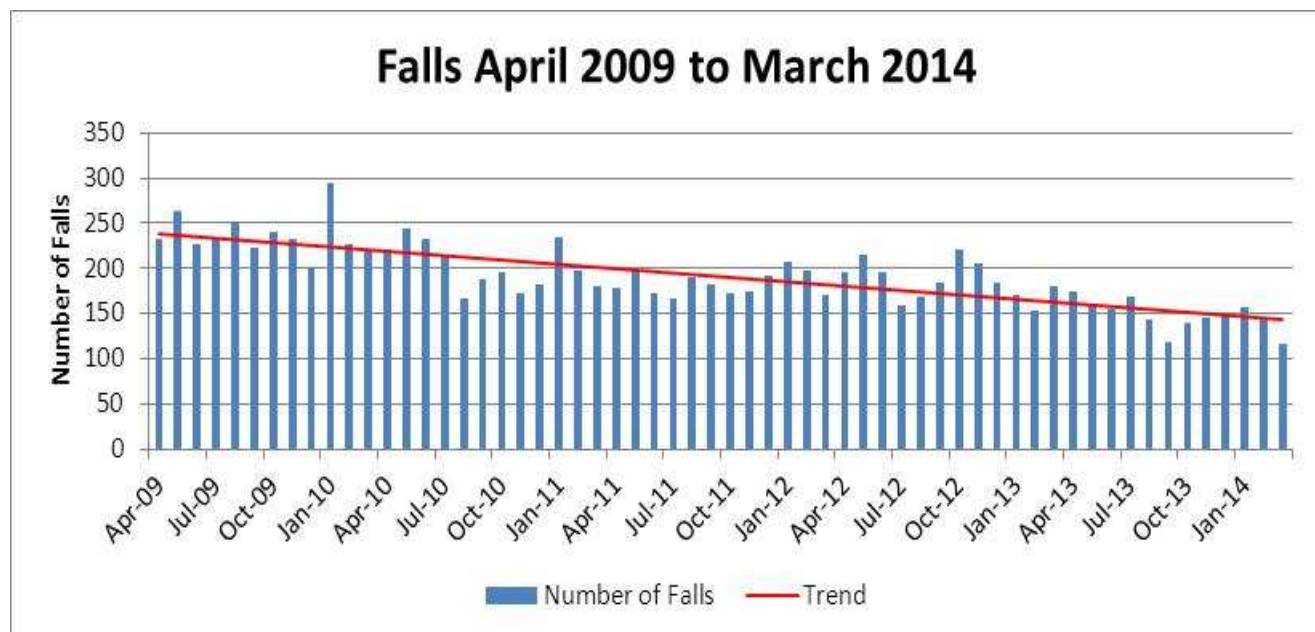
Delivery

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Zero Harms

1. Falls Prevention



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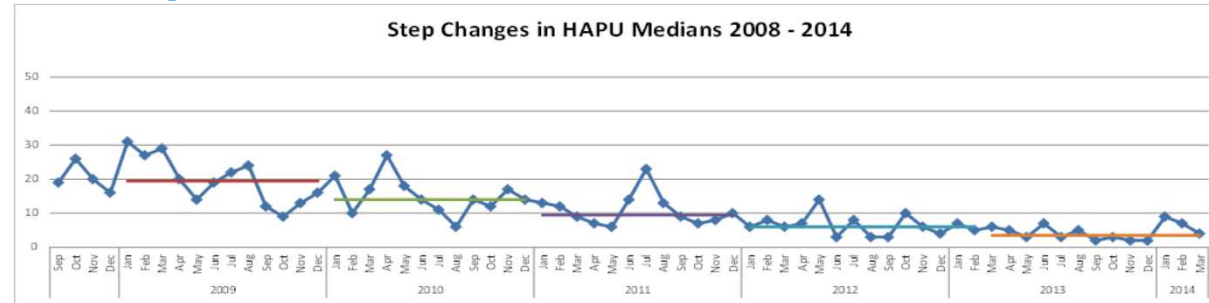
Delivery

Environment

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2. Pressure Ulcer Prevention

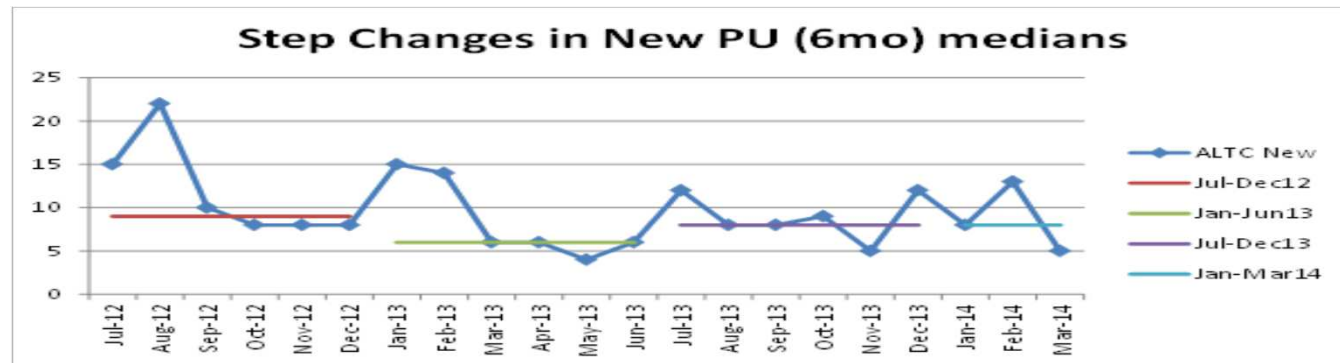
Hospital Acquired Pressure Ulcers



April 2013 – March 2014 32.89% reduction

March 2009 – March 2014 84.38% reduction

3. Community Acquired Pressure Ulcers



April 2013 – March 2014 26.67% reduction

Quality

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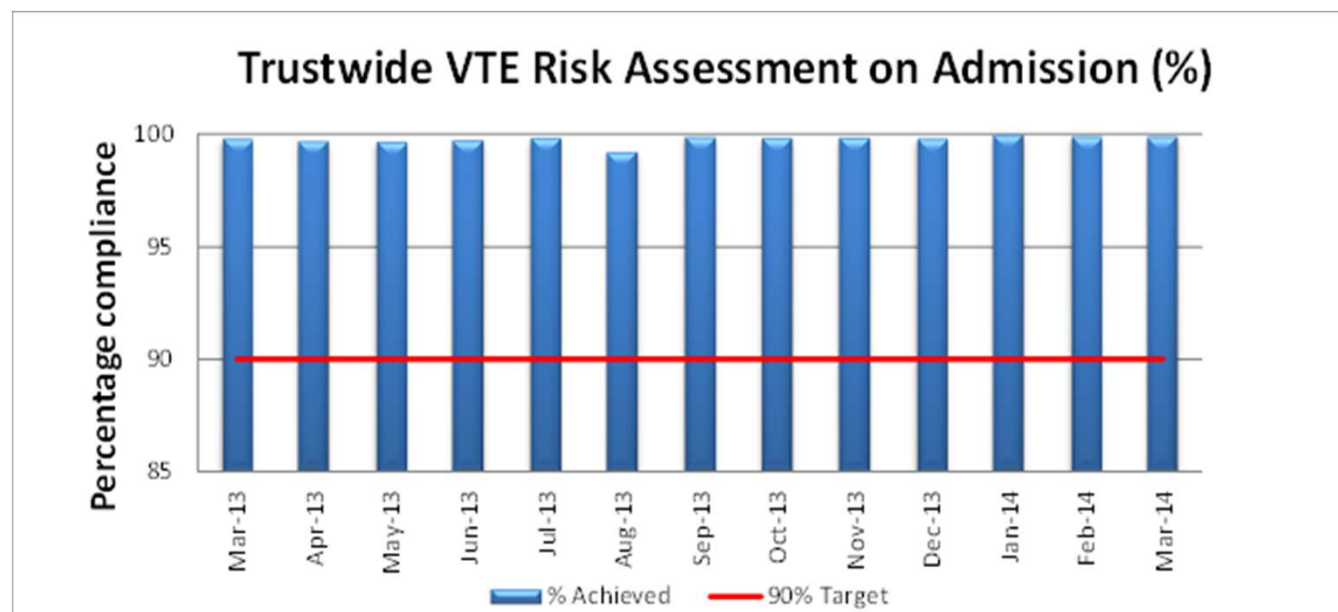
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4. Venous Thrombo-Embolism



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Research and Development Quarterly update

Focus: Changes to the Research Networks

The **National Institute for Health Research** (NIHR) Clinical Research Network is the clinical research delivery arm of the NHS. The following changes to the Research Network have been implemented:

1. The number of NHS patients taking part in clinical research studies over the last six years has doubled.
2. The NIHR has improved its ability to deliver studies to time and target.
3. Various networks - topics and comprehensive - were set up as separate (albeit linked) bodies, at different times to allow in-depth expertise in delivering clinical studies in specific therapy areas to grow.
4. On 1st April 2014 the structure was simplified to just 15 Local Clinical Research Networks. Together they cover the whole of England, with the same boundaries as the emerging Academic Health Research Networks (although they do have very different roles in the research system).

The NIHR Clinical Research Network North West Coast is hosted by Royal Liverpool and Broadgreen University Hospitals NHS Trust. The host is responsible for ensuring the effective delivery of research in the following ways:

1. The NIHR North West Coast helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences.
2. The Trust works collaboratively with the new network and receives funding for research staff and support services.
3. The Blackpool research team work collaboratively with other NHS Trusts, universities, charities and pharmaceutical companies to translate that passion into the effective delivery of studies in the Trust.
4. The Blackpool research team aim to ensure that clinical research is core business within this Trust and patients have the opportunity to take part in all study specialities.
5. In 2013/2014 1,650 patients took part in clinical research at the Trust. There are currently 139 clinical trials open to recruitment and we have been commended by the NIHR and Industry for recruiting the 1st global patient to a gastroenterology study and also the 1st European patient to a paediatric study.

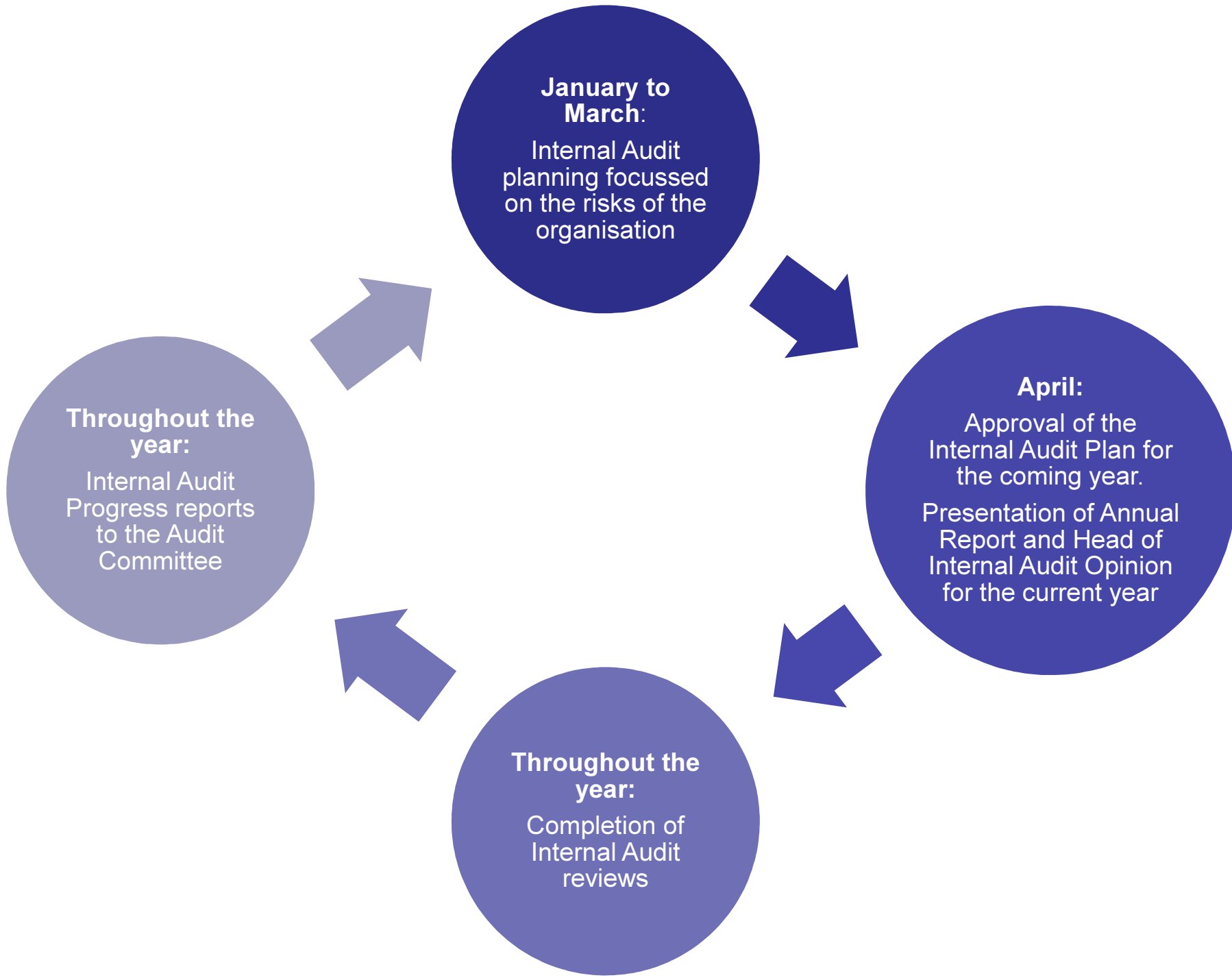
Michelle Stephens, R&D Manager

KPMG

The Trust's Internal Auditors

An independent and suitably resourced internal audit function:

- Provides objective assurance as to the adequacy and effectiveness of the risk management and internal control framework.
- Assists the Board with its responsibilities to strengthen and improve risk management and control.
- Assists management to improve the risk identification and management process



January to March:

Internal Audit planning focussed on the risks of the organisation

April:

Approval of the Internal Audit Plan for the coming year.
Presentation of Annual Report and Head of Internal Audit Opinion for the current year

Throughout the year:

Completion of Internal Audit reviews

Throughout the year:

Internal Audit Progress reports to the Audit Committee

PWC

THE TRUST'S EXTERNAL AUDITORS

Our role is to provide external assurance over the accuracy and fairness of the Financial Statements and Annual Report by undertaking the work listed below

- a** Audit the Annual Report and accounts
- b** Check compliance with International Financial Reporting Standards (IFRS).
- c** Check compliance with Monitor's Foundation Trust Annual Reporting Manual (FT ARM).
- d** Consider whether the disclosures in the Annual Governance Statement (AGS) are complete and whether or not there are any inconsistencies.
- e** Report on an exception basis on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.
- f** Provide assurance on the Trust's Quality Report in line with Monitor requirements.
- g** Undertake procedures as required for the National Audit Office (NAO).

PWC

THE ROLE OF EXTERNAL AUDIT IN RELATION TO THE QUALITY REPORT

- | | |
|---|--|
| a | Review the content of the Quality Report against the mandated content requirements. |
| b | Review content of the Quality Report for consistency. |
| c | Audit two nationally mandated performance indicators and one locally selected performance indicator. |

KEY DATES FOR EXTERNAL AUDITS

22.04.14	Start of external audit work
23.04.14	Receive draft External Audit accounts and Quality Report alongside working papers
28.04.14	Fieldwork begins on site
13.05.14	Internal clearance meeting with finance team
21.05.14	External Audit Findings presented to the Audit Committee
26.05.14	Quality Report field work completed
30.05.14	Submission deadline for audited accounts (inc. The Quality Report within the Annual Statement and submission of the private Governor's Report

OVERVIEW AND SCRUTINY COMMITTEE MEETINGS 2014-15

Date of meeting	Topic to be discussed
8 th May 2014	Quality Accounts
12 th June 2014	CQC inspection – action plan/progress to date
17 th July 2014	HR – recruitment and retention
25 th September 2014	Tour of site/main entrance and patient experience presentation
6 th November 2014	Moving forwards – future pathways and strategy
11 th December 2014	Mortality
5 th February 2015	Dementia visit/presentation including visit to memory corridor
19 th March 2015	Trust strategic aims update
30 th April 2015	Quality Accounts

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