

The Board's view of safety and quality

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NHS Foundation Trust

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What's in this session:

- Who we are
- Boards
- Policies
- Ends
- Limitations
- Patient & Carer Experience
- Annual Quality Account

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- 700+ beds
- District General Hospital
- 4,000 staff
- Serves population of 350,000 - 700,000
- Full range of acute services
- Cancer Centre
- Acute Stroke Unit
- €250M

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The Board of Directors

- Chairman
- CEO & 6 Executive Directors
- 7 Non-Executive (Independent) Directors
- Meets monthly

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What's a Board for?

- Representing its owners
- Setting strategic outcomes (Ends)
- Delegating their accomplishment to CEO
- Defining the limits of prudence and ethics to be exercised by CEO
- Monitoring CEO's accomplishment of Ends
- Assuring CEO compliance with Limitations

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What do Boards want?

- They are accountable for everything
- Yet they cannot know everything
- They need to define what matters to them
- Pre-stated criteria rather than wading through the detail
- Require compliance with that criteria
- Challenging for boards which are usually used to wandering through the undergrowth

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What do boards want?

- If the board does not articulate what matters to it then several things happen:
 - Second guessing
 - By CEO – what does the board want (and what can I conceal)?
 - By board – what has CEO not revealed?

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- Approving
 - Usually a mysterious (and illusory) process which leaves everyone feeling that something important has happened
- Clever questions are then asked
- Equally clever answers are given (or promises made)
- Bland reassurances' proliferate
- Becomes highly ritualised
- Often seen as an 'incompetent group of competent people'

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How our board is raising its game

- Using the principles and processes of Policy Governance®
- We began the journey over 3 years ago
- Challenges the board to work in a consistent way
- Aim is to have a competent group of competent individuals
- To be the best we can be

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Board Policies

- Value statements about the difference the organisation is intended to make (Ends)
- These define organisational success
- Value statements about the prudence and ethics the CEO must abide by (Limitations)
- These define the board's concern that the CEO operates in a safe manner and are specified as circumstances to be avoided

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ENDS

- The reason for the organisation's existence
 - What benefits, for which people and at what cost or relative worth?
 - Not about 'doing' things
 - About the difference to be made to certain people's lives in specifiable ways
 - About how 'market value' is demonstrated

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Executive Limitations

- How the board controls the means
- Expressed in terms of proscriptions
- Describes what the board considers to be off-limits
- The boundaries of Prudence and Ethics
- The board's assurance framework
- Avoids the board acting as 'expert' managers and crossing into executive territory
- Monitored at a frequency determined by the board

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Delegation to CEO

- CEO is free to make any reasonable interpretation of board's policies
- Has to justify the interpretation
- Has to provide monitoring data demonstrating the accomplishment of Ends and compliance with Limitations
- Requires considerable board discipline to stay out of the 'means' and concentrate on 'holding to account'

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Policy creation

- Starts at highest (global) level – embraces everything
- Where board believes this allows too much freedom or risk then lower level policies are created to recognise this
- Once the board has ceased policy creation the CEO is then free to go the rest of the way (Ends & Limitations)

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Ends Policy (Global)

1. **Southend University Hospital exists so that the people we serve achieve the best possible health outcomes in a cost efficient manner**

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Global Executive Limitations Policy

The CEO shall not cause or allow any practice, activity, decision, or organisational circumstance which is:

- a) Unlawful
- b)
-
- f) Likely to jeopardise the reputation of the hospital
- g) Otherwise imprudent or in violation of commonly accepted business and professional ethics and practices

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A lower level Limitations policy

4.3 Patient and Carer Experience

With respect to interactions with patients and their carers, the CEO shall not cause or allow conditions, procedures, or decisions which are not caring, reliable, effective or safe

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Interpretation

- *Caring* is interpreted to mean that the patient and/or their carer has the experience of being respected, listened to and treated compassionately. Patients and carers would be subject to *caring conditions, procedures or decisions* if
 - 1) they were afforded appropriate privacy in the form of:
 - a) same sex accommodation in line with national guidance
 - b) an above average Trust score of at least 70% for the Essence of Care Dignity and Privacy benchmark.

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- 2) they had the opportunity to express any dissatisfaction or concern about their care in the form of:
 - a) awareness of the mechanisms by which to make a comment or complaint
 - b) a variety of mechanisms by which to comment or complain that take account of the need to cater for individual and diverse needs
- 3) 90% said that the response to any issues they raised (from 2. above) was adequate.
- 4) No less than 70% said they felt cared for

• **Reliable - conditions, procedures or decisions**

Reliable is interpreted to mean that the patient has received:

- a) The care that had been agreed with them or their duly appointed representative.
- b) Care that achieves the standards set by the Care Quality Commission

Patients and carers would be subject to *reliable* care if:

- An annual analysis of complaints shows less than 10 % felt that they did not receive the agreed care.
- The Trust retains registration with the Care Quality Commission (CQC).

Safe - conditions, procedures or decisions

- Patients and carers would be *safe* if:

- a) national best practice was followed regarding:
 - i) VTE
 - ii) WHO surgical checklist
 - iii) Environmental cleaning standards

Safe - conditions, procedures or decisions

- b) they were free from avoidable harm, and
 - i) there were no incidents of HCAI
 - i) any incidents were investigated and lessons acted upon
 - ii) there were no avoidable falls
 - i) any falls were investigated and lessons acted upon
 - iii) there were no medication errors
 - i) any medication errors were investigated and lessons acted upon
 - iv) There were no 'never' events

Safe - conditions, procedures or decisions

- c) they were not exposed to any more risk than expected by their consultant from their treatment.
- d) the board's Asset Protection policy was complied with in relation to the safe and reliable performance of medical equipment

Annual Quality Account

- Introduced this year
- Reported in Annual Report
- Intended to show improvement/action to improve
- Public accountability on quality of service
- Authored by Medical Director & Director of Nursing

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SUH Annual Quality Account

- Patient Safety
 - Reducing avoidable HCAs
 - Identifying and caring for the deteriorating patient
 - Reducing the incidence of pressure ulcers (sores), drug errors and slips and falls
 - Maintaining Care Quality Commission standards
 - Investing in technology

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Annual Quality Account

- Clinical Outcomes
 - Stroke care
 - Wound management unit
- Patient Experience
 - Tracker
 - Cleanliness
- Listening to patients
 - Complaints & PALS
 - Recommending the hospital

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Thank you for listening.

Any questions?

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Further information

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