

To:	Trust Board
From:	Director of Clinical Quality
Date:	2nd June 2011
CQC regulation:	Outcome 16

Title:	Draft Quality Strategy (V8)										
Author/Responsible Director:	Director of Clinical Quality/Medical Director										
Purpose of the Report:	To present the Trust Board with the latest version of the draft Quality Strategy which describes our approach to quality and highlights key quality goals.										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%;">√</td> <td style="width: 50%;">Discussion</td> <td style="width: 10%;">√</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table>			Decision	√	Discussion	√	Assurance		Endorsement	
Decision	√	Discussion	√								
Assurance		Endorsement									
Summary / Key Points:	<p>The Quality Strategy has been developed over a number of months following discussions with the Executive Team with input from Board development sessions and a variety of staff meetings.</p> <p>The Quality Strategy comprises a small number of ambitious Trust-wide quality goals covering safety, clinical outcomes and patient experience which drive year on year improvement (grouped under UHL values).</p> <p>These quality goals reflect local as well as national priorities, reflecting what is relevant to patients and staff and have been selected to have the highest possible impact across the overall Trust. These trust-wide quality goals are relevant to divisions and CBUs although may be tailored to specific services. For each of the goals there are clear action plans for achieving the quality goals, with designated lead and timeframes, however these are at varying degrees of development.</p> <p>The following have been taken into account in the latest iteration of the Quality Strategy:</p> <ul style="list-style-type: none"> • Feedback following the TB development session key priorities • Feedback from Deloitte (quality governance review) and the draft PWC report • The annual operation plan • Lead across to the Quality Account and priorities for 2011/12 • The Quality Schedule and CQUIN programmes for 2011/12 reflecting local, regional and national priorities 										

Paper E

<p>Following approval of the Quality Strategy the Director of Clinical Quality will:</p> <ul style="list-style-type: none">• Develop a repository for the quality improvement plans on sharepoint• Work with the Assistant Director of Information to ensure the priorities for improvement are captured in the Quality and Performance report• Provide a summary report quarterly/biannually on progress towards these objectives	
<p>Recommendations: The Trust Board is invited to question the Medical Director on the details of the Quality Strategy and suggest further recommendations for development. Detailed quality improvement plans will be loaded onto the intranet and regularly updated noting that these are at various stages of development.</p>	
<p>Previously considered at another corporate UHL Committee ? Yes Executive Team 17 May 2011 and GRMC 24 February 2011</p>	
<p>Strategic Risk Register Quality Strategy requirement of Monitor's Quality Governance Framework</p>	<p>Performance KPIs year to date Q&P report</p>
<p>Resource Implications (eg Financial, HR) To be quantified</p>	
<p>Assurance Implications Evidence of quality review and assists Board Assurance statements</p>	
<p>Patient and Public Involvement (PPI) Implications Public interest</p>	
<p>Equality Impact N/A</p>	
<p>Information exempt from Disclosure No</p>	
<p>Requirement for further review? To be advised</p>	

University Hospitals of Leicester NHS Trust

Quality Strategy

2011 - 2016

V8 May 2011

Who Should Read this Quality Strategy?

The Quality Strategy should be read by all staff and stakeholders employed by or working closely with the University Hospitals of Leicester NHS Trust.

Aims of the Quality Strategy

This Quality Strategy outlines the improvements that will be undertaken over the next five years to ensure UHL's patients experience excellent care and treatment and rate us among the best performing healthcare organisations.

A number of national, regional and local drivers exist for this strategy but paramount is the **recognition that improving quality saves lives, improves experience and reduces costs.**

Quality was defined in *High Quality Care for All* (DH, 2008) as having three dimensions, ensuring that care is:

- safe
- effective
- provides patients with the most positive experience possible

The Quality Strategy outlines how improvements across all three dimensions of quality will be at the core of everything the Trust does. In particular this will require:

- Setting specific aims around quality improvement
- Building capability to deliver the improvement
- Engaging all of the executive team in the agenda as well as the clinical professionals
- Overseeing the achievements at the Trust Board

These symbols have been applied through this document.

By using these symbols we hope to navigate you through our Quality Strategy and draw your attention to key points that we hope you will find interesting, and informative.



We hope that you will find this useful and interesting information



This has been a positive result for the Trust



This is something we are moving forward with

QUALITY STRATEGY - THEMES

1. VISION, VALUES & STRATEGIC OBJECTIVES

Page: 4
Key Reference Document(s)
 Trust's Annual Report 2010
 Annual Operational Plan 2011/12

2. THE QUALITY CONTEXT

Page: 5
Key Reference Document(s)
 Good to Great
 Quality Account 2010
 Efficiency Strategy 2011

3. ACHIEVING EXCELLENT PATIENT EXPERIENCE

Page: 7
Key Reference Document(s)
 Developing Patient and Family Experience Strategy 2010
 Quality and Performance Report (Monthly)

4. ACHIEVING CONSISTENTLY HIGH LEVELS OF PATIENT SAFETY

Page: 9
Key Reference Document(s)
 Patient Safety & Complaints Annual Report July 2010
 Quality and Performance Report (Monthly)
 Safety Express
 Safety Thermometer

5. BEING CLINICALLY EFFECTIVE

Page: 10
Key Reference Document(s)
 UHL Quality Account 09/10
 Clinical Audit Report (2010)
 Quality and Performance Report (Monthly)

6. MAKING IT HAPPEN

Page: 11
Key Reference Document(s)
 Divisional & Trust wide Quality Plans

7. MATCHING QUALITY WITH RESEARCH AND DEVELOPMENT

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Key Reference Document(s)
 Draft Research & Development Strategy 2011

8. WORKING WITH COMMISSIONERS

Page: 13
Key Reference Document(s)
 Quality Schedule & CQUIN 2010/11 & 2011/12

9. WORKING WITH OUR PUBLIC, PATIENTS, CARERS AND STAFF

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Key Reference Document(s)
 PPI framework

10. MONITORING – KNOWING HOW WE ARE DOING

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Key Reference Document(s)
 Divisional & Trust wide Quality Plans
 UHL Quality Indicators 2011

11. LEADERSHIP AND OVERSIGHT

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Key Reference Document(s)
 Governance arrangements/ committee structure reporting frameworks (2011)
 People Strategy
 Organisational Development Strategy & Strategic Action Plan

12. CONCLUSION

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13. APPENDICES

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 2. Overview of quality & safety indicators

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If you would like to know more details about each theme, the key reference documents are on Insite/Internet

1. VISION, VALUES & STRATEGIC OBJECTIVES

University Hospitals of Leicester NHS Trust was formed in 2000 and is one of the largest and busiest teaching hospitals in England, employing around 10,000 staff. The Trust provides services for a diverse population of nearly one million people across Leicester, Leicestershire and Rutland, and specialist services for approximately three million people from neighbouring counties and the rest of the country.

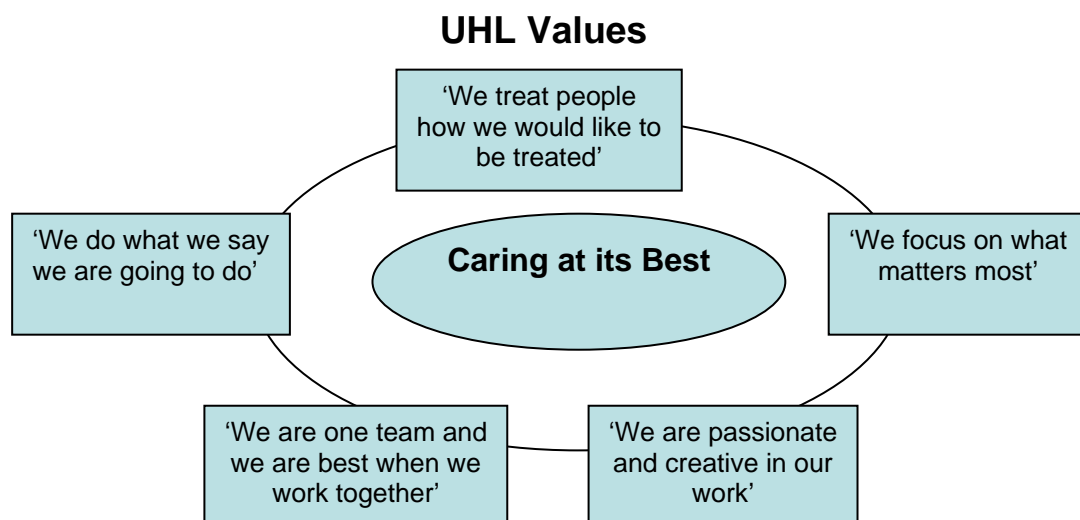
In November 2010 the Trust Board agreed a new Strategic vision for UHL, which brought together the corporate priorities and objectives previously in place, and were identified as critical steps to enable UHL's transformation 'from Good to Great'.

At the heart of UHL's Strategy is the Trust's core purpose to provide 'Caring at its Best'. Service users expect and deserve the highest calibre of care and support. Our Strategy also recognises that UHL serves four different markets, each of which is characterised by different market forces. As a 'great' Trust, it is therefore critical that we compete effectively in each of these markets, and we will do this by building a Trust that is:

- The centre of a local acute and emergency network
- The regional hospital of choice for planned care
- Nationally recognised for its teaching, clinical and support services
- Internationally recognised for its specialist services supported by R&D

To provide this, UHL needs to build on its existing success and capitalise on its commitment to becoming a great Trust.

In the Autumn of 2009, we engaged and consulted with staff and patients to identify a set of values that we will live whilst delivering our strategy. Staying true to these values will be even more critical as we enter one of the most turbulent and challenging periods the NHS and UHL have ever faced.

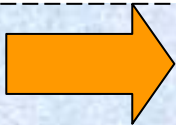


2. THE QUALITY CONTEXT

The key building blocks to achieving our vision of good to great are for services to strive at all times for:

- Excellent patient experience
- Consistently high levels of patient safety
- Clinical effectiveness

Each year, through our Quality Account, we will report our performance and progress in each of these domains and set out the improvement priorities agreed by the Trust Board for the forthcoming year.



Through our Quality Strategy, we will focus on the following:-

Through the development and implementation of the Quality Strategy, and by identifying ambitious annual Quality Plans, we will achieve excellent clinical quality and patient safety over the next five years. This will include:

- Achieving high levels of patient safety
- Achieving excellent patient experience
- Being clinically effective (saving lives and improving outcomes)
- Building quality infrastructure through lean methodologies (e.g. Releasing Time to Care, The Productive Operating Theatre)

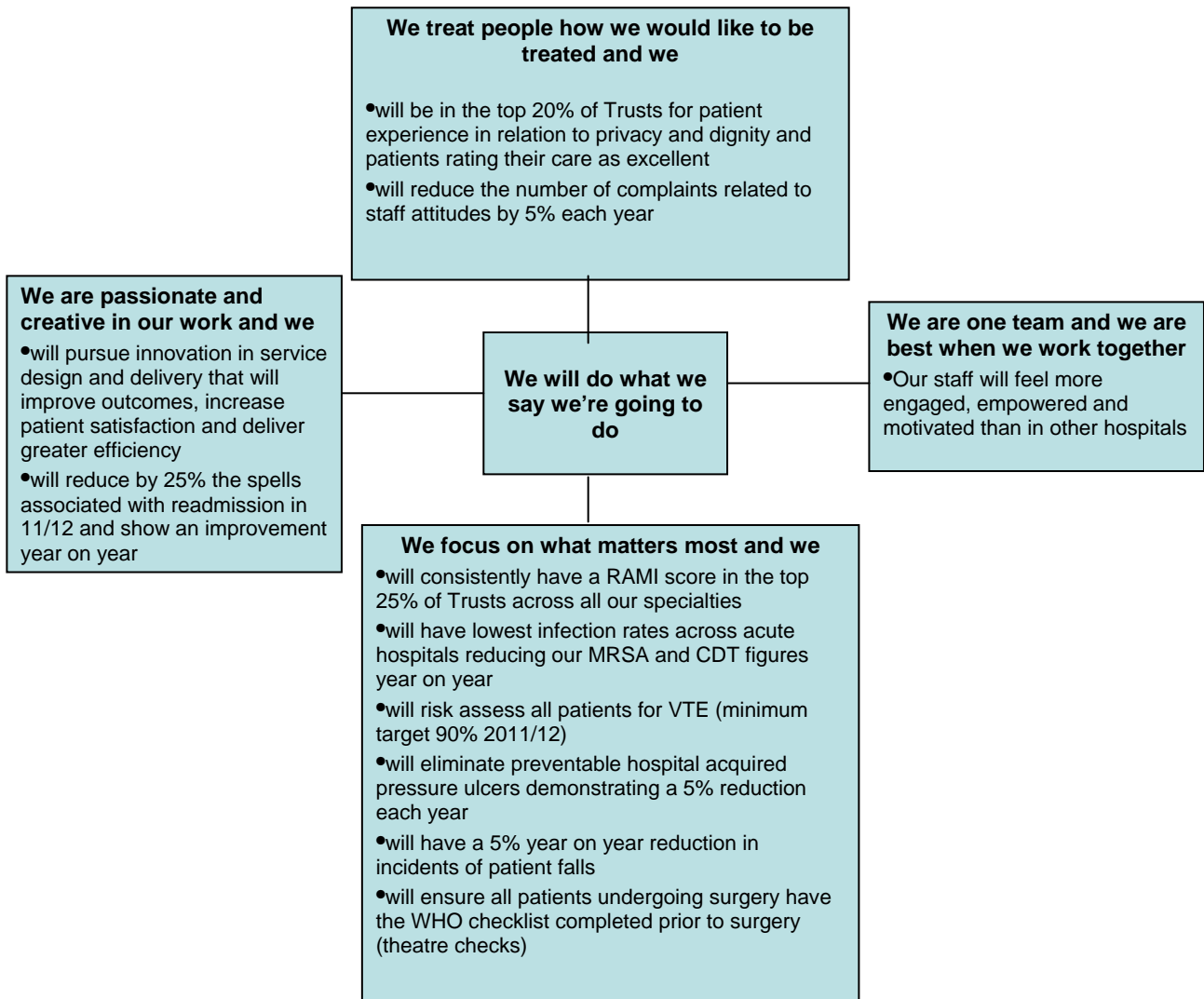
Our priorities will include:

- Getting it right, first time for our patients – we will focus on addressing the known issues that are a cause of concern for our patients as part of our requirement to meet our 'licence to operate'
- Maintaining and measuring national minimum quality standards – while the primary focus of the Strategy is a five-year improvement agenda to identify, develop and deliver best practice and innovation, it is equally important that the Trust achieves and maintains excellent performance against minimum national standards such as Care Quality Commission (CQC) registration criteria, national imperatives, NHSLA Risk Management Standards and other external inspection or accreditation schemes such as Clinical Pathology Accreditation (CPA).



Our Current Position

The Trust is committed to continually developing and improving care provision for patients, their relatives and carers and this is reflected in the Trust's overall Mission which is to provide 'Caring at its Best'. Our focus is providing high quality patient care for all delivered in a way congruent with the Trust's values and behaviours demonstrated by the following ambitions.



Further details in Appendix 1

3. ACHIEVING EXCELLENT PATIENT EXPERIENCE

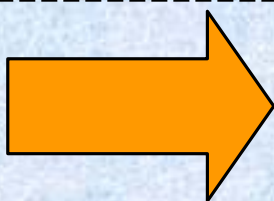
The NHS Constitution (2009) established the Government's clear intention that patients should be 'at the heart of the NHS'. This vision describes greater ownership of the NHS by the public, characterised by greater involvement of the public in decision making about service planning, design, organisation and delivery. This is an ambitious vision, requiring a change in culture in the way the NHS relates to the public and the users of the service.

The University Hospitals of Leicester NHS Trust (UHL) share this vision and is striving towards members, patients, carers and the local community sharing involvement and engagement in decision making and planning for service delivery and design.



Underpinning this Quality Strategy is a developing Patient and Family Experience Strategy incorporating the following principles:

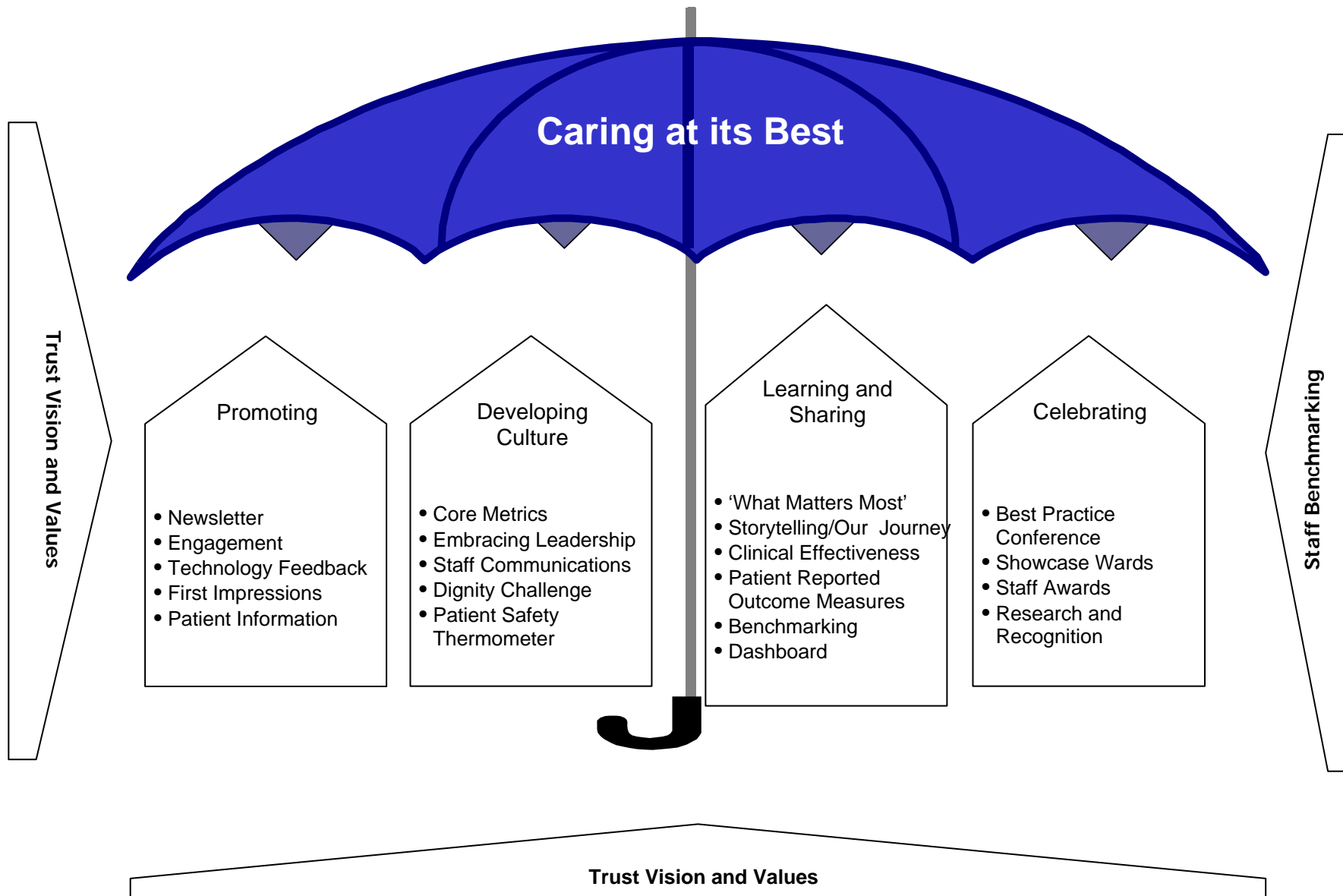
- The quality of patient care should be reported by integrating clinical effectiveness, patient safety and patient experience data together, providing a broader picture
- Patient experience intelligence will integrate multiple sources of information with essential context and interpretation
- Patient experience improvement priorities will be based on local need not just national requirements
- Patient experience intelligence should be gathered at different stages of the patient's journey
- Trends and improvements in patient experience intelligence will be shared using diagrams to illustrate trends and changes particularly in diverse patient groups
- Clinical areas that respond and improve patient experience intelligence will be celebrated/share best practice
- Information for Trust Board and commissioners will inform decisions and enable greater benchmarking and transparency
- Patient experience needs to be forward looking, anticipating trends and future issues
- Organisational culture needs to shift to embrace the patient experience and learn from lessons, provoke debate, share new thinking and take action



We:

- will be in the top 20% of Trusts for patient experience in relation to privacy and dignity and patients rating their care as excellent
- will reduce the number of complaints related to staff attitudes by 5% each year

The developing patient experience agenda can be depicted as:



4. ACHIEVING CONSISTENTLY HIGH LEVELS OF PATIENT SAFETY

We are committed to reducing avoidable mortality and morbidity, eliminating preventable harm and to stop 'normalising' harm and error.



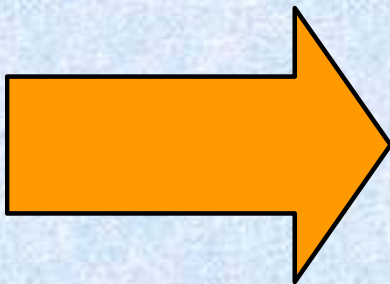
Our efforts and attention to date have enabled us to improve safety and reduce error and harm resulting in:

- Reduced patient falls across the Trust
- No deaths or serious harm due to medication errors
- Being identified as the safest hospital in the East Midlands in the Dr Foster Good Hospital Guide 'How Safe is your Hospital?' 2009
- A 'good' hospital mortality score
- Being awarded exemplar status for our VTE work
- A dramatic reduction in healthcare associated infections
- Being one of the top performing Trusts for implementing safety Central Alert System (CAS) alerts
- Being one of only 25 acute Trusts to be issued with a 'Patient Safety First' certificate for significant progress



Workstreams

There are a number of workstreams/safety interventions that focus on 'Safer Clinical Care at UHL'.

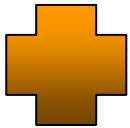


We:

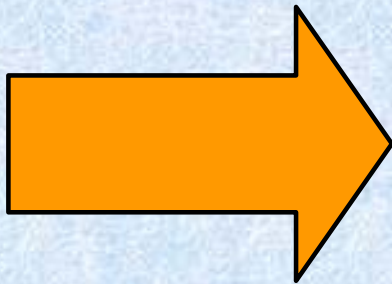
- will consistently have a RAMI score in the top 25% of Trusts across all our specialties
- will have lowest infection rates across acute hospitals reducing our MRSA and CDT figures year on year
- will risk assess all patients for VTE (minimum target 90% 2011/12)
- will eliminate preventable hospital acquired pressure ulcers demonstrating a 5% reduction each year
- will have a 5% year on year reduction in incidents of patient falls
- will ensure all patients undergoing surgery have the WHO checklist completed prior to surgery (theatre checks)

5. BEING CLINICALLY EFFECTIVE

Our aim is to serve our local patients with a broad range of services that are clinically effective, reflect the highest quality of care and deliver optimum clinical outcomes. In most areas our clinical outcomes are already good or excellent.



Across England Hospital Standardised Mortality Rates (HSMR) are decreasing. The 2010 Dr Foster Hospital Guide reported our low rates for repeat operations for transurethral resection of the prostate (TURP) reflecting high quality care



We:

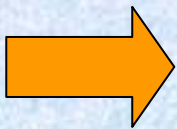
- will pursue innovation in service design and delivery that will improve outcomes, increase patient satisfaction and deliver greater efficiency
- will reduce by 25% the spells associated with readmission in 11/12 and show an improvement year on year

6. MAKING IT HAPPEN?

This Quality Strategy builds on the firm foundation of the many things we are already doing across UHL. However, we also need to do some **new** things and to do some things **differently**.

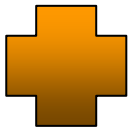


We will have to stop inefficiency and to focus on evidence-based activities which yield the maximum benefit, reducing unjustified variation to minimise the potential for harm. The strategy must be dynamic and adaptable to reflect the changing cultures, expectations, needs and context for healthcare service delivery in the future.



It will be important to balance our drive for quality, productivity and efficiency, with the support and development of our staff, ensuring they feel engaged, valued and empowered in leading and driving the quality strategy in their wards and departments. Care must be **patient centred, safe and effective**, while also ensuring that efficiency, equity and timeliness are embedded within any service improvement and changes we make:

- Key Performance Indicators improving quality and reducing costs, will be developed by the Clinical Business Units (CBUs) and Clinical Divisions through annual Quality Plans and will cover experience, safety and effectiveness
- Plans of the CBUs will set out clear objectives and milestones for delivery for each of the quality indicators and will describe governance arrangements and accountabilities for delivery
- Developments will build on strengths and previous successes in improving care and services and complement the existing clinical governance infrastructure and quality initiatives
- UHL will need to learn and adopt a range of quality improvement techniques and approaches, including measurement and the use of data for quality improvement. This will include consideration of further roll out of 'lean' principles.



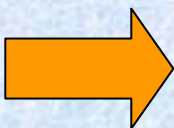
The Trust has engaged in a significant business planning process within which quality underpins/runs throughout these plans. A number of quality plans have been/are being developed for the Trust and these will be captured on the intranet.

7. MATCHING QUALITY WITH RESEARCH AND DEVELOPMENT



Internationally, the highest quality of care and the best outcomes are found in hospitals that have developed a strong research mission. Patient care is improved by participation in clinical trials as they benefit by the application of clinical innovation and the most advanced surgical and medical techniques.

Moving forward we need to:



Working with academic partners, research networks and funders (including appropriate commercial organisations), each Division will develop research plans to drive translational research, attract external research funding and become a centre of choice for the conduct of clinical trials. We will build on our existing strengths but also develop other areas where a robust strategy and business plan has been formulated.

The strategies will be driven by key performance measures such as time to study approval, number of active clinical trials, audit findings, number of grant applications, research income, publications and impact on practice.

Evidence-based innovation around new care pathways will be integral to each CBU's business plan, as will support for undergraduate and postgraduate students and researchers.

UHL employees will be supported to acquire the necessary skills and experience through induction, effective supervision, an appropriate workload, personal support and time to learn.

8. WORKING WITH COMMISSIONERS

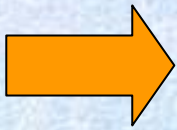
The drive for Quality Innovation and Improvement must be supported by the business planning process and by working collaboratively within the Commissioning framework.

Any future arrangements must support and underpin the delivery of quality care within the NHS.

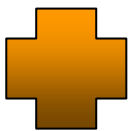


- We will continue to engage and consult with Commissioners about our improvement plans to ensure that they are consistent and contribute to LLR quality objectives.

Moving forward we need to:-



Report internally (CBU and Trust wide) on the broad range of Quality Schedule and CQUIN indicators



There are a number of Quality Schedule and CQUIN targets that have been agreed for 2011/12 to improve the quality of care for our patients covering a range of safety, experience and effectiveness indicators and these are measured and reported on regularly.

These indicators (190 in total) are available at www.uhl-tr.nhs.uk

9. WORKING WITH OUR PUBLIC, PATIENTS, CARERS AND STAFF

The Quality Strategy has been shaped from outputs from the 'Big Conversation'. Using this information and existing sources of patient and user feedback, the following themes emerge as to what Excellence in Quality and service looks and feels like to patients, carers and staff:

Caring, compassionate and competent staff

Clear communication and explanation at all stages of care

Effective collaboration and team work

Clean and personal care environments

Continuity of care and service between different stages and organisations

Clinical excellence in care and treatment

So what do we do?

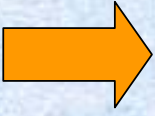


In line with our intention to achieve Foundation Trust status our Quality Strategy makes a commitment and signals even higher levels of engagement and involvement with patients, community partners and stakeholders in supporting the redesign and transformation of services. This will be achieved by integration of quality improvement with ongoing development and implementation of UHL's Patient and Public Involvement Strategy.



Staff engagement has already commenced with significant participation through the 'Big Conversation'. We asked staff what was important to them in ensuring high quality services for all and this is reflected in our values.

So what are our plans?



As part of implementing the Quality Strategy we will investigate these themes further, using Real Time Monitoring and other methods to ask high numbers of patients about their immediate experience of care and services. If patients say they would recommend us to others we will ask why and for those who would not, we will also ask why and use the information to give feedback to staff and target our improvement efforts.

We will also survey our staff on a regular basis since each are 'guardians of quality'.

We want our staff to feel more engaged, empowered and motivated than in other hospitals.

10. MONITORING – KNOWING HOW WE ARE DOING

The challenge set by 'High Quality Care for All' was for healthcare organisations to be able to define, deliver and measure quality in the three dimensions of patient experience, safety and effectiveness and in all services and at every service level.



What do we measure?

UHL currently has a number of sources of data for assessing the quality of the care it delivers across the domains of experience, safety and effectiveness.

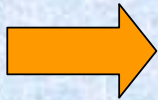
UHL's Data for Quality			
Regulatory / Benchmarking	Patient Safety	Patient Experience	Effectiveness
CQC registration Quality Account PROMS / CQUINS CHKS Quality Observatory NHSLA Dr Fosters global comparators Association of UK University Hospitals (AUKUH) UHL Quality Indicators	Datix SUI's Never Events Complaints HCAI Safeguarding Nursing Metrics	Stories Feedback GP Patient Experience Survey Staff Survey PROMS RT2C LINKs Patient Advisors	Mortality Re-admissions Smoking Cessation CROMS National Audits Time to Theatre (elective / no-elective)

The Trust regularly reports quality key performance indicators through the monthly Quality and Performance Monitoring process. The current reporting of key quality indicators was refreshed in 2010.

A reporting index of acute indicators is available at www.uhl-tr.nhs.uk which details indicators, accountability and reporting arrangements.

In addition those quality schedule and CQUIN indicators are available at www.uhl-tr.nhs.uk

What we need to do:-



The Quality Strategy will require more benchmarking and continued implementation of evidence-based safety interventions and recognised best practice to achieve excellent clinical outcomes.

Implementing the Quality Strategy across the Trust will require a continued programme of development in expertise and resources for existing data capture, improve coding and support for frontline staff to acquire new skills and expertise in using data.

The following criteria will be applied when developing measures to assess quality:

- Data collection must be feasible and affordable using data already collected
- Quality measures should be capable of showing improvement over time
- Measures should evolve to focus on those areas most in need of improvement
- Information should be meaningful and relevant to users
- Measures should allow comparisons to be made internally and nationally
- Information should be produced real-time and with easy access

The Quality Strategy needs to align with the performance framework through a suite of Quality metrics. These will map seamlessly from the granular detail required at speciality/CBU level, through to the clinical dashboard to provide oversight and assurance at Divisional and Trust Board level.

Data will be collected in a way that will facilitate any commissioner and national reporting requirements in order to ensure data quality is maintained from the “bottom to top” of the NHS thus ensuring the data can be consistently interpreted by stakeholders in a way which drives quality.



The Quality and Safety Indicator pyramid (Department of Health 2009) describes the framework that will be used to report quality, safety and patient experience metrics. Using this standardised approach will allow UHL to provide assurance to patients and Commissioners that UHL is a safe and high-performing organisation with effective and robust clinical governance, including risk management, processes embedded in every ward, service and CBU (Appendix 2).

Where significant gaps or risks to meeting UHL's standards, national guidance or accreditation requirements are identified, corrective action will be identified and if appropriate prioritised as part of that years Quality Plan.

This will ensure an integrated approach to continuous quality improvement, with equal priority given to maintaining minimum quality and safety standards, as well as working towards Excellence in quality and service delivery, and ensuring year-on-year advances in innovation.

Progress towards the Strategy's goals and targets will be measured and reported for each implementation year.

11. LEADERSHIP AND OVERSIGHT

Effective high-performing organisations recognise the significance of quality and continuous quality improvement to achieving their strategic and core business goals and are successful in engaging and communicating this to all staff and to service users. These principles will be embedded in UHL's workforce capability plan.



Board members, Executive and Divisional Directors and Senior Managers have responsibility for leadership of the quality agenda.

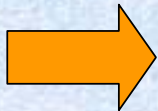
The Trust Board monitors quality at every meeting and is supported by a number of subcommittees which track progress including the Governance and Risk Management Committee.

The Quality and Performance Management Group reviews the Quality and Performance Report and has oversight of quality, safety and experience areas.

The Clinical Effectiveness Committee (CEC) (a subcommittee of UHL's Quality and Performance management Group) provides oversight of measures of clinical performance which can be used by the Trust in order to assure the quality of clinical practice.

The Divisions monitor quality of the individual Clinical Business Units (CBUs) through a variety of governance arrangements.

What are we going to do?



The Trust Board will be responsible for the implementation of the Quality Strategy. It will agree and articulate clear improvement goals, drive an improvement culture throughout the organisation, support effective clinical leadership and ensure and approve an infrastructure for strategy implementation.

The Trust Board will encourage and promote innovation in quality and safety improvement at all levels and ensure achievements and successes (big and small) are recognised, rewarded and communicated widely both internally and externally to the community, patients and partners.

The Clinical Effectiveness Committee (CEC) has the responsibility to drive improvement in quality performance through review of clinical effectiveness and outcome information (using where available external benchmarks). This will then be used to drive actions to improve quality performance. The Committee will seek assurance that the Divisions and CBUs have appropriate systems and processes in place for the development, implementation and monitoring of clinical effectiveness and outcome measures.

The CEC will provide regular (quarterly) summary information for review by the Quality and Performance Management Group. Should cause for concern arise at any time an alert will be produced for review by the Executive Team. The Committee will then agree any remedial actions and be responsible for monitoring improvement against an agreed timeframe.

12. CONCLUSION

The Trust Board has agreed a new strategic vision for UHL, which built on the previous strategy, and identified the critical steps to enable UHL's transformation 'from Good to Great'.

At the heart of the strategy is the Trust's core purpose to provide 'Caring at its Best'. We have built a strategy around the four markets that UHL serves. We have identified a strategic objective for each market which reflects the business challenges we face:

- The centre of a local acute and emergency network
- The regional hospital of choice for planned care
- Nationally recognised for its teaching, clinical and support services
- Internationally recognised for its specialist services supported by R&D

The Quality Strategy is aligned to our strategy and demonstrates convergence with the core principles the "6P's" that underpin our strategy:

Patients	All that we do is defined by what patients want and need
Process	Quality lies at the heart of our work, leading to efficient and effective services
People	Staff feel rewarded, supported and trained to do their job
Partnerships	We focus on what we are good at, partnering with others for their expertise
Performance	UHL is the centre of a quality health system, patient friendly, with excellent access and communications
Profitability	A trust which generates profit through clinical quality and process excellent which is then invested to create new, better services for our patients

The Quality Strategy will support the delivery of these objectives.

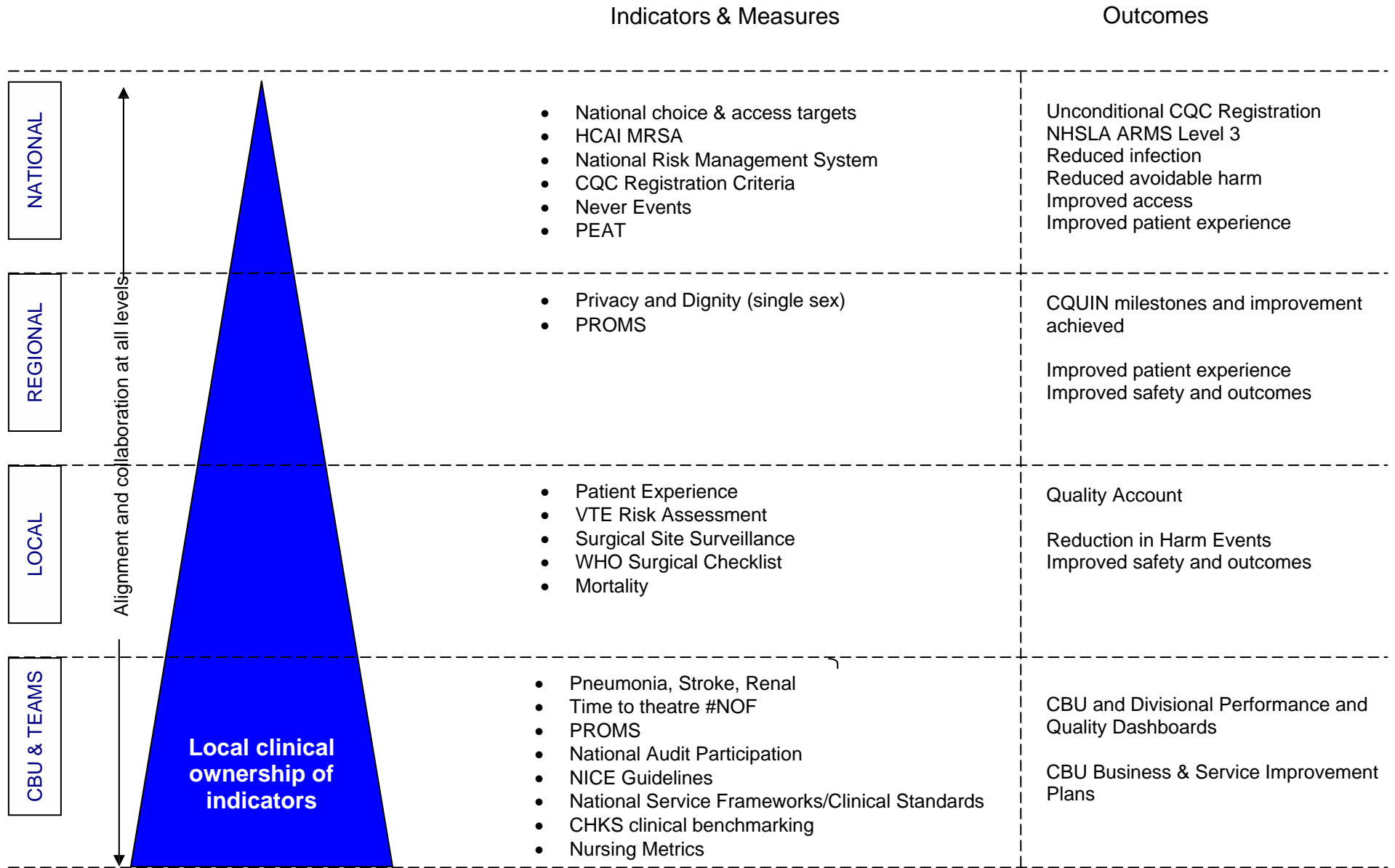
Appendix 1

Quality Improvement Indicator	How measured/baseline	Where monitored	Responsible Officer
<i>We treat people how we would like to be treated</i>			
<ul style="list-style-type: none"> We will be in the top 20% of Trusts for patient experience in relation to privacy and dignity and patients rating their care as excellent 	National Patient Survey (Quality Account 2010/11) Local Patient Survey Quality & Performance Report	QPMG GRMC TB	Director of Nursing
<ul style="list-style-type: none"> We will reduce the number of complaints related to staff attitudes by 5% each year 	Complaints reports/Quarterly Patient Safety Report Quality & Performance Report	QPMG GRMC TB	Director of Nursing / Director of Safety & Risk
<i>We are passionate and creative in our work</i>			
<ul style="list-style-type: none"> We will pursue innovation in service design and delivery that will improve outcomes, increase patient satisfaction and deliver greater efficiency 	Financial reports Annual Accounts Quality & Performance Report	FPC TB	Director of Finance
<ul style="list-style-type: none"> We will reduce by 25% the spells associated with readmission in 11/12 and show an improvement year on year 	Quality Account 2010/11 Quality & Performance Report	GRMC TB	Medical Director
<i>We focus on what matters most</i>			
<ul style="list-style-type: none"> We will consistently have a RAMI score in the top 25% of Trusts across all our specialties 	Quality & Performance Report CHKS reports (Quality Account 2010/11)	CEC GRMC	Medical Director
<ul style="list-style-type: none"> We will have lowest infection rates across acute hospitals reducing our MRSA and CDT figures year on year 	Infection Control Plan/Infection Control Reports Quality & Performance Report	TICC TB	DIPAC
<ul style="list-style-type: none"> We will risk assess all patients for VTE (minimum target 90% 2011/12) 	Nationally on UNIFY system and local metrics Quality & Performance Report	TC GRMC	Medical Director

<ul style="list-style-type: none"> • We will eliminate preventable hospital acquired pressure ulcers demonstrating a 5% reduction each year 	Reported as SUIs on Datix Quality & Performance Report	GRMC	Chief Nurse
<ul style="list-style-type: none"> • We will have a 5% year on year reduction in incidents of patient falls 	Quality & Performance Report	QPMG	Chief Nurse
<ul style="list-style-type: none"> • We will ensure all patients undergoing surgery have the WHO checklist completed prior to surgery (theatre checks) 	Clinical Audit Quality & Performance Report	GRMC	Medical Director
<i>We are one team and we are best when we work together</i>			
<ul style="list-style-type: none"> • Our staff will feel more engaged, empowered and motivated than in other hospitals 	National Staff Survey Local Staff Polling Quality & Performance Report	WODC GRMC	Director of Human Resources

Key: QPMG – Quality & Performance Management Group
GRMC – Governance & Risk Management Committee
TB – Trust Board
FPC – Finance & Procurement Committee
CEC – Clinical Effectiveness Committee
TICC – Trust Infection Control Committee
TC – Thrombosis Committee
WODC – Workforce & Organisational Development Committee

Appendix 2 – Overview of quality and safety indicators framework (adapted from Department of Health, 2009)



14. GLOSSARY OF TERMS

Big Conversation – A communication exercise which invited all staff to feedback on UHL via a structured face to face event.

Central Alert System - Safety alerts are issued via the Department of Health (DH) Central Alerting System (CAS) and provide safety information regarding medical devices, medicines and clinical practice.

CHKS - information system called CHKS. This looks at our data relating to quality and patient safety (for example mortality, readmissions, complications) and efficiency and service improvements (such as day case, length of stay and outpatient follow-up).

CPA – Clinical Pathology Accreditation; A quality accreditation system for laboratories.

CQC – Care Quality Commission; The Care Quality Commission is the new health and social care regulator for England. They look at the joined up picture of health and social care. Their aim is to ensure better care for everyone in hospital, in a care home and at home.

CQUIN (Commissioning for Quality and Innovation) – the framework makes a proportion of provider income conditional on locally agreed quality and innovation goals. The three domains of quality (safety, effectiveness and patient experience) are covered in the CQUIN.

CROMS – Clinician Reported Outcome Measures; A quality measure that judges a positive outcome from a clinicians perspective.

HCAI - Healthcare associated infections acquired as a consequence of a person's treatment by a healthcare provider, or by a healthcare worker in the course of their duties. They are often identified in a hospital setting, but can also be associated with clinical care delivered in the community.

LINKS – Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services.

MRSA – Meticillin Resistant Staphylococcus Aureus is a common skin bacterium that is resistant to a range of antibiotics. 'Meticillin-resistant' means the bacteria are unaffected by meticillin, a type of antibiotic that used to be able to kill them.

NHSLA – The NHS Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. They are also responsible for resolving disputes between practitioners and primary care trusts, giving advice to the NHS on human rights case law and handling equal pay claims on behalf of the NHS.

PEAT - Patient Environment Action Team; PEAT is an annual assessment of inpatient healthcare sites in England with more than 10 beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas).

PROMS – Patient Reported Outcome Measures; a survey that patients complete to feedback how well they feel the operation has gone for them.

Releasing Time to Care (RT2C) – designed by the NHS Institute for Innovation and Improvement. It empowers nurses to look at how their ward is organised and make changes that allow them to spend more time with patients. Often these are very simple ideas, such as altering patient handover time, reorganising storage facilities and making better use of data.

Risk Adjusted Mortality Index (RAMI) – CHKS risk adjusted mortality uses a method developed by CHKS to complete the risk of death for hospital patients on the basis of clinical and hospital characteristic data.

The Productive Operating Theatre – a comprehensive package of support designed to enable organisations in the NHS to improve the patient experience and the outcomes of care by pursuing three main goals; increase the safety and reliability of care, improve team performance and staff wellbeing and add value and improve efficiency. The programme is for staff that work in theatres.

Veno Thrombo Embolism (VTE) – where blood clots form in leg veins (called deep vein thrombosis or DVT) and may break off and block blood vessels in the lungs (pulmonary embolism or PE).