Trust Board paper M

University Hospitals of Leicester NHS
NHS Trust

To:	Trust Board
From:	Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse
Date:	29 November 2012
CQC regulation:	As applicable

Title:	Quality & Safety Ambition 2012 – 2015

Author/Responsible Director:
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Purpose of the Report:
Further to the Trust Board quality development session with Boston Consulting Group the attached paper provides an early draft summary of the trust 'Quality & Safety Ambition 2012 – 2015' for consideration and comments.

The Report is provided to the Board for:

Decision		Discussion	x
Assurance	x	Endorsement	

Summary / Key Points:
Key areas to note are:

- Identification of three key goals for delivery:
  - Reduce Mortality – save 1000 extra lives in the next 3 years
  - Avoid Harm – avoid 5000 unintentional patient harm events in the next 3 years
  - Patient Centred care – treat all patients with dignity and respect so that 80% would recommend us

- Menu of projects to support delivery
- Details of two key enablers including the '5 Critical Safety Actions' and the '4 Harms'
- Workshop plans for staff, external engagement and project discussion

A number of trust workshops are due to be held on 5, 11 and 12 December as part of the staff engagement process together with circulation of the document to external partners, eg Commissioners, Patient Advisors, LINKS.

A final draft of the paper is due to be presented to the December Trust Board with an early launch to complement the communications of other strategic organisational documents.

Recommendations:
The Governance and Risk Management Committee are asked to consider and comment on this draft paper.

Strategic Risk Register	**Performance KPIs year to date**

Resource Implications (eg Financial, HR)

Assurance Implications

Patient and Public Involvement (PPI) Implications

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Equality Impact
Information exempt from Disclosure
Requirement for further review?

University Hospitals of Leicester
NHS Trust

Quality & Safety Ambition

2012 – 2015

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University Hospitals of Leicester NHS Trust – DRAFT

Quality & Safety Ambition 2012 – 2015

1.0 Introduction

University Hospitals of Leicester NHS Trust was formed in 2000 and is one of the largest teaching hospitals in England incorporating the Leicester General, Glenfield and Royal Infirmary hospitals.

We employ over 10,000 staff and provide services for a diverse population of nearly one million people across Leicester, Leicestershire and Rutland, and provide nationally and internationally renowned specialist treatment and services in cardio-respiratory diseases, cancer and renal disorders for approximately three million people.

Our Vision:

In the next five years, we will become a successful Foundation Trust that is recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience.

Supporting our vision, are our values and behaviours describing the way in which we will deliver our strategic objectives which place quality and safety at the heart of our hospitals; they show that timely, effective emergency care is crucial; they recognise that we want people to choose to come to us when they require planned care and they underline the importance of research and teaching in the development of our specialist services: By delivering these we will fulfil our purpose to provide 'Caring at its best'.

We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued.

We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly.

We are passionate and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success.

We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something we will explain why.

We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively.

2.0 Where are we now?

What do our staff tell us?

To inform the development of the Quality & Safety Ambition, a web-survey and focus groups with staff identified clear strengths at UHL: many clinical areas are seen as delivering high quality care for patients ("*we definitely put quality first*"); in most specialities, our clinical outcomes are good; there are frontline led initiatives reducing harm and improving patient experience (pressure ulcers, pathway re-design); there has been significant improvement in incident reporting and learning from serious untoward incidents.

Clear opportunities for improvement were also identified: the quality priorities of the trust are not as clear as they need to be; more emphasis needs to be placed on patient experience; there remains pockets of clinical variation ("*there is direction but not engagement*").

What do our patients tell us?

Feedback from patient surveys, NHS Choices, complaints and Net Promoter highlights a number of areas of improvement in order to positively affect their overall experience of care: improved information and decision making (particularly on discharge); improved efficiency of care processes (waiting times, cancelled operations); understanding and care for people at end of life, patients with dementia and the older patient; access to hospital (car parking), food, and reducing unnecessary pain.

Using the Friends and Family test or Net Promoter (national tool aiming to provide a simple headline metric which when combined with follow-up questions can be used to drive cultural change and continuous improvements in the quality of care received by patients) we have based our ambition in improving the patient experience April score of 51 (lower quartile of trusts) to 80 (upper decile).

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3.0 How have we shaped our ambition?

In developing our ambition, we have taken into account the constantly changing external environment, local and national requirements and regulatory framework. Examples of these include;

- **Care Quality Commission (CQC)** – CQC places a focus on outcomes for service users through 16 essential standards for quality and safety. They validate these through quality intelligence about the organisation together with unannounced visits

- **Independent quality standards and clinical priority setting** e.g. **NICE** – quality standards acting as markers of high quality and cost effective patient care covering the treatment and prevention of disease
- **HealthWatch**– independent consumer champion. 'Healthwatch England' advising NHS Commissioning Board, MONITOR and secretary of State, and, 'Local Healthwatch', (to launch in 2013) taking on the role of LINKS, representing the views of people who use services, carers and the public on the Health and Well-being Boards, providing a complaints advocacy service, and reporting concerns about the quality of healthcare to Healthwatch England
- **Quality Accounts** – requiring clear improvements in patient experience, clinical effectiveness and patient safety outcomes to be published on an annual basis
- **Commissioning for Quality and Improvement (CQUIN)** – National and locally mandated quality targets with a current 2% allocation of the trust total annual income subject to delivery
- **Patient Related Outcome Measures (PROMs)**–National standards to report on patients perception of the care they receive
- **NHS Performance Framework** – assessment of organisational performance against a series of national indicators for non-foundation trust providers

Key to the successful delivery of the Quality & Safety Ambition is the views and engagement of our staff. As part of the Quality & Safety Ambition development, members of the Trust Board were engaged in a workshop dedicated to quality and safety, and risk rating a suite of actions relating to how the organisation identifies, measures and reports risk, together with the confidence levels of data quality, delivery of improvement, learning and communications.

Complementing this workshop, members of the Divisions and Clinical Business Units have been invited to join three quality workshops as part of our engagement processes to further prioritise key areas of focus or projects aligned to the trust ambition. Additionally, wider engagement with our commissioners, patient advisors and LINKS will take place.

It is proposed that this 'ambition' is reviewed on an annual basis alongside the trust Quality Account, in order to respond to changes in both the clinical, political and economic context and to ensure that our approach reflects the very best.

4.0 What are we trying to accomplish?

At the heart of our ambition is the trusts core purpose to provide 'Caring at its Best' to our patients and their carers supported through our well established values and behaviours. This will

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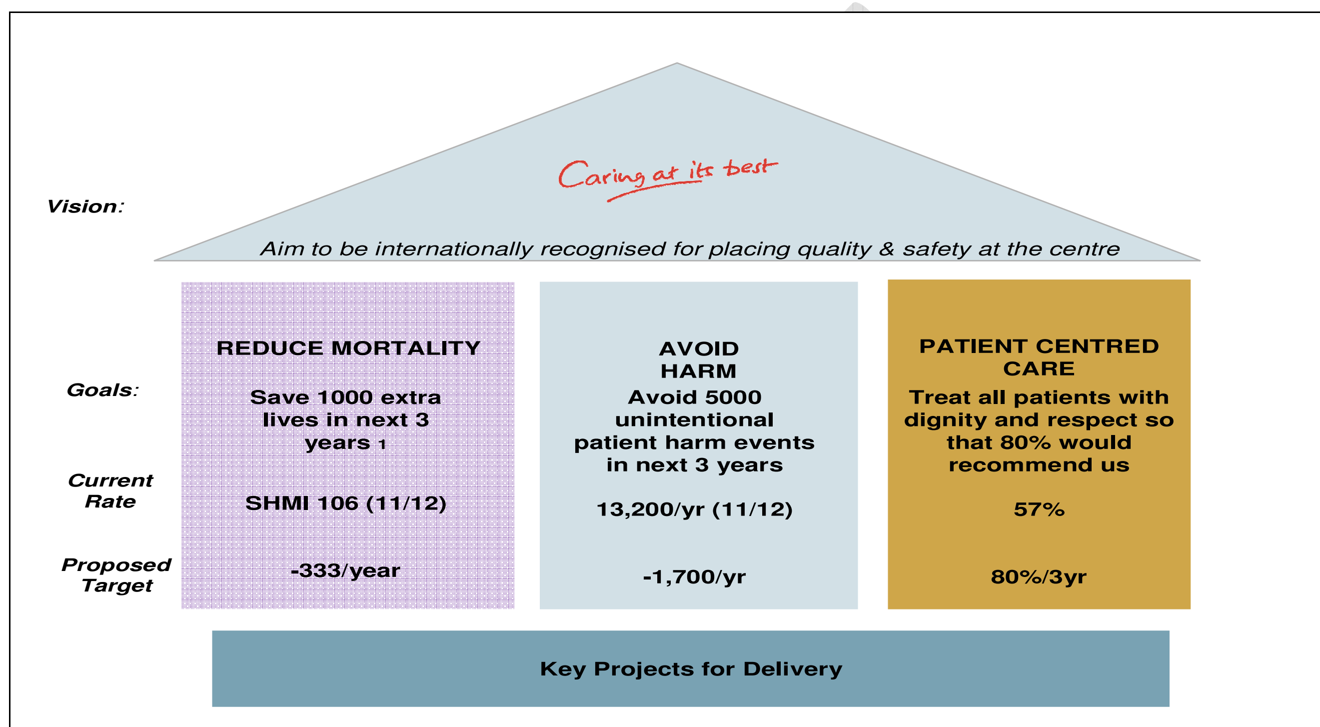
be achieved through a robust programme of quality priorities that will reflect local and national requirements and what is relevant to patients and staff.

Our priorities will be led through three over-arching strategic goals, each with an ambition target to be delivered over the next 3 years through a suite of projects for delivery.

All targets have been set using baseline data from 2011 – 2012 and considering national benchmarks where these are available.

Our 3 goals are:



1 Deaths calculated based on assumption of improving to top quartile for SHMI (86) and associated deaths of 4117 (April – March 2012 from NHS IC SHMI report)

In delivering our ambition, we will engage, support and focus on the pace of change and learning guided by the trust Organisational Development Plan 2012 - 2015.

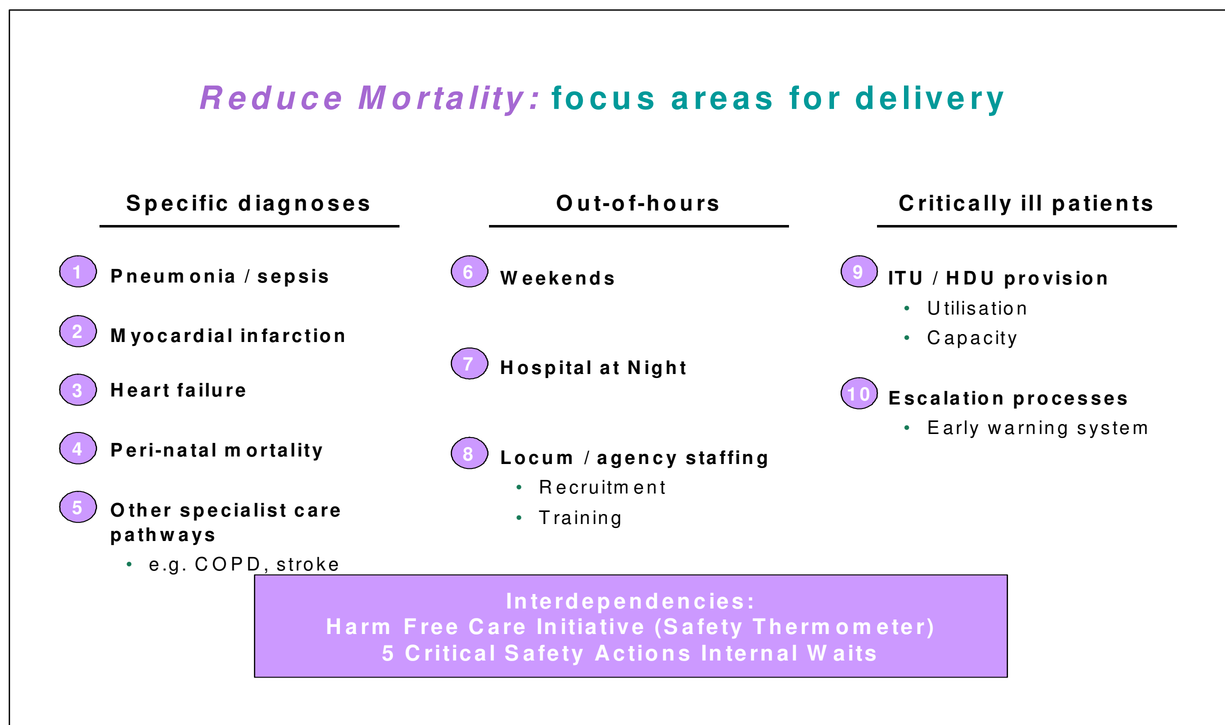
To describe our three goals in more detail, the following areas highlight each goal together with a suite of identified areas of focus or projects for delivery. These areas have been identified through their direct relationship in achieving the goals.

5.0 Goal 1 : Reduce Mortality – save 1000 extra lives over the next 3 years

The **Summary Hospital-level Mortality Indicator (**SHMI) is a hospital-level indicator which reports mortality at trust level across the NHS in England using standard and transparent methodology. SHMI includes the number of patients who die in hospital and within 30 days post discharge.

The monitoring of mortality in conjunction with a wider range of indicators is established as good practice in the context of Trusts' local accountability, clinical governance and reporting. The SHMI marks an advance in adding to the information that the NHS has at its disposal to help understand mortality associated with hospitalization. SHMI is the recommended measure of mortality by both the National Quality Board and the first Francis Inquiry and will be used across the NHS.

Individual hospital attributed SHMI data is received by the NHS Information Centre on a quarterly basis.



The trust has previously identified a number of areas where avoidable harm could be linked to mortality. Our intention is to focus on and improve service provision in those areas which may be seen above.

6.0 Goal 2 : Reduce Harm – Avoid 5000 unintentional patient harm events in the next 3 years

Examples of harm in trusts include hospital acquired infections, never e.g. wrong site surgery, medication errors, pressure sores and patient falls to name a few.

Harm may be defined in many ways but is often cited as being '(un)intended physical injury resulting from or contributed to by clinical care that requires additional monitoring, treatment or hospitalisation, or that results in death' (Institute for Healthcare Improvement 2009). It is also difficult to measure harm in its entirety but the importance of reporting harm to understand where improvements in quality and safety can be made cannot be overstated.

The trust actively encourages staff to report harm. Supporting this are plans to actively track and report harm over a period of time. One of these examples is called the 'Safety Thermometer,' where an audit of patient harm is undertaken every month by senior clinicians, therefore enabling intervention and learning to take place. The Safety Thermometer measures the percentage of patients unharmed with an aim of achieving 95% of patients harm free from 4 key harms. These include:

- pressure ulcers,
- falls,
- venous thromboembolism, and
- catheter associated urinary tract infections.
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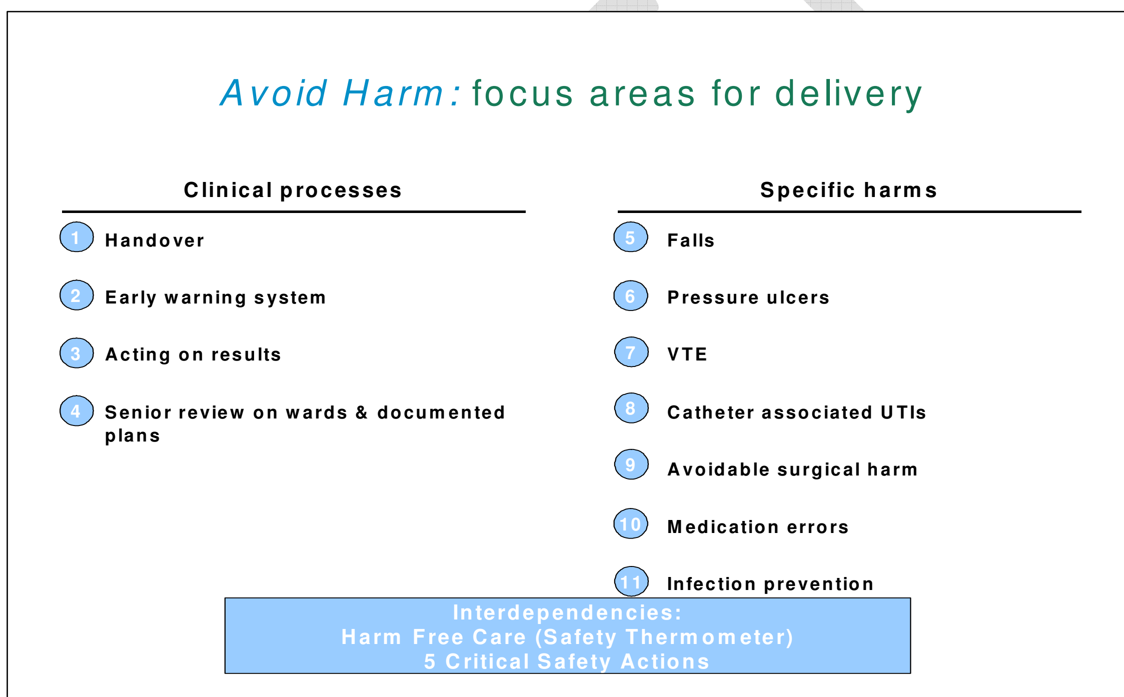
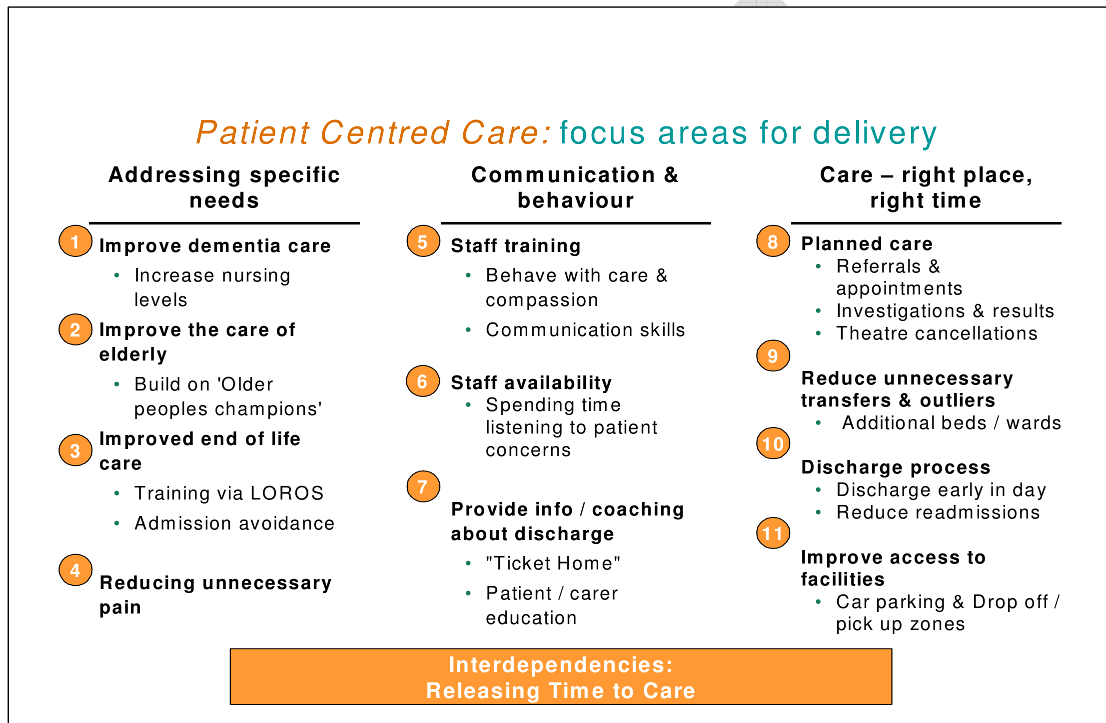


7.0 Goal 3 : Patient Centred Care – treat all patients with dignity and respect so that 80% would recommend their service

Patient experience is defined by 'The Intelligent Board' (Dr Foster 2010) as feedback from patients on 'what actually happened' in the course of receiving care or treatment, both the objective facts and their subjective views of it. The factual element, often statistical, is useful in comparing what people say they expected, against what an agreed pathway or quality standard says should happen.

The experience that our patients have whilst under our care is core to our 'Patient Experience Strategy 2012 – 2015' where focus on the following areas is described:

- Patients, their family and carers feel informed and are given options
- Improved efficiency of care processes for patients i.e: cancelled operations, cancelled appointments
- Improved care for people at end of life
- Improved care for patients with dementia
- Improved care for older people



Supporting delivery of the above three goals, there are two key enablers or interdependencies that have been identified for delivery which are explained below.

8.0 5 Critical Safety Actions

What are the 5 Critical Safety Actions (CSA)?

The aim of the 5 Critical Safety Actions is to support the reduction in avoidable mortality and morbidity. These include:

1. **Improving clinical handover** – providing a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

2. **Relentless attention to Early Warning System (EWS) triggers and actions** – improving care delivery and management of the deteriorating patient

3. **Implement and embed mortality and morbidity standard** – having a standardised process for reviewing in-hospital deaths and archiving of the completed reviews

4. **Acting upon results** – having no avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner

5. **Senior clinical review, ward rounds and notation** – meeting national standards for clinical documentation, providing strong medical leadership and safe and timely senior clinical reviews ensuring strong clinical governance

How will this be delivered?

Supported by a project lead, each work-stream of the 5 CSA's will encompass a series of actions across the three sites which are described below.

- Improving clinical handover
  - Introduction and roll-out of standardised web system for nursing handover
  - Development of shift guidelines, application and monitoring for medical handover
  - Review of attendance and engagement of clinical staff
- Relentless attention to Early Warning System (EWS)
  - Development and introduction of Health Care Assistant competency programme
  - Monthly nursing metric introduction and monitoring of EWS
- Implement and embed mortality and morbidity standard
  - Review of all in-hospital deaths within 3 months with further review of misadventure and complication themes
  - Refresh of mortality and morbidity policy
  - Introduction of divisional mortality meetings
  - External review of trust process and application
- Acting upon results
  - Introduction of overarching screening policy
  - Introduction of Diagnostic testing policy
- Senior clinical review, ward rounds and notation

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- Development, introduction and monitoring of ward round standards

9.0 Harm Free Care Initiative (Safety Thermometer)

What is the Safety Thermometer?

The NHS Safety Thermometer (ST) was developed by the NHS for the NHS and is a tool that allows healthcare professionals to measure a snapshot (or prevalence) of harm and the proportion of patients that are 'harm free' in relation to:

- **Pressure Ulcers: Grade 2, 3 and 4** – pressure ulcers are areas of localised damage to the skin and underlying tissue caused by pressure, shear or friction, or a combination of these. Although some pressure ulcers are inevitable, we know that many can be avoided.

  Pressure ulcers have a negative impact on the quality of life for our patients. They are unpleasant to live with and can be very painful. They can also increase hospital stay and risk patients being exposed to other harmful events.

  Our aim is to eliminate all avoidable pressure ulcers through a programme of education, early patient risk assessments, regular reviews, the use of clinical aids, and a robust focus on intentional rounding involving the review of all patients for key safety issues such as turning, toileting, food, fluid and pain management.

- **Venous Thromboembolism (VTE)** - VTE is a term that covers both deep vein thrombosis (DVT) and its possible consequence, pulmonary embolism (PE). A deep vein thrombosis is a blood clot that develops in the deep veins of the leg which can also travel to the lungs and cause a potentially fatal blockage known as a pulmonary embolism. It is estimated that 20,000 people die every year from venous thromboembolism associated with hospital stay and that many of these events can be prevented with medication or simple intervention. We aim to ensure that 95% of our patients are assessed and receive where required appropriate prophylaxis.

- **Catheter Associated Urinary Tract Infections (CAUTI)** – noted to be one of the most common hospital acquired infection, emphasis will be placed on both the use and care of urinary catheters supported by trust guidance in their application and ongoing care

- **Falls** – causing anxiety, distress and harm, falls can result in both physical harm such as broken limbs but also psychological harm which can have far-reaching effects on patient's ability to live independently. In addition to the use of active risk assessment processes for all patients which will be monitored, 'intentional rounding' will also be key to reduce the risk of patient harm.

The Department of Health has recommended that all healthcare providers begin to use the national NHS Safety Thermometer measurement tool by the end of 2012/13.

How will this be delivered?

Data is collected on a monthly basis for each harm and across all ward areas following which a root cause analysis is undertaken to understand causation and what learning or change in practice needs to take place.

The ST data records the prevalence of **'old' harms** that were present when the patient was admitted to hospital (or developed within 72 hours of coming into hospital), and **'new' harms** defined as those that developed 72 hours or more after the patient was admitted to hospital i.e. **hospital acquired**.

The aim of the project stream will be to deliver 95% of care 'harm free' across the trust.

10.0 Delivering our Ambition

Our Divisional and Clinical Business Unit structures will be responsible for the delivery of the ambition, learning from our mistakes, celebrating our achievements and working in partnership to ensure the trust achieves its goals.

Measurement of our project priorities will be a vital part of knowing how we are doing, and reflecting on what we need to change to achieve pace and delivery.

Each strategic goal will be supported by a Quality Action Group comprising clinicians with managerial support from across the four divisions where the following areas will be addressed:

- Annual identification of key areas of focus or projects and lead clinicians
- Resource to support delivery e.g. operational controls, performance management, tracking and reporting, analysis and research and performance improvement design and implementation
- Development of actions to achieve key areas of focus or projects
- Identification of stakeholder engagement
- Measurement and milestones
- Identification and celebration of achievements

Projects will be delivered with a real focus on staff engagement, using their skill and expertise to advise, engage and achieve quality outcomes and strategic goals. This will be articulated through:

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- Involving all staff in quality improvement
- Ensuring that quality and safety objectives are identified in all staff job descriptions
- Ensuring that staff will have a personal objective linked to quality and safety
- Achieving a safe environment for patients and staff
- Supporting staff through maintaining up to date trust policies and guidelines
- Ensuring a learning environment and celebrating achievements
- Supporting staff through the trust Organisational Development Plan 2012 – 2015

Data supporting the delivery of each project will be gathered through the following sources:

11.0 Communicating and Celebrating the Ambition

Our 'ambition' has been developed through communications with both the trust board and divisional teams, engaging on a suite of projects that will support the delivery of the three identified Quality & Safety Ambition Goals.

Applying the trust values, Division and Clinical Business Unit staff will utilise the established reporting lines, individual and team accountabilities and leadership to enable decision making, share learning and maintain clear lines of communication.

In addition to the focus on UHL staff, wider engagement will continue to be maintained with commissioners, patient advisors, LINKS and fellow health and social care colleagues, recognising

the integral links with partner agencies and optimising opportunities for cross health economy working.

Communicating progress of our Quality Ambition will be achieved through clear reporting lines as part of our divisional structures, in-site, monthly newsletters, awards, regular reporting to our Governance & Risk Management Committee and Trust Board, and, through celebrating our successes with our public.

12.0 Summary

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