

To:	Trust Board
From:	Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse
Date:	31 January 2013
CQC regulation:	All

Title:	Quality & Safety Commitment - Progress Update										
Author/Responsible Director:	Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse Ben Horner, Boston Consulting Group										
Purpose of the Report:	At the December 2012 meeting, the Board agreed the Quality & Safety Commitment. This paper provides a brief update on progress, and a high-level overview of the plan for the coming months.										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 10%;"></td> </tr> <tr> <td>Assurance</td> <td>x</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion		Assurance	x	Endorsement	
Decision		Discussion									
Assurance	x	Endorsement									
Summary / Key Points:	<ul style="list-style-type: none"> Quality Action Groups have been established. Three workshops were held on 11 January 2013 to confirm priorities, leads and timescales. Plans for Divisional and CBU visibility through presentations arranged over next four weeks. Timescales and draft milestones crafted. Printing of Quality and Safety Commitment in progress. 										
Recommendations:	The Trust Board are asked to note progress.										
Strategic Risk Register	Yes, Risk 1 and Risk 5	Performance KPIs year to date	Links to Quality Contract								
Resource Implications (eg Financial, HR)	To be managed within CQUIN resource.										
Assurance Implications	Links to FT assurance and Risk Register										
Patient and Public Involvement (PPI) Implications	Engagement and involvement in workstreams.										
Equality Impact	No concerns raised.										
Information exempt from Disclosure	No.										
Requirement for further review?	Quarterly (to be confirmed)										

Trust Board Paper N

University Hospitals of Leicester NHS Trust

TO: Trust Board

REPORT BY: Suzanne Hinchliffe, Deputy Chief Executive/Chief Nurse

TITLE: Quality Commitment - Progress Update

DATE: 31 January 2013

1.0 Introduction

At the December 2012 meeting, the Board agreed the Quality & Safety Commitment. This paper provides a brief update on progress, and a high-level overview of the plan for the coming months.

2.0 Approach

Further to the December Trust Board, Quality Action Groups have now been set up comprising frontline staff and managerial support. Initial meetings were held in January, including further discussions with Patient Advisors and LINKs. These groups have drafted action plans for delivery against the seven 2013 priority focus areas. In addition, fundamental activities in each area will continue. Below is a summary.

3.0 Summary of Draft 2013 Priorities and Fundamentals

3.1 Save Lives – save 1000 extra lives in the next 3 years

Out-of-hours

- Reinforce and accelerate roll-out of Hospital 24/7
- Detailed audit and process mapping to identify causes of higher mortality out-of-hours
- Encourage communication between junior doctors and consultants out-of-hours

Respiratory pathway

- Redirect more respiratory pathway patients to the Glenfield site
- Reinforce best practice, including respiratory registrar secondments between Glenfield and the Royal
- Increase transparency on key metrics

Fundamentals: perinatal mortality; escalation processes; coding

3.2 Avoid Harm – avoid 5000 patient harm incidents in the next 3 years

Falls

- Agree standards and focus roll-out on wards with greatest need
- Dedicated staff training, linked to older people and dementia training
- Transparent tracking, older people's team to coach under-performing wards and postcards to celebrate success

Acting on results in ED

- Agree standards for checking blood results and reporting imaging
- Communicate standards and engage staff

Trust Board Paper N

- Increase transparency through monthly league table; reward high performers

Senior review, ward rounds & notation

- Agree standards for review; conduct spot-checks
- Pilot and audit ward-round checklists and template; review and roll-out further
- Agree standards for notation; engage doctors and track improvement

Fundamentals: 4 harms and 5 CSAs

3.3 Patient Centred Care – treat all patients with dignity and respect so that 75% would recommend us

Older people and dementia

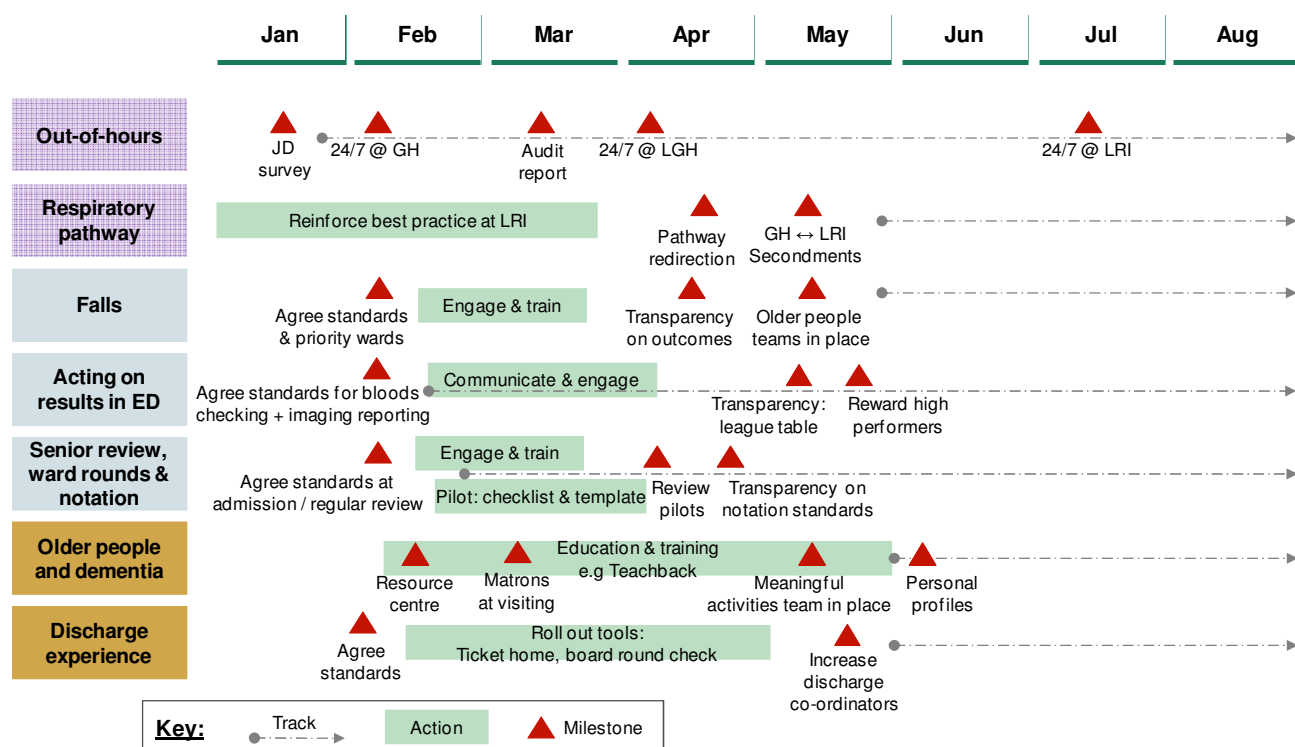
- Ward-based multi-professional staff training
- Expand Older People's Champions; set up resource centre and meaningful activities team
- Personal profiles for all patients with dementia; white board communication tool
- Increase patient / carer involvement: matrons / ALPs on ward at visiting times; doctors to employ communication tools (e.g. Teach-back)
- Track and hold to account (e.g. post ward net promoter scores on notice board)

Discharge experience

- Agree standards for discharge plans; conduct spot-checks
- Employ communication tools: develop 'Ticket Home' and add board round check for communication with family / carer
- Increase discharge co-ordinators
- Track improvement and hold to account

Fundamentals: pain management; end of life; patient information and choices

4.0 Draft 2013 Milestones



Trust Board Paper N

5.0 Next Steps

- Communicate individual action plans to CBU leads via divisional meetings, linking actions clearly to other Trust priorities.
- Present detailed actions plans and any resource required to deliver at next Trust Board in February.
- Roll-out initiatives and update Trust Board regularly on progress.
- Link priorities to the quality contract for 2013/2014 including CQUIN areas.

6.0 Recommendations

The Trust Board is asked to receive and note this report.