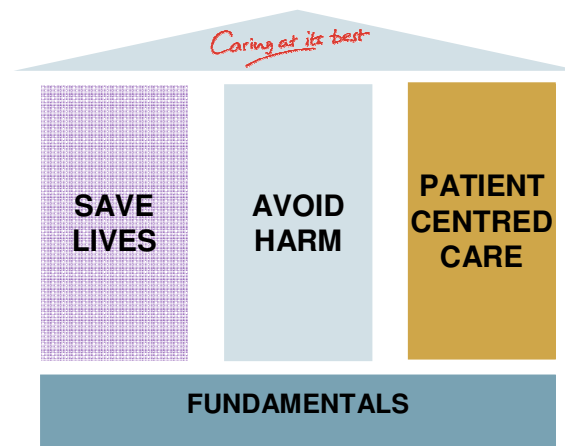


Trust Board 28 March 2013 Paper R

Quality and safety commitment – board update



March 2013

Objectives for today

- 1 Recap on the quality & safety commitment** **2 minutes**
- 2 Discuss high-level charters for a priority area for each goal** **15 minutes**
 - Other areas will be reviewed at the next board session
- 3 Review time-table for future board updates** **3 minutes**

High level timeline: developing the quality & safety commitment



Will focus on four quality priorities today

Caring at its best

Aim to be internationally recognised for placing quality & safety at the centre

Goals:

SAVE LIVES

Save 1000 extra lives in next 3 years

AVOID HARM

Avoid 5000 patient harm incidents in next 3 years

PATIENT CENTRED CARE

Treat all patients with dignity and respect so that 75% would recommend us

2013 focus areas:

Out-of-hours

Respiratory pathway

Senior review, ward rounds & notation

Acting on results in ED

Falls

Discharge experience

Older people and dementia

FUNDAMENTALS Continue to deliver on our core safety activities

Perinatal mortality; escalation; coding

4 harms; 5 CSAs

Pain; end of life; patient info & choices

SAVE LIVES

Respiratory

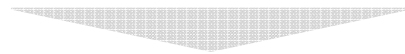


Gerrit Woltmann

AVOID HARM

Acting on results in ED

Falls



Beverly Collett
Sue Mason

PATIENT CENTRED CARE

Older people and dementia



Heather Leatham

Save Lives charter: Respiratory pathway

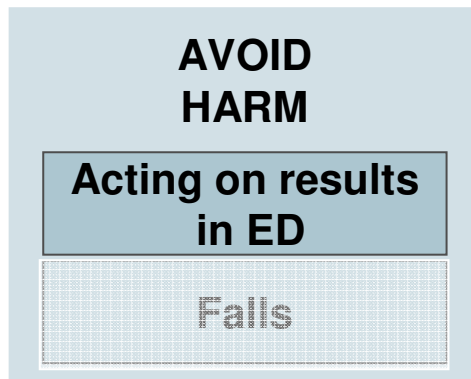
| What is the issue? | Key metrics | Interdependencies |
|--|---|--|
| <p>Mortality tracks national average, but high amongst peer group</p> <ul style="list-style-type: none"> UHL vs. Uni. trust average SHMI 105 vs. 92 <p>Target: save 1000 extra lives in next 3 years (stretch target: SHMI of 86)</p> | <p>SHMI</p> <ul style="list-style-type: none"> Primary measure <p>+ crude mortality</p> <ul style="list-style-type: none"> For monthly tracking (6m delay for SHMI) <p>+ specific metrics</p> <ul style="list-style-type: none"> Resp: time to transfer | <ul style="list-style-type: none"> Nerve Centre roll-out 5 CSAs Harm free care initiative |

| Resources |
|--|
| <p>Executive lead</p> <ul style="list-style-type: none"> Kevin Harris <p>Quality Action Group</p> <ul style="list-style-type: none"> Gerrit Woltmann Caroline Barclay Steve Jackson Abbey Millet Rebecca Broughton <p>Associated</p> <ul style="list-style-type: none"> Catherine Free Shabana Khan |

| Action | 2013 | | | | | | | Owner |
|--|------|-----|-----|-----|-----|-----|---|--------|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | |
| Pathway / process improvements | | | | | ▲ | ▲ | | GW |
| Identify blockers & mitigants to send resp. patients to GH | | | | | | | Engage EMAS, ED, AMU | |
| Reinforce best practice | | ■ | ■ | ■ | | | | GW/ CF |
| Utilise findings of care bundle audit | | | | | | ▲ | GH-LRI secondments? | |
| Cultural changes | | | | | ■ | ■ | ■ | AM |
| | | | | | | | Publish consultant / ward level data (Pathway redirection / CAP guideline compliance) | |



Gerrit Woltmann



Beverly Collett

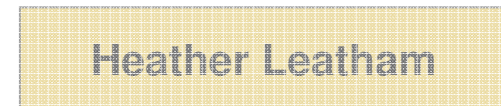
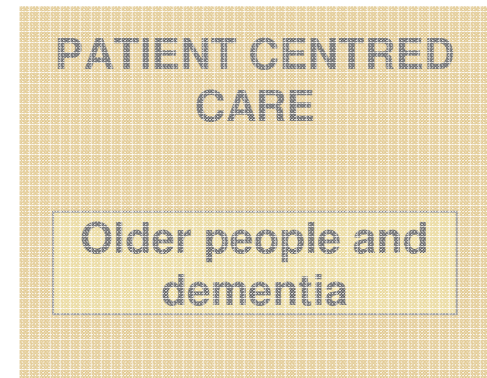
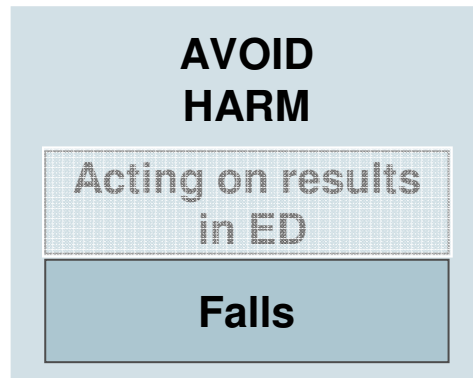


Heather Leatham

Avoid harm charter: Acting on results

| What is the issue? | Key metrics | Interdependencies |
|--|---|---|
| <p>23.4 K clinical and non clinical incidents reported via Datix in past year¹</p> <p>Target: Avoid 5000 patient harm incidents in next 3 years</p> | <p>Safety thermometer</p> <ul style="list-style-type: none"> Number of patient harm incidents <p>+ specific metrics</p> <ul style="list-style-type: none"> # scans not reported with 24hrs / # abnormal scans | <ul style="list-style-type: none"> Right Place work 5 CSAs Save lives work-stream <i>Infection prevention</i> <i>Harm free care initiative</i> |

| Resources | Planned activities | | | | | |
|---|---------------------------------|---|-----|-----|-----|--------------|
| <p>Executive lead</p> <ul style="list-style-type: none"> Suzanne Hinchliffe <p>Quality Action Group</p> <ul style="list-style-type: none"> Beverly Collett Claire Rudkin Ruth Denton-Beaumont Carole Ribbins Sue Mason Sue Carr <p>Associated</p> <ul style="list-style-type: none"> Moira Durbridge Julia Ball John Isherwood Matthew Metcalfe Ben Teasdale | 2013 | | | | | |
| | Action | Feb | Mar | Apr | May | Owner |
| | Agree standards | ▲ Agree standards for imaging reporting and tracking | | | | BC |
| | Communicate | Engage all radiology and ED staff | | | | SC |
| | Baseline and track | Track and report | | | | CR |
| | Reward / Hold to account | Publish league tables and acknowledge high performers | | | | BT |



Avoid harm charter: Falls

What is the issue?

23.4 K clinical and non clinical incidents reported via Datix in past year¹

Target: Avoid 5000 patient harm incidents in next 3 years

Key metrics

Safety thermometer

- Number of patient harm incidents

Interdependencies

- Save lives work-stream
- Right Place work
- 5 CSAs
- Infection prevention
- Harm free care initiative

Resources

Executive lead

- Suzanne Hinchliffe

Quality Action Group

- Carole Ribbins
- Sue Mason
- Ruth Denton-Beaumont
- Sue Carr
- Beverly Collett
- Claire Rudkin

Associated

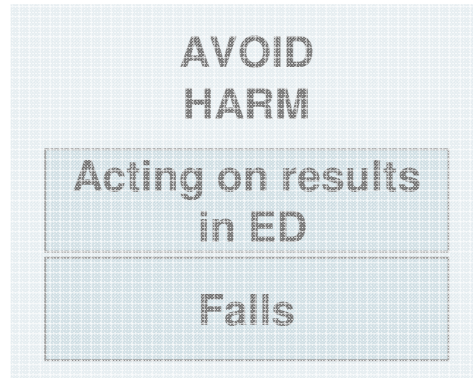
- Moira Durbridge
- Julia Ball
- John Isherwood
- Matthew Metcalfe

Planned activities

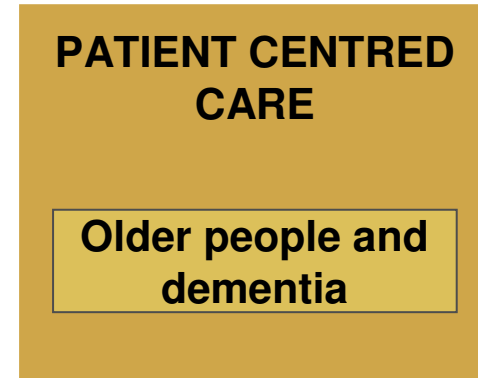
| 2013 | | | | | |
|---------------------------------|---|-----|-----|---|-------|
| Action | Feb | Mar | Apr | May | Owner |
| Develop solutions | ▲ | | | | SM |
| | Agree standards and prioritise wards | | | | |
| Education & training | | ■ | | | SM |
| | Roll-out Nurse & HCA training | | | | |
| Motivate | ■ | | | ▲ | CR |
| | Older people's team to coach under performers | | | Publish ward adherence to standards, and # of falls | |



Gerrit Woltmann



Beverly Collett
Sue Mason



Heather Leatham

Patient Centred Care: Older people and dementia

What is the issue?

UHL has high complaints / admission and low net promoter score compared to peers

- High proportion of complaints relate to staff attitude

AIM: Treat all patients with dignity and respect so that 75% would recommend us

Key metrics

Net promoter score

- Percentage of patients that recommend us

+ Patient survey

Interdependencies

- Releasing Time to Care initiative**
- Right Place work


Resources

- Executive lead**
- Suzanne Hinchliffe
- Quality Action Group**
- Carole Ribbins
 - Heather Leatham
 - Simon Conroy
 - Sue Mason
 - Andy Jones
- Associated**
- Phil Walmsley
 - Mark Wightman

Planned activities

| Action | 2013 | | | | | | Owner |
|------------------------------------|-------------------|-------------------------------|-------------------|-------------------------|-----------|-----|---------|
| | Feb | Mar | Apr | May | Jun | Jul | |
| Education & training | ▲ | ■ | | | | | SM / NS |
| | ID priority wards | Education & training roll-out | | | | | |
| Multi-disciplinary working | ▲ | ▲ | | | | | HL |
| | Resource centre | Meaningful activities team | | | | | |
| Communicate effectively | | ▲ | ▲ | | ▲ | ▲ | CR/ NS |
| | | Matrons at visiting | Personal profiles | White board | Teachback | | |
| Track & hold to account | | | | Agree metrics , & track | | ■ | CR |

Proposed Board progress updates for 2013

| Reviews | Proposed deliverables | Owners |
|---|---|---|
|  March 2013 | Action plan for remaining 4 priorities <ul style="list-style-type: none"> Annual targets, milestones, owners Alignment with other trust priorities <ul style="list-style-type: none"> OD strategy | QAG leads Suzanne Hinchliffe / Kate Bradley |
| April 2013 | Implementation progress update <ul style="list-style-type: none"> Ramp-up of key initiatives Clearly articulated communications strategy | QAG leads Mark Wightman |
| June / Sept 2013 | Implementation progress update <ul style="list-style-type: none"> All key initiatives in place | QAG leads |
| Dec 2013 | Annual review and summary of 2014 priorities <ul style="list-style-type: none"> Update against key milestones Trends in key metrics and achievement of targets | Q&S lead / Kevin Harris |