

## Trust Board Paper L

<b>To:</b>	<b>Trust Board</b>										
<b>From:</b>	<b>Director of Clinical Quality</b>										
<b>Date:</b>	<b>25 July 2013</b>										
<b>CQC regulation:</b>	16										
<b>Title:</b>	<b>Performance against Quality Commitment Q1 2013/14</b>										
<b>Author/Responsible Director:</b>	<b>Director of Clinical Quality</b>										
<b>Purpose of the Report:</b>	This is the first report for 2013/14 for the Quality Commitment										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 5%; text-align: center;">X</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">X</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	X	Assurance	X	Endorsement	
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Assurance	X	Endorsement									
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>➤ To deliver our vision of 'Caring at its best' we are laying out an ambitious Quality Commitment for our hospitals. Our priorities are being led through three overarching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will: <ul style="list-style-type: none"> <li>❖ Save 1000 extra lives</li> <li>❖ Avoid 5000 harm events</li> <li>❖ Provide patient centred care so that 75% of our patients would recommend us</li> </ul> </li> <li>➤ A Quality Commitment dashboard has been developed and includes the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and improve care so that our patients recommend us). These 3 metrics will be tracked throughout the programme up to 2016. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams.</li> <li>➤ The dashboard will be refreshed monthly and incorporated into the quality and performance report with reporting quarterly to the Trust Board.</li> <li>➤ The Quality Commitment has been part of the Chief Executive senior manager briefing and was the subject of Chief Executive first special feature. A Communication plan has been developed to ensure all staff stakeholders and patients are aware of our Quality Commitment. A variety of media will be used.</li> </ul>										
<b>Recommendations:</b>	The Trust Board are asked to receive this first report against the Quality Commitment and are invited to question the Medical Director and Acting Chief Nurse on the three goals.										
<b>Previously considered at another corporate UHL Committee?</b>	No										
<b>Board Assurance Framework:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">No</td> <td style="width: 50%;"><b>Performance KPIs year to date:</b> Metrics in Quality and Performance Report</td> </tr> </table>			No	<b>Performance KPIs year to date:</b> Metrics in Quality and Performance Report						
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<b>Resource Implications (eg Financial, HR):</b> External consultants BCG
<b>Assurance Implications:</b> n/a
<b>Patient and Public Involvement (PPI) Implications:</b> n/a
<b>Stakeholder Engagement Implications:</b> n/a
<b>Equality Impact:</b> No
<b>Information exempt from Disclosure:</b> No
<b>Requirement for further review?</b> TBC

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**Report to:** TRUST BOARD

**Report from:** DIRECTOR OF CLINICAL QUALITY/MEDICAL DIRECTOR

**Date:** 25 JULY 2013

**Subject:** Performance against Quality Commitment Q1 2013/14

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### **1.0 Introduction**

**1.1** This is the first report for 2013/14 for the Quality Commitment.

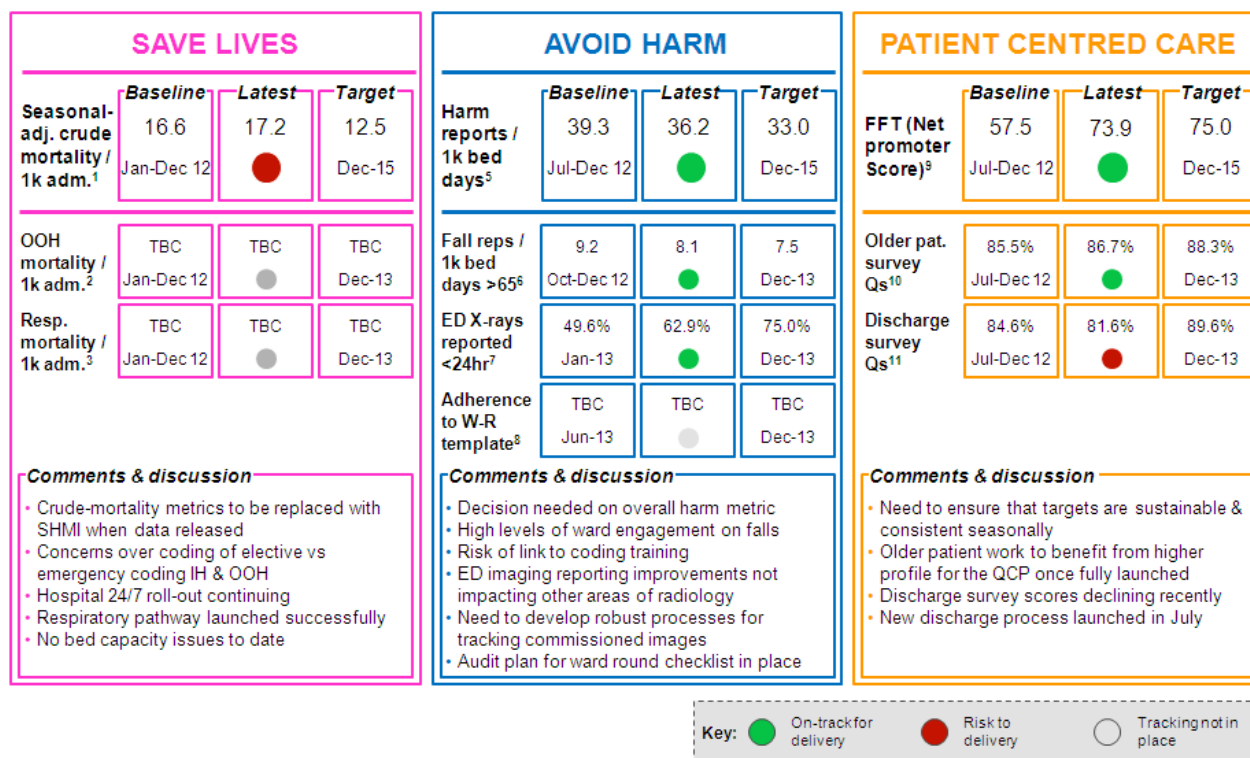
**1.2** To deliver our vision of 'Caring at its best' we are laying out an ambitious Quality Commitment for our hospitals. Our priorities are being led through three overarching strategic goals, each with a target to be delivered over the next 3 years. By 2016 we will aim to deliver a programme of quality improvements which will:

- ❖ Save 1000 extra lives
- ❖ Avoid 5000 harm events
- ❖ Provide patient centred care so that 75% of our patients would recommend us

### **2.0 Quality Commitment Dashboard**

**2.1** A Quality Commitment dashboard has been developed and includes the 3 core metrics for tracking performance against our 3 goals (save lives, avoid harm and improve care so that our patients recommend us). These 3 metrics will be tracked throughout the programme up to 2016. The dashboard also includes 7 sub-metrics, one to track delivery in each of the 7 work streams. These metrics are selected from a broader group of tracking metrics and were chosen to be representative of the individual workstream targets. These sub-metrics will change during the programme as we achieve our targets and set new focus areas in 2014 and 2015.

**2.2** The dashboard will be refreshed monthly and incorporated into the quality and performance report with reporting quarterly to the Trust Board. Current performance is as follows:



1-3. Deaths (excl stillbirths) per 1k admissions (excl maternity), comparing to the same month in 2012, for all deaths, deaths where admission was after 8pm & before 6am and deaths with an initial respiratory diagnosis; 5. All harms reported per 1k bed stays (excl maternity); 6. All falls reported per 1k bed stays for patients >65 years old; 7. % of ED X-rays reported by a radiologist <24hrs; 8. TBC; 9. Net promoters on the Friends & Family survey; 10. Average score for the 3 older patient survey questions; 11. Average score for the 3 discharge experience survey questions;

### 3.0 Progress to date

3.1 In the last quarter the following progress has been made and the future actions to take place are as follows:

#### Save 1000 Lives

- Respiratory pathway successfully launched at the start of July
- Conditions for transfer agreed by EMAS and Acute division
- Fears over bed capacity imbalances have not materialised
- Metrics, including % of eligible patients sent direct to Glenfield Hospital and % given the care bundle to be tracked from next month
- Dedicated pneumonia nurses to take post shortly
- Adherence to care bundle process identified as key risk
- Implementation of hospital 24/7 work continues
- Audit of SHMI underway to identify hotspots for out-of-hours admission mortality
- Survey of junior doctors scheduled for distribution at the end of July
- Survey will investigate attitudes to seeking advice out-of-hours and sources of harm out-of-hours

#### Avoid 5000 harms

- Decision needed on whether to introduce Global Trigger Tool for harm tracking
- Falls work bringing about very high levels of ward engagement

- Falls training has been completed with the Leicester Royal Infirmary assessment unit
- Risk that recent drop in fall rate may be partially caused by coding training
- ED X-ray reporting showing strong improvements
- Initial analysis reveals no negative impact on other areas of radiology e.g. in-patients, complex imaging, etc
- Next step is to agree priorities for reporting and whether to pursue the tracking of commissioned images
- The roll-out of the ward round template continues
- Meetings with the divisional clinical leads have taken place
- There is an ongoing programme of meetings with individual clinicians
- Return to clinical duties of workstream lead seen as key risk to delivery
- Audit plan in place, with long-term solution

### ***Provide Patient Centred Care***

- Friends and family promoter score continues to rise
- Need to ensure improvements are consistent and stable
- Dementia champions network has been launched
- The patient profile audit has revealed poor adherence
- Meaningful activity coordinators have been recruited
- First 'memory lane' event held
- A staff survey on buzzer response times is currently in the field
- The key risk to deliver with this work is the profile of the programme among frontline staff
- The discharge initiatives were launched in June and July
- Recent survey scores in this area have been poor but expect to see an improvement post-launch

## **4.0 Communication Plan**

**4.1** The Quality Commitment has been part of the Chief Executive senior manager briefing and was the subject of Chief Executive first special feature. A Communication plan has been developed to ensure all staff stakeholders and patients are aware of our Quality Commitment. A variety of media will be used.

## **5.0 Recommendation**

**5.1** The Trust Board is asked to receive this first report against the Quality Commitment and is invited to question the Medical Director and Acting Chief Nurse on the three goals.