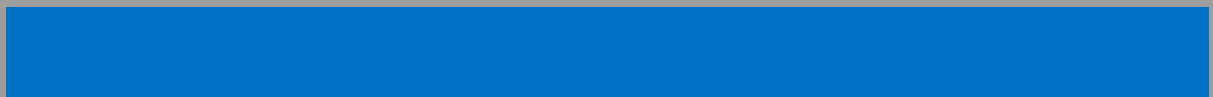


Aiming high



Quality Report 2008 - 2009



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Aiming high

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Foreword

Quality is the organising principle of NHS Leicester City. Our commissioning quality agenda is the key to unlocking the investment we have made in local health care. We are committed to continually developing and improving care to patients and their carers, ensuring all who have access to services have a good experience. Our patients and the public rightly expect high standards of care and there is a greater commitment and greater emphasis than ever before on giving the population of Leicester the best and safest care that an outstanding health service can.



Mandy Ashton

Mandy Ashton
Director of Quality
NHS Leicester City

Enormous progress has been made in improving the quality of care and caring in Leicester. With our hospitals we have tackled and radically reduced health care associated infections, and our community teams and GPs have improved the environments in which we provide care and focused on providing care with compassion, dignity and respect. However, there is recognition that working together, with our clinicians and the people of Leicester, we can improve still further.

The traditional approaches to sustaining year on year improvement in patient safety, patient experience and effectiveness of care are not enough. Over the next five years we will put in place a far more applied and energetic approach to achieving safe and effective care which is responsive, user focused, acceptable, accessible and timely.

We will continue to work with providers of health care in Leicester and others to support clear accountabilities for the quality of care from point-of-care to the Boardroom. We will strive to achieve a commitment to quality that is shared by our staff and the population we serve and supported by clearly identified local resources, both people and financial.

Integrating quality

In 2008 - 2009 NHS Leicester City has placed patient safety, patient experience and clinical outcomes at the heart of its business processes. We have ensured that quality, performance and governance are aligned and integrated for the soul purpose of improving health outcomes, the quality of life and the life expectancy of local people.

The organisation has focused on strengthening and streamlining our corporate, financial and clinical governance arrangements. We have moved to a single risk management process, which covers all of our corporate objectives, supported by robust data and information systems that are subject to co-ordinated performance management and inspection.

The Directorate will co-ordinate and monitor the newly launched *Use of Resources*, the Audit Commission evaluation process. This enables alignment of quality and cost-effectiveness of all we do.

We acknowledge that providing health services is an inherently risky business and that risk can bring with it positive advantages, benefits and opportunities.



NHS Leicester City does not therefore aim to create a risk-free environment, but rather one in which corporate, financial and clinical risk is considered as a matter of course and appropriately identified and controlled.

We believe that good risk management will provide a safer environment and better care for our patients, and will help the organisation to capitalise on opportunities and fulfill its corporate objectives in the short and long term.

We aim to promote and uphold a culture of open reporting throughout the organisation. We will ensure that risks are identified, evaluated, documented and managed by all who may encounter them. In order to achieve this, NHS Leicester City is committed to establishing and maintaining a robust framework for risk management which:

- ✦ **supports** the organisation in achieving its corporate objectives and realising the significant quality, financial and organisational benefits from minimising risk;
- ✦ **is based** on best practice, national guidance and compliance with national standards, e.g., Healthcare Commission Standards for Better Health;
- ✦ **integrates** financial, corporate and clinical risk management across the organisation;
- ✦ **embeds** risk management practices into the day-to-day functions of the organisation and within the role of every member of staff.

Learning from experience

Every day thousands of people are treated safely and effectively in Leicester. However, evidence tells us that in complex healthcare systems, despite the dedication and professionalism of staff, things will and do go wrong. When this happens, patients are or could be at risk of harm.

Based on the best available research, it is estimated that one in ten patients admitted to hospital will be unintentionally the victim of an error. Around 50% of these events could have been avoided if lessons from previous incidents had been learned.

Reporting and learning

Improving the safety of people who access health care in Leicester is, and will continue to be, a significant challenge for NHS Leicester City. To achieve this we are promoting a culture of reporting and learning from incidents which have or could have resulted in an adverse effect on the health and wellbeing of a patient.

Over the next 12 months we will develop a systematic approach to ensuring that all providers and contractors have effective arrangements in place to identify, investigate and learn from breaches in patient safety. We will identify trends and patterns of avoidable incidents and their underlying causes. This will enable us to develop models of good practice and solutions at a local level, which we will share at a national level in collaboration with the *Patient Safety First Campaign*.

A high reporting level is a good measure of a no blame organisational culture. In a recent staff survey 95% of staff witnessing an error, near miss or incident said that they or a colleague had reported it. We will continue to encourage staff to learn from accidents, incidents and near miss events, to talk to patients openly about such events and to give them feedback on outcomes of learning.

Caring at its Best

Nine out of ten patients think that the care they receive at Leicester's hospitals is good, very good or excellent. However, complaints continue to be an important and useful source of feedback about patient's experience of care in Leicester and provide an opportunity to learn about how our patients and communities view us.

We have worked with our main providers of acute, community, mental health and learning disabilities health care ,to understand the concerns of complainants and to apply lessons learnt so that we continually strive to improve our services. The majority of complaints relate to 'getting the basics right' for patients and improving their overall experience of care.

Locally the ***Caring at its Best Programme*** provides the vehicle for engaging clinicians and service users in improving patients experience of the care they receive. The programme concentrates on a number of standards that are focused at the heart of patient care. These include being treated with respect, privacy and dignity, being cared for in a clean and safe environment, having access to good nutrition and receiving appropriate and understandable information about treatment and care.

The ***Caring at its Best Programme*** is enabling clinical teams to identify where effort on improving services can be focused. It is creating an environment where innovation thrives and where safety and quality are pre-requisites to the commissioning of health care. We will continue to use the evaluation of ***Caring at its Best*** to lead regular and constructive conversations with our providers and work with them to improve care and caring.



NHS Leicester City is working with providers of health care to focus on improving the effectiveness, safety, reliability and productivity of the care they deliver through ***Releasing Time to Care – The Productive Ward Programme***.

This is an innovative and practical programme of work which enables teams to learn simple yet effective techniques that will improve processes, maximise value and eliminate waste and error on the wards. Ultimately this will increase the amount of time that nurses spend on direct patient care.

A number of work streams are currently underway which are aligned to and enhance the ***Caring at its Best Programme***. This includes work aimed at improving patient nutrition by increasing patient choice at mealtimes, introducing volunteer mealtime assistants and identifying and supporting patients who require assistance.

Work is also underway to reduce the number of patient falls and decrease the length of stay for patients who have undergone emergency surgery.

Releasing Time to Care will deliver a sustained improvement programme that will support practice change and embed efficiency and quality into the everyday core business of health care providers in Leicester City.

Safe, clean care

Being looked after in a safe, clean and secure environment has a therapeutic effect on the patient's experience of care and their health outcomes. An environment that is dirty, untidy and uncared for can lead patients to the belief that the quality of care they are receiving is also substandard. Our patients and their families rightly expect the care environment to be clean, tidy and welcoming. To date, through working **hand in hand** with the people of Leicester and local providers and commissioners of health and social care, we have radically reduced the number of avoidable Health Care Associated Infections, making NHS Leicester City one of the exemplars in patient safety.



We have agreed ambitious stretch targets with the local health community and our population in relation to the reduction of avoidable Clostridium Difficile and MRSA.

We will continue to lead practice developments in this area to ensure that no one accessing health care in Leicester is affected by avoidable Health Care Associated Infections.

Commissioning for quality

In 2008 - 2009 we have focused on establishing robust processes to assure quality across providers of acute, mental health and learning disabilities and community and primary care services.

We will continue to develop a systematic approach to harvesting information about the quality of services. We will achieve this through formal clinical quality review processes and triangulate this information with other sources of external and internal assurance to support compliance with health care standards. Management of quality is now integral to overall contract performance monitoring thus ensuring that quality is an embedded element of the organisation's approach to commissioning.

Assurance systems now evidence that services commissioned and redesigned are being appropriately scrutinised and are provided to a suitable level of quality, including and encompassing patient experience, clinical need and patient safety. Quality Schedules are in place with the key providers of health care. These embrace aspects of patient safety, patient experience and clinical outcomes including infection control, medicines management, serious untoward incidents, complaints and Standards for Better Health (SfBH).



Over the past year, all General Practices (GP) across the city have continued to participate and work towards the ***Quality and Outcomes Framework***.

The Quality and Outcomes Framework is an optional part of the GP Contract and is designed to measure, encourage and support clinical care and patient experience, whilst improving the quality of services.

The ***Quality and Outcomes Framework*** consists of the following domain areas:

Clinical - e.g. coronary heart disease, heart failure, hypertension, diabetes;

Organisational - e.g. records and information; information for patients; education and training; practice management and medicines management;

Patient Experience - this domain consists of four indicators that relate to length of consultations and to patient surveys;

Additional Services - e.g. cervical screening, child health surveillance, maternity services and contraceptive services;

Holistic Care - this measures the breadth of care across the clinical domain.

This Framework enables us to work with General Practices to support, monitor and measure improvements across the five domains. In 2007 - 2008 the practices achieved an average of 93.8% across all indicators, with three practices achieving 100%. This compares to an average achievement of 92.5% across all indicators in 2006 - 2007 and demonstrates continued improvement across practices in all five domains.

Results for 2008 - 2009 become available in autumn 2009.



In 2009 - 2010 there will be a commitment to make a proportion of providers' income conditional on quality and innovation, through the implementation of the **Commissioning for Quality and Innovation (CQUIN)** payment framework as part of the contract negotiations. The overall approach to commissioning for quality and innovation will include defining and measuring quality, publishing information and recognising and rewarding quality and innovation.

From 2009 the **CQUIN** payment framework will support and reinforce NHS Leicester City's approach to quality and existing national targets, national guidance and vital signs, by embedding the focus on improved quality of care in commissioning and contract discussions. This will build on current ongoing dialogue with our main providers of acute, community, mental health and learning disabilities health care and ensure that everyone is aiming for continuous quality improvement resulting in better health outcomes.

A quality improvement plan will be agreed with our providers of care which will demonstrate progress in developing common indicators to support benchmarking. This will enable providers to consistently measure what they do, using consistent and timely information as a basis both to improve the care they provide and to compare themselves with others.

In 2008 - 2009 we have concentrated on 'getting the basics right' and by that we mean providing care that is safe and effective and is delivered with compassion. We will continue to work with our providers of care across all settings to improve our patients experience of the care they receive.

Safeguarding our population



Our responsibility for the safety and welfare of our population goes beyond the provision of safe and effective care. We work closely with our partner agencies and local communities to act together to safeguard adults, children and young people.

The Local Safeguarding Children's Board (LSCB) and the Safeguarding Adults Board both provide key statutory mechanisms for agreeing how NHS Leicester City co-operates and actively works in partnership with other organisations to safeguard and promote the welfare of adults, children and young people in Leicester.

By April 2009 we will have in place governance systems and processes to support our new role as a supervisory body for ***Deprivation of Liberty Safeguards (DOLS)***. This will prevent arbitrary decisions to deprive a person of their liberty within a health care setting, who lacks capacity to consent to the arrangements for their care.

Safeguarding the welfare of children and young people is crucial to the future wellbeing of our society. We know that abuse and neglect in childhood can cause long standing damage with consequences into adulthood. We commission a range of dedicated staff to support children and families who are most in need of health care.

In 2008 the East Midlands Strategic Health Authority assessed NHS Leicester City's commitment to safeguarding and promoting the welfare of children against twenty four markers of good practice. The Trust has received positive feedback on its clear lines of accountability, its competent and confident workforce and its effective and robust partnership arrangements.



There has been a greater focus this year on safeguarding adults in Leicester through multi agency procedures for the protection of vulnerable adults, serious case reviews and the development of domestic violence multi-agency risk assessment conferences (MARAC).

From May 2008 the responsibilities of all our employees in safeguarding adults, children and young people is included in job descriptions and reinforced through a training programme which includes statutory induction, professional forums and multi disciplinary training sessions.



The Mental Capacity Act (MCA), which came into force in October 2007, provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

NHS Leicester City is responsible for ensuring that employees and providers of care understand their legal responsibilities under the Act and abide by the legislation.

Under this Act from April 2009 NHS Leicester City will be required to ensure that people in hospitals who can't make their own decisions about their care and/or treatment because they lack the mental capacity to do so, are protected by ***Deprivation of Liberty Safeguards (DOLS)***.

The safeguards will protect people who can not make decisions about their care or treatment and who need to have their liberty taken away in order to receive care and/or treatment that is in their best interests and protects them from harm.

NHS Leicester City is working in partnership with commissioners and providers of health and social care across Leicester, Leicestershire and Rutland to ensure the **Deprivation of Liberty Safeguards (DOLS)** are implemented by all who provide care to the people of Leicester.

There is a statutory obligation for all General Practitioners to have an appraisal every year to be able to continue to undertake clinical practice. NHS Leicester City's appraisal process is based on guidance issued by the General Medical Council (GMC). This ensures that all GPs in Leicester can demonstrate on an annual basis that they meet the principles of good medical practice and standards of competence, care and conduct expected of doctors in all aspects of their professional work.

The primary aim of the appraisal process is to help doctors consolidate and improve on good performance, aiming towards excellence. In doing so, it will identify areas where further development may be necessary or useful. Ultimately, this will lead to an overall improvement in the quality of healthcare that our patients receive.



Securing our future workforce

Building local capacity and capability to continually develop and improve care and caring through education and learning is vital to fully embedding the quality agenda within NHS Leicester City. We continue to work with the East Midlands Healthcare Workforce Deanery and local academic institutes to ensure that appropriate and fit for purpose pre and post registration educational programmes are being commissioned for the clinical workforce of today and into the future.

Over the past twelve months we have focused on working with our partners to modernise medical and non medical careers, to align new roles and new ways of working with *Excellence for All – Next Stage Review* and to develop a high quality workforce.

In line with the concept of care closer to home, the pre registration-nursing curriculum has been reviewed and revalidated with DeMontfort University and the Nursing Midwifery Council to address the training -to- practice gaps identified. The training now incorporates a greater focus on care in the community. As a result Leicester City Community Health Services (LCCHS), our main provider of community care, has been commissioned to provide placements for students undertaking training to enable patients to exercise choice in care provision.

This year NHS Leicester City was successful in a pilot bid to establish a *Multi-Professional Learning Organisation (MPLO)*. The MPLO will focus on practice-based learning and opportunities for inter-professional learning. This model will support a shift towards primary care and will promote more effective clinical engagement and leadership. A range of learning experiences will be delivered to a broad range of trainees using evidence based methods, which promote not only teamwork and learning, but improved health outcomes. The MPLO will deliver a quantifiable increase in learning experiences and will improve the delivery of practice-based education to ensure a fit for purpose workforce.

Glossary of terms used in this report

Caring at its Best Programme

Caring at its Best Programme is the local vision for the standard of care which each and every patient should receive.

Clostridium Difficile

Clostridium Difficile can cause Diarrhoea, ranging from a mild disturbance to a very severe illness with ulceration and bleeding from the colon (colitis).

Excellence for All - Next Stage Review

Excellence for All-Next Stage Review sets out the vision for how services will continue to grow and develop over the next ten years. It is a vision of a continuously improving service, where essential standards are guaranteed and excellence is rewarded.

Health Care Associated Infections (HCAI's)

The term 'Health Care Associated Infections' encompasses any infection by any infectious agent acquired as a consequence of a person's treatment by the NHS or which is acquired by a healthcare worker in the course of their NHS duties.

MRSA

MRSA stands for Methicillin-Resistant Staphylococcus Aureus, which means it is a type of Staphylococcus Aureus (a species of bacterium commonly found on the skin) that is resistant to treatment with Methicillin and other related antibiotics of the penicillin class.

Patient Safety First Campaign

The Patient Safety First Campaign seeks to improve the safety of patients by changing practice in specific areas based on existing medical evidence. It is supported by the NHS Institute for Innovation and Improvement, the National Patient Safety Agency and the Health Foundation.

Releasing Time to Care - Productive Ward Programme

This Programme focuses on a single approach to aligning the investment and modernisation of services by focusing on the people, the processes and the technology that supports both.

Standards for Better Health (SfBH)

Standards for Better Health is a framework for continuous improvement in the overall quality of care people receive. It ensures that the extra resources being directed to the NHS are used to help raise the level of performance measurably year-on-year.

Serious untoward incident (SUI)

Serious Untoward Incidents are patient safety incidents involving unexpected death or serious untoward harm.

Serious case reviews (SCR)

A Serious Case Review is an in-depth investigation of a patient safety incident involving unexpected death or serious untoward harm to ensure that lessons are learnt.

Vital signs

Introduced in 2008 as a new approach to planning and managing our priorities both nationally and locally, Vital Signs are measurements of patient experience, patient safety and clinical outcomes against which performance can be managed.

**For further information on anything
contained in this report, please contact**

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