

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW
AND SCRUTINY COMMITTEE: 10TH SEPTEMBER 2019**

REPORT OF: UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**'BECOMING THE BEST' - 3 YEAR QUALITY STRATEGY AND
PRIORITIES**

Purpose of report

1. The purpose of this report is an introduction to the 3 Year Quality Strategy and Priorities.

Policy Framework and Previous Decisions

2. This is the first time that this strategy and priorities has been presented to the committee.

Background

3. Leicester's Hospitals has many strengths, notably a highly committed and caring workforce and a wide range of clinically excellent services. We also have a very large critical mass, having one of the largest catchment populations of any trust in the NHS.
4. Despite these inherent strengths, we have struggled to achieve and in particular to maintain high standards of performance, whether that be in respect of quality, operational performance or our finances. Rather, we are characterised by many pockets of excellence and sometimes improved performance which is then not sustained. Hence we have been judged by the Care Quality Commission (CQC) as "Requires Improvement" in two successive inspections.
5. There has been much research done into the characteristics of excellent or "outstanding" healthcare organisations. Most recently, these characteristics have been summarised by the CQC in their report "Quality Improvement in Hospital Trusts" (September 2018). This report seeks to learn from trusts which have shown significant, sustained improvement and are now judged to be "good" or "outstanding".
6. The key characteristics identified by the CQC are:
7. **Clear strategic intent for QI** - the QI (Quality Improvement) journey has to start at the top of the organisation, with board members and senior leaders jointly setting out the vision to provide the highest possible quality of care

8. **Leadership for QI** - The most important determinant of quality of care is leadership. These trusts have a strategic plan for QI, which is supported with unwavering commitment from the senior leaders, who model appropriate improvement-focused leadership behaviours and a visible, hands-on approach.
9. **Building improvement skills at all levels** – using a systematic framework to build improvement skills at all levels, to facilitate improvement work and to share learning.
10. **Building a culture of improvement at all levels** – building a culture of improvement, which enables all staff to make effective and sustainable improvements.
11. **Putting the patient at the centre of QI** – the CQC found tremendous synergy when patients, carers, people using services and the public are meaningfully involved and incorporated into QI, alongside an engaged, empowered and enabled workforce.
12. **The system view** - True improvement comes when QI is anchored in an understanding of the system and its purpose. It comes where all staff and leaders work together to align the component parts of the system, to achieve high-quality patient care across the end-to-end system. For this purpose by “system” we are referring to the Leicester, Leicestershire and Rutland health and social care system or in some cases the wider sub-regional, regional or national system.
13. **We have taken these key elements and incorporated them into our new Quality Strategy, which we call “Becoming the Best”.**
14. The booklet accompanying this report describes “Becoming the Best” in more detail and then goes on to describe how we are applying the approach to the Trust’s Quality and Supporting Priorities. So it describes the “how” and the “what”. The UHL Chief Executive will present this work to the Committee.
15. In addition to the work that we have been undertaking within UHL, there have been discussions across the health and social care system about the need for a common approach to quality improvement. The System Leadership Team recently endorsed the outline of such an approach, which is consistent with that described here.

Reccomendation

16. We would welcome the Committee’s comments on the Quality Strategy.

Officer to Contact

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List of Appendices

Appendix A - ‘Becoming the Best’ Quality Strategy and Priorities 2019-2022

Relevant Impact Assessments

Equality and Human Rights Implications

Our Patient and Public Involvement (PPI) Strategy (June 2019) takes into account these elements.

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