North Tees and Hartlepool NHS
NHS Foundation Trust

Quality Strategy

January 2010

putting patients 1st first

Passionate about health

north east england

Introduction

We believe that quality is at the heart of our organisation. Providing quality should underpin all of the activities in the Trust and should be of concern to all.

Although we believe we provide good services there is a renewed understanding of the components or dimensions of quality and an awareness of the principles and actions that will enable us to steadily and systematically raise the level of our services geared to the needs of our patients.

The quality strategy lays out the underpinning principles of healthcare quality and indicates the approach we will take in our organisation now and into the future and further embedding it within our culture.

As quality is so fundamental to all areas of the Trust the principles will pervade strategies and policies in all areas and from all departments. This strategy provides a framework for all of these.

Dimensions

Quality embraces three dimensions: ***patient safety, effectiveness of care*** and ***patient experience.***

Patient Safety; Do no harm

It is well-known that despite the best of intentions too many patients suffer some form of harm and many others narrowly avoid a similar experience. It is our determination that such occurrences should not be accepted as inevitable and every care is taken to eliminate such harm taking place.

What will we do?	By How much?	How will we measure progress?	What tools will we use?	Rationale
Reduce the number of people that die in our hospitals	Achieve top quartile nationally by 2014 as a minimum; our stretch target will be to be in the top 10% nationally by 2014.	We will use Dr Foster data which is reported at every public Board of Directors meeting	Global trigger tool; mortality reviews; quality review panels; productive series; Lean; incident and near miss data; specific safety projects linked to Patient Safety First, Leading Improvements in Patient Safety and National Patient Safety First campaigns.	We aim to save more lives than expected every year.

Effectiveness of Care; Right treatment, right place, right time

The delivery of effective care implies skilful delivery of the most appropriate and evidence based methods available. Effective care cannot be delivered without supporting efficient systems and processes so the greatest number of patients can receive the right care in the right place at the right time.

What will we do?	By How much?	How will we measure progress?	What tools will we use?	Rationale
We will achieve and maintain a rating of excellent for quality of services	Excellent by 2020/11	Progress will be monitored via the corporate dashboard and presented at every public Board of Directors meeting	Trust corporate dashboard; Lean methodology and service improvement projects; service development plans, service line management.	We aim to reduce unnecessary delays to patients and reduce waste through poor utilisation of clinical services.

Patient Experience; Great care, great staff, great environment

Whatever the clinical standards of care the patient's experience can be diminished by many factors such as prolonged delays and poor surroundings but the importance of less tangible human factors is equally important. The patient's experience is affected by all contact with the Trust and its staff, clinical and non-clinical.

Although healthcare quality may, at first, bring to mind clinical performance, the brief descriptions above clearly show that complete quality also depends upon efficient processes and caring attitudes. Our strategies may not neglect those important aspects if success is to be achieved.

What will we do?	By How much?	How will we measure progress?	What tools will we use?	Rationale
We will improve the clinical environment, quality of care and quality of communication.	An average 90% satisfaction rate from quality review panel interviews Stretch goal an average 95% satisfaction rate	We will ask at least 50 people how we are doing every month and report this at the public Board of Directors meetings	Quality review panel tool; compliments and complaints data; PEAT data; patient survey data; external reviews; feedback from governors; LinKs and the hospital users group (HUG)	These areas are key indicators of patient satisfaction and getting this right will enhance our reputation as the provider of choice.

Quality is summed up in the Trust's long standing focus on the patient – ***"Putting Patients First"***

Delivering quality depends upon a commitment to those principles from all staff. Developing a quality culture of that kind will demand leadership at all levels of the organisation to drive improvements further.

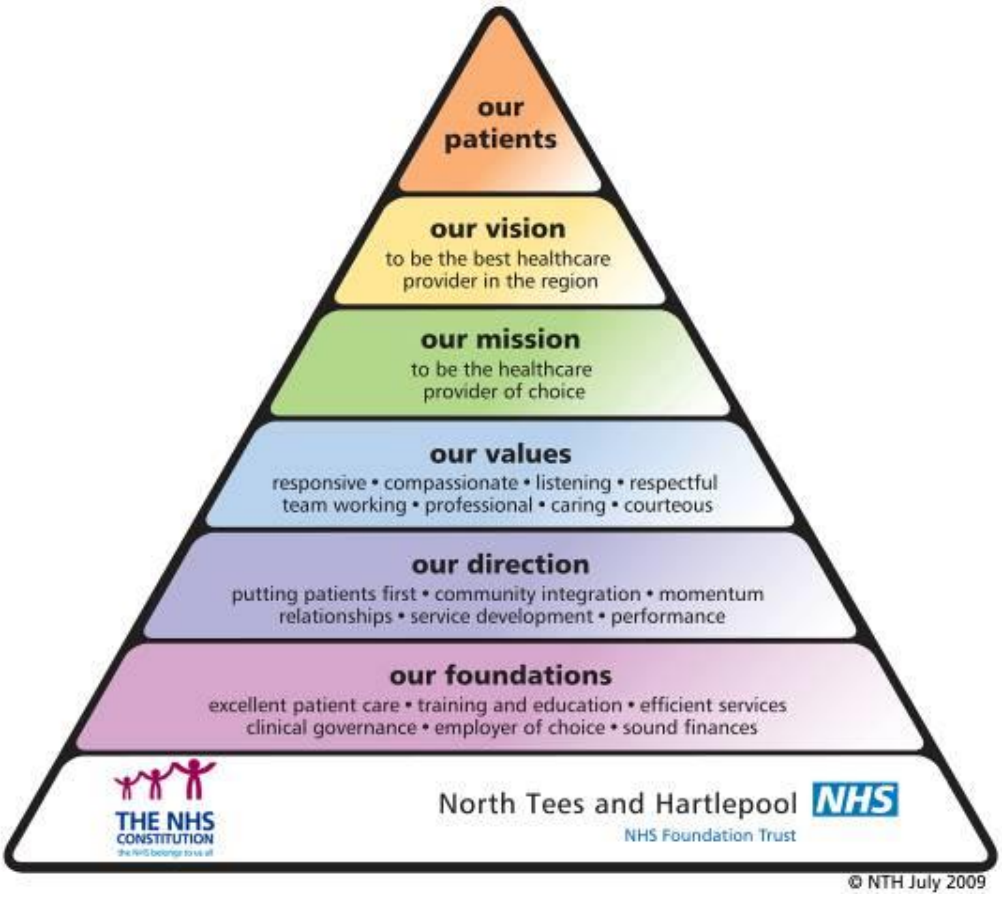
Research and development is a means of finding innovation in health for use throughout the NHS. We will add to this by this making our local contribution.

Integration

Trust Strategy

The quality strategy is an essential component of the Trust's overall corporate strategy which will fail if quality is not delivered as quality is implied in our Vision "To be the best healthcare provider by delivering excellent services for our patients".

Quality is the theme that recurs throughout the Corporate Strategy which is summarised in the following diagram:



The quality strategy serves the strategic direction (our direction) of Putting Patients First.

Appendix 1 outlines the strategic aims, objectives and measures relating to Putting Patients First. Achieving these aims is dependent upon a relentless focus on:

- Patient Safety (incorporating Patient Safety First Campaign and Leading Improvements in Patient Safety)
- Patient relations
- Use of lean methodology
- Infection prevention and control
- Privacy and dignity
- Momentum Pathways to Healthcare

The essence of these pathways is that they are patient focussed, efficient and effective and that they embed identification and management of risk at every level of the organisation.

Community integration

Concern for the quality our services extends beyond the hospitals to include community delivered services.

Manage our relationships

We believe patients treated by us will be our best ambassadors when we ensure that patient experience is consistently considered in our approach.

Service development

As medical knowledge and techniques progress it is impossible to deliver services of the highest quality without change, both incremental improvements and less frequent major service reconfiguration.

Maintain compliance and performance

Our services are under constant scrutiny both by internal review and external bodies. We will demonstrate the high quality of those services by complying with that scrutiny and achieving successful assessment. The Clinical Governance Committee will oversee performance relating to all aspects of clinical quality and patient experience.

Our Vision, Our Future

The Quality Strategy of NT&HFT also supports the vision of the SHA expressed in *Our Vision, Our Future* in which its major aims are summarised as the "7 Nos"

- No barriers to health and wellbeing
- No avoidable deaths, injury or illness
- No avoidable suffering or pain
- No helplessness
- No unnecessary waiting or delays
- No waste
- No inequality

As part of the wider Tees health community the Quality Strategy aims to work with the objectives of the Tees PCT in improving quality of life and health for the local population.

Never events are serious, largely preventable patient safety incidents and the Trust is fully committed to ensuring that these do not occur. Never events include:

- Wrong site surgery
- Retained instruments
- Wrong route of chemotherapy
- Misplaced naso or orogastric tube not detected prior to use

- Inpatient suicide using non-collapsible rails
- In-hospital maternal death from post-partum haemorrhage after elective caesarean section
- Intravenous administration of mis-selected concentrated potassium chloride.

Stakeholders

The following groups have a legitimate interest in the quality of care that the organisation delivers:

- Patients and carers who use our service
- Those who commission the services
- Staff within the Trust
- Carers and local involvement networks/groups
- The organisation itself as personified by the members of the Board of Directors, the Council of Governors and our members
- Bodies that scrutinise and regulate our performance
- Bodies that regulate staff professional standards

The Quality Strategy addresses needs/interests of each of these groups and progress against the strategic aims will be shared with stakeholders with the aim of encouraging contribution to and achievement of a patient-centred culture.

Interdependence and Involvement

Stakeholders

Over time, stakeholders requirements change and therefore service delivery must also evolve. This also implies a shared responsibility in achieving continued quality of the highest order.

The Trust commits to constructive engagement with stakeholder groups in developing policy.

However, there is also recognition that “quality is everyone’s business”.

Staff

The Trust will work to develop and embed a culture of quality that recognises individuals' responsibility to patients and other staff at all levels of the organisation.

Patients/Public

Individuals have personal responsibility for their own well-being and we will actively seek their participation.

This can be achieved as representative members of the stakeholder group but also as individuals, as and when they receive our service.

Quality Principles

Standards

We will reflect our commitment to the NHS Constitution though working in partnership with patients and staff.

We will seek appropriate measures by which the quality of our services can be monitored.

The standards may be set by national institutions eg Care Quality Commission (CQC), National Service Frameworks, NICE guidelines; by professional bodies eg Royal Colleges; by special reports eg NCEPOD; alternatively standards may be specified by national requirements eg waiting times; by commissioners eg CQUIN or the standards may be self-determined.

Standards will also be set internally to facilitate specific patient safety and experience improvements in response to, for example incidents and complaints.

Monitoring

We will demonstrate our quality by measurement.

The measurements may be continual for key performance indicators or by benchmarking or audits to focus on specific topics or causes for concern.

Transparency

We will share the results of our monitoring with stakeholder groups and regulators.

This will provide evidence of our performance and to celebrate our successes.

Assurance

We will establish robust mechanisms of reporting.

The Executive, the Board of Directors and external stakeholders will be confident that appropriate procedures are in place and that high standards are achieved and maintained.

Culture

We will promote and embed within the organisation an attitude of continual improvement where Putting Patients First is understood and practised by all individuals and departments.

Sustainability

We will develop tools and processes to help us understand what needs to be done to sustain a culture of high standards of patient safety and experience. We will demonstrate that we achieve this by listening to staff and patient views and supporting their recommendations.

Continual improvement and Innovation

These complementary aspects of progress are sought on the basis that however good we are further improvement can always be achieved, particularly in the light of advancing knowledge and technology.

Leadership

We will develop leaders and champions at all levels of the organisation to promote and embed quality

Learning and Training

Staff cannot be expected to progress if they are not allowed and encouraged to develop their skills and their contribution to the Trust's goals.

We will provide appropriate training and education and opportunities for learning and personal development so that we can enhance our most valuable asset – our staff.

Learning and training will be meaningful to staff and patients.

Patient involvement

We will promote the involvement of patients and carers.

We will seek and share their experience of the service that they have received.

We will seek and share their view on how to enhance the quality of care we can provide.

We will develop patient stories and case studies to support learning and improvement at all levels of the organisation.

Responsibilities

Trust Board

The Board of Directors ensures that appropriate structures are in place to monitor and to provide assurance on the level of quality of services provided. The Board of Directors is responsible for committing resources necessary to provide such quality services.

The Board of Directors will declare its accountability for quality by agreeing the Quality Account summary of services delivered that is prepared by the Executive.

The Executive

The Chief Executive has ultimate accountability for delivering quality within the Trust.

The Director of Nursing and Patient Safety is the executive lead in relation to quality supported by the Medical Director.

The Director of Nursing and Patient Safety and the Medical Director supported by the assistant directors of clinical governance and quality and the associate medical directors will initiate and co-ordinate Trust-wide and cross-directorate activities that are components of the Quality Account

Heads of Service

Heads of service have a responsibility for the implementation of the strategy within their area and, where appropriate, across the wider Trust, ensuring compliance with current legislation and national NHS standards.

As quality statements have emphasised the patient perspective, developing quality will be particularly important to clinical areas and teams of clinicians. However, all areas will have roles to play in achieving higher standards through the organisation and for all users of the services.

Clinical Directors and Managers

Clinical Directors have the responsibility for maintaining and developing quality in their directorate.

In addition to leading effective and efficient services they will ensure high professional standards are maintained and that services attain levels indicated by relevant national reports and recommendations.

Clinical directors and nursing leads will work with the Medical Director and Director of Nursing to resolve issues of concern relating to professional conduct or capability surrounding individual clinicians in their directorate.

Clinical directors and directorate managers will produce directorate specific contributions to the Trust quality account and facilitate monitoring of performance and standards in each quality domain in addition to contributing to Trust-wide quality initiatives.

Governors

Governors have an opportunity to contribute to and support the quality strategy. Governors can declare their support through providing

statements for the quality accounts that demonstrate their engagement and understanding of progress against this strategy.

All staff

Staff, at all levels, must be committed to this approach, owning the principle of “Putting Patients First” individually, with immediate colleagues and with teams to continually drive quality forward.

Delivery

Quality Accounts

Quality Accounts reflect the activity in each domain around each of the principles described above. Quality Accounts will describe key work-streams and how they have or will contribute to delivery of the quality strategy.

The accounts describe the activity that is being undertaken on specific projects, continuous monitoring of key performance indicators, the results of audits and progress against CQUIN targets.

Such accounts are held at each directorate level and are incorporated into the Trust level quality account.

Quality Accounts are a component of the annual business plan both for directorates and for the Trust.

The progress against directorate accounts is subject to scrutiny at directorate reviews, the Trust Directors Group and the Clinical Governance Committee.

The progress against the Trust's quality account is subject to scrutiny by the Clinical Governance Committee and the Board of Directors.

Monitoring and Reporting

Performance against key indicators is summarised on Directorate and Trust dashboards and will reflect key elements of quality performance.

Routinely collected information on hospital activity (HES data) is available for analysis through the Dr Foster data analysis tools. In particular, the mortality figures for all in-patient deaths will be scrutinised. We aim to reduce to reduce our mortality rates year on year.

Appendix 1 describes the process that we will use to monitor progress against meeting our strategic quality outcomes and the Board of Directors will be informed of our position in relation to this every 6-months.

Quality Accounts.

A formal annual Quality Account will be published by the Trust to comply with the requirements of statute and Monitor, the independent regulator of Foundation Trusts.

The Quality Account will be made available to stakeholders and also via the Trust's website and will contain:

- A statement on quality from the Board of Directors
- Review of quality performance
- Priorities for further improvement
- Research and innovation

- Any statements provided by our commissioning PCT, from Local Involvement Network and overview scrutiny committees on their perceptions of the quality of our services
- A score relating to our data quality
- A report on CQUIN payments

Training and development

We will provide appropriate courses and opportunities for learning and personal development so that we can enhance our most valuable asset – our staff.

Learning and training will be meaningful to staff and patients and the detail of this can be found in the Human Resources and Organisational Strategy.

Leadership

We will develop leaders and champions at all levels of the organisation to promote quality. Achieving our quality strategy is dependant upon ensuring that staff at all levels are empowered to act. How we will achieve this is detailed in the Human Resources and Organisational Strategy

Culture

Promoting a quality culture requires consistent and continual leadership at all levels of the organisation.

The Trust is making formal efforts to influence culture by the development of compacts between the Trust, on the one hand, and staff groups on the other.

The Personal Responsibility Framework seeks to address problems by encouraging individuals to take personal responsibility in resolving issues.

All staff will have regular appraisal. The appraisal meeting gives the opportunity to discuss individual contribution and attitude to the quality agenda.

Continual improvement and Innovation – Effectiveness of care

The Trust has adopted LEAN methodology as its management method of choice.

It is expected that the lean principles will provide an effective means of reviewing and improving existing processes in addition to major service change.

By utilising lean methodology, we will reduce opportunity for waste and we will standardise best practice with the aim that every patient receives the best standard every time.

Research and Development

We will recruit increased numbers of patients into research projects (portfolio studies) and detail can be found in the research and development strategy.

Refer to R&D Strategy

Assurance

The structure for Clinical Governance is included as appendix 2 to this document.

Assurance will be provided through the corporate and clinical governance framework.

This will monitor performance against agreed standards and progress against action plans.

Our commitment to patient safety will be shown by scrutiny of incident reports, complaints and litigation claims with the resulting action plans.

Patient involvement

Service review, change and innovation plans will contain details of patient engagement through individual patients or patient and carer groups.

Patient Safety

The topic is considered in detail in the Patient Safety Policy (appendix 3).

The Trust resolves to be an organisation with a memory, learning from earlier mistakes or incidents.

Information is collected systematically through the incident (Datix) reporting system for review.

Serious incidents are subject to detailed review and scrutiny at directorate, Clinical Governance Committee and Board level.

A pro active approach to minimising harm is underway through the Leading Improvement in Patient Safety (LIPS) initiative which is being rolled out across the whole Trust.

Patient experience

Patient experience is a very good indicator of quality.

The Quality Review Panel will listen to our patients and use their stories to share what we do well and understand what we can improve.

We will promote the use of the *being open policy* to ensure that we acknowledge errors that are made and how we will prevent the same happening again.

We will collect patient stories and use them to effectively influence quality improvement. We will monitor and report numbers and reasons for complaints and use them to inform action planning for improvement.

Recognising success

Achieving high quality does not come easily but through the sustained commitment of teams.

Monitoring indices of performance enables us to recognise improvement and the attainment of specific goals.

The Trust is already known to perform well in many areas when compared with other organisations and national standards.

The Trust and directorates will publish such information so such achievement will be recognised both by staff and by users and commissioners of our service.

The Trust will hold occasional events to celebrate success in achieving quality and improving service.

Delivering our quality strategy

Strategic aim 1: To create a patient centred organisational culture by engaging and enabling all staff to add value to the patient experience and demonstrated through patient safety, service quality and LEAN delivery.

Strategic objective

Improve the clinical outcomes for patients by systematically and regularly reviewing the delivery and outcome of services and implementing changes and improvements accordingly.

Key measures of achievement are outlined in Appendix 1.

<table>
<tr><th>What will we do?</th><th>By How much?</th><th>How will we measure progress?</th><th>What tools will we use?</th><th>Rationale</th><th>Comments APPENDIX 1</th></tr>
<tr><td colspan="6">Patient Safety; Do no harm and reduce mortality rates year-on-year</td></tr>
<tr><td>Reduce the number of people that die in our hospitals</td><td>Achieve top quartile nationally by 2014 as a minimum; our stretch target will be to be in the top 10% nationally by 2014.</td><td>We will use Dr Foster data which is reported at every public Board of Directors meeting</td><td>Global trigger tool; mortality reviews; quality review panels; productive series; Lean; incident and near miss data; specific safety projects linked to Patient Safety First, Leading Improvements in Patient Safety and National Patient Safety First campaigns.</td><td>We aim to save more lives than expected every year.</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Min DrFoster mortality ratio*</td><td>95</td><td>90</td><td>85</td><td>80</td></tr><tr><td>Max DrFoster mortality ratio*</td><td>85</td><td>80</td><td>75</td><td>70</td></tr></table>*all-cause mortality ratio</td></tr>
<tr><td>Improvement</td><td>Minimum target</td><td>Stretch target</td><td>By when</td><td>Baseline</td><td>Endpoint, trajectory to end point</td></tr>
<tr><td>Reduce hospital acquired MRSA bacteraemia rates</td><td>20% reduction against baseline by 2014</td><td>50% reduction against baseline by 2014</td><td>2014</td><td>2008/09 baseline 9</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>20%</td><td>6</td><td>6</td><td>5</td><td>5</td></tr><tr><td>50%</td><td>5</td><td>5</td><td>4</td><td>4</td></tr></table></td></tr>
<tr><td>Reduce hospital acquired clostridium difficile</td><td>20% reduction against baseline e.g. infections</td><td>50% = 84 less C difficile infections</td><td>2014</td><td>2008/09 baseline 158</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>40%</td><td>127</td><td>120</td><td>115</td><td>110</td></tr><tr><td>50%</td><td>120</td><td>100</td><td>90</td><td>80</td></tr></table></td></tr>
<tr><td>Reduce cardiac arrests on general wards</td><td>5% reduction against baseline each year until 2014</td><td>30% reduction against baseline by 2014</td><td>2014</td><td>Baseline data to be collected in 2010/11</td><td>To be confirmed</td></tr>
</table>

Reduce fractures sustained by inpatient falls	50% = 17 less fractures	75% = 26 less fractures	2014	2008/09 baseline 35	<table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>50%</td><td>24</td><td>22</td><td>20</td><td>18</td></tr><tr><td>75%</td><td>20</td><td>18</td><td>15</td><td>9</td></tr></table>
Ensure no never events occur	Zero never events	Zero never events	On-going	2008/09 baseline 3	<table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>

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<tr><td colspan="6">Effectiveness of Care; Right treatment, right place, right time</td></tr>
<tr><td>We will achieve all Care Quality Commission (CQC) targets relating to access, treatment and discharge.</td><td>As mandated by the CQC</td><td>Progress will be monitored via the corporate dashboard and presented at every public Board of Directors meeting</td><td>Trust corporate dashboard; Lean methodology and service improvement projects; service development plans, service line management.</td><td>We aim to reduce unnecessary delays to patients and reduce waste through poor utilisation of clinical services.</td><td>Achieve and maintain a high rating for quality demonstrated by a:
Monitor rating of green for clinical governance
CQC rating of 4/5 in the Good Hospital Guide</td></tr>
<tr><td>Improvement</td><td>Minimum target</td><td>Stretch target</td><td>By when</td><td>Baseline</td><td>Endpoint, trajectory to end point</td></tr>
<tr><td>Elective patients should be discharged on the estimated date of discharge given at pre-admission assessment</td><td>Minimum 90% by 2013/14</td><td>Stretch target 98% by 2013/14</td><td>2014</td><td>Baseline to be measured April-June 2010</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td>70%</td><td>80%</td><td>85%</td><td>90%</td></tr><tr><td>Stretch</td><td>80%</td><td>90%</td><td>95%</td><td>98%</td></tr></table></td></tr>
<tr><td>The date that emergency patients are medically fit for discharge should be identified on PAS within 2-hours

Patients on the emergency assessment units will have a full assessment within two hours of arrival</td><td>Minimum 95% by 2013/14

Minimum 95% by 2013/14</td><td>Stretch target 98% by 2013/14

Stretch target 98% by 2013/14</td><td>2014

2014</td><td>Baseline to be measured April-June 2010

Baseline to be measured April-June 2010</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td>75%</td><td>80%</td><td>90%</td><td>95%</td></tr><tr><td>Stretch</td><td>80%</td><td>90%</td><td>95%</td><td>98%</td></tr></table>
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<tr><td>We will improve the:
Clinical environment
Quality of care
Quality of communication.</td><td>90% satisfaction rate
Stretch goal 95% satisfaction rate</td><td>We will ask at least 50 patients how we are doing every month and report this at the public Board of Directors meetings</td><td>Quality review panel tool; compliments and complaints data; PEAT data; patient survey data; external reviews; feedback from governors; LinKs and the hospital users group (HUG)</td><td>These areas are key indicators of patient satisfaction and getting this right will enhance our reputation as the provider of choice.</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td>85%</td><td>90%</td><td>90%</td><td>95%</td></tr><tr><td>Stretch</td><td>90%</td><td>95%</td><td>95%</td><td>100%</td></tr></table></td></tr>
<tr><td>Improvement</td><td>Minimum target</td><td>Stretch target</td><td>By when</td><td>Baseline</td><td>Endpoint, trajectory to end point</td></tr>
<tr><td>Ask patients if their experience of care is good</td><td>90% say experience is good

Minimum 50 patients asked</td><td>95% say experience is good

70 patients asked</td><td>Every month</td><td>2009/10 90%</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td>90%</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Stretch</td><td>95%</td><td>95%</td><td>100%</td><td>100%</td></tr></table></td></tr>
<tr><td>Ask patients if they would recommend us</td><td>90%

Minimum 50 patients per month</td><td>95%

70 patients per month</td><td>Every month</td><td>2009/10 90%</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td>90%</td><td>90%</td><td>95%</td><td>95%</td></tr><tr><td>Stretch</td><td>95%</td><td>95%</td><td>100%</td><td>100%</td></tr></table></td></tr>
<tr><td>Reduce the number of complaints received in every specialty</td><td>15%</td><td>30%</td><td>2014</td><td>To be confirmed</td><td><table><tr><th>Year</th><th>2010/11</th><th>2011/12</th><th>2012/13</th><th>2013/14</th></tr><tr><td>Minimum</td><td></td><td></td><td></td><td></td></tr><tr><td>Stretch</td><td></td><td></td><td></td><td></td></tr></table></td></tr>
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Increase the number of compliments received in every specialty	15%	50%	2014	To be confirmed	Year / Minimum / Stretch: 2010/11, 2011/12, 2012/13, 2013/14
Observe if the patient environment is clean, uncluttered and calm	90%	100%	Every month	2009/10 range 67%-95%	Minimum: 80%, 85%, 90%, 90% Stretch: 85%, 90%, 95%, 100%
Patient surveys describe a year-on-year improvement in overall levels of satisfaction	5% improvement	15%	2014	2008/9 (needs detail)	Minimum improvement: 2%, 3%, 4%, 5% Stretch improvement: 5%, 8%, 12%, 15%
External reviews validate internal reviews (e.g. LinKs, peer reviews, PEAT and HUG reviews)	Good	Excellent	Every year	Baseline - good	Minimum: Good, Good, Good, Good Stretch: Excellent, Excellent, Excellent, Excellent
Patient satisfaction measured using national patient survey questions will show high levels of satisfaction	90% of patients score food as good or better	95% of patients score food as good or better	Every month	What is the current baseline (source and related to which time period?)	When will we achive (and then maintain) 90% / 95%? Trajectory to get us there? Monthly reporting?
Staff surveys describe a year-on-year improvement in overall levels of satisfaction	5% improvement	15%	2014	Define baseline position and year	Minimum improvement: 2%, 3%, 4%, 5% Stretch improvement: 5%, 8%, 12%, 15%

North Tees and Hartlepool NHS
NHS Foundation Trust

A Structure to Support Quality