



# Quality of Acute Hospital Services Quality Priorities 2019/20 to Health Overview and Scrutiny Committee

**Jackie Edwards**

**Deputy Chief Nursing Officer, Quality**

Tuesday 9<sup>th</sup> April 2019

# Presentation

- Reminder of Quality Improvement Strategy (QIS) process launched in June 2018
- Feedback from patients since launch of QIS
- Monitoring progress
- Reminder of CQC Ratings
- Quality Improvement 'Path to Platinum'
- Further support for Quality Improvement
- Questions



# Quality Improvement Strategy

*“Our Quality Improvement Strategy is driving Improvements through the Divisional, Directorate and Ward Quality Improvement Plans”*

Delivering our Quality Improvement Strategy



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Care that is safe	Care that is clinically effective	Care that is a positive experience for patients and their carers
<p>We will give every patient consistently safe, high quality and compassionate care</p> <p>We will protect every patient from unintended or unexpected harm</p> <p>We will improve care by learning from our mistakes</p> <p>Our staff will be taught the clinical and improvement skills required to provide high quality care. We will work together to achieve excellence.</p>	<p>We will do the right thing for patients by ensuring decisions about health care are based on the best available, current, valid and reliable evidence</p> <p>We will work in the right way by developing a workforce that is skilled and competent to deliver the care required</p> <p>We will provide treatment at the point of need in a timely manner</p> <p>We will ensure patients have the right outcome to ensure treatment health gain for their clinical circumstances.</p>	<p>We will develop a culture where patients, and their carers are at the forefront of all we do</p> <p>To develop a culture of person centred and family centred care</p> <p>To develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us</p> <p>We will include patients, their carers and our community partners in our Patient Experience Strategy and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control</p>

**4ward**

**Our Signature Behaviours**

- Do what we say we will do
- No delays, every day
- We listen, we learn, we lead
- Work together, celebrate together

**Quality Improvement Faculty**

- Quality Hub to triangulate learning
- Quality Informatics and Quality Improvement Training to support teams
- Ward Accreditation System



**Our Patient and Carer and community engagement Plan**

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**Developing a culture that supports continuous improvement** by delivering services to the patient, their carers and the community that is responsive to the information they are telling us.

**OUTCOME:**

- We will develop Patient Experience Leads by September 2018 and keep a live database of membership and skills.
- We will ensure patients and their families report they are better informed and involved throughout their time with us through annual patient surveys published to annual patient experience report every year.
- We will have response rates to patient experience surveys that provide a positive experience for patients both wide through development of real time feedback and brand and family test each month.
- We will ensure consistent and timely use of the national audit process of the

**OUTCOME:**

- We will deliver a culture where patients, their carers are at the forefront of all we do.
- We will respond to 80% complaint within 25 days of receipt and ensure that we reduce the number of complaint returns from patients dissatisfied with their response, improving complaint satisfaction
- We will have response rates to patient experience surveys that provide a positive experience for patients trust wide
- We will have a response rate for friends and family test that provides a positive experience and they will recommend us as a place to receive care. We will risk assess and monitor patient experience when there have been occasions to meet patients at night at times of high evaluation which can lead to reduced patient experience



**Our Clinical Effectiveness Plan**

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**Signature Behaviours**

- We do what we say we will do**
- No delays, every day**
- We listen, we learn, we lead**
- Work together, celebrate together**

**Participate in relevant national clinical audits and implement recommendations**

- Complete an annual programme of local clinical audit
- Ensure NICE guidance is implemented where possible and embedded into every day clinical

**Cancel fewer operations**

- Ensure that our time to theatre for patients with a fractured neck of femur will be amongst the best in England
- Ensure that the number of patients being cared for in intermediate areas is in

**Monitor and seek to reduce patient mortality and morbidity whilst under our care**

- Reduce mortality due to sepsis

**Implement the priority clinical standards for seven day hospital services**

- Develop closer links with our regional academic partners to improve the training and education of our staff
- Develop clinical research careers, ensuring the workforce are aware of their role and that of their department in research.



**Our Patient Safety Plan**

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**DO WHAT WE SAY WE WILL DO**  
 We will give every patient consistently safe, high quality and compassionate care.

**OUTCOME: IMPROVED HOSPITAL STANDARDISED MORTALITY RATIO**

- Standardised hospital mortality indicator
- Specific project measures
- % primary mortality review undertaken within 30 days of death
- % patients screened for sepsis according to Trust policy
- % patients treated within 1 hour of confirmed sepsis
- % patients for whom NEWS/NEWS score has been calculated correctly
- % patients identified as deteriorating excluded per Trust protocol.

**NO DELAYS, EVERY DAY**  
 We will protect every patient from unintended or unexpected harm.

**OUTCOME: REDUCTION OF AVOIDABLE HARM**

- Reduction in infections across a range of nationally mandated figures
- Reduction in the number of avoidable hospital acquired pressure ulcers
- Improved hand hygiene compliance in urgent areas
- Reduction in the number of patient falls resulting in harm per 1000 bed days
- Prescribe, administer and supply the right medicines at the right time for the right patient.

**WE LISTEN, WE LEARN, WE LEAD**  
 We will improve care by learning from our mistakes.

**OUTCOME: IMPROVED SAFETY CULTURE SCORE**

- Mortality rates which are improving year on year
- % root cause analysis investigations which are fully completed within 45 days
- % of action plans completed from complaints and serious incidents within agreed timescales
- Themes from serious incidents and complaints learning triangulated with lessons learned from mortality reviews and utilised to prioritise our improvement programme.

**WORK TOGETHER, CELEBRATE TOGETHER**  
 Our staff will be taught the clinical and improvement skills required to provide high quality care. We will work together to achieve excellence.

**OUTCOME: DEMONSTRABLE AND SUSTAINED IMPROVEMENTS IN PRIORITY SAFETY OBJECTIVES**

- Number of staff involved in improvement projects
- Number of staff who have undertaken Human Factor Training
- Number of staff who have completed Level 1 Quality Improvement Training
- Staff who are confident and competent to deliver patient care according to their professional scope of practice
- Working with national collaborative in specific improvement areas to ensure we achieve excellence.

“Putting Patients at the fore front of all we do”

What our patient tell us.....

Our trust engaged in a series of engagement events held with patients, carers and visitors in November 2018.

- **Good Care:** 99% of the people consulted confirmed they had experienced “good care”. Good care was defined as:
  - Being treated with dignity and respect as an equal.
  - Determining what is wrong in order to remedy it/so it can be fixed
- **Safe Care:** The majority of people felt that the care they had received was safe. Comment shared we:
  - “It’s really picked up here in the last year, in every sense”.
  - “friendly and person centred” care was provided promptly and professional service”

**However, this was not in line with their preconceived expectations of the Trust. Many reported expecting a poor experience of care depending on the hospital you receive your care in. These understandings of what their experience would be like, they stated had been formed from the negative local media reports.**

Patient Experience is gathered through a variety of both annual and day to day “real time” feedback.

## Maternity Picker Survey

### Issues to address

- Found partner was able to stay with them as long as they wanted
- Given a choice about where to have check-ups

### • Maternity Survey

#### Key Improvements since 2017

- Received support or advice about feeding their baby during evenings, nights or weekends
- Offered a choice of where to have baby
- Given enough information about where to have baby
- Partner / companion involved
- Able to move around and choose own position

## National Health Service

★★★★☆ Michael P gave Worcester Acute Hospitals NHS Trust a rating of 4 stars

### Huge improvement

Over the last decade I have visited WRH on at least a dozen occasions to see elderly relatives, including my father, mother uncle and aunt. My aunt aged 90 was taken to A&E on Friday, and despite a while in the corridor she was being well cared for. I spoke with the doctor in charge, who was courteous and informative. Today I had a bit of trouble (nothing as bad as I have experienced in the past) tracking her down and speaking to someone on the ward. When I did get through the person was most helpful and after I had explained that I would be unable to get t the hospital during regular visiting hours - the nurse readily agreed to me coming in early. I met four different members of the ward team in Short Stay who were all friendly informative and helpful. I sense also a much deeper sense of caring about the patients in their. This was a totally different experience to any of my previous experiences of Worcester Royal and so it is really important to express our gratitude and congratulations on the improvements.

Visited in February 2019. Posted on 10 February 2019

- **Senior Nursing Quality Audits**

- Focus on environment and risk assessment documentation July 2017

- **Listening into Handovers & Safety Huddles**

- **Safety Walkabouts**

- Executive/Non-Executive Director, Patient Public Forum and Partners

- **Back to the Floor**

- Senior Nurses and Professionals engaged in approach to working along side front line teams in wards and departments



- **Key Line of Enquiry checks**

- Divisional Directors engaged with areas and walk through bespoke checklists with staff.

- **Quality Improvement Strategy Reviews:**

- Confirm and challenge style
- Review of actuals, targets and revised trajectories
- Review combined with CQC Regulatory Activity improvements

**Senior Nursing Quality Checks**

**How do the Quality Checks support the 4Ward signature behaviours?**

- Do what we say we will do**  
Conduct the agreed amount of checks for your wards/areas
- We listen, we learn, we lead**  
Interact and listen to the your colleagues, share your expertise on how to improve the quality and safety of patient care
- No delays, everyday**  
Respond quickly to improve the quality and safety of patient care
- Work together, celebrate together**  
Congratulate colleagues who demonstrate good practice

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# Overall Trust Ratings

Inspection	Safe	Effective	Caring	Responsive	Well led	Overall
November 2017	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
January/ February 2018	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

*“Achieving this requires clear objectives, clinical leadership, effective team working, a focus on established best practice and a determination to deliver improvements for the good of our patients.*”

*Our Path to Platinum Accreditation Programme aims to deliver just that.”*

**Matthew Hopkins, Chief Executive Officer,  
Worcestershire Acute Hospitals Trust**



Our Path to Platinum programme will allow wards, departments and theatres and staff to strive for excellence via progress through four levels of accreditation, Bronze, Silver, Gold and Platinum in recognition of significant milestones along their journey to excellence.

## Phase 1 – Wards

Pilot Ward - Medical Shorts Stay Unit - tested methodology & documentation  
 Additional five Wards further tested improved documentation and agreed metrics  
 2nd April 2019 – Programme rolled out to all wards, trust wide

## Phase 2

Agree metrics and bespoke methodology for additional Departments, Outpatients, Theatres, Maternity & Paediatrics



# How are we supporting Quality Improvement?



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To further support our commitment to Quality Improvement and improved patient care, safety and experience, we have introduced the following:

## The Quality Hub

The Quality Hub Team provides quality assurance support to the Trust in the delivery of:

- Quality Agenda
- Quality Improvement Strategy
- CQC Regulated Health Care Standards, Regulated Activity Requirements and Registration.
- Process flow and improved documentation to external bodies
- Supports our staff in providing a suite of Quality Audits and tools.

## The Quality Improvement Team

The Quality Improvement Team provides training, tools, facilitation, advice, coaching, leadership and project management to support the organisation's transformative agenda.

## Quality Improvement Matron

The Quality Improvement Matron provides bespoke support for staff in the clinical areas to ensure the delivery of improvement programmes, which in turn, will improve patient, carers relatives and staff experience in our care.

*Quality Improvement  
needs to be front and centre  
of what we are doing.  
It's the **number one** of  
my top three priorities.*

Matthew Hopkins  
Chief Executive



**Thank you, any questions?**