Quality Improvement Strategy
2015 - 2018

Yeovil Hospital Healthcare

Contents

Vision & values

What are we trying to accomplish?

Yeovil Hospital's top priority is the provision of high-quality clinical care and excellent patient experience. We are proud of our iCARE principles, originally developed by our nursing staff, which now underpin all that we do within the hospital, whether it is providing life-saving treatment, the way staff relate to one another or a warm welcome at reception. The iCARE principles arose from a review of complaints, which identified common issues and which formed the basis of our values.

***i** **Treating our patients and staff as individuals**

C **Effective Communication**

A **Positive Attitude**

R **Respect for patients, carers and staff**

E **Environment conducive to care and recovery**

The Trust has created a new vision and strategy to help guide the way the organisation develops. Both the vision and strategy have been developed in collaboration with staff from across the organisation. As well as guiding decision-making our strategy is also intended to provide staff with opportunities to identify and implement improvements in their own areas of work.

Our vision: We will be the UK leader in delivering new models of care

This is underpinned by a set of strategic priorities:

Our strategic priorities:

Care of our population: Enabling our population to live healthier lives

Developing our people: Enabling our staff to provide the care they aspire to

Pioneer the future: Collaborating to create new models of care and commercial partnerships

Put technology at the heart: Making ours the most technologically advanced hospital in the UK

Our strategic objectives are designed to provide focus on quality, sustainability and delivery across all aspects of the organisation. Seven key aims have been identified.

Aim 1 No preventable deaths

Aim 2 Deliver continuous reduction in avoidable harm

Aim 3 Achieve high standards of clinical care in line with best practice

Aim 4 Deliver a reduction in (MRSA and Clostridium difficile) hospital-acquired infections

Aim 5 Deliver integrated and innovative models of care which support and improve health, wellbeing and independent living via the Symphony Vanguard project

Aim 6 Deliver implementation of electronic health records and use of IT systems to enhance care delivery for both patients and staff

Aim 7 Work in partnership with patients, carers and their families to deliver what matters most and meet their needs.

This Quality Improvement Strategy recognises the importance of the Care Quality Commission five key questions of services provided.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

What have we achieved so far?

Quality of services is measured by looking at patient safety, the effectiveness of treatment that

patients receive and their experiences and feedback about the care provided.

The provision of high quality care is at the heart of everything we do at Yeovil District Hospital (YDH). This means our patients are provided with the best possible care by well trained staff and are treated with dignity and respect. Our focus is on consistently delivering excellent outcomes of care, ensuring we collect accurate information about how patients experience our services and acting on it to improve what we do.

Improving the quality, safety and effectiveness of the care provided to patients at YDH is a top priority for the Board. Over the last few years, YDH has undertaken significant work in line with its set priorities. We have:

- ensured that HSMR and SMI have remained constant and within expected limits
- maintained our active participation in the regional patient safety collaborative
- achieved an in-year reduction in hospital acquired pressure ulcers
- reduced hospital-acquired infection rates
- achieved an overall reduction in the number of patients suffering harm from falling in hospital
- developed a local indicator to monitor the patient's experience of discharge and the creation of a 'fit for discharge' ward.

How was this strategy developed?

For the next three years we have reviewed our areas of focus for improvement and developed a strategy that incorporates national recommendations, including safe staffing levels and local priorities that reflect our patients' needs. In addition, plans to develop and implement models to provide enhanced seven day services, which will be a key enabler to preventing admissions at weekends and facilitating discharge, will improve the experience for patients. In addition, improving access to high-quality end of life care out of hours and at weekends will be a priority.

The Trust has considered and built upon the Quality Strategy (2011-2014) in its deliberations, as well as national reports including recommendations from:

- the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013)
- the Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England (Keogh, 2013)
- a Promise to Learn – a Commitment to Act: Improving the Safety of Patients in England (Berwick, 2013)
- a Review of the NHS Hospitals Complaints System, Putting Patients Back in the Picture (Clywd, 2013)
- the Cavendish Report (Cavendish, 2013)
- Safer Staffing Requirements: NICE Safe Staffing SG1 (2014), Safe Midwifery NG4 (2015)
- the Morecambe Bay Investigation (Kirkup, 2015)
- the regulatory requirements of the Duty of Candour
- the Care Act (2015).

Yeovil Hospital has joined the Sign up to Safety Campaign. This campaign will support people to feel safe to speak up when things do go wrong. Everyone involved in caring for patients, and those in roles supporting care for patients, needs to know that they can have these conversations and that they will be heard – they can save lives.

The Trust has five Sign Up to Safety Pledges:

(www.england.nhs.uk/signuptosafety)

- Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally
- Make organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe services are
- Be transparent with people about progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
- Help people to understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress

Aim 1 - No preventable deaths

As measured by:

- Hospital Standardised Mortality Ratio (HSMR)
- Serious Incidents that resulted in deaths
- Mortality reviews
- Dr Foster mortality alerts

Priority one in the Trust's 2014/15 Quality Account, Improvement and Development Priorities, was to have no preventable deaths. This continues to be a priority over the subsequent years and will be measured by our Hospital Standardised Mortality Ratio (HSMR); Summary Hospital-level Mortality Indicator (SHMI); Serious Incident reviews for cases that resulted in deaths; mortality reviews and Dr Foster mortality alerts.

Over the next three years we aim to reduce the HSMR to below, or within the lower expected range, compared to other Trusts nationally. Over the last year, the rolling HSMR figure has risen from below 85 for the majority of 2013 to the current figure of 102.12 reported in February 2015. This has been attributed in part to a possible reduction in accurate recording of comorbidities and is also affected by the way that Dr Foster looks at the data from the primary diagnosis for the first episode of care or 'spell'. A spell is initiated on change of ward or consultant, and several or early moves can mean that subsequent diagnoses or additional documentation, although coded, will not be analysed for use by Dr Foster. Reducing the number of spells for each patient by ensuring effective pathways of care are followed with minimised patient movements has helped in the past to improve the reported figures, and this is a trend which will continue.

Weekday/weekend HSMR data has shown the Trust to be within expected range over 2014/2015, when looking at both periods of time. Work will continue to monitor any trends in weekend HSMR.

Feedback from a Payment by Results (PbR) clinical coding audit during 2014/15 indicated 6.3 per cent of spells had a clinical coding error that affected the price, giving a net financial error of 0.5 per cent in favour of the commissioner. Currently primary diagnosis and procedure codes are more accurate than secondary diagnosis and procedure codes. Although the audit figures met the standards set for information governance, we need to identify why errors occur, to enable us to reduce any coding errors and associated costs.

To achieve a significant reduction in the Trust's HSMR, we will increase our focus on accurately translating clinical data from medical records into diagnostic codes. In addition, we are working to

ensure that the introduction of TrakCare supports effective and accurate allocation of codes to specific conditions, enabling coding to occur at source, as the diagnosis is determined within the medical records. Providing a robust system of validation for this type of data will be key to ensuring accurate and timely submissions to external agencies and internal reviewers.

We will be working closely with Dr Foster to reduce alerts (CUSUM). Alerts over the previous 12 months include a higher than expected readmission rate (within 28 days) in maternity cases and following cholecystectomy, a longer length of stay for knee replacements and some cardiac conditions and higher mortality in patients diagnosed with aspiration pneumonia and COPD. Any alert or variation from the anticipated national figures is reviewed to check whether this is due to a coding issue or a clinical care or process issue. Using clinical dashboards to highlight trends in readmissions, length of stay and mortality in specific case groups will enable us to act in response to any problems before an alert is generated.

Using Dr Foster's data collection methods will also ensure we are not outliers within a similar group of Trusts or nationally. Dr Foster takes the diagnosis code and weighted comorbidities to calculate the likelihood of a patient's death. It follows that accurate diagnostic codes and listing of all comorbidities will assist to prevent data errors and reduce the number of potential alerts seen in the future.

The coding of comorbidities has changed over the last two years with adjustment to the rules meaning that any previous comorbidities are not able to be used unless they have been recorded in the records for the current admission. A previous initiative providing advice cards for those doctors admitting patients and educating junior staff proved successful in increasing the accuracy of diagnostic records and the number of recorded comorbidities which led to a reduction in the rolling HSMR. These methods will now be repeated every six months with each new intake of medical staff.

Aim 2 - Deliver continuous reduction in avoidable harm

Measured by:

- NHS Safety Thermometer
- Never Events
- Sign up to Safety Campaign
- Measures for common cause incidents (falls, pressure ulcers, medication errors)

Harm is defined in many ways, but a common belief is that harm is 'unintended physical or emotional injury resulting from, or contributed to, by clinical care (including the absence of indicated treatment or best practice) that requires additional monitoring, treatment or extended length of time under the care of a clinician'.

Healthcare-acquired infections, medication errors, surgical infections, pressure sores and other complications are examples of harm which are commonplace. Despite the extraordinary hard work of healthcare professionals, patients are harmed in healthcare every day.

The Berwick Report stated that "all in the NHS should understand that safety is a continually emerging property, and that the battle for safety is never "won", rather, it is always in progress". This is why we will approach harm reduction by working on strengthening our Trust-wide learning systems and building capability in our staff to recognise and prevent harm in addition to addressing a suite of projects on specific harms.

Aim 3 - Achieving high standards of clinical care in line with best practice

Measured by:

- Compliance with care bundles
  - Acute Kidney Injury
  - Sepsis
  - Pressure Ulcer Prevention
- Structured ward and board rounds
- Agreed staffing levels
- Reliable adherence to NICE guidance

It is widely acknowledged that not all aspects of healthcare perform as well as they should. Even when we know what the right thing to do is, often our systems are not designed to deliver all aspects of evidence-based care to every patient, every time. Measuring how reliable our care is can help us to uncover the variation across the Trust and point to where improvement is needed.

Over the next three years, we will seek out and reduce unnecessary and unwarranted variation. Additionally, we will put specific focus on the conditions and pathways indicated above so that all patients receive the same high-quality care seven days a week.

Aim 4 - Deliver a reduction in MRSA and Clostridium difficile

Measured by:

- Lapses in care
- Learning from critical analysis of cases using evidence-based prevention measure
- Post-infection review
- Number & observations from outbreak management
- Measurement of compliance with care bundles
- MRSA BSI
- Cdiff

We will continue to focus on a range of infections, including Clostridium difficile, hospital-acquired pneumonia and surgical site infections.

We note the numbers and clinical areas where E Coli BSI infections are identified as occurring more than 48 hours post-admission to the Trust, but we are unable to conduct in-depth investigations within the current team resources.

We conduct PIR investigation on all MRSA/MSSA blood stream infections that occur 48 hours post-admission to the Trust, to determine if there is any identified learning surrounding the acquisition of the infection. Findings are shared with the clinical areas concerned and action plans developed to address any issues identified.

The Trust will continue to ensure an improvement in the management of indwelling devices and prompt use of prophylactic antibiotics for patients who are at high risk of acquisition of a blood stream infection.

Aim 5 - Deliver integrated and innovative models of care which support and improve health, wellbeing and independent living via the Symphony Vanguard project

Measured by:

- Patient surveys

Each year, as the average age of our population increases and the number of people living with complex, multiple health conditions grows, so does the demand upon our hospital.

The development of the Symphony project is to integrate services between primary and secondary care. The first of our Symphony care hubs opened in 2015, directly employing GPs who work along care coordinators and key workers to enable those living with a number of health conditions to take greater control of their health. More care hubs are planned for the community in 2015.

YDH is among just 29 Trusts in the country which are leading the way in the development of a more effective, more collaborative and more patient-centred NHS as part of the national Vanguard project.

YDH will be ensuring its approach to integrated care, by redesigning primary and acute care systems to ensure they are sustainable and successful.

Aim 6 – Deliver the implementation of electronic health records and use of IT systems to enhance care delivery for both patients and staff

Measured by:

- Completion of phase 1, 2 & 3
- Implementation and use of hardware
- Improve patient care and safety
- Improve patient outcomes by providing relevant information in a timely manner
- Improve patient experience by supporting clinicians to deliver efficient care

Particularly in Phase 2 we will reduce drug errors though the use of e-prescribing and medicines administration and medicines reconciliation.

In addition, the clinical decision support function within TrakCare will support clinicians in making appropriate patient-centred treatment decisions

Near to real bed management will allow appropriate use of hospital resources and ensure patients are cared for in the right environment.

Timely access to electronic patient information will facilitate effective decisions about patient care. The ability to analyse data on patients will inform reviews on future clinical practice.

Ability to provide dashboards/business analytics will provide relevant up to date information in a timely manner to improve performance.

Aim 7 – Work in partnership with patients, carers and their families to deliver what matters most and meets their needs

Measured by:

- Number of PALS complaints upheld and action taken to change practice
- Implementation of IWGC (I want great care) and use of real time feedback

To reduce the number of complaints by responding immediately to concerns raised via the PALS service.

To meet with every person who raises a concern and wishes their concern to be discussed face to face, in order to ensure that all of the learning possible takes place.

To work alongside Patient Voice in order to collect patient feedback regarding our iCARE principles.

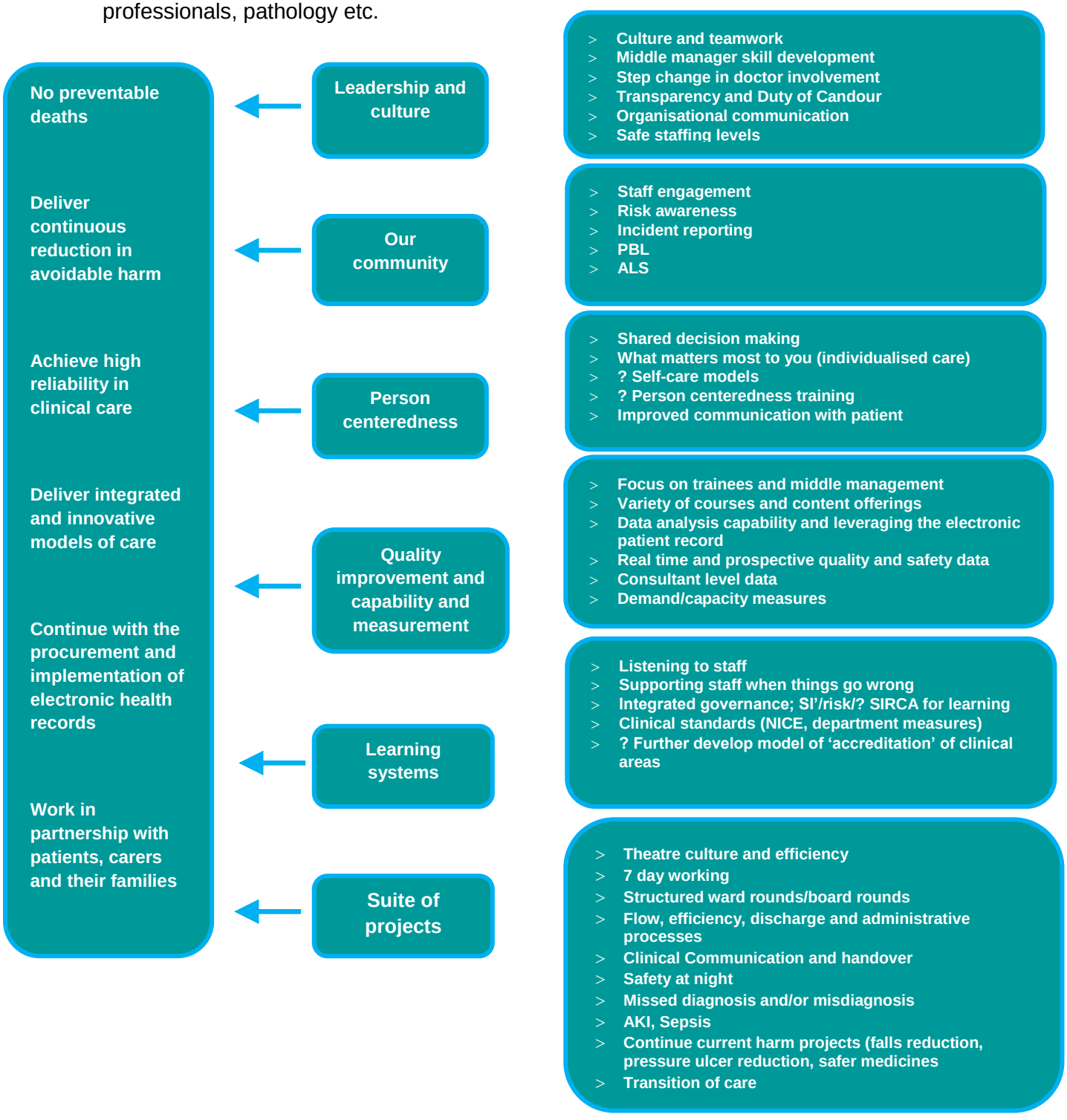
To improve patient experience by implementing iWantGreatCare enabling real time feedback across all areas of the Trust to produce measurable quality improvement.

What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we'll need a far-reaching plan to engage with staff on finding solutions right across the Trust. The following driver diagram summarises the areas of work we'll tackle in the next three years, while the following pages examine each primary driver and what projects will be needed for each.

Key additions to the strategy in this third iteration include:

- Seeking out variation in practice
- Using our skills in quality improvement to improve efficiency and flow
- Focusing on groups of staff and processes that haven't had as much exposure to quality improvement in areas such as administrative teams, middle managers, allied health professionals, pathology etc.



Primary driver 1:

Leadership and culture

Work to focus on

- Board level leadership and attention to measuring and maintaining safe care
- Continue a programme of WalkRounds with senior and non-executive leaders alongside staff to better understand their day-to-day challenges
- Increase opportunities for staff to participate in problem-based learning and continue to drive a no-blame culture

New ideas

- Develop internal capability in executing a safety culture survey and use throughout the organisation
- Focus on developing leadership, quality improvement, and flow management skills of clinical and non-clinical middle managers
- Expand work on transparency with patients and families when things go wrong
- Improve frontline to board organisational communication
- Commit to understanding safe staffing levels and work towards reliable safe staffing
- Create an environment of psychological safety
- Nurture an environment of respect

Primary driver 2:

Our community

Work to focus on

- Continue integrated care programme and pathway development
- Staff forums – In June 2015, the Trust set up a number of staff engagement forums aimed at engaging the workforce in the strategic and operational priorities of the organisation, and enabling people to actively lead change in their own departments. A total of 100 members of staff were selected by the executive team to represent the breadth and diversity of the workforce, including clinical, nursing, midwifery, support and managerial staff. Each forum was led by executive directors and shared future strategy as well as plans for services, partnerships, the estate and staffing. Attendees were also asked to help shape the future communications strategy of the Trust, and feedback on ways in which the entire workforce can be engaged in further Trust developments. The forums will become a regular test-bed and advisory forum for the Trust executive.
- Director pairing with wards and departments
- Deliver QI capability & leadership
  - Lunch & Learn sessions
- Accelerated Patient Safety Officer training
- Deliver risk management training
- Increase incident reporting culture
- Work with department managers on actions and share learning
- Problem-based learning groups/action learning sets
- Framework for support – clinical supervision, coaching, mentorship and leadership development

New ideas

- To develop a QI infrastructure which will support continued service improvement and innovation
- To listen to and address the safety concerns of older patients, their carers, and the staff caring for them

Primary driver 3:

Person centeredness

Ongoing work

- Our focus is to consistently deliver safe and effective standards of care and excellent outcomes for our patients. This is underpinned by a commitment to ensure that the patient experience is central to how we provide, manage and monitor care, listening to those who use our services in order to continually improve them
- Continue to embed our iCARE principles in every interaction with our patients
- Listening and responding to our patients through events and surveys in all care settings
- The Trust is committed to using research as a driver for improving the quality of care and patient experience and will work in collaboration with the AHSN to model its services around patient needs
- Understanding if we have provided a positive experience for our patients; by reviewing national survey results, in-house questionnaires, complaints and enquiries made of the Patient Advice and Liaison Service
- Establish the Patient Experience Working Group to review themes and trends and take forward corporate learning from concerns raised
- Implement I Want Great Care and increase opportunities to gather feedback, involving all departments with patient contact across the Trust

New ideas

- Focus on shared decision making with our patients, families, and carers
- Improved patient information such as the use of videos to show safety briefings
- Implement IT solutions, apps, telehealth and self-management tools to improve patient involvement and engagement in self-care/patient activation.

Primary driver 4:

Quality improvement capability building

The ability for the Trust to deliver on all aspects of this strategy depends on the ability of staff to engage with improvement techniques and our ability to measure progress. Therefore, supporting this strategy through measurement and capability building warrants its own primary driver.

Work to focus on

- Offer bespoke training for staff using the 'Lunch and Learn' modules to include: overview of quality improvement, driver diagrams, measurement, PDSA cycles and evaluation
- 'Snack box' training, bite size training delivered at ward level using targeted risk-based approach
- Allocation of project support/mentorship to quality improvement work

New ideas

- Focus on developing improvement skills in trainees
- Focus on developing improvement skills in middle managers
- Develop and offer human factors training
- Develop skills in using quality improvement tools to work efficiency and flow problems

Primary driver 4:

Quality improvement measurement

Work to focus on

- Continue to develop ward level dashboards using Qlikview
- Start using statistical process control charts for all quality improvement projects to understand variation
- Continue to evolve the Board level quality dashboard
- Continue to perform a review on deaths that occur in the hospital
- Continue using clinical audit as a tool for baseline measurement and for quality assurance.

New ideas

Past harm

- Measure past harm and develop new measures to predict harm
- Present disaggregated data at specialty, team, unit, and consultant level where possible
- Implement a patient safety culture survey

Reliability

- Develop systems to measure: AKI, Sepsis, pressure ulcers, structured ward rounds and board rounds, seven-day working, safety at night, safe staffing and transition of care
- Reliability at directorate level (care bundles, NICE guidance, etc.)

Sensitivity to operations

- Develop measures and skills in real time capacity and demand management
- Further develop capability in data analysis
- Use real time and prospective quality and safety data

Primary driver 5:

Learning systems

While Yeovil Hospital already has strong governance structures and processes in place, we think we can strengthen our systems of cross-organisational learning by better integrating quality improvement with the methods already used in governance to create an agile learning system.

Work to focus on

- Integrated governance; strengthening the connections between the way we handle and learn from incidents, risks, complaints and claims. Use QI methods where applicable to address the action plans generated.
- Develop mechanisms to better listen to staff
- Support staff when things go wrong
- Design / clarify local learning systems
- Strengthen systems to ensure reliability to clinical standards (NICE, NCEPOD, etc.)
- Strengthen systems for raising concerns & capturing ideas to improve the quality of care

Primary driver 6:

Suite of projects

Ongoing work

Safe	Clean	Personal
Harm free care projects	Surgical site infections	End of life care
Pressure ulcers	Sepsis	Nutrition
Falls	CAUTI	International rounding
Medication Safety	MRSA	Patient boards
Recognition and rescue	Clostridium difficile	Special patient notes
	Environmental projects	Seven-day working
		Joint care planning

New ideas

- Theatre culture and efficiency
- Seven-day working
- Structured ward rounds and board rounds
- Improving flow, efficiency, discharge and administrative processes
- Clinical communication and handover
- Safety at night
- Missed diagnosis and / or misdiagnosis
- Advancing quality new focus areas:
  - Acute Kidney Injury
  - Sepsis
  - Transition for young people into adult services

Project framework

We intend to tackle our proposed projects by using appropriate quality improvement methods on a project by project basis. What is common to the success of all quality improvement approaches is that they require deep engagement and collaboration.

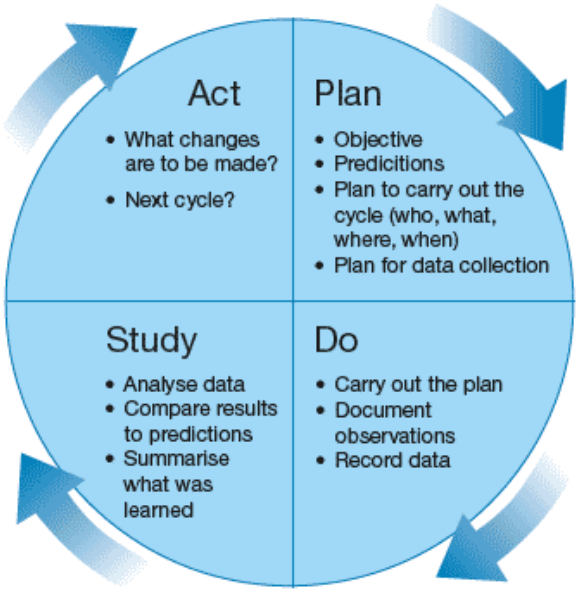
Subject matter experts will need to work with improvement experts to test and implement changes on the front line of care. If successful, systems will be redesigned from the bottom up using small tests of change.

In addition to the methods listed below, we'll work on developing our skills and tools that work on addressing flow and capacity / demand management.

The Breakthrough Series Collaborative (BTS) model is a proven intervention by which frontline teams can learn from each other and from recognised experts around a focussed set of objectives.

It is a fast paced approach where teams are brought together for learning sessions and are taught by both subject matter and quality improvement experts. There is emphasis on learning from each other, the testing of small changes and the collection of data.

A BTS cycle typically takes 9-15 months to complete; in our experience more than one cycle may be require for a project to achieve its aims.



Strategy governance and implementation

Delivery of the Quality Improvement Strategy will:

- enable us to provide the highest quality of care to our patients
- engage and empower our staff to drive improvement

We will use the following ways to measure progress and ensure the Quality Improvement Strategy is delivering the desired outcomes:

- Quantified annual goals will be set for each of the three domains of quality. The Governance Assurance Committee will sign these off, monitor delivery against them and report to the Trust Board
- Quality indicators – performance against key quality indicators will be tracked in a variety of ways: by the Strategic Business Unit Boards, by the Governance Assurance Committee through the quality dashboard and by the Trust Board through the monthly Trust Performance Scorecard
- Process metrics and tasks will be tracked at granular level by the Patient Safety Steering Group and at higher level by the EIAC and Trust Board through quarterly reporting against the Trust's annual business objectives
- This strategy will be reviewed annually to inform the Trust Quality Accounts, revisit progress made and to ensure that aims remain relevant in a rapidly changing environment.