

Quality Strategy for Achieving Excellence in Clinical Care 2011-2014

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Executive summary

High-quality care should be as safe and effective as possible, with patients being treated with compassion, dignity and respect. As well as clinical quality and safety, quality means that care is personal to each individual (High Quality Care for All, Lord Darzi, 2008). The concern for quality is not new, but there is an increasingly explicit expectation that patients will receive reliable, high-quality, safe care in all areas of healthcare provided by the NHS, and that evidence to demonstrate this should be available.

Lord Darzi's report set the scene for measuring and publishing information about the quality of care, and it outlined the legal requirement for organisations to publish their quality accounts in a similar way to financial accounts. The Commissioning for Quality and Innovation (CQUIN) Framework which was introduced into the Standard NHS Contract for Acute Hospital Services includes a payment framework, which requires a proportion of trusts' income to be made conditional on quality and innovation. This is incorporated in Lord Darzi's report and places a financial incentive on the provision of high-quality clinical care and the development of robust systems to demonstrate achievement.

Whilst acknowledging any national work planned for capturing information about key performance indicators, this strategy sets out the proposals for identifying measures and capturing data at a local level. This Quality Strategy for Achieving Excellence in Clinical Care puts into context our vision in respect of patient safety, patient experience and clinical outcomes, and outlines the direction of travel for the three years, 2011 to 2014.

We will become the local provider of choice and by 2014 will be recognised as the best small trust in respect of Hospital Standardised Mortality Ratio, be respected for listening to what our patients tell us and changing for the better and become the best small trust in respect of incident reporting, whilst continuing to reduce those that result in harm to our patients.



Enduring organisations are champions of quality, and the Trust's ambition to be a national leader amongst the peer group of small District General Hospitals will be realised by refreshing the commitment and focus on quality.

Introduction

The concern for quality is not new, but there is an increasingly explicit expectation that patients will receive reliable high-quality, safe care in all areas of healthcare provided by the NHS. Over the past ten years the NHS has been on a journey of change and reform that has involved the introduction of levers and incentives for choice and competition. The NHS Next Stage Review (High Quality Care for All, Lord Darzi, 2008) moved the quality of care to a central guiding principle for all healthcare organisations. Lord Darzi's definition of quality mirrors that agreed by Yeovil District Hospital NHS Foundation Trust; and the diagram on page 5 illustrates the relationship between and the importance of patient experience, patient safety and clinical outcomes for our staff and our patients.

The Department of Health has promised to strengthen and maintain focus on quality by:

- Establishing a National Quality Board, recently publishing two pivotal documents; Maintaining and Improving Quality, and Quality Governance in the NHS – a guide for provider boards (Department of Health, March 2011) to support their vision
- Requiring trusts to measure quality including 'real-time' feedback from patients and users
- Including patient experience data in the NHS Operating Framework and National Indicator Set
- Ensuring routine application of Patient Reported Outcome Measures (PROMS)
- Publishing quality metrics in the form of quality accounts
- Rewarding high-quality care through Commissioning for Quality and Innovation (CQUIN)

This has been further regulated by the Care Quality Commission's registration requirements and the publication of the essential standards of care, which clearly outline what patients and their carers can expect from healthcare. Most recently, the publication of NICE (National Institute for Health and Clinical Excellence) quality standards have provided further guidance to support the government's vision for an NHS that focuses on delivering the best possible outcomes for patients. These quality standards provide a set of specific, concise statements that serve as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. They are derived from the best available evidence, have been developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address the three dimensions of quality: clinical effectiveness, patient safety and patient experience.

NICE quality standards enable patients to understand what service they can expect from their health and social care providers. They help staff to make decisions about care based on the latest evidence and best practice, allowing NHS Trusts to quickly and easily examine the clinical performance of their organisation and assess the standards of care they provide. In turn, this gives commissioners confidence that the services they are purchasing are high quality and cost effective.

The NHS is undergoing a period of unprecedented change; the Department of Health has recognised that this can be de-stabilising, and therefore a risk to quality, which is a fundamental provider board responsibility. Enduring organisations are champions of quality, and the Trust's ambition to be a national leader amongst the peer group of small District General Hospitals will be realised by refreshing the commitment and focus on quality.

The local context

Yeovil District Hospital NHS Foundation Trust has consistently performed well against national and local standards; it has described its vision to provide integrated patient services which are delivered to the highest standard; safe, efficient and sustainable; and arranged for the convenience of local people.

In support of this vision, the Trust has developed its Strategic Direction 2011-2014, and, within that, six areas for focused action. Further details and an associated implementation plan can be found on the Trust's Intranet. The six areas are:

Personal, high-quality and safe care

- At the heart of everything we do is the provision of the best possible care, with patients being treated as individuals by dedicated, skilled staff.

Strong, sustainable services, meeting local needs

- We will focus our expertise and resources on strong acute core services, and work with partners to develop a clinically and financially sustainable range of other hospital and community services which meet local needs.

Our staff are our greatest strength

- We will make sure YDH is a great place to work, with strong clinical leadership, where staff feel involved and valued, so that we can attract and retain the best staff.

A valued partner in the local health service

- We will be a stable, influential partner, helping to shape the local health service and working together to provide better services for patients.

Managing our money wisely

- We will constantly focus on finding new ways to improve quality and efficiency, which enable the Trust to continue to deliver its vision in a changing financial climate. Every member of staff will take responsibility for ensuring our services are delivered within the resources available.

Infrastructure that supports delivery

- We will invest in our information systems to support the redesign of care delivery and improve quality and safety. We will maintain the basics in terms of our equipment and buildings, exploring new ways of generating inward investment without recourse to borrowing.

We will become the local provider of choice and by 2014 will be recognised as the best small Trust in respect of Hospital Standardised Mortality Ratio, be respected for listening to what our patients tell us and changing for the better and become the best small trust in respect of incident reporting, whilst continuing to reduce those that result in harm to our patients.



Our vision

The delivery of the first of these areas is arguably the most fundamental and the trust's Clinical Governance systems have a major role to play in enabling, monitoring and evaluating the provision of personal, high-quality and safe care. This strategy sets out how the trust will develop those systems over the next three years.

The revised 'Standard NHS Contract for Acute Hospital Services' incorporates a payment framework which requires a proportion of providers' income to be made conditional on quality and innovation. This Commissioning for Quality and Innovation (CQUIN) payment framework has enabled providers and commissioners to develop local schemes linking payment to locally-determined goals. The reports demonstrating progress made against these targets are crucial both in respect of helping patients make informed choices about their preferred healthcare provider and in both assuring commissioners of the quality of service it purchases and financially rewarding providers for high-quality care.

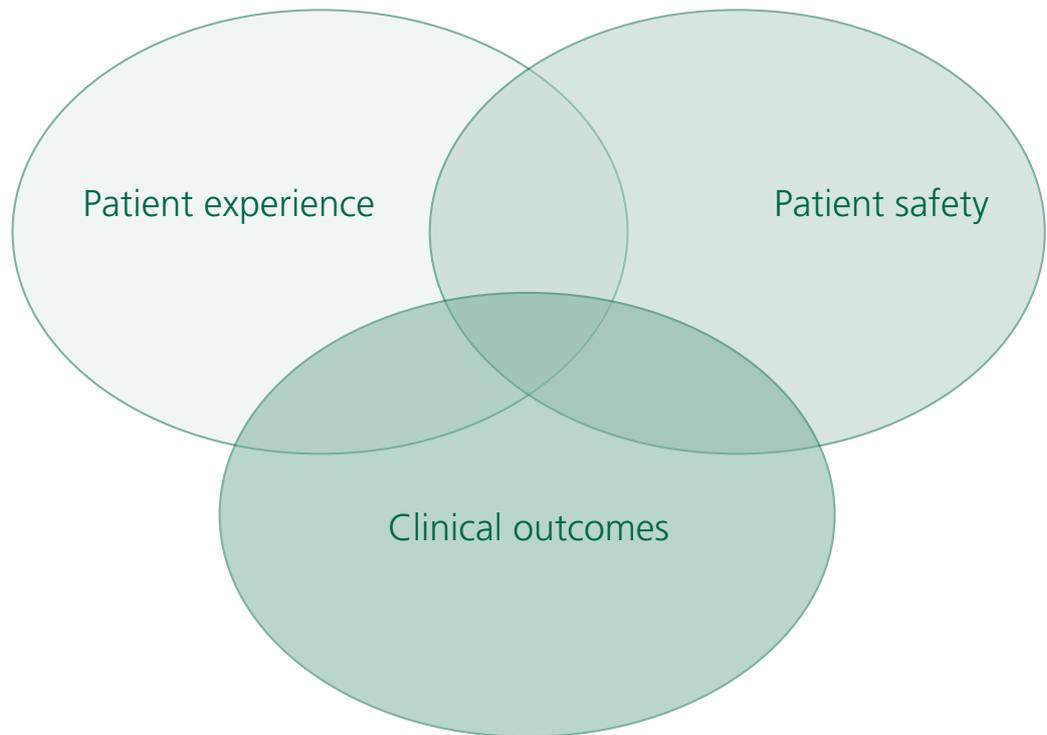
This document sets the strategic vision and proposed systems for measuring the quality of care and key clinical outcome measures for the Trust over the next three years (2011 to 2014). It makes explicit our commitment to patient safety, clinical outcomes and the patient experience through setting challenging targets that will show our patients we are the local provider of choice. We will ask ourselves and our patients

- How good is our care?
- How do we know?
- Are we getting better?
- How do we compare, both with ourselves and others?

The Trust defined quality by considering what the term meant to our patients, our commissioners and our staff. During a polling day our patients told us what quality meant to them most; they confirmed that what matters is courtesy, being put first, good time-keeping and clear communication. One patient said that for them quality was "the way I have been treated today". For the professional it may mean meeting the patient's care needs, achieving standards recommended by professional bodies and peer groups and "knowing that you have done a good job in a safe manner"; and for the Organisation it may mean achieving national standards and indicators, and meeting efficiency targets. The model on page 5 demonstrates what quality means to the Trust in simple terms, and is used as our definition of 'quality'.

By using this quality model as a framework to listen to patients, learn from safety incidents and consider clinical outcomes we will ensure a continuous cycle of improvement. This document will cover the three elements in turn; patient safety, the patient experience and clinical outcomes, and it will show how we plan to

- Explore how to further engage patients and carers in the process
- Participate fully in reporting against the national quality indicators
- Identify service specific outcome measures
- Identify the links with business plans and the annual plan
- Outline the process for measuring outcomes against a robust set of clinical outcomes and key performance indicators





We will encourage our staff to make changes that further enhance clinical care, using national, local and our own benchmark data to identify issues and drive improvements.

Objectives

The overall aims of the Clinical Quality Strategy are:

- Patients:** to transform the care we provide and enhance the patient experience
- People:** to attract, retain and develop the best staff
- Partnerships:** to create a sustainable future and develop effective positive partnerships
- Pride:** to be recognised for our achievements and retain our reputation as a highly successful organisation

The three main priorities are:

- Patient experience:** to be recognised for listening to what our patients tell us. We will develop an inclusive programme that seeks to understand what all of our patients want (including those hard to reach groups) and is pivotal to service development.
- Outcomes:** to become the best small trust in respect of Hospital Standardised Mortality Ratio (HSMR), improving year on year.
- Patient safety:** to become the best small trust in respect of incident reporting, but at the same time reducing those that result in harm to our patients.

Our staff have adopted the iCARE principles as a set of core values, and this drives our journey forward. These values mean that we will:

- COMMUNICATE effectively
- Show a positive ATTITUDE
- Have RESPECT for our patients, carers and colleagues
- Maintain an ENVIRONMENT that is conducive to care and recovery

The Clinical Quality Strategy is aligned to the Trust's overall Strategic Direction and has explicit links with the other key strategic documents, including the Information Management and Technology Strategy, the Clinical Services Strategy and the Estates Strategy.

In order to provide personal, high-quality and safe care we will:

Support a personalised approach, with care tailored to the individual.

We will listen to what our patients tell us about their experience, and we will respond to their views and comments. Data will be collected from national and local surveys and questionnaires, focus groups and observations of care where applicable and relevant. Information will be fed back to staff to inform their practice. Wherever possible this will be in "real-time" and at the point of care using mobile technology. We will:

- Provide clear, timely information to ensure that all decisions made about the services we provide are based on what our patients want, with the knowledge that we can deliver safe care with good clinical outcomes
- Ensure that we improve the personalisation of care for patients using the Trust's iCARE philosophy and by focusing on dignity and using observations of care and peer review to improve practice
- Continue the Patient and Public Involvement role in observations of care and surveys, developing the forum as champions of patient experience
- Ensure that we design a programme of surveys that considers trust-wide care, service and procedure specific care. We will also engage the historically hard-to-reach groups, such as patients for whom English is not their first language, patients with learning disabilities, vulnerable patient groups and the transient population
- Develop public involvement by working with Governors, the local Patients Association representative, and Somerset LINKs as they develop into Health Watch during 2012
- Ensure that at least 85% of complainants receive a response within the agreed timescale
- Further develop the role and function of the Patient Advice and Liaison service and find innovative ways of providing information and support
- Increase the number of completed EXIT questionnaires received by 20%
- Improve the use of real-time patient experience data by investment in software to support touch screen, web-based and tablet PC surveys using qualitative studies to guide and support service improvement
- Continue to use patient stories to inform practice clinically and develop understanding at board level.

Support the reduction of harm

We will continue with the work to increase incident reporting to ensure that lessons are learned and actions taken prevent recurrence. We will also continue with our work to reduce adverse incidents that result in harm for our patients by 10% year on year. We will:

- Encourage the reporting of incidents and accidents, using the web-based incident reporting system
- Aim to reduce the number of incidents that result in harm but aim to increase reporting of 'near misses' or 'no-harm' incidents
- Ensure lessons are learned from incidents and actions are taken to prevent a recurrence by providing timely data to our clinicians
- Continue our involvement in the programme of patient safety improvement as set by NHS South West, and reduce the HSMR by 2.5% year on year

- Roll out the use of the Global Trigger Tool to identify areas of high incidents of 'harm trigger'
- Reduce episodes of venous thrombo-embolism (VTE) by ensuring risk assessment in 90% of adult inpatients and ensuring appropriate preventative treatment is prescribed
- Record and investigate any incidences of VTE as a clinical incident, aiming for a 50% reduction in hospital acquired VTE by 31 March 2012
- Reduce healthcare associated infections in line with the local targets (Methicillin Resistant Staphylococcus Aureus, Clostridium difficile and Methicillin Sensitive Staphylococcus Aureus)
- Reduce the number of patient falls across the Trust by 10%, and reduce the number of falls that result in harm to patients by 10% year on year
- Reduce the number of hospital acquired pressure sores, grade 2 and above, by 50%
- Improve nutrition screening and assessment for all inpatients, ensuring that by 2014 all patients are risk assessed in line with national guidance

Provide better information on the outcomes of care

We will continue with the work to improve our Hospital Standardised Mortality Ratio (HSMR) by 2.5% year on year. We will:

- Continue with our involvement in the national Patient Reported Outcome Measures (PROMS) programme
- Further develop local Patient Reported Outcome Measures which will help us to understand the outcomes of care from a patient's perspective, developing one more in-house Patient Reported Outcome Measure each year
- Continue to improve our Hospital Standardised Mortality Ratio to ensure we are the best small trust by 2014
- Increase the number of clinical audits undertaken by non-medical staff by 10%
- Reduce our unplanned readmissions to the same specialty in line with the targets agreed with our commissioners
- Reduce the number of patients who have an unplanned return to theatre within the same admission
- Improve the care of people with Dementia or mild cognitive impairment whilst in hospital by achieving level 1 of the South West Dementia Partnership and peer review process
- Continue with the progress already made in improving the standard of care for patients who also have a learning disability

Deliver strong, sustainable services, meeting local needs

Our systems for delivering and monitoring the quality of clinical care will facilitate the monitoring of clinical standards and the performance of our services. We will:

- Provide accurate and timely information to our clinicians, management teams, commissioners and patients
- Develop divisional dashboards for review at quarterly monitoring meetings
- Provide data to our commissioners as required by the quality monitoring contract

- Provide assurance reports to the Board of Directors and Assurance Committees on a regular basis
- Ensure a Board review of quality and patient safety for each clinical service at least annually

Recognise that our staff are our greatest strength

Evidence indicates that staff who feel valued and supported deliver better care to patients. Therefore our iCARE philosophy is as important to staff as it is to patients and carers. We will encourage our staff to make changes that further enhance clinical care, using national, local and our own benchmark data to identify issues and drive improvements. We will:

- Continue to develop staff as clinical leaders, and foster the Trust's iCARE culture
- Provide our staff with data that shows how much patients value the care they provide, how safe their practice is and what their clinical outcomes are
- Use of experience based design methodology where focus groups with patients are triangulated with staff focus groups to improve services

Serve as a valued partner in the local health service

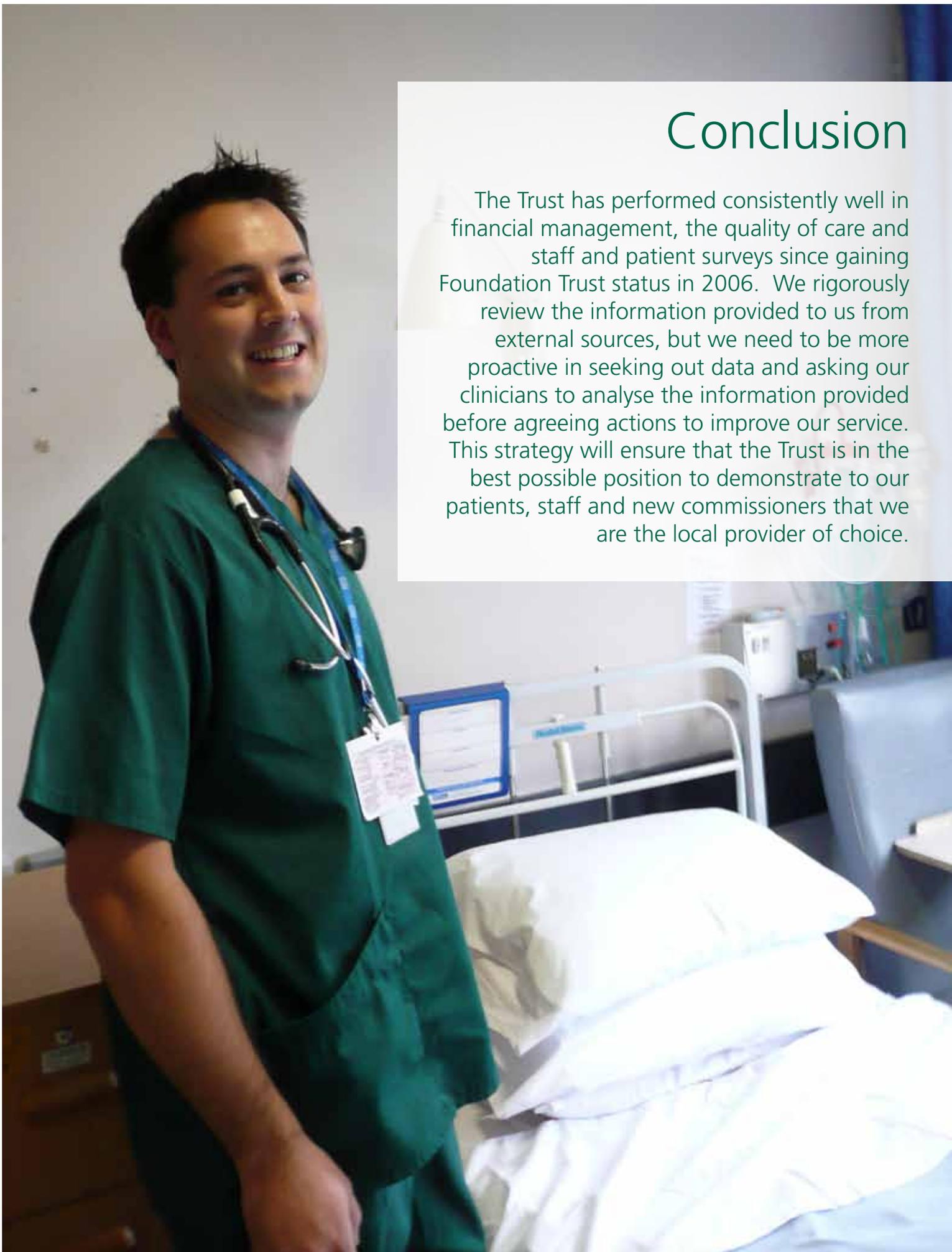
We will be able to show the local community that we are a provider of choice, publishing our data through our Quality Account and reporting to our Commissioner.

Manage our money wisely

We recognise that it will require a strong determination to ensure that patient safety, clinical outcomes and the patient experience remain high on everyone's agenda during this challenging time of economic recession and tight resource allocation. We will help our staff to understand that high quality does not necessarily mean high cost and we will encourage creative thinking to ensure that our services are delivered within the resources available.

Build infrastructure that supports delivery

We will invest in our information systems to support the collection of real-time feedback from our patients, maintain our web-based incident reporting tool and streamline our data capture systems in respect of demonstrating compliance with all elements of the quality of care and regulated activity.



Conclusion

The Trust has performed consistently well in financial management, the quality of care and staff and patient surveys since gaining Foundation Trust status in 2006. We rigorously review the information provided to us from external sources, but we need to be more proactive in seeking out data and asking our clinicians to analyse the information provided before agreeing actions to improve our service. This strategy will ensure that the Trust is in the best possible position to demonstrate to our patients, staff and new commissioners that we are the local provider of choice.



Implementation plan

IN ORDER TO ACHIEVE THIS STRATEGY WE WILL:

- Apply the principles of the Department of Health documents; Maintaining and Improving Quality, and Quality Governance in the NHS – a guide for provider boards (March 2011 Department of Health)
- Undertake a gap analysis of the Trust's position against the two above documents by September 2011
- Agree divisional dashboards by August 2011
- Commission and purchase an electronic system to support patient surveys by September 2011
- Increase the number of clinical staff involved in the NHS Southwest Quality Improvement and Patient Safety Programme by 20% each year
- Plan the review and implementation of a wide range of care bundles by July 2011
- Hold an information forum for staff, explaining the aims of NHS South West Quality Improvement and Patient Safety Programme in July 2011
- Hold an information forum for Governors, updating them on the aims of NHS South West Quality Improvement and Patient Safety Programme in November 2011
- Agree a standard set of reports from Dr Foster Intelligence for each clinical service by July 2011
- Produce a Patient Experience work plan by July 2011
- Identify links with the Productive Ward series to avoid duplication in the provision of data to Ward Managers and Sisters by October 2011
- Undertake a survey of the Organisation's approach to patient safety, starting with the Board of Directors by December 2011, completing the Hospital Management Team by April 2012, and then rolling out by Division between May and October 2012

References

Commissioning for Quality and Innovation (CQUIN) Framework, NHS Institute for Innovation and Improvement

Dr Foster Intelligence

High Quality Care for All, NHS Next Stage Review, Lord Darzi, Department of Health, June 2008.

Maintaining and Improving Quality during the Transition, safety, effectiveness, experience, Department of Health, March 2011

NHS South West Quality Improvement and Patient Safety Programme

Patient Reported Outcome Measures, Department of Health, 2009

Quality Governance in the NHS – a guide for provider boards, Department of Health, March 2011

South West Dementia Partnership

Yeovil District Hospital NHS Foundation Trust Estates Strategy, July 2008

Yeovil District Hospital NHS Foundation Trust Clinical Services Strategy, May 2008



This report is available online at:
www.yeovilhospital.nhs.uk

This document is also
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