Delivering High Quality Care - Our new Clinical Quality Strategy and Priorities

Jacqueline Walker

March 2014
The Themes and Recommendations

• Putting the patient first
• Clearly understood fundamental standards and measures of compliance
• Openness, transparency and candour throughout the system
• Improved support for compassionate and committed nursing
• Strong and patient centred healthcare leadership
• Accurate, useful and relevant information
Priority Actions

- Refreshed clinical quality strategy
- Review of quality data / clinical governance
- Culture and values – CARES
- Leadership strategy
- Visible, accessible, supportive, listening leaders
- Nurse staffing levels
- Nursing Quality Assurance Framework
Key themes running through these reports:

- A culture of learning and transparency, alongside support for strong leadership and compassionate care
- Placing the quality of patient care, especially patient safety, above all other aims
- Engaging, empowering, and hearing patients and carers at all times
- Importance of analysing and understanding data and information on performance in relation to a broad spectrum of quality indicators
- Identifying risks to patient safety and that these are resolved at the first available opportunity
Our new Clinical Quality Strategy

• Helps us to achieve our Trust vision ‘To put compassionate care, safety and quality at the heart of everything we do’

• Ensures that clinical quality governance and risk management are integrated into the Trust’s culture and everyday management practice

• Provides a structure for delivering the clinical quality governance agenda to ensure on-going improvement in quality and safety of patient care over the next three years

• Outlines the responsibilities of staff and is supported by our culture and values framework, CARES.
The trust embraces the three key components of ‘High Quality Care for All’ where quality is placed as the organising principle in the NHS. Quality is defined in relation to three domains:

**Patient safety**
Treating and caring for people in a safe environment and protecting them from avoidable harm.

**Clinical effectiveness**
Clinical effectiveness is about whether or not a patient’s care or treatment was successful. In other words, did it have the impact that it was supposed to have? And did it achieve the best possible result for the patient?

**Patient experience**
Patient experience is about ensuring patients, relatives and carers have as positive experience as possible at every stage of the care or treatment that is being provided.

Quality care is not achieved by focusing on one or two aspects of this definition; rather, high quality care encompasses all three aspects with equal importance.
Objectives

• Achieve and maintain the standards outlined by the Care Quality Commission (CQC) and our CQC registration

• Achieve the requirements of the Monitor Quality Governance Framework

• Make sure that the best possible hospital care is afforded to our patients and their families

• Strengthen the ethos of a clinically led, quality and patient-focused organisation and to ensure this is embedded into day-to-day working practices

• Ensure that the Trust Board is provided with the right evidence which is timely so that it can be assured that the clinical quality agenda is being appropriately identified, assessed, addressed and monitored

• To ensure there is an honest, open and blame-free culture where clinical quality risks are identified and addressed at every level of the organisation.
Determining our priorities

• Analysis of the Trust’s current performance against each of the metrics and standards outlined in both our strategic priorities and our Annual Quality Report and are in line with local and national priorities.

• Benchmarking against local and London-wide providers has been undertaken and informs the trust’s quality drive to achieve improved performance on quality targets in line with local, regional and national best performance.

• The priorities focus on those areas which are the most important (based on a balance of greatest impact on patient care, national profile and public profile), as well as those where performance is below expected.
Our Quality Priorities

**Improving Patient Safety**
- Reduce mortality rates and prevent avoidable deaths
- Reduce avoidable infections
- Deliver ‘Harm Free Care’ monitored by the Patient Safety Thermometer (PST)
- Implementation of the National Early Warning Scoring (NEWS) System

**Improving clinical effectiveness:**
- Improve Patient Reported Outcome Measures (PROMs)
- Improve the Initiation of Breastfeeding
- Reduce Caesarean Section Rates
- Achieve Accident and Emergency Access Targets

**Improving the Patient Experience**
- Achieve year-on-year improvement in the National Patient Survey
- Improve our Management of Patient Complaints
- Improve Patient Experience of the Out-Patient Pathway
- Improve Patient Experience of Leaving Hospital
Every year the Trust is required to publish a Quality Report illustrating what healthcare improvement priorities it identified in the previous year; report the progress it made over that period of time, and identify priorities for the following year. It is required to be published on the NHS Choices website by 30th June 2014. Its aim is to help the public choose which healthcare provider they want for their particular intervention.
Priority 1 – Continuing with Improvements to the Out-Patient Pathway (First Contact Project)

• The introduction of information software to assist in planning outpatient capacity to meet the referral demand
• Management of appointment cancellations will move from the PAS team to the outpatient appointment centre (OAC). This will ensure greater scrutiny of appointment cancellations and challenge to specialities
• Correspondence about appointments will be centralised to improve the accuracy and consistency of information given to patients.
Priority 2 – Continuing with the Improving Inpatient Care Project

- Reducing re-admissions
- Admission avoidance/ambulatory care pathway work developing shared pathways of care
- Early Supported Discharge work-streams
- Leaving Hospital Improvement Project, including discharge from A&E
Priority 3 – Improving patient safety In Emergency and Maternity Care

This includes delivering the London Health Programme Emergency and Maternity Care Standards to support:

• Seven day working for Emergency Care with earlier senior decision-making seven days a week
• Reduction in weekend mortality
• Effective use of National Early Warning System
• Access to multi-professional assessment, radiological diagnostics and interventions within specified timeframes
Priority 4 – Improving on the use of patient care bundles / pathways of care

This includes the use of care bundles/pathways to reduce variation in care delivered to patients thereby:

• Reducing morbidity, and
• Improving clinical outcomes in some clinical diagnoses and patient conditions
Priority 5 – Improve responsiveness to patient need

Finding effective ways to listen to and learn from patient and carer feedback, and taking action in real time to address needs in a more responsive way:

- Reviewing the current sources of patient feedback and looking at more innovative approaches to learning from patients and their families/carers
- Undertaking a complaints review in line with the recommendations from *Designing Good Together: Transforming Hospital Complaint Handling* (2013)
- Improving ‘Care at the Bedside’ through a review of staffing ratios and skill mix
- Improving staff attitude further monitored via complaints/PALS and patient surveys
In order to achieve our quality priorities we need to ensure that we have key elements well organised and resourced

- Accurate data collection and analysis
- Effective coordination, interpretation and presentation of quality information at all levels of the organisation
- Effective risk management and clinical audit
- Systematically assessing the impact of service changes on quality
- Strict adherence to standards
- Greater patient and carer involvement in improving services
- Safe Staffing levels
- Strong clinical leadership
- Delivering compassionate care
- Recognising and rewarding improvement in the quality of care and service
- Modernising and reconfiguring our hospital and facilities to enhance clinical quality and the patient experience
Key Messages

• The patient always comes first
• Quality is everybody’s business – from the ward to the board; from supervisory bodies to regulators, from the commissioners to clinicians and managers
• If we have concerns we speak out and raise questions without hesitation
• We listen in a systematic way to what our patients and our staff tell us about the quality of care
• If concerns are raised, we listen and ‘go and look’