We put patients at the heart of everything we do

Quality Strategy
2015-2018

Healthcare at its very best - with a personal touch
Introduction

Delivering Safe, Effective, High Quality Patient Care is the first strategic goal of the Trust. We are committed to providing services which:

- Maintain patient safety at all times and in all respects;
- Are clinically effective and lead to the best possible health outcomes for patients;
- Provide a positive patient experience.

The Trust Quality Strategy is one of four key strategies that underpin the Trust Annual Plan. It outlines key priorities for Patient Safety, Clinical Effectiveness and Patient Experience.

Aimed at staff and service users, the strategy sets out what we are striving for and how we intend to achieve this. It highlights the measures that we will use to determine that we have improved quality and safety of care.

The Context

In recent years there have been a number of different reports published with recommendations for the NHS with regard to improving the quality of care that it provides. Darzi (2008) stated that “High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.”

The Trust Quality Strategy is written within the context of this statement. The Francis Report, the Berwick Report and the Keogh Report have all made recommendations for change which encompass the whole NHS. The aims and objectives of this strategy fit in with the recommendations of these reports as well as meeting the needs of our local population.

This strategy is not a stand alone document, it sits alongside a number of key strategies within the Trust. It is aligned to the organisation’s aims and objectives and supports other Trust strategies which set out in detail how they will be achieved. This includes the Business and Clinical Strategy, the Workforce Strategy, the Innovation Strategy and the Nursing and Midwifery Strategy. The Quality Strategy sets out in detail how the quality of patient care will be improved and what the users of our services can expect from the care they receive from us.

The Organisation produces an annual Quality Account which has a direct link to the Quality Strategy. The Quality Account is the communication tool for the Quality Strategy both within the organisation and outside of the organisation.
Our Aims

We want to, quite simply, demonstrate Healthcare at its very best—with a personal touch.

We will do this by:

- Creating an environment which is safe for both patients and staff and supports their needs and well-being
- Continuous improvement of the patient experience and excellent clinical outcomes for patients
- Supporting a culture where patient safety is everyone’s priority and quality improvement is an integral part of everyone’s work
- Providing a patient centred and patient led approach to care that includes treating patients courteously, keeping them informed and involving them in decisions about their care (“No decision about me without me” Department of Health 2010)
- Delivering services developed in response to feedback from patients, the public and other key stakeholders such as service commissioners, Health Scrutiny Committee and Healthwatch
- Reducing avoidable harm and death, as well as a commitment to learning from mistakes and sharing the learning across the Trust
- Providing assurance that the Trust is well led and compliant with regulatory requirements
- Providing strong leadership and accountability throughout the organisation, both clinical and non clinical staff
- Providing consistent care which is evidence based, safe, effective and adheres to best practice
- Utilising data which is robust, well analysed and leads to improvement
- Defining quality assurance and quality improvement processes.

We will achieve our aims through collaboration with all professions supported by expert non-clinical staff within strong governance mechanisms.
Our Objectives

The organisation’s quality objectives are simple.

We are going to ensure that the care we provide is:

- Safe
- Effective
- A positive experience.

The patient remains at the centre of everything we do and this strategy will support that. This strategy details how we will deliver on our objectives and what measures we will use to demonstrate improvement and achievement of our objectives.

Improving quality and achieving our aims will take a structured approach to improvement; this will consider a number of different factors. These include leadership, training, organisational culture and staff behaviours. The Trust Education and Training Strategy provides greater details as to how the organisation is ensuring that staff are appropriately trained and the organisations expectations of them.
Our Priorities

Patient Safety
- reducing avoidable harm

Safety is one of the highest priorities for the Trust. Our aim is to reduce patient harm through a number of different processes and where incidents occur to recognise these and learn from them. We measure ourselves against internal and external targets in our aim of reducing patient harm.Acknowledging it can be difficult to measure harm as sometimes we have to weigh the risks of harming somebody against the risk of not providing a treatment. There are however, some indicators that it is agreed shouldn’t happen while being cared for in a hospital.

Harm Free care
The delivery of ‘Harm Free Care’ for all patients is a national and Trust priority. We aim to continue to build on the work undertaken in 2014/15 to prevent avoidable harm, disability or death from:

- Falls
- Pressure ulcers.

We will aim to maintain and sustain the 20% reduction achieved in patients developing new pressure damage in 2014/15 and have no deterioration in the falls/1000 bed days rate achieved in 2014/15 despite an increasing at risk population of patients.

Healthcare Associated Infection

We will look at Healthcare Associated Infections (HCAI) and reduce these with specific reference to Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and Clostridium difficile (C.difficile).

This will be demonstrated through the meeting of the targets as set by NHS England. As well as MRSA and C. difficile, the Trust will continue to monitor rates of Methicillin-Sensitive Staphylococcus Aureus (MSSA) and Escherichia coli (E. coli) and implement strategies to try to reduce the number of patients acquiring these infections.

Sign up to safety

The Trust have signed up to the three year National “Sign up to Safety” Campaign which aims to save 6000 lives and reduce avoidable harm by 50%. The Trust have pledged to undertake work in relation to five patient safety priorities:

Deteriorating patient

- To reduce avoidable harm and death associated with missed opportunities to detect/instigate initial management of the deteriorating patient by 50% by 2018 (Adults)
- To reduce the number of episodes of avoidable deterioration leading to PICU admission and/or activation of the resuscitation teams and/or death by 50% in the North East North Cumbria Region by 2018 (Paediatrics).

Medication safety

- To reduce avoidable harm and death from medication errors by 50% by 2018.

Sepsis

- To improve early detection and initial management of the severely septic shocked patient by 50% by 2018 (Adults)
- To reduce the numbers of children treated inappropriately for sepsis by 50% by 2018. (Paediatrics).

Surgical Safety

- To have no surgical never events
- To reduce harm associated with ‘failure to warn’ by 50% by 2018
- To reduce harm associated with post operative care of patients undergoing spinal surgery, by 50% by 2018
- To reduce adverse incidents associated with surgery in the elective surgery diabetic patient by 50% by 2018
- To reduce spinal surgery infection rates to <1% by 2018.

Obstetric

- To achieve a 50% reduction in the incidence of avoidable neonatal injury sustained during childbirth.

The Trust by signing up to the Sign up to Safety campaign is aiming to promote an open learning culture and promote the importance of human factors, incident reporting, staff morale and quality improvement skills across the workforce.

We will use proven methods for improvement to maximise the opportunities to achieve the quality improvement objectives. This will include establishing dedicated project leadership with expert clinical knowledge and skills with an aim of providing effective clinical engagement in the improvements. This will be supported by staff with improvement methods experience, and we will use a variety of measures to monitor, demonstrate and make visible how well we are doing. Robust and ambitious targets will be set for each of our goals to indicate progress and success in achieving this strategy. Quality improvement interventions and changes will be tested using the Plan/Do/Study/Act model for improvement. Quality improvement training will be designed to develop and support staff in the effective application of methods and techniques to make sustainable improvements.

Human Rights

We aim to continue to build on work which will include safeguarding, End of Life (EoL) Care, Deciding Right, Mental Capacity, Deprivation of Liberty, Domestic Violence, Learning Disability and the Equality Delivery System.
Clinical Effectiveness

Mortality

Mortality rates, simply put, refer to the number of patients who die whilst in hospital. Unfortunately it isn’t as easy as counting how many patients have died whilst in our care and reducing that number; sometimes with the conditions and the treatment that a patient is receiving the likelihood of them dying can be increased. Because of this and to make sure that all organisations are looked at in the same way, so that we can compare the quality of care in regards to mortality rates, we use risk adjusted mortality rates. This means that many different factors are taken in to account when calculating the rate. These include whether the admission to the hospital was planned or not, the patient’s age and sex and the diagnosis.

There are a number of different risk adjusted mortality rate measures and different organisations within the NHS use different tools. We will look at a number of these.

Reducing avoidable deaths is government priority and they have set out in their mandate (A mandate from the Government to NHS England: April 2014 to March 2015) the expectations for the NHS as a whole in regards to reducing mortality rates.

To support the aim of preventing avoidable deaths we will review all deaths and where it is found that lessons can be learnt these will be shared across the organisation. We will continue to participate in national studies around mortality and act on any recommendations from the findings.

National Audits and Confidential Enquiries

To ensure that we are helping the gaining of knowledge across the whole NHS and in turn improving our knowledge on best practice therefore improving patient safety, quality of care and experience, we will participate in all National Audits and Confidential Enquiries that are applicable to the Trust and when they are available ensure that we act on the recommendations that arise from the report. We aim to further develop the Trusts processes for implementing the recommendations, where appropriate, from National Clinical Audit and Confidential Enquiries by ensuring learning is widely shared across the organisation.

NICE Quality Standards (QSTs)

The National Institute for Health and Care Excellence (NICE) provide a number of different types of guidance based on the best evidence. We will aim, where appropriate, to be compliant with NICE guidance and strive to ensure that the processes used within our services are based on the most up to date and best practice guidance available. In 2015/16 we will select three Quality Standards (QSTs) to review and support their implementation across the Trust.
Patient Experience

We want to demonstrate that not only do we take the concerns of patients and carers seriously, but we want to demonstrate that our care matches up to our priority of ‘putting patients at the heart of everything we do’; and will do this through actively seeking views from the people we serve and the people they love. Whilst the Trust continues to perform well in patient experience measures such as the National Inpatient and Outpatient surveys it recognises that there is always the potential for further improvement and is committed to monitoring and improving the patient experience.

The Francis Report (2013)\(^4\) and the Keogh Report (2013)\(^5\) both stressed the importance of the patient and carer’s voice. It was the persistence of family members who brought around the in-depth review and one of the findings was that if patients and carers had been listened to, it may well have saved lives.

Through the contribution of staff, and listening to what they say, we can continue to improve the quality of care and patient experience. We want our staff to feel proud of the organisation and that they feel that the organisation is a supportive environment to work in. A key component of the Trust’s commitment to quality is being open and honest with our staff, patients and the public, with published information not simply limited to good performance.

We will continue to investigate every complaint and aim to reduce the number of formal complaints received through a number of different means. We aim to address any concerns as they are raised. We will continue to work closely with the Patient Advice and Liaison Service (PALS) and address any concerns as they arise. We will review and discuss complaints with the staff involved to aid personal learning and we will share best practice across the organisation to share learning corporately.

Training will continue for staff in regards to effective communication and handover as well as when to seek help from more senior staff and how to communicate with patients’ throughout their stay and treatment.
Monitoring our Performance

Quality Assurance

The Trust is fully committed to delivering the highest quality care and constantly strives for improvement by monitoring effectiveness. Key metrics of quality and safety are reported monthly to the Trust Board, Council of Governors and Commissioners. The Quality Report contains information about Patient Safety, Clinical Effectiveness and Patient Experience. Activity is monitored, in respect to quality priorities and safety indicators and performance is benchmarked against local and national standards.

A monthly Clinical Assurance Tool (CAT) provides continual clinical assurance to the Trust Board in the form of an overview of performance against a wide range of clinical and environmental measures for each ward and Directorate. The aim of the CAT is to measure and demonstrate compliance with the published documents and national drivers such as High Impact Actions, Saving Lives as well as providing useful data to support, verify and offer assurance for external inspectorates. Feedback and, where necessary, reports on improvement actions are provided to the Corporate Governance Committee.

More specifically, the Trust Board derives assurance about particular aspects of quality as follows:

Patient Safety

The Trust produce a monthly Quality Report which publishes robust metrics to monitor the quality and safety of patient care within the organisation. These accounts are reviewed by the Trust Board and the Clinical Policy Group. Where the quality report highlights areas of concern, action plans are developed to ensure that appropriate remedial action is taken and that improvements are achieved. In addition, senior members of the Trust management team are involved in regular leadership walkabouts to observe and discuss patient safety and quality with staff and patients.

The Trust have established a Serious Incident Reporting Panel (SIRP) which has delegated authority from the Trust Board to establish investigations into serious incidents, to establish remedial actions with the relevant team, monitor and review action plans and report to the Clinical Governance and Quality Committee and Trust Board.

Clinical Effectiveness

The Trust produces data packs from a number of different internal and external data sources which are presented to Directorates. These are reviewed by all Directorates and have evolved to meet the particular needs of individual clinical areas. Directorate performance is reviewed on a six monthly basis and action plans drawn up to ensure that areas for improvement are addressed. As part of Medical Revalidation the Trust has introduced dashboards for individual doctors, providing information about the clinical effectiveness of their practice, or where relevant, the practice of the team within which they work.

Patient Experience

The Trust regularly seeks the opinions of its patients and receives feedback from a number of National Patient Experience Surveys. Locally the Trust have implemented the Friends & Family Test and a real time patient feedback system across acute and community services.

As well as the mechanisms outlined above the Trust has introduced a Patient Safety and Quality Review process to act as a quality assurance mechanism by which Directorates’ performance against Patient Safety and Quality metrics is monitored.
What is Quality Governance?

Quality governance is a combination of structures and processes at and below board level to lead on organisation wide quality performance including:

- Ensuring accountability for quality and that required standards are achieved
- Investigating and taking action on sub-standard performance
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to quality of care
- Ensuring the organisation’s culture supports engaging effectively on quality to plan and drive continuous improvement.

The key concepts of this Quality Strategy include:

- Drawing the quality governance streams of work together to help the organisation function more effectively
- Embedding quality in everything we do and striving for continual improvement
- Putting patients first and involving them in how their care is delivered and how services are designed
- Ensuring patients receive treatment that is safe and clinically effective
- Developing our workforce so they have the skills, knowledge and behaviours to contribute fully to high quality patient care
- Developing our leadership capability and capacity to drive forward the Quality Strategy, and underpin this with the right behaviours and practice
- Assuring quality governance and management of our risks is subject to rigorous challenge.

The Trust have a robust Quality Governance reporting structure in place to ensure that the Quality Strategy is adhered to.
How we will deliver the Quality Strategy

Staff Training

The Berwick report (2013) recommendations state very clearly that for the NHS to move forward and improve the safety of the people it cares for, the organisation must be a learning organisation.

Our staff are our biggest asset. Our staff are the people who will ensure that this strategy comes to fruition. We will ensure that they are trained to do their jobs to the best of their abilities. We will provide induction into the organisation and specific training to meet the needs of their roles and alongside this will ensure that training is provided when new pieces of equipment are introduced and when processes are changed. This will ensure that our patients are safe in the care of our staff and that the organisation continues to run smoothly as staff will know what is expected of them and have the skills to achieve this.

We will continue to enable our staff to support communication, provide clarity regarding the expectations we have of them in providing safe quality care, behaving appropriately to give confidence to patients and their carers and identify any additional training needs.

The Trust will take a leading role in supporting collaborative learning so that improvements are made across all of the services used by patients. We will work closely with Newcastle University to develop an academic programme for Patient Safety and Quality Improvement and become active members of the local Academic Health Science Network and Patient Safety Collaborative. Through our committed and enthusiastic staff we will engage in the national Q Initiative. Q is an initiative, led by the Health Foundation and supported by NHS England, connecting people skilled in improvement across the UK. Q will make it easier for people from all parts of the health system with expertise in improvement to share ideas, enhance their skills, and make changes that benefit patients. This initiative will cultivate the connections that are urgently needed so the NHS can ensure patient care in the UK can benefit from leading innovations and the existing expertise within the health care system.

Conclusion

This strategy sets out our ambition for improving quality at the Newcastle upon Tyne Hospitals NHS Foundation Trust. Our main objectives for the next year are set out, and indicative work programmes will be developed for each priority up to 2018, whilst retaining flexibility to review and develop these over the next three years as a result of feedback, consultation, external events and emerging regulatory requirements. While the Trust remain in a strong position, we recognise the need for efficiency, innovation and transformation whilst continuing to deliver high quality, safe clinical services to all of our patients.
References
1 Darzi (2008), *High quality care for all: NHS next stage review*.
2 Department of Health (2010), *No decision about me, without me*.
4 Francis Report (2013), *Final report into the care provided by Mid Staffordshire NHS Foundation Trust*.

www.newcastle-hospitals.nhs.uk