Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Quality Accounts & the Quality Strategy

Richard Sachs, Head of Quality & Safety
(on behalf of 30 members of staff)

your hospitals, your health, our priority

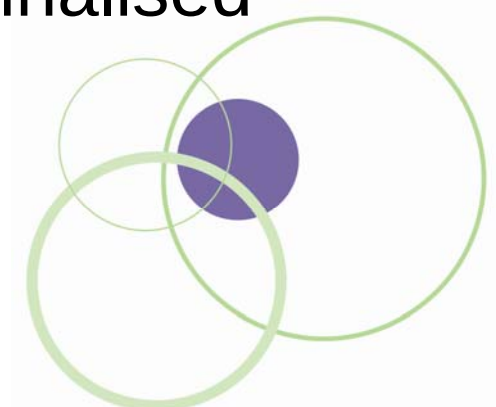
'Quality is never an accident – its always the result of intelligent effort'

John Ruskin – a long time ago & Lord Darzi – much more recently

Quality Accounts - SBAR

S – 'Situation':

- All Trusts are required to publish quality accounts, similar to financial accounts at the end of the financial year
- Unlike financial accounts however the template, required contents, has not yet been finalised



Quality Accounts - SBAR

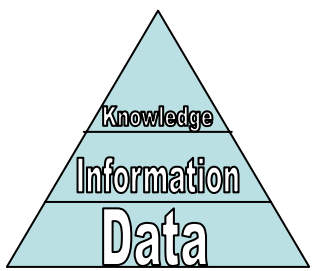
B – 'Background':

- Quality Accounts were the brainchild of Lord Darzi – the Trust published Quality Accounts in 2009-10
- To avoid accusations that they are a marketing documents Quality Accounts are externally audited

Quality Accounts - SBAR

A – 'Assessment':

- Draft 1.0 of our quality accounts has been circulated to key partners – from whom we value 'critical friend' feedback
- We are still a long way from the final article:



Quality Accounts - SBAR

R – 'Recommendations':

- 'Adopt-a-Measure'! Why? Foundation Trusts thrive and value on the insight of Governors as the employees, the commissioners, the financers (taxpayers) and most importantly the patients of our services [suggestions shortly]
- Note our policy of highlighting our performance last year and providing comparative data for this year – regardless of outcome

Quality Accounts – Governor Sponsored Measure

Suggestions (you choose, but here's a few):

- Re-admissions – us 6%, others 2% - we can and want to do better (not just internally but with partner organisations)
- Cancellation of Appointments – we did do well last year but we want to be even better
- Hard year(s) ahead – keeping staff morale up is vital to how we engage with staff [Staff Satisfaction Survey]

Quality Strategy 2011 & Beyond

- If Quality Accounts are the year behind, then the Quality Strategy is the year ahead

- Presented to the Trust Board in January 2011
- Presented to the organisation in February 2011

- Sets out how we are going to make a difference in terms of Safe, Effective and Caring

Safe

- Reduce SMR across all specialities to a maximum of 83 by 31 March 2013
- Reduce instances of harm as measured by the Incident Reporting Systems by 50 % by 31 March 2013

Effective

- Clear alignment with the Audit Programme
- Introduction of evidence based pathways (Map of Medicine)
- Continue to evidence cash releasing savings as a consequence of quality initiatives

Caring

- Improve Patient Experience
  - as measured by the patient experience dashboard
- Improved Staff Satisfaction
  - as measured by the staff survey, SID feedback and HR metrics

External Drivers

- CQUIN
- QIPP
- Outcomes Framework
- Contract Conditions…..

The NHS Outcomes Framework 2011/12 at a glance

1 Preventing people from dying prematurely

Overarching indicators

1a Mortality from causes considered amenable to healthcare
(The NHS Commissioning Board would be expected to focus on improving mortality in all the components of amenable mortality as well as the overall rate)
1b Life expectancy at 75

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease*
1.2 Under 75 mortality rate from respiratory disease*
1.3 Under 75 mortality rate from liver disease*
1.4 Cancer survival
i One- and ii five-year survival from colorectal cancer
iii One- and iv five-year survival from breast cancer
v One- and vi five-year survival from lung cancer

Reducing premature death in people with serious mental illness
1.5 *Under 75 mortality rate in people with serious mental illness**

Reducing deaths in babies and young children
1.6.i Infant mortality*
1.6.ii Perinatal mortality (including stillbirths)

2 Enhancing quality of life for people with long term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions (EQ-5D)**

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition***

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions

Reducing time spent in hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers (EQ-5D)**

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 28 days of discharge from hospital***

Improvement areas

Improving outcomes from planned procedures
3.1 Patient-reported outcomes measures (PROMs) for elective procedures

Preventing lower respiratory tract infections (LRTIs) in children from becoming serious
3.2 Emergency admissions for children with LRTIs

Improving recovery from injuries and trauma
3.3 *An indicator needs to be developed.*

Improving recovery from stroke
3.4 *An indicator needs to be developed.*

Improving recovery from fragility fractures
3.5 The proportion of patients recovering to their previous levels of mobility/ walking ability at i 30 days and ii 120 days***

Helping older people to recover their independence after illness or injury
3.6 The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services***

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to inpatients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 *An indicator needs to be developed based on the survey of bereaved carers*

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator needs to be developed.*

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

5a Patient safety incident reporting
5b Severity of harm
5c Number of similar incidents

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VE)
5.2 Incidence of healthcare-associated infection (HCAI)
i MRSA
ii *C difficile*
5.3 Incidence of newly acquired category 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

One framework
defining how the NHS will be accountable for outcomes
Five domains
articulating the responsibilities of the NHS
Ten overarching indicators
covering the broad aims of each domain
Thirty-one improvement areas
looking in more detail at key areas within each domain
Fifty-one indicators in total
measuring overarching and improvement area outcomes

**Shared responsibility with Public Health England*

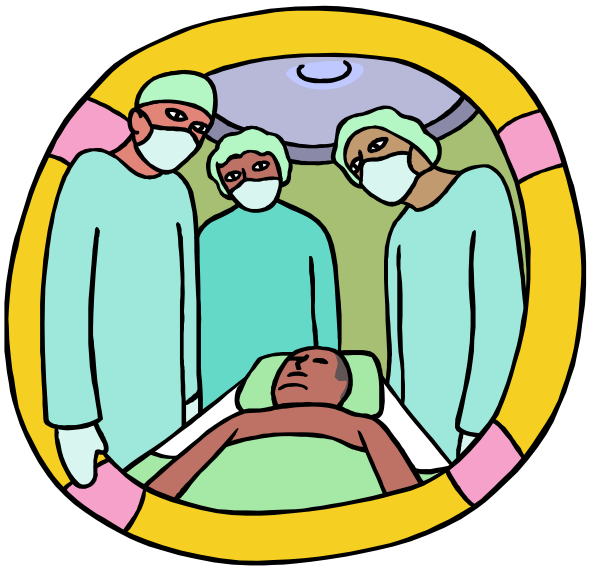
***EQ 5D™ is a trademark of the EuroQol Group. Further details can be found at: www.euroqol.org*

****Indicator also included in the Adult Social Care Outcomes Framework*

Indicators in italics are placeholders, pending development or identification of a suitable indicator

your hospitals, your health, our priority

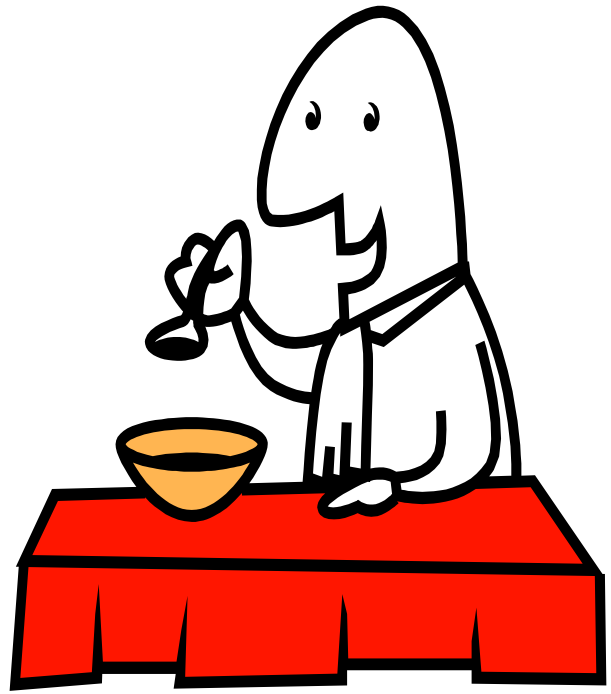
A Patients Blog…



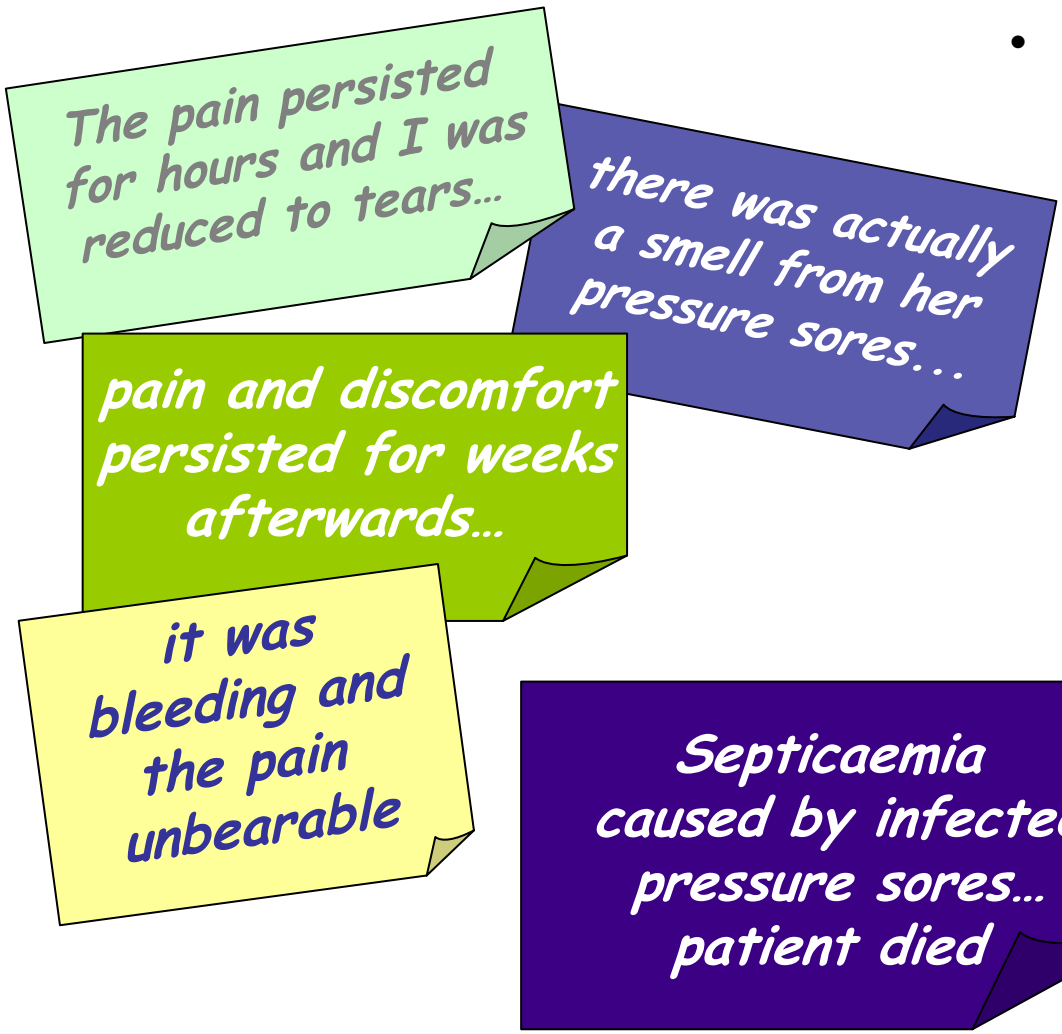
"When we got to theatre the student nurse gave my file to one of the junior doctors and introduced me as Steven again. I corrected them both. However the junior doctor felt the need to check 3 different documents in my file to check my name was in fact Simon not Steven. I think after 20 years of life I know my own name, thanks!"

Same Patients Blog…

"When breakfast came around earlier I was so hungry (I haven't eaten for nearly two days)…. (the nurse) told me I had to have cereal. I don't like cereal, I don't eat it at home and I don't really like milk either so it wasn't going to happen. The nurse came to my bed and said "its cereal or nothing." I had to say no, I wasn't going to eat something I really didn't like. So she just walked off and left me really upset and very hungry!"



The Cost of Pressure Ulcers



- Estimated mean cost per patient*:

Grade 1 = £1000

Grade 4 = £26000

£ Extended Length of Stay

£ Therapeutic Intervention

£ Staff Time

£ Diagnostics

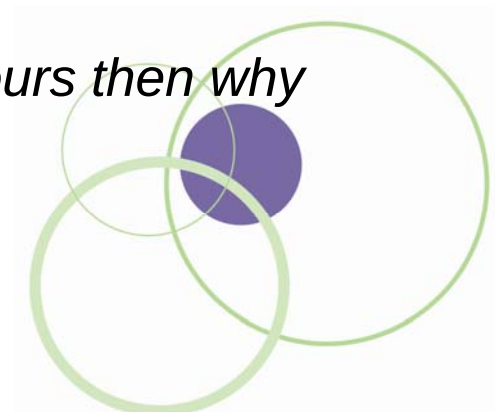
Pressure Ulcer Productivity Calculator (DH)

Another Patients Blog…

"Another incident was that when visiting on the weekend there was a purple spray and a box on the table at the side of the bed. Mrs Jones asked me (her daughter) to pass her the box as the nurse had told her that she needed to take two of these tablets. These were inhaler capsules and if I hadn't been visiting Mrs Jones may have taken these. I spoke to a nurse to explain about this and that the spray is not one used all the time but Mrs Jones would use any one of the sprays as she did not know what these were for…

The following day when visiting the purple spray was still there. When I asked (the same nurse) about this he stated that it was nothing to do with him as the other staff had given the morning dose.

I asked if (the nurse) had been on duty since 07:30 hours then why was this not spotted on the table?"



Partnerships

- Energising for Excellence Campaign
- AQuA
- NHS Quest
- Safety Express
- DH - Rapid Spread
- Borough Wide Clinical Congress

The WWL Journey

- Quality Accounts
  - Personal conversation
  - Unravelling the wool
- Developing the tools locally
  - Action learning sets
  - Peer Review
  - Sharing best practice
- Delivery of Care (Safety)
  - Halving the harm
  - Redefining the meaningful measure

The WWL Journey

- Patient Experience
  - Complaints
  - Comments
  - Incidents
  - Vital Signs etc
- Measuring Impact
  - Local metrics
  - Publishing E4E Notice Board
- Staff Experience
  - Get Staffing Right
    - AUKUH, Birth rate plus, E-Rostering
  - Staff empowerment & Accountability

Next Steps…

- Communication Strategy
- Launch Event
  - Led by Leaders In Patient Safety (LIPS) graduates
- Internal Developments
  - Action Learning
  - Peer Review
  - Quality Accounts

Publishing Quality Accounts

- Demonstrate Trust commitment to continuous, evidence-based quality improvement across all services
- Identify patients where we need and will improve
- Usefully utilise the challenge and support from local scrutineers to deliver what we are trying to achieve
- Use this to ensure public accountability
- *Successfully implement a **'Safe, Effective, Caring'** culture!*