Introduction

Why have we revisited the Quality Strategy?

“As Healthcare providers, we must never forget that patients are at the heart of everything we do. It is our duty to deliver the highest quality service to our patients at all times and to remember that patients have a right to be treated with respect, compassion and dignity. If we can put these ideas into practice day in, day out, we can achieve our goal to be a leading healthcare provider, consistently delivering the most effective and the safest possible patient experience. This will not only benefit patients – it will also ensure that Burton Hospitals NHS Foundation Trust (BHFT) is a positive working environment – one in which we can all take pride.”

Delivering high quality patient care on a daily basis doesn’t happen by chance. The elements that represent quality care need to be recognised, analysed and then woven into every element of everything we do. They need to become instinctive – part of our DNA. This Quality Strategy aims to do just that. It states what we want to achieve, defines what success would look like and sets out how we will deliver these goals. It also explains how we will communicate and engage people in the delivery of this strategy.

We are all aware of the findings of the Mortality Review by Sir Bruce Keogh, published in July 2013. These certainly represented a sobering call to action and we have already put in place all of the work highlighted by the review as needing immediate action. Much of this focused on workforce planning: improving training for Ward Nurses and Healthcare Assistants (HCAs), reducing the need for agency and bank staff and improving the experience of Junior Doctor and Student Nurses. However we are committed to going far beyond the remit of these specific recommendations. This Quality Strategy has an ambitious and committed scope – but we are confident that we can succeed if we all work together and unite around a common purpose. This represents a real and tangible opportunity to deliver quality and excellence – let’s grasp it!”

Brendan Brown
Director of Nursing

Craig Stenhouse
Medical Director
Key Goals:

This strategy supports and complements our overall Trust Strategic plans (2011 – 2013) and sets out our approach for improving the quality and safety of patient care at BHFT. The overarching aims are to ensure that the quality of care is right first time and to reduce variation in practice.

The Trust’s goals emphasise the fact that quality is every member of staff’s responsibility:

- **Demonstrating commitment to the quality of patient care at every level of the organisation**

- **Embedding values and behaviours throughout every aspect of the work that focus clearly on quality and always place the interests of patients at the heart of service delivery**

- **Valuing the role that patients and service users play in the oversight and scrutiny, design and measurement of high quality services**
How did we develop our approach to quality?

The Quality Strategy was first introduced in 2012. In order to develop this strategy we consulted widely - with patients and the public, our staff and our partners. We analysed what we do well and highlighted areas where there is room for improvement. We reviewed our current performance against a range of standards and agreed specific goals as a Trust and Trust Board.

We also ensured that this Quality Strategy reflects the overall strategic direction of the Trust and the needs of the communities that we serve.

For the 2013 plan, we have incorporated specific learnings from the Keogh Review and will build on the improvements that have already been achieved.

What are our Strategic Objectives?

The Trust’s Quality Strategy is built around a single, concise definition of quality: delivering consistent care that is effective, safe and that provides the most positive patient experience possible. These three key priorities form the cornerstone of our Quality Strategy.

Looked at in a little more detail, our objectives are centred around delivering care that is:

- **Consistently safe** – ensuring that essential patient care is safe, effective, positively experienced and delivered to a consistently high standard
- **Consistently effective** – ensuring high quality of care for all people using the service and reducing variation in clinical practice
- **Perceived in a positive way by patients** – continued development of the patient experience, with particular focus on the patient journey, and ensuring effective communication between staff and all patients and carers.

Each of these elements is equally important and we can only deliver high quality care if we address all three in an integrated and holistic way.
How are we making the strategy a reality?

We are working to achieve our strategic objectives via a range of activities in these three priority areas.
1. Consistently safe

This means taking action to reduce harm to patients in our care and protecting the most vulnerable. It means ensuring that the Trust’s workforce receives the right education and training to deliver care in a competent and caring fashion.

Patients come into hospital to be restored to health and expect to be protected from harm while they are in our care. It is our duty to protect patients to the best of our ability but the reality is that healthcare environments inevitably carry some risk of harm to patients, notably in the form of:

- Pressure Ulcers
- Urinary Tract Infections associated with the use of catheters
- Venous Thromboembolism
- Harm from falls
- Hospital Acquired Infections

Our approach is built on:

- Whilst acknowledging that there is the potential for harm for our patients, any occurrence of preventable harm is unacceptable
- Putting in place appropriate measures to minimise the risk of harm
- Setting up robust systems to ensure that any incidence of harm to patients is both reported, escalated for senior action and monitored
- Making best use of information to ensure that safe and effective care is maintained and that any areas of concern are identified in a timely fashion and acted upon
- Learning from episodes of harm to ensure that best practice is achieved and shared across the organisation. This will help to reduce variation in clinical practice or provision of suboptimal care, and our ambition to no harm to patients
- Being transparent with our patients when harm has occurred, in a timely and unequivocal manner. This is a fundamental element of our approach.

Our overall goal is to have no avoidable deaths. We shall achieve this by the following means:

- Reliable monitoring to identify and respond to the deteriorating patient, with earlier recognition and ensuring senior clinical review.
- Making greater use of patient care bundles to ensure that patients receive timely and consistent treatment such as ensuring the administration of appropriate antibiotics for patients with sepsis within an hour of admission.
- Ensuring that lessons learnt from Mortality reviews are shared across all clinical departments.
- Benchmark best practice, oversee improvement and provide assurance to the trust, regulators and stakeholders that mortality is within agreed tolerances.

Proactive steps we are taking to ensure patient safety is maintained:

- Monthly ward assurance audits completed by Senior Nurses across all in-patient areas; reported both internally though to Trust Board and externally to our Commissioners
- Monthly internal infection control commendation scheme based on Saving Lives audits, in addition to ensuring staff adhere to the bare below the elbow and hand washing policies in place within the Trust
- Monthly internal quality inspection audits based on CQC outcomes
- PLACE audits focusing on the safety of the environment from the patients’ perspective
- Release of the ward managers to work in a supervisory capacity, in addition to Matron and Head Nurse quality rounds
- Completion of the monthly National Safety Thermometer audit, measuring incidences of harm to patients
2. Consistently effective

We have purposefully focused on three particular elements of patient care in describing how we will be consistently effective, as this applies to many aspects of care delivery in many wards and departments.

1. Dementia

The findings from the National Dementia Strategy suggest that 70% of acute hospital beds are currently occupied by older people and up to half of these may be people with cognitive impairment, including those with dementia and delirium. In addition, it reports that general hospitals are particularly challenging environments for people with memory and communication problems, with cluttered ward layouts, poor signage and other hazards. People in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation.

The Trust is committed to ensure that we deliver high quality care to people with dementia and support their carers. This is a national mandated CQUIN for 2013/14 and with an emphasis on assessment and investigation and prompt referral of people with dementia to specialist services, training and education of staff including leadership and support for carers.

Awareness and understanding of dementia is a key principle and we will seek to further improve this throughout the Trust, ensuring we have a skilled and effective workforce. We will provide excellent quality care and treatment for all and enable access to a clear and explicit care pathway for patients with dementia in our care. In addition, we will ensure that we provide quality information for patients and carers.
2. Enhanced Recovery programme for Total Knee Replacement patients

Total Knee Replacement (TKR) is the most commonly performed major Orthopaedic procedure and represents a major cost pressure for the NHS.

Over 87000 new TKRs were entered in the 2012 National Joint Register (NJR). Queen’s Hospital in Burton upon Trent carried out 352 TKRs in 2012 in the NHS sector alone. This places our hospital within the top 10% for volume in the 400 or so hospitals carrying out this operation.

Our outcome data for this procedure, as reported by the NJR, is excellent. The funnel data from this hospital for TKRs confirms an extremely low revision rate since the start of data collection for the UK register in 2004, highlighting this hospital as having one of the lowest revision rates nationwide.

3. Enhanced Recovery

Length of stay (LOS) is one of the main determinants of procedure cost for TKRs. A number of units in this country are now successfully running an Enhanced Recovery (ER) programme for patients undergoing TKRs, the purpose of which is to cut LOS and improve the quality of the experience for these patients.

The key components for ER are:

- **Pre-operative patient education classes**
- **Planned discharge dates**
- **Adjustment of anaesthetic/ post operative analgesics techniques**
- **Intensive and immediate rehabilitation post operatively**
- **Ongoing patient support following early discharge**

Investment is necessary to provide patient education and extra rehabilitation resources. It is estimated that a successful ER program should be able to reduce LOS by 1-2 days.

Furthermore, we recognise that the high quality standards of care we consistently deliver should not be affected when our patients are discharged. We are therefore improving our contacts with the wider community to enable safe discharge arrangements, encompassing easy access to care, support and further advice.
3. Positive patient experience

Hospitals can be intimidating places for patients. Being away from home in unfamiliar surroundings and unsure about what is going to happen can leave patients feeling anxious and powerless. Many of them are managing a chronic illness, facing a life-changing diagnosis or coping with on-going treatment. We must therefore always treat our patients with compassion and empathy so their experience at BHFT is as positive as possible. In order to achieve this, we need to ensure that our staff are motivated and fully engaged with the process and have the tools and skills they need to deliver consistent quality care 365 days a year.

There are many areas in which BHFT already excels in terms of delivering a positive patient experience – for example, the Trust consistently delivers performance greater than 70% in the Friends and Family Test. We will build on these successes and focus attention on the areas where our performance could be improved.

The Trust consistently scores more than 70% in the Friends and Family Test

Positive patient experience: specific goals

<table>
<thead>
<tr>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach the top 20% in the patient recommender index</td>
</tr>
<tr>
<td>Achieve real time patient experience and ward assurance results at &gt; 95%</td>
</tr>
<tr>
<td>Ensure that staff have the knowledge, skills, values, behaviour and motivation to provide high quality care</td>
</tr>
<tr>
<td>Develop and implement education and development programmes for all levels of staff based on our patient promises</td>
</tr>
</tbody>
</table>

Our goal is to reach the top 20% in the patient recommender index
Our goal is to reach the top 20% in the patient recommender index

Our approach is built on:

- Developing real time patient feedback in all wards and departments and acting on it locally (including a rating of whether the patient would recommend the hospital)
- Developing the range and quality of patient and public information in consultation with patients and carers.
- Supporting and training all staff to become better at “customer service”
- Defining the values and behaviours we expect from our staff and embedding these through recruitment, induction, development and appraisal
- Using all forms of feedback to influence how our services are developed, delivered and evaluated
- Embedding our patient promises into the way we that we work with patients and families/carers

Patient promises

- **We will**...always be approachable and acknowledge you are there
- **We will**...treat you in the way you would expect to be treated – with consideration and respect
- **We will**...be polite, professional and courteous
- **We will**...listen to what you tell us, your opinions are our opportunities to improve (your feedback can help us to improve)
- **We will**...admit our mistakes and do all we can to put them right
- **We will**...talk to each other, so we can care for you better
- **We will**...be caring and kind

How?

**Through a range of practical initiatives, including:**

- Rolling out the Friends and Family Test, piloted in 2012/13, throughout the organisation
- Continuing to measure real time patient experience on each ward based on the nine care elements measured
- Foster a culture of compassionate care, based on the “6Cs”: care, compassion, competence, communication, courage and commitment
Next Steps

As stated, the scope of the Quality Strategy is committed to a positive patient experience. To achieve our quality ambitions by 2014 will require continuous improvement and ongoing evaluation of our performance year on year against our strategic objectives. This strategy will therefore be reviewed annually as part of the production of the Quality Accounts and reflected in our annual plan.

This strategy therefore only outlines the strategic ambitions for year 2 of the original strategy - 2013/14.

To ensure an easy to view approach to year 1 of this strategy a summary has been produced on one page (Appendix 1). This will be shared with Directorate teams, the public via our quality accounts for 2012/13 and our commissioners.

Directorates will be required to develop a detailed implementation plan that will be reported to the Quality and Safety Group, Governance, Risk and Assurance Committee, the Trust Board and our Council of Governors.

The Quality Strategy can only become embedded into our daily approach to caring for patients if all members of staff are aware of what we are striving to do. Every member of staff needs to understand what needs to change, why it needs to change and how to make change happen. We should also take the opportunity to celebrate success and build on what we are already doing well.

The Quality Strategy will be promoted both internally and externally using a variety of channels, including:

- Dedicated area on intranet highlighting best practice
- Email bulletins highlighting new initiatives/successes
- Newsletters
- Personalised letter to each member of staff
- Posters
- Inclusion in induction packs/appraisals
- Appointment of Quality Ambassadors to fly the flag for Quality
- Within formal reviews of patient incidences, to ensure learning is both measured, monitored and applied to future patient care