

3 The Quality Improvement Strategy

Our Quality Strategy for 2011-14 sets ambitious aims to be the safest organisation within the NHS. An explanation of the aims and the work programmes required to achieve these aims are set out below.

Our Aims

We aim to be the safest organisation in the NHS as well as the first choice care provider for our patients.

Key Goals

- Reduce mortality
- Reduce harm
- Reliable care
- Improve patient experience

We will focus our attention on projects that will reduce harm and mortality, improve patient experience and make the care that we give to our patients reliable and grounded in the foundations of evidence based care.

Reduce Mortality (risk adjusted mortality)

AIM: Maintain position in 10% of NHS organisations with the lowest risk adjusted mortality

In order to maintain a focus on the reduction of mortality we undertake a multi-disciplinary review of all patients who die whilst under our care. This allows us to learn from the death of patients where appropriate and make adjustments to the care that we give. To help us to do this we have adopted a mortality review system developed by the Brigham and Women's Hospital which helps us to perform reviews in a systematic manner. Over the next year we will continue to review all deaths to glean ideas for improvement. Themes we have observed over the past year include: better sepsis care needed, faster escalation of early deterioration, and better recognition of patients needing palliative care.

Harm

AIM: 95% of patients receive harm free care as measured by the following four harms:

- Pressure ulcers
- Catheter associated urinary tract infection
- Venous thromboembolism
- Harm from falls

We use a tool developed by the Department of Health in order to detect and track harm over time. The tool is known as the Safety Thermometer and it requires members of nursing staff to conduct an

audit where all patients on a given day are reviewed. Audits are also conducted in community settings such as care homes or on patients allocated to a district nursing team. During this audit specific harms are monitored, these are pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism.

In 2013/14, we will continue our relentless focus on reducing harm by continuing to work on many of the projects profiled in this account, including: pressure ulcers, catheter associated urinary tract infection, venous thromboembolism, falls, readmissions, medication errors, and hospital associated infections.

Reliable Care

AIM: Achieve 95% reliability in the following:

- **Community acquired pneumonia care bundle**
- **Heart failure care bundle**
- **Hip and knee care bundle**
- **Myocardial infarction care bundle**
- **Stroke care bundle**
- **Intentional rounding**
- **Structured ward rounds**
- **Infection bundles**

During the course of the strategy we are using principles of reliability science to maintain high performance, improve care where needed and improve processes in the following areas: community acquired pneumonia, heart failure care bundle, hip and knee care bundle, myocardial infarction, stroke, intentional rounding, structured ward rounds and infection.

In 2013/14 we will have a bigger focus on spreading structured ward rounds throughout the Trust.

Patient Experience

AIM: Achieve top 20% for patient and staff experience surveys

It is our ambition that we will deliver a series of projects that will make Salford Royal's patients describe us as their first choice of care provider based on the quality of their experience. The projects we select will be based on the principles found in both the IHI Patient Centred Care White Paper and the NHS National Carers Strategy and include:

- Staff are fully engaged through respectful partnerships with everyone in the organization and in a commitment to the shared values of carer and patient-centred care
- Every care interaction is anchored in a respectful partnership, anticipating and responding to patient and carer needs (e.g. physical comfort, emotional, informational, cultural, spiritual, and learning)
- Delivering reliable, quality care 24/7
- The care team instils confidence by providing collaborative, evidence-based care to the patient and recognising the value of the carers contribution

Improving experience for our patients, their families and their carers is one of the key areas of the 2011-2014 Quality Improvement Strategy, in the past year we have launched a detailed Patient, Family and Carer Experience Strategy and alongside it a Quality Improvement Collaborative aimed at improving all aspects of patient, family and carer experience. As part of the Patient Family and Carer Experience project involved more than 25 teams and departments from across the organisation in developing tests of change that will help to improve experience at Salford Royal Foundation Trust. The key areas of focus for teams involved in the Patient Family and Carer Experience project are:

- Explanation of medication side effects to patients
- Ensuring that patients know who to talk to about their worries and fears
- Ensuring that patients are involved as much as they want to be in decisions about their care
- Ensuring that when patients have important questions that they get answers that they understand
- Ensuring that patients have confidence in the staff treating them

In addition we continue to listen to our patients and record their stories. This enables us to put the patient at the centre of everything that we do, whether that is when we are discussing the hospital finances or the care that we give to patients.

Measurement

Measurement is a vital part of improvement; if we do not measure then we have no way of knowing whether the changes or intended improvements that we are making have had any impact.

As an organisation we expect that data is presented on run and control charts so that we can understand change over time. We have also continued to develop our quality improvement dashboard throughout 2012/13. The measures on this dashboard help us to understand the quality of care that we are providing to patients, this is reviewed frequently by the Board of Directors.

Measures within the dashboard include:

- Mortality indicators such as HSMR and crude mortality figures
- Length of stay and readmission rate data
- Patient satisfaction indicators
- Harm measures – such as falls, pressure ulcers, days between MRSA blood stream infections, Clostridium difficile infections, and results from the safety thermometer and the global trigger tool

In 2013/14 we will continue to evolve the quality improvement dashboard as new measures are developed and new areas of focus are agreed by the Board.

A key characteristic of organisations that have truly adopted quality improvement is the use of measurement for improvement at all levels. The Quality Improvement Directorate will be working with local areas in developing their use of measurement to help them create measurement plans for projects that they are involved in.

Workforce capability and Organisational Culture

Organisational culture is very difficult to define but is vital to address if the ambition is to be the best in the NHS. Organisational culture can be defined as the assumed understandings between the staff

of an organisation. It means that they share views on the way staff should work together and treat each other and their patients. We have an ambition to be an organisation that has a culture of safety. This means that we must embed the Hippocratic Oath “first do no harm” into our identity at all levels.

One of the key features of an organisation that has a safety culture is that it has a workforce that is capable of delivering improvement. This is something that we have prioritised at the highest level. This means that our staff must respond well to change and embrace initiatives, be open to new ideas and encourage forward thinking, taking ownership for continuous learning and self-development.

Over the course of the coming year, we will continue to

- Provide our staff with training opportunities to develop quality improvement capability, this includes
 - A suite of modules which cover the basics of many aspects of quality improvement
 - A comprehensive deep dive into improvement methods and techniques through the Clinical Quality Academy
 - Bespoke quality improvement training as requested by divisions wards and departments to support local quality agendas
 - Implementation of microsystems coaching on a rolling programme