East and North Hertfordshire NHS

NHS Trust

HSC QUALITY ACCOUNT QUESTIONS

1. **What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?**

Improve medication management (safety)
- Introduced monthly audits to measure the percentage of omitted critical medications (Aim: <7%, Dec 2017: <6.7)
- Monthly ward spot-checks to assess compliance with medication standards – individual feedback to wards of good practices and where improvements need to be made
- Improved access to information about critical medications through intranet portal
- Quality improvement project on ward 10b to improve insulin management
- Challenges with management of take home medication prescriptions post launch of new electronic patient administration system
- Continued drive towards progressing implementation of electronic prescribing and administration after successful implementation of system for stock management

Progress deteriorating patient work (safety)
- Rollout of electronic observations system using handheld devices and enabling remote access to information (Lister completed, MVCC almost complete) and auto-alerts to key staff
- Escalation capability due to go live in Q4 once training of doctors is complete
- Human factors training by maternity team to improve understanding of error and its prevention
- Improved ambulance handover times within the Emergency Department
- Evaluating cardiac arrest data (datasets and methodology have changed)
- Introduced root cause analysis investigation of 24 hours leading to cardiac arrests

Further reduce mortality (clinical effectiveness)
- HSMR (Aim: <95.3; Sep 16 – Aug 17: 96.18)
- SHMI (Aim: <100 as expected; Jul 16 – Jun 17: 102.14 as expected)
- Crude mortality 1.57% for 12 months to Nov 17 compared with 1.65% for last 3 years
- ENH is ranked 6th (out of 16) in the East of England Peer group
- Continuation of mortality review process and focus on learning from deaths
- Noted impact of depth of coding when a new patient administration system is introduced
- In depth analysis of cardiology services, including an invited external review, showed no causes for concern
- Ongoing initiatives to improve the management of sepsis
- Furthering of 7 day service provision

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- Improvement of services jointly with the community e.g. integrated respiratory service improves patient experience (reducing admissions) but can change mortality rates as the in-patient cohort becomes 'the most sick'

Further improve stroke standards (clinical effectiveness)

- Thrombolysis within 3 hours (Aim: >=15%, Jan: 7.2%). Audits confirm that late arrivals have prohibited treatment rather than slow management. Multi-agency work is underway on the pre-hospital pathway to expedite admissions / treatment
- 4 hours to stroke unit (Aim: >=90%; Jan: 74.7%)
- 90% of time on stroke unit (Aim: >=80%; Jan: 86.6%)
- 60 minutes to scan (Aim: >=90%; Jan 92%)
- National Sentinal Stroke Audit – retained 'A' rating for service provision
- Ongoing regional work to formalise the thrombectomy pathway

Improve communication (experiences)

- Monthly in-patient surveys:
  - involvement in decisions (Aim: >83%; Jan: 83.37%)
  - understandable answers from doctors (Aim: >88%; Jan: 88.59%)
  - understandable answers from nurses (Aim: .90%; Jan: 91.89%)
- Formal complaints show a variable position
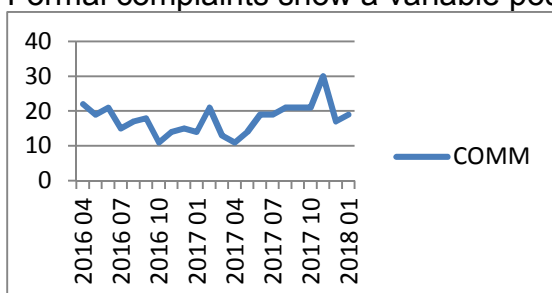
- PALS concerns show an increase
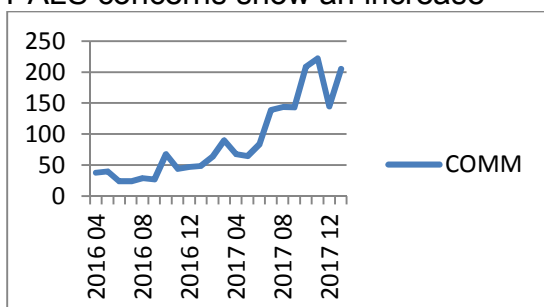
Improve nutrition and hydration (experiences)

- Monthly in-patient surveys:
  - Quality of food (Aim: >52; Jan: 68%)
  - Help with eating (Aim: >75; Jan: 90%)
  - Use of malnutrition screening tool (Aim: >95%; Jan: 96.86%)
- Promotion of snack boxes, the availability of which had not been appreciated
- Launch of children and young person's menu
- Trial of patient questionnaire for real-time feedback of concerns around the food and catering service

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- Planned introduction of a 'family service' to offer choice of food and portion size without pre-ordering

Improve inpatient flow (experiences)

- Cancelled operations on the day (Aim: <504pa; Jan: YTD 558)
- Reduce readmissions (Aim: <7.75%; Jan: YTD 7.3%)
- Delays in discharge from critical care remain a challenge
- Introduction of red to green days
- Improved management of bed status and flow through activities coordinated by the 'operations cell'
- Introduction of Nerve Centre for real-time data on bed occupancy
- Delays as a cause for concern have increased as a result of the new patient administration system
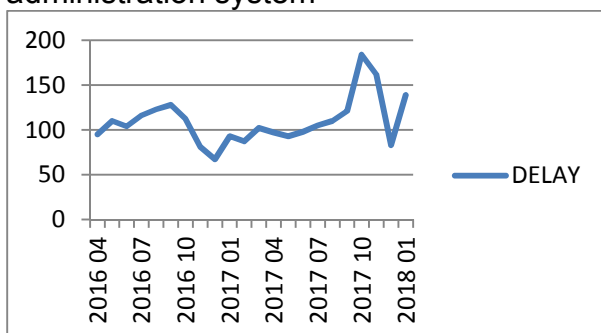
2. **List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).**

The priorities are being considered although discussions to date have identified intentions as follows:

1. Reduction in avoidable harm to our patients:

- Focus on reducing medication errors and timely delivery of critical medications and management of antibiotics (carried forward)

- Increase compliance with sepsis pathway – particular focus on MVCC (carried forward)

- WHO safety checklist across all our services (new)

- Reduce the number of avoidable arrests through improving the way we manage the deteriorating patient (carried forward)

2. Use of digital technology

- Further embed the way we use technology to improve the care we provide to our patients through e-observations and live bed state (carried forward)

- E-prescribing (carried forward)

- Electronic discharge summaries (new)

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3. <u>Respect our patients time through improving the flow through our in and outpatient services by:</u>

- Reducing delays in the discharge process (new)

- Improving experience and access to our outpatients department (new)

- Reduce the number of patients who are delayed in the care they receive through the ED (carried forward)

4. <u>To be amongst the best in the experience our patients have through:</u>

- Implementing always events (new)

- Improving our friends and family response rate in all our services (new)

These priorities are being considered because of the desire to continue with existing priorities for continuity and evaluation; but also some new ones to reflect the intelligence received which indicate we have more work to do.

The Patient Experience Committee is yet to input into the process so their views will be considered before the final priorities are agreed.

3. **How will these positively impact on patient experience and outcomes?**

All of the priorities will aim to have a positive impact in a number of different ways:

- preventing increased length of stay or the need for additional treatment; subsequently improving patient flow
- optimising management of conditions, or identifying sooner any deterioration thereby achieving best outcomes
- optimising patient pathways and inter-team discussions thereby being clearer on management plans with a consequent reduction in communication related complaints

It is noteworthy that the priorities will support staff in carrying out their work more effectively thus improving staff satisfaction which in turn promotes patient satisfaction.

4. **How are the appropriate approaches to prevention and demand management supported?**

- The Trust is working with Sustainability and Transformation partners and community partners / agencies to deliver more effective care across a number of work streams and boundaries. Intentions to prevent admissions and reduce readmissions are a key focus for this work
- In addition quality improvement methodologies have been introduced to better manage certain conditions; or to review care pathways to minimise unnecessary harm or increased length of stay, thus contributing to the

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improving flow. The quality improvement initiatives will develop further during 2018/19

- Greater emphasis on sharing ideas, information and tools across networks is supporting the spread of effective practices

5. How is the trust developing a high performing, engaged, and committed workforce?

- National first in creating an online interactive staff workshop based on the results of the annual staff survey
- Engaged with the University of Hertfordshire and has successfully passed all criteria to become a university status trust
- Has engaged with the NHSI culture change toolkit
- Will recruit a talent management lead in 2018 in line with national framework
- A clear leadership philosophy has been established with great autonomy for leaders and staff
- A leadership and management development pathway has been designed and the Trust has tripled the number of staff attended such development
- The apprentice levy funds have been used across all professions and grades
- New nursing roles have been established to offer a wider career choice
- Coaching and mentoring have increased in the trust with more staff using the network and internal support
- An on boarding programme has been established and has improved performance and retention and is now being copied by other trusts

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Potential priority	Domain
Reducing avoidable harm	1 – early identification and effective management of deterioration 2 – e.g. management of diabetes, Parkinson's disease 4 – optimising management 5 – reducing omission of medications thereby preventing harm
Use of digital technology	1 – early identification and effective management following deterioration 3 – improved sharing of information

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	across care providers 5 – optimising conditions to support safe care
Improving flow through services	1 – supporting timely management 3 – optimising discharge arrangements 4 – promoting 'right place, right time' 5 – enabling patients to be in the optimal care location
Improving patient experience	4 - implicit

Additional patient experience priorities, if agreed, will support domain 4 and possibly other domains.