

## RESPONSES TO HSC QUALITY ACCOUNT QUESTIONS

### Introduction

The Princess Alexandra Hospital NHS Trust set the 2017/2018 quality priorities following the CQC report and key concerns raised. The subsequent organisational quality improvement plan and the Quality Account have utilised the CQC findings to expedite quality, safety and patient experience indicators. The 2018/2019 quality priorities will be driven by the recent CQC inspection findings, which the Trust is currently awaiting; this should be with the Trust and in the public domain by mid-March.

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

In 2017 the outcomes from the Care Quality Commission (CQC) inspection report (October 2016) afforded the Trust with an opportunity to focus on the themes from the inspection report in the Quality Account priorities. Our aim was to progress out of “Special Measures” on our way to achieving a range of quality improvements that reflect the learning from patient and staff feedback as well as emerging themes from incidents and feedback from regulators. Appendix 1 describes the priorities identified in the Trust Quality Account for 2017-18 including an overview of achievements.

### 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).

In September 2017 the Trust launched

- **Our vision:** Delivering outstanding healthcare to our local community.
- **Our mission:** Putting quality first will be our approach in everything we do.
- **Our strategy:** Our long term plan is **Your future, our hospital**. To ensure that we do not focus on one thing, or multiple things in isolation, Your future, our hospital is categorised into five key areas of focus; **patients, people, performance, places and pounds (The 5 P's)**. Plans within these five areas have been developed from individual staff pledges, to specialty and team plans, to healthcare group (divisional) and departmental plans that are informing the Trust strategy as a whole.

This inclusive board to ward approach is being used to identify the key priorities for the 2018/19 Quality Account. The Quality Account priorities will also reflect recommendations from the CQC Report of the December 2017 inspection.

#### Priorities 2018/19:

- i. Reduce the Hospital Standardised Mortality Rate (HSMR) through the introduction of new governance arrangements and continuing the work already started on learning from every death
- ii. Sustain improvements in the identification and treatment of patients with Acute Kidney Injury (AKI) (carrying forward)
- iii. Timely identification and treatment of sepsis in ED and acute inpatient settings including effective antibiotic prescribing and review (carrying forward)
- iv. Continue to enhance the care people receive at end of life while in hospital.
- v. 5P priorities which will include medication safety and mental health pathway management in the acute hospital setting e.g. delirium
- vi. Dependent upon the CQC report recommendations

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

Each priority will have key performance indicators identified, including improved patient outcomes in line with benchmarked best practice outlined in Getting it Right first time (GIRFT). We will also

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compare our effectiveness in reducing unwarranted variation with the Lord Carter report recommendations using the Model Hospital data.

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

The Trust is actively engaged with the Hertfordshire and West Essex STP and participating in a number of clinical and enabling workstreams. Our focus is on system level working and we continue to pursue opportunities to integrate health and social care to benefit service users in an effective and efficient way.

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

The new people strategy will be considered for approval by the board in March 2018 with 'a joy to work at The Princess Alexandra NHS Trust' as the vision, inspired by the White Paper published by Professor Don Berwick. The strategy builds on the foundations the Trust has laid in developing a high performing, engaged and committed staff team of over 3,000 staff through robust people management and development processes at:

- Employee level; appraisals which include personal development plans (achieving over 90% compliance), employer based awards which were run three times during the year, feedback opportunities; the National Staff Survey (steady improvement from the previous year's results including an invitation to present at a national workshop) and our Cultural Barometer survey to identify cultural and behavioural strengths and areas for developments.
- Local team & Health Care Group; Staff Engagement Forums to co design improvement opportunities, including a Trust wide 3 day event attended by over 2,500 staff that focused on celebrating a health service of all the talents. This included staff awards for outstanding contributions, health and wellbeing activities and shaping the new 5 year Trust strategy
- Corporate level; a weekly message from the CEO, weekly staff briefings in the restaurant with the Executive team, weekly in touch publication with a roundup of the week's news and key dates for the following week, buddy wards for board members. New 'Freedom to speak up Guardians' have been appointed as a mechanism for staff to raise and discuss any concerns in confidence. There is also a dedicated electronic line directly to the CEO '(Ask Lance)'.

In addition, the Trust offers a wide range of high quality training opportunities, including Care Certificate course for trainee HCSWs, progression programmes for our Facilities workforce, accredited Leadership & Management Development programmes for aspiring and established leaders and a robust CPD offer. Our 18 month preceptorship programme comprehensively develops our nursing workforce with regards to both clinical and leadership skills. The programme also provides opportunities to undertake career planning and has a future focus.

In 2017 the Trust worked with NHSI on the national retention programme. We are listening to staff and have a wide range of actions to improve staff retention and strengthen the work experience for our staff.

### **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

The NHS already has two-year contracts and improvement priorities set for the period 2017/19. These were based on the NHS Operational Planning and Contracting Guidance 2017-2019 published in September 2016 and reflected in the March 2017 document *Next Steps on the NHS Five Year Forward View*.

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2018/19 will be a refresh of plans already prepared. This is to enable organisations to continue to work together through STPs to develop system-wide plans that reconcile and explain how providers and commissioners will collaborate to improve services and manage within their collective budgets.

Our energies will remain focused on improving the quality of care for patients and maintaining financial balance, whilst working in partnership to strengthen the sustainability of services for the future.

All 5 domains from the NHS Outcomes Framework are addressed through contract arrangements with commissioners. Our specific quality improvement priorities will be identified in the Quality Account.

Finally, the Trust can also share that some 2018/19 quality priorities will broadly encompass areas which we identified to the CQC as requiring improvement; further indicators will be driven by the CQC inspection report, as explained in the introduction.

- Emergency and Urgent Care access standard and emergency department patient experience
- Medicines management
- Children and Young people's experience, particularly those with chronic/ long term conditions who require transition to adult services.
- Workforce
- Mortality and learning from Every Death

**APPENDIX 1 2017-18 Quality Improvement Priorities**

<b>Quality Improvement priorities for 2017/18 and a summary of achievements</b>	
<b>1. Safety Culture</b>	
<b>SC 1.1</b>	<p><b>Getting the basics right:</b>  <b>Aim:</b> Compliance with essential safety standards e.g. emergency equipment checks.  <b>Achievements:</b> The Trust has developed a standardised approach for all safety checks during 17/18 which has resulted in a significant improvement during the year in our compliance across every clinical area. The equipment checks consists of four distinct separate items to be checked once a day by a qualified member of staff; the emergency resuscitation trolleys, controlled drugs twice per day across inpatient wards, monitoring of drug fridge and difficult airway trolleys located in our critical care unit, labour ward and operating theatres.                      Ward and department dashboards are in place; with regular monthly audits to monitor compliance. Performance is monitored through the QIP and shows that the practice is now embedded in practice and sustained.</p>
<b>SC 1.2</b>	<p><b>Improving the identification and treatment of patients with Acute Kidney Injury (AKI)</b>  <b>Aim:</b> To build on the progress made in 2016/17 so that early recognition and treatment of AKI is fully embedded across the whole Trust  <b>Achievements:</b> Computer system upgraded; real-time alerts now provided to clinicians for patients with AKI. Clinical advice is also provided in relation to monitoring and escalation. All junior doctors and newly qualified nurses have received training.                      The new ways of working and outcomes have been presented to a range of Forums across the Trust.                      The percentage of patients whose AKI severity has improved whilst in hospital has quadrupled and the percentage of patients whose AKI severity has worsened has also fallen by 50%.</p>
<b>SC 1.3</b>	<p><b>Timely identification and treatment of sepsis in ED and acute inpatient settings Antibiotic prescribing and review (National CQUIN).</b>  <b>Aim:</b> Early recognition and treatment with improved antibiotic prescribing and review; leading to reduced consumption per 1000 admissions  <b>Achievements:</b> The principles of this CQUIN are already embedded in the Trust including revised Sepsis 6 bundle. A Clinical lead has been identified and launched a Sepsis Board which has been instrumental in identifying learning and prioritising next steps for 2018/19. These include                      Continued antimicrobial ward rounds and restriction of piperacillin/tazobactam and meropenem.                      Quick reference posters for most common conditions for MDT rooms.                      Further education for staff regarding antibiotic review and challenge to the prescriber to switch IV antibiotics to Oral.                      Increased use of green stickers at the point of prescribing, ensuring that they are readily available on the ward.                      Improvement of documentation; both the medical notes and medication charts to include indication, duration and review dates of prescribed antibiotics.</p>
<b>SC 1.4</b>	<p><b>Continue to enhance the care people receive at end of life while in hospital.</b>  <b>Aim:</b> Provision of an appropriate care plan agreed with the patient and their appropriate next of kin when approaching the end of their life. Early transfer to the patients preferred place of care.  <b>Achievements:</b>                      The Trusts End of Life Vision and Strategy was launched across Trust and Health economy from April 2017                      Substantive Palliative Medicine and End of Life Consultant started on 30 October 2017                      The Trust provides a consistent 6 day a week Specialist Palliative Care service, including bank holidays; all patients referred to the team are seen no later than 48 hours                      In May 2017 the end of life and oncology Occupational Therapist post was extended to full time improving response rates for rapidly assessing patient requests to go home.                      The individualised care plan for the anticipated last days of life was audited in April/May</p>

	<p>2017. The planned launch is scheduled for March 2018.</p> <p>Trust employed a Ceilings of Treatment Senior Nurse Advisor; alongside a multi-professional team from the Trust and local health economy she participated in the National Health Service Improvement (NHSI) End of Life Collaborative. The outcome; implementation of a Treatment Escalation Plan (TEP) which was successfully piloted and rolled out Trust wide. The innovation also won the NHSI End of Life Collaborative “Most Inspiring Trust” Award. In January 2018we began working with the Anne Robson Trust as pilot site for the Butterfly Volunteers.</p> <p>All discharge coordinators are now trained in the ‘fast track’ process for patients requiring continuing healthcare at the end stage of their life. All patients now have their assessment initiated within 24 hours and a database is in place to monitor.</p>
<b>SC 1.5</b>	<p><b>To embed a Learning culture</b></p> <p><b>Aim:</b> Enhance our ability to learn from a variety of feedback mechanisms. Encourage and support the raising of concerns, celebrate success, identify root causes and demonstrate improvement and solutions.</p> <p><b>Achievements:</b> The Trust has embedded a number of focused sharing the learning programmes of work this year including implementing a process to support learning from every death, sharing the learning from medication incidents including a pharmacy top tip and daily oversight of all reported near miss or harm incidents. The Trust has continued to collate the learning from a range of review processes and this is shared quarterly in face to face forums with staff and in formal reports to a range of committees including performance reviews with commissioners.</p>
<b>SC 1.6</b>	<p><b>Embed and sustain Safeguarding processes for children and adults</b></p> <p><b>Aim:</b> Training for staff which supports evidence of good practice in terms of compliance with agreed processes</p> <p><b>Achievements:</b> Improved compliance with training attendance for staff. A variety of approaches have been introduced that are responsive to both the availability of staff and their needs for both adult and children’s safeguarding. In particular we have strengthened the training for staff on Mental Capacity Assessment (MCA); this was supported by securing additional funding form NHS England as on-going support. To ensure that we are learning from all safeguarding alerts received internally and from external partners; each case is scrutinised to identify where changes need to occur and to share the learning throughout the Trust. The Scrutiny review takes place monthly collaboratively with health and social care colleagues working together.</p> <p>Safeguarding children achievements include implementation of a supervision strategy for staff, implementation of the FGM-Reporting Information System and the Child protection Information system.</p>
<b>2. Patient Focus</b>	
<b>PF 2.1</b>	<p><b>Transforming our care (In and through and out)</b></p> <p><b>Aim:</b> Establishing a high performing Frailty Unit, ambulatory care, assessment and short stay.</p> <p><b>Achievement:</b> The Trust has successfully redesigned the Emergency Department, assessment units and created a short stay ward for adults. Revised pathways of care have been developed and launched in December 2017. There has been variable success with implementing the new ways of working and this is associated with bed occupancy. The newly designed Gibberd ward was opened to facilitate care of patients with DNACPR orders and a Treatment Escalation Plan.</p> <p>A Frailty peer review took place on 17 January 2018; excellent feedback, in particular achievements on John Snow ward including reducing the length of stay from 14 to 7 days.</p>
<b>PF 2.2</b>	<p><b>Co-design/personalised care</b></p> <p><b>Aim:</b> Develop and implement the discharge to assess model</p> <p><b>Achievement:</b> The Trust now has an integrated discharge team; discharge to assess model successfully implemented. Reduced numbers of patients experiencing Delayed Transfers of Care (DTOC).</p> <p>A focus on early in the day discharges has included continued use of the Red2Green and SAFER Patient Flow Bundle.</p>
<b>3. Our People</b>	

<p><b>OP 3.1</b></p>	<p><b>Recruitment and retention</b>  <b>Aim:</b> Develop and improve our ability to recruit and retain staff  <b>Achievement:</b> August 2017, introduction of an electronic tracking system to eliminate unnecessary delays in the recruitment process.                      Worked with NHS Improvement; developed a comprehensive staff retention improvement plan.</p>
<p><b>OP 3.2</b></p>	<p><b>Staff engagement</b>  <b>Aim:</b> Having a workforce who are fully absorbed by and enthusiastic about their work and take positive action to further the hospital's reputation and interests.  <b>Achievement:</b> The Trust held a week long staff engagement event in September 2017 which culminated in a staff awards event to celebrate those staff nominated for outstanding contribution in relation to living the values. The second annual Water Ball was held and included a celebration of long serving staff.                      The Trust has appointed an Interim Director of People who is engaging staff in the development of a People Strategy.</p>
<p><b>OP 3.3</b></p>	<p><b>Communication</b>  <b>Aim:</b> Achieve good quality, effective and clear communication in the hospital  <b>Achievement:</b> In 2017 we established a weekly Executive led staff briefing, held in the hospital restaurant and open to all staff. A weekly communication form the CEO is shared with all staff and this supplements the weekly InTouch bulletin.                      We have Freedom to Speak Up Champions and staff are encouraged to raise any questions or queries. This can also be done with the CEO through the Ask Lance e mail.</p>
<p><b>OP 3.4</b></p>	<p><b>Fit and proper persons regulations:</b>  <b>Aim:</b> Ensures that all Executives and Directors are assessed as of good character; with the necessary qualifications, competence, skills and experience for their role.                      Ensure compliance with all aspects of the fit and proper persons policy  <b>Achievement:</b> The Trust undertook a review of the Fit and Proper Person Test and issued a new policy and process in July 2017. Following the new process being embedded an audit was undertaken on all relevant files to ensure compliance. Annual Declarations were also completed for eligible staff in July 2017.</p>
<p><b>OP 3.5</b></p>	<p><b>CQC preparation</b>  <b>Aim:</b> Ensure Trust is regulation ready where the focus is beyond getting out of special measures with a clear understanding (plan) for what it takes to achieve 'good' or 'outstanding'.  <b>Achievement:</b> Quality Improvement Plan (QIP) was reviewed and updated every month throughout the year. Progress and challenges were monitored and scrutinised internally through the Trust Quality and Safety Committee and local health group review meetings. External oversight was provided through Commissioners Performance Review meetings and on a monthly basis at the Special Measures Oversight Committee, chaired by NHSI and including representatives from all health, social care partners, commissioners, regulators and patient/public champions.                      CQC inspection took place in December 2017, report is due February 2018.</p>
<p><b>4. Governance and Risk management</b></p>	
<p><b>G&amp; RM 4.1</b></p>	<p><b>Medical engagement and MDT working</b>  <b>Aim:</b> Strengthening capability and competence, strengthening team working, ensuring underlying root causes are understood.  <b>Achievements:</b> A medical engagement survey tool was used to identify the level of engagement and areas of excellence and concern. The findings were better than anticipated but a programme of work followed to improve matters. There were 3 workshops: one with doctors, one with managers and nurses and the third with all groups. This resulted in key themes requiring more focus and these were absorbed into various initiatives initially under the banner of Quality 1<sup>st</sup> and then the 5Ps. In addition an Organisation Development programme has started with the medical leaders, a weekly senior team meeting with the Chief Medical Officer and a monthly clinical leads meeting. MDT working has been led by the Quality 1<sup>st</sup> triumvirate of a senior nurse, manager and doctor. The triumvirate model has been reinforced within the Health Care Groups and is now being replicated at the ward and service levels. There will be a repeat of the engagement tool later in the year.</p>

<p><b>G&amp;RM</b> <b>4.2</b></p>	<p><b>Risk management</b>  <b>Aim:</b> Robust risk identification and management; ability to forecast, evaluate in order to avoid or minimise impact or risk  <b>Achievement:</b> Introduction of a Risk Management Group - The Trust introduced a new Risk Management Group (RMG) to address the reported disconnect in the management of risk between ward and Board. The RMG is chaired by the Chief Medical Officer. This is providing greater visibility, challenge and oversight of risks across the Trust and there has been good challenge and engagement in the process by all health groups.                  Implemented RiskAssure, risk management software - The new Risk Management package for Risk Registers has improved risk visibility. The software also provides the facility for interdependent risks to be linked. Training was provided to staff and risks were migrated to the system and this is now embedded across the Trust.                  A variety of communication methods have been used to further disseminate risk information; face to face sessions and Trust InTouch weekly communication with staff.                  Training on risk management was provided for members of the Risk Management Group to enable the team to begin the job of review and risk escalation as described within the Trusts Strategy. Overview of the Risk Management process was also provided to the Executive Management Board with a summary of the top five organisational risks. Risk registers are now on the intranet with significant risks uploaded on a monthly basis and advertised via InTouch weekly. A regular Risk Nugget section for In Touch magazine was introduced in September 2017. To date, 15 nuggets have been published.                  The Trust has a Board Assurance Framework (BAF) which provides a mechanism for the Board to monitor strategic risks, controls and the effectiveness of the assurance processes. Each risk on the BAF has an executive lead and a designated Committee. The risks are reviewed by the Executive leads on a monthly basis and are also presented to the relevant Committees and the Trust Board every other month.</p>
<p><b>5. Infrastructure</b></p>	
<p><b>Inf</b> <b>5.1</b></p>	<p><b>Strategic Estates issues</b>  <b>Aim:</b> Agree strategic intention and develop plans to ensure sustainability and service viability, development of Strategic Outline Case for new hospital  <b>Achievement:</b> SOC submitted in 2017, awaiting feedback. Excellent progress has been made on the development of an STP Estates Strategy to support the SOC.</p>
<p><b>Inf</b> <b>5.2</b></p>	<p><b>Operational estate issues</b>  <b>Aim:</b> Estates and Facilities review of risks  <b>Achievement:</b> In June 2017 the Trust reviewed the critical infrastructure risks for Estates and Facilities. As a result of this the capital programme was realigned to address the red rated risks across 4 functional areas with an investment of £7.5 million.                  The Trust has a fully refurbished ED, a new paediatric ED, 2 new maternity theatres, and a new orthopaedic surgical unit. The Trust also addressed critical infrastructure requirements in relation to refurbishment of public areas and essential repairs to electrical and ventilation systems. The 2018/19 capital plan will continue to address the critical estates infrastructure risks within the limited financial resource.</p>
<p><b>Inf</b> <b>5.3</b></p>	<p><b>IT Infrastructure</b>  <b>Aim:</b> Full review of our IT needs, capability and capacity  <b>Achievement:</b> The Trust commissioned an external review by PWC of the IT business case. The Trust Board participated in a workshop focused on the Digital Roadmap.                  A review of the electronic patient record (Cambio) was completed.                  The Trust also upgraded core network components including the Trust secure WiFi and deployed guest/patient.                  Electronic Prescription and Medication Administration was implemented in Outpatients, Maternity service and adult critical care with all other areas going live in 2018.                  In relation to Emergency services the Trust now has a real-time performance dashboard and is compliant with the real-time Emergency Care Data Set standards (ECDS) since December 2017.</p>