

Quality Account Summary 2015/16

Introduction

We completed the first full year of our ambitious quality strategy and would like to report to you on the progress being made. The strategy adopted the Care Quality Commission's five quality categories for our services to be:

- **safe**
- **effective**
- **caring**
- **responsive**
- **well-led**

Specific annual targets and a number of improvement programmes which we measure ourselves against are detailed in the complete [Quality Account for 2015/16](#) which is available on our website and summarised in this document.

2015/16 was characterised by more challenge and change for our Trust and the wider NHS. Increasing demands on our services and tighter than ever controls on our finances meant that not all of the high goals we set ourselves were achieved.

This year has been vital in laying the groundwork for our transformation plans while focusing on getting the basics right, improving our processes and delivering our Care Quality Commission (CQC) action plan. The year also saw the launch of our quality improvement (QI) programme, with over 60 projects currently underway. We also commenced our clinical strategy implementation programme, which has already begun to improve specific patient pathways and service areas, and will support the delivery of high quality services, seven days a week.

Through our new patient and public engagement and involvement strategy, we will be actively engaging with the public and our patients to help us improve – empowering our patients to take a more active role in their care and in our plans as an organisation.

We are also improving how our people feel about working here, reducing sickness absence and increasing the percentage of staff who would recommend the Trust as a place to work. We have focused on improving medical education, resulting in the return of ophthalmology and neurosurgery training posts which had previously been removed.

In 2016/17, we will continue to focus on implementing and delivering our quality strategy to ensure sustainable and continuous improvement across our services. We believe that this strategy will help us to deliver our promise as an organisation: 'Better health, for life'.

If you would like to know more about the information in this document, or be involved in producing the quality account next year, please email quality@imperial.nhs.uk.

Safe

Goal: To eliminate avoidable harm to patients in our care through a reduction in the number of incidents causing severe/major harm and extreme harm/death. We believe harm is preventable, not inevitable.

Safe quality highlights

In 2015/16 we:

- reduced the number of incidents causing severe or extreme harm from 40 to 31;
- reduced grade 3 pressure ulcers developed in hospital by 42 per cent and reported no grade 4 pressure ulcers;
- met planned safe staffing levels, exceeding our target of shifts filled by registered nurses, midwives and care staff;
- achieved 96 per cent harm free care as measured by the safety thermometer;
- launched the 'Safe Steps' campaign to promote safer mobility;
- Routinely assessed over 95 per cent of patients for risk of VTE (deep vein thrombosis and pulmonary embolism) and in June 2016 completed the transition for VTE assessment recording and monitoring to our IT system; and
- continued to deliver our 'Sign Up To Safety' improvement plan, with a significant reduction in the number of incidents related to CTG traces (means of recording foetal heartbeats and contractions during pregnancy).

SAFE

Further improvements

We have more work to do to:

- **Improve our incident reporting rate and to develop a safety culture:** an important measure of an organisation's safety culture is its willingness to report incidents, learn from them and deliver improved care. Although our incident reporting rate is above average, we did not achieve our target of being in the top quartile in comparison to our peers and we were ranked 163 out of 230 trusts in NHS England's 'Learning from mistakes league table'. In 2016/17 we are launching a safety culture improvement programme, which will encourage all staff to report incidents, speak up when they see bad practice and drive improvements in their own area.
- **Eliminate never events and improve safer surgery:** Never events are defined as serious, largely preventable patient safety incidents that should not occur if preventative measures have been implemented. We declared seven in 2015/16. We implemented a Safer Surgery Programme to reduce the likelihood of similar events occurring. This included comprehensive audit, training and communications programmes and will be developed further in 2016/17.
- **Minimise the risk of infection through robust controls:** During the year, we began to report 'avoidable' MRSA BSI and Clostridium difficile infections with 13 occurring against a target of 0. We also experienced outbreaks of Carbapenemase-producing Enterobacteriaceae (CPE) – an emerging group of different pathogens worldwide which are resistant to almost all antibiotics and can cause serious infections. We will launch a new quality improvement (QI) programme to improve hand hygiene and focus on reducing the use of anti-infectives through improved guidance and reporting.

- **Reduce non-clinical out-of-hours transfers:** Transferring patients at night when it is not clinically necessary can cause unnecessary distress and, in some cases, harm. We did not achieve our target, principally due to a lack of bed capacity at the referring site, which we recognise will be an on-going issue. This year, we will introduce a process of investigation for all transfers to ensure outcomes are measured and learning is implemented to minimise future harm.

Effective

Goal: To be in the top quartile for all national clinical audit outcomes.

The CQC describes effective care as ‘care, treatment and support that achieve good outcomes, promotes a good quality of life and is based on the best available evidence’.

Clinical audits are a key improvement tool to monitor and observe the quality of care provided. We set ourselves a target of being in the top quartile for all national clinical audit outcomes. However most national audits are not reported in quartiles and this has made it difficult to analyse our performance. For this reason we are changing our goal for 2016/17 to ensure continuous improvement in national clinical audits with no negative outcomes.

Effective quality highlights:

In 2015/16 we:

- reported mortality rates consistently among the lowest in the country;
- developed a new online mortality review system to evaluate every death which occurs in the Trust so we can and pick up quickly on potential issues and learn from them;
- reduced the number of cardiac arrests occurring outside our intensive care units and emergency departments;
- implemented a process of robust feasibility assessments for all clinical trials, ensuring that everything is in place in advance so patients can be recruited quickly; and
- introduced a robust system for nurses to revalidate to ensure they are up to date and fit to practice.

EFFECTIVE

Further improvements

We have more work to do to:

- **Improve surgical outcomes as measured by PROMs:** Patient reported outcome measures (PROMs) measure quality from the patient’s perspective and seek to calculate the health gain after four types of surgical procedures: surgery for groin hernia, varicose veins, hip replacement and knee replacement. Below average health gain was reported for varicose veins; we are currently reviewing the results to determine the reasons and working on increasing our submission rates overall.
- **Improve the timeliness of discharge:** Untimely discharge has been identified as one of the most common reasons why A&E departments become full, causing longer waits for patients to be seen, admitted or discharged. Although we did not achieve our target to discharge 35 per cent of patients before noon, we implemented improvements such as a

seven day discharge service – joining up the hospital discharge team and social services to facilitate discharge including at weekends – and proactive discharge lounges with dedicated nurses and porters. This year, we will develop and launch a Trust-wide programme to improve patient flow. This will drive improvement in key areas, including optimising timing of senior and expert clinical decisions, efficiency of pathways and improving the quality and timeliness of discharge.

In 2016/17, we will also be delivering a programme of local clinical audits designed to support improvement plans and further develop our clinical guidelines programme to ensure our care complies with best practice.

Caring

Goal: To provide our patients with the best possible experience, by increasing the percentage of inpatients who would recommend our Trust to friends and family to 95 per cent, and the percentage of A&E patients to 85 per cent.

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience in our hospitals we need to listen to our patients, their families and carers, and respond to their feedback. The Friends and Family Test (FFT) is one key indicator of patient satisfaction.

Caring quality highlights

In 2015/16 we:

- achieved our goal and increased the number of inpatients and A&E patients who would recommend the Trust as a place for treatment;
- changed our systems for collecting patient experience feedback to enable us to reach more diverse patient groups;
- restructured our complaints service following feedback from patients and staff, shifting the focus from providing a response letter to resolving the concern. We reduced the overall number of complaints received and were responding to 100 per cent of complaints within the timeframe agreed by March 2016;
- focused on improving the experience of patients with learning disabilities, including the implementation of HERO docs (an editable online repository of health related easy read documents) and the achievement of registration as a Makaton friendly trust by the Makaton Charity. This year, we will fully implement the Accessible Information Standard to ensure easy to understand information is available for people with disabilities, sensory loss or sensory impairment;
- consistently exceeded national standards relating to finding and assessing, investigating and referring patients with dementia and worked to improve the care they receive;
- restructured and increased the number of cancer clinical nurse specialists and introduced a new support navigator team in partnership with Macmillan Cancer Support; and
- introduced Schwartz Rounds – regular staff only meetings where we come together to reflect on the emotional aspects of working in healthcare. Feedback has been very positive, with 80 per cent of attendees feeling that they had gained knowledge to help them care for their patients.

Further improvements

We have more work to do to:

- **Improve our FFT response rates:** We have tried to make it easier for patients to provide feedback, introducing a variety of new methods you can use to do so. Despite this, our response rates have dropped this year. Next year, we will continue to work to improve our response rates through training and communications programmes.

In 2016/17 we will also be delivering an improved volunteer development programme through the Imperial College Healthcare Charity. We will also further enhance our safeguarding programmes, focusing on increasing the numbers of staff who complete their training, ensuring we embed the new processes implemented this year and that we are learning lessons when things go wrong. This will help ensure that the care we provide is safe and caring for all our patients and therefore contributes to our goal of improving patient experience.

Responsive

Goal: To consistently meet all relevant national access standards by the end of year three of the quality strategy.

Having responsive services organised to meet the needs of individuals is a key factor in improving patient experience and in preventing delays to treatment.

Our goal is to consistently meet the national targets. To do this, we will continue to review our processes to ensure they are as efficient as possible. We have consistently met five out of the 12 standards, however, performance was challenged in the others, including RTT (referral to treatment), A&E performance, diagnostic delays and cancelled operations.

Responsive quality highlights:

In 2015/16 we:

- reduced unplanned readmission rates, which are now below national average;
- successfully moved our stroke services onto one site at Charing Cross Hospital resulting in better flow through the stroke pathway and shorter stays in hospital;
- expanded ambulatory emergency care services at St Mary's and Charing Cross, resulting in more patients being treated and discharged the same day
- developed improved patient pathways, for example, for patients with chest pain, ensuring they receive the highest quality, timely and most efficient service; and
- implemented an outpatient improvement programme which has helped reduce the amount of patients who do not attend their appointments, improved referral processes, fewer cancelled outpatient clinics and improved patient feedback. This year, we will do more to improve the outpatient clinic environment and have already started building works.

RESPONSIVE

Further improvements

We have more work to do to:

- **Reduce the number of patients waiting 52 weeks for treatment:** In the last quarter of 2015/16 there were 47 patients waiting more than 52 weeks on a referral to treatment (RTT) pathway. This was linked to issues with our processes which meant we had not tracked these patients consistently. Clinicians have reviewed the cases and confirmed that the delay did not result in clinical harm. This year we will implement an enhanced review process of patients on RTT pathways including working with the NHS intensive support team.
- **Improve our results in the National Patient Led Assessment of the Care Environment (PLACE):** PLACE is an annual patient-led initiative that monitors and scores the patient environment for cleanliness; privacy, dignity and wellbeing; food and hydration; and condition, appearance and maintenance. Only one area - cleanliness – scored above the national average. We have implemented an action plan which deals with food service, signage, decoration and flooring repairs, and availability of space for private conversations. Through our Clinical and Estates strategies, throughout 2016/17 we will continue work to improve the condition of our hospitals to provide a more patient-centred environment.

A number of other programmes have been developed which will help improve our responsiveness as a Trust throughout 2016/17, these include our patient transport programme, our health informatics programme, which is helping us move to digital patient records, and the new Patient services centre which will create a straightforward and centralised point of contact at Charing Cross Hospital for patients in the elective pathway.

Well-led

Goal: To increase the percentage of staff who would recommend this Trust to friends and family as a place to work or a place for treatment.

Evidence shows that staff who are engaged, happy in their jobs, respected and given opportunities to learn provide better care for their patients.

We monitor staff engagement through our quarterly staff surveys. The most recent results (January – February 2016) show an increase in the percentage of staff who would recommend our Trust as a place of work compared to last year, but the percentage of staff who would recommend the Trust as a place to come for treatment remained static. We have implemented a number of improvements to increase staff engagement.

Well-led quality highlights:

In 2015/16 we:

- exceeded our target to reduce sickness absence and introduced a range of health and wellbeing initiatives for staff, including smoking cessation clinics, annual wellbeing weeks, yoga classes, weight management programmes and fast-track physiotherapy referral;
- launched a programme of internal ward inspections to carry out regular checks and instigate immediate improvement where necessary. We reviewed 80 areas between July and November 2015, including all inpatient wards and our four main outpatient areas. We will re-run the programme in 2016/17;
- improved the experience of our junior doctors and medical students through our education transformation programme, resulting in an improvement in student feedback and the reintroduction of training in neurosurgery and ophthalmology, where it had previously been suspended;
- launched our quality improvement (QI) programme which provides training and support for staff, empowering them to make changes in their own area; and
- launched our new values and behaviours, to help establish a shared view of who we are and what we stand for.

Further improvements

We have more work to do to:

- **Reduce voluntary turnover:** Retaining good staff is a key aspect of building a strong, consistent workforce able to deliver quality improvements. We aimed for 9.5 per cent voluntary turnover and achieved 10.6 per cent. A key aspect of reducing voluntary turnover is providing staff with career advancement opportunities, professional development and ensuring they feel their job is worthwhile and fulfilling. A number of initiatives were put in place in 2015/16 which we will further develop next year, these include a talent management programme to identify and support the highest performers and more recruitment from within the existing workforce rather than appointing from outside the Trust.
- **Increase compliance with statutory and mandatory training:** Nearly 87 per cent of all staff have completed their statutory and mandatory training against our target of 95 per cent. This programme includes core skills modules which ensure the safety and wellbeing of all our staff and patients, including information governance and safeguarding adults and children. We will be working to further improve our e-learning systems to make it even easier for staff to complete their training.

Conclusion

The Trust is a large, complex organisation striving to meet and exceed the expectations of our patients, staff, regulators and other stakeholders. We are dedicated to providing high quality care, whenever and however you need us and we hope that this summary demonstrates how important the safety and experience of all our patients are to all of us at the Trust. You can find further details on any of the work described above in our [quality account](#), or alternatively, by emailing quality@imperial.nhs.uk.