



OUTSTANDING CARE, EVERY TIME

OUR QUALITY IMPROVEMENT PLAN | SUMMARY DOCUMENT

OCTOBER 2017

OUTSTANDING CARE, EVERY TIME

This document is a summary of the detailed Quality Improvement Plan that has been produced with our staff in response to the recommendations by the Care Quality Commission (CQC). It also sets out our longer term ambitions to become an outstanding Trust, recognised for the care we provide and the staff we develop.

Our Quality Improvement Plan is part of our ambition to provide Outstanding Care, Every Time for each of our patients, wherever they are treated. This means:

- Every patient receives safe and outstanding care
- The right patient is seen in the right place at the right time, every time
- Staff say “I’m proud to work at St George’s”
- All staff – wherever they work – can shine and contribute to our future

Our Quality Improvement Plan is made up of three improvement programmes:

- 1 Safe and Effective Care** – to consistently deliver the fundamentals of patient care and ensure that improvements we make are sustained in the long term
- 2 Flow and Clinical Transformation** – to make the process and operational changes to improve the flow of patients along their care pathway, from arrival through to discharge
- 3 Quality and Risk** – to ensure we handle risk effectively across the organisation through systems and processes that are used and understood by our staff

These are supported by two enabling programmes:

- 1 Estates and IT** – improve our systems and environment so that we are making what’s right for patients the easiest thing for staff to do
- 2 Leadership and Engagement** – ensure our current and future leaders are supported and developed to deliver high quality, compassionate care, and that we engage with our staff who know our services best

A MESSAGE FROM JACQUELINE TOTTERDELL, CHIEF EXECUTIVE

As Chief Executive, I see every day the positive impact we have on patients, and the communities we serve. This is down to the 9,000 staff who work across our hospital and community services.

I joined the Trust in May 2017 and, whilst the challenges we face are immense, I am confident we have the skills and desire to make St George's great again – and ultimately put us in a position to deliver **Outstanding Care, Every Time**.

I have been struck by how much goodwill there is locally, and amongst the communities we serve, for St George's to succeed. This includes our patients, but also the many partner organisations we work with – this inspires me, and re-emphasises the importance of delivering the improvements we want to make.

Of course, our ambition to provide **Outstanding Care, Every Time** will be difficult, and challenging – and I believe strongly that, however much progress we make, there will always be additional improvements we want to make.

Great organisations never think they have reached their goals – they always want to be better. This is the type of organisation I want us to be here at St George's.



This document represents our Quality Improvement Plan, but the real work to deliver **Outstanding Care, Every Time** must happen on the ground, in our hospitals and community services – and I am confident we are already making progress in this regard.

Thank you.

JACQUELINE TOTTERDELL
CHIEF EXECUTIVE
OCTOBER 2017



Joan | Matron
Outpatients



“ I’m providing **Outstanding Care, Every Time**, by ensuring patients are seen in the right place, at the right time, with the right information, and receive the best possible care ”

DEVELOPING OUR QUALITY IMPROVEMENT PLAN

Our Quality Improvement Plan reflects our ambition to become an outstanding Trust, recognised for the care we provide and the staff we develop.

It is the start of our journey towards providing **Outstanding Care, Every Time** for our patients, wherever they are treated. We want to demonstrate that we offer the highest standard of clinical services to our local community and beyond, and that we remain true to our values to provide excellence across clinical care, education and research.

The plan reflects the deep rooted desire running throughout the Trust to always find ways to make things better for our patients. We need to ensure that as a Trust we make the best use of this commitment, and that we remain enthusiastic and passionate about quality improvement throughout the delivery of the plan and in to the future.

Involving our staff

Key to the development of the plan has been the involvement of our staff in identifying the project areas for improvement. The projects they have identified will be delivered through three major programmes of work, together with two enabling programmes.

The improvements we want to make – summarised in this document – will be embedded into the culture of the organisation, and help us build the capacity and capability to improve as we go forward.

We have put safety at the heart of everything we do. We are strengthening our response to risk, reducing harm, building reliable systems and addressing the issues with our estate to support our staff to provide safe and effective care.

Our Quality Improvement Plan covers everything from end of life care, dementia care, outpatients, and emergency care as well as being more responsive to patients and staff – all with the aim of providing **Outstanding Care, Every Time**.

This document describes each of the improvement areas we are focussing on. The various elements of each project are summarised, together with how we will measure success and monitor and track our progress.

When we reach our ambition of becoming a high performing Trust, it will mean that we have the right systems and processes in place that better enable everyone to work more effectively.

It will also mean that everyone is following our policies and all areas of the Trust are working effectively.

The following pages provide a summary of the three major programmes of work: Safe and Effective Care; Flow and Clinical Transformation; Quality and Risk and the two enabling programmes: Estates and IT; Leadership and Engagement.

SAFE AND EFFECTIVE CARE

To consistently deliver the fundamentals of patient care and ensure that improvements we make are sustained in the long term

WE WILL:

THIS WILL BE MEASURED BY:

Fundamentals of care

Ensure our staff provide care in an environment that is safe. We will promote a culture where all our staff are able to comply with infection control procedures and have the confidence to assess any risks to the delivery of safe and effective care.

- Reduction in Clostridium difficile (C-Diff) & MRSA
- Hand hygiene
- VTE, pressure ulcers, falls, environment
- Increase in % harm free care
- Nutrition and hydration

Improve End of Life Care

Improve End of Life Care (EoLC) for patients and their families by focusing on the recommendations outlined within 'Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020'.

Engage and work with staff across all wards and departments to implement our new EoLC Strategy.

- Bereavement survey outcomes good or excellent
- Complaints
- Coordination of EoLC between providers
- Serious incidents relating to EoLC

Embed dementia, MCA and DoLS

Ensure there is no decision without the patient's involvement, and that the patient's wishes and values are at the centre of their care and treatment. Focus on improving the patient and carer experience for patients with cognitive impairment.

- Improved Mental Capacity Act (MCA) compliance
- Carers passports issued per month
- Carers who stay beside patient beds
- Dementia carers survey completed

Recognise deteriorating patients

Provide early recognition, escalation and treatment by ensuring that our staff feel confident and have the skills, training and support to recognise patients who are deteriorating.

- Reduction in avoidable cardiac arrests
- Improve Early Warning Score (EWS) compliance
- One hour sepsis antibiotics in A&E
- Sepsis awareness

Safe and efficient use of medicines

Ensure the pharmacy service provides patient-facing services. Increase the responsiveness of the pharmacy service to meet patient needs and to continue to reduce waiting times for patients, and for their medicines. Raise awareness with staff on the safe recording, usage and storage of medicines.

- 80% of pharmacists actively prescribing
- Timely medicines on discharge
- Medicine fridge temperatures
- Medicine room temperatures
- New satellite dispensing units

FLOW AND CLINICAL TRANSFORMATION

Make the process and operational changes to improve the flow of patients along their care pathway, from arrival to discharge

WE WILL:

THIS WILL BE MEASURED BY:

Improve unplanned and admitted care

Improve the timeliness of emergency care for patients and consistently meet the A&E four hour operating standard.

Ensure that we admit patients to the right ward or place of care first time, and ensure a positive patient experience.

Align our staff and clinical capacity to pathway demand and ensure our patients go to the most appropriate environment for their assessment, treatment, and care.

- A&E 4 hour operating standard
- Ward management and discharge metrics
- Length of stay
- Ambulance hand over times
- Patient assessment times in A&E
- 11am discharge
- 90% SAFER compliance

Improve theatre efficiency

Improve our theatres efficiency, environment and outcomes through improvements in booking, admissions, and staff and patient scheduling, as well as pre-operative assessment and handling admissions via the Surgical Assessment Lounge (SAL).

- World Health Organisation (WHO) checklist completed
- Increased theatre activity
- Waiting list reduction
- Serious Incident / Never Events
- Hand hygiene

Improve outpatients efficiency

Ensure patients are seen in the right place, at the right time, with the right information. Ensure the right care is delivered by better processes, IT and training to improve patient and GP experience.

- Greater patient choice in access to services
- Outpatient Friends & Family Test
- Follow up attendances per month
- Did Not Attend rates
- First attendances per month
- E-referral usage

Data quality

Establish an effective patient tracking system for the future, meaning the treatment plans for new patients referred to both St George's and Queen Mary's are tracked and monitored effectively.

- Data standards
- Checking and validating patient pathway data
- Referral to Treatment, 18 and 52 week performance

QUALITY AND RISK

Handle risk across the organisation through effective systems and processes that are used and understood by our staff

WE WILL:

THIS WILL BE MEASURED BY:

Effective risk management and governance

Ensure that robust information is provided to our Trust Board to ensure that our organisation is running effectively. Have clear lines of accountability and governance to ensure patients and staff are safe and cared for.

- Care Quality Commission (CQC) Well-led framework
- Moderate/High/Extreme Risks
- Risks with no controls

Complaints management

Share and improve the learning from complaints throughout the Trust, so as to reduce the opportunity of repeat occurrences of any issues.

- Compliance with complaints targets
- Complaints that require second response
- Closed complaints require Datix actions

Learn from incidents

Make sure learning from incidents is implemented throughout the Trust, so as to reduce the opportunity of repeat occurrences of any issues.

Promote a culture where all our staff are confident to report incidents, and have the skills to investigate and learn from events and are empowered to make changes.

- Duty of Candour completed
- Serious Incidents (SIs) declared
- SI Investigations >60 days
- Number of Never Events
- Reduction of repeated SI themes

Clinical record management

Protect our patients by ensuring patient notes are stored safely in clinical and corporate areas, ensuring there is no opportunity for unauthorised access to patient records and that we know where patient notes are at any time.

- Availability of clinical notes
- Number of duplicate records
- Number of temporary records
- Records compliant with audit standards

LEADERSHIP

To ensure our current and future leaders are supported and developed to deliver high quality, compassionate care aligned to the needs of the populations we serve, in a cost-effective way

WE WILL:

THIS WILL BE MEASURED BY:

Supported leadership

Develop the critical capabilities of compassionate inclusive leadership, namely; improvement skills, talent management and system leadership skills.

Embed cultural and leadership behaviours that lead to higher quality care cultures amongst all staff in the organisation.

- Improved NHS National Staff Survey scores
- Staff participation in formal leadership development
- Delivery of effective people management programme

ESTATES AND IT

Improve our systems and environment so that we are making what's right for patients the easiest thing for staff to do

WE WILL:

THIS WILL BE MEASURED BY:

Modernise our estate

Improve our estate to get the basics right so that our environment makes outstanding care possible.

Modernise our theatres and wards in line with clinical service needs.

Address all areas of our backlog maintenance, fire, water, heating and ventilation safety; resolve our highest risks and address our electrical compliance through the replacement and upgrade of our electrical infrastructure.

- Utilise space for clinical services
- Responsiveness to local estate issues
- Eradicate high risk backlog costs over the next five years

Right IT infrastructure

Provide the right infrastructure to support clinical and management systems for our staff to provide modern services to our patients and to accurately record activity.

Improve Trust staff experience of using IT and the timeliness and availability of data to support clinical and administrative decision making.

Implement systems that enhance the organisation's learning about how it cares for patients.

- Reduce IT infrastructure incidents
- Annual IT Staff Satisfaction Survey
- IT related medication administration errors
- IT related deteriorating patients issues administration errors

ENGAGEMENT

We will engage our staff in delivering the Quality Improvement Plan and run localised engagement events to support the delivery of each workstream

WE WILL:

THIS WILL BE MEASURED BY:

Engage our staff

Run a Quality Improvement Week in November 2017 to raise awareness and engage our staff in the Quality Improvement Plan.

Ensure awareness and understanding via events/meetings, and clinical programme managers to run localised engagement activities within their services.

- Staff Survey participation
- Exclusive 'Big Conversations'
- Recruitment and retention
- Improved National Staff Survey scores
- Staff Friends and Family Test scores

Dean | Electrical Supervisor
Estates

Trust Capital Projects Team

Business Administration



“I’m ensuring we provide **Outstanding Care, Every Time**, by improving our electrical infrastructure, so that we have a safe environment.”

FURTHER INFORMATION

You can find more about the Quality Improvement Plan and keep up to date with developments in a number of ways:

FOR STAFF

Quality Improvement Plan

The full plan details why we need to improve our services, our long term aims, how the programme will be managed and governed, and our approach to quality improvement.

The document also describes each of the improvement areas in more detail. You can access the document via the Quality Hub on the intranet or if you would like a printed copy, please contact the communications team: communications@stgeorges.nhs.uk

Quality Improvement Hub

Available via the Trust's intranet home page, the Quality Improvement Hub on our intranet contains the latest news, updates and developments relating to the Quality Improvement Plan.

You can download a copy of this document, the full plan and Quality Improvement posters and materials at the Hub.

My George Staff App

A new Quality Improvement area on the staff app has the latest news, updates and developments from the Quality Improvement Plan. You can download the app from the news section on the Trust's intranet.


By George, eG St George's and eG You

Look out for interviews, regular updates and in-depth features in the monthly printed newsletter By George, or the weekly Trust wide e-newsletters eG St George's and eG You.

FOR PATIENTS

#OutstandingCareEveryTime

We will be using our social media channels to keep our staff and patients updated on our journey towards providing **Outstanding Care, Every Time.**

 StGeorgesTrust

 @StGeorgesTrust

 StGeorgesTrust

Trust Website

www.stgeorges.nhs.uk

The website will also have the latest news, updates and developments from our Quality Improvement Plan.

excellent
kind
responsible
respectful