

# Quality Account 2018/19

# What is a Quality Account

- An annual report (statutory) about the quality of services offered by an NHS Healthcare Provider
- The account must include the Trust's commitment to Quality Priorities for the year ahead, and progress against priorities from the previous year.
- Available to the public

# Auditors Report

Auditors are required to produce a limited assurance report over the NHS trust's quality account. It will cover:

- compliance with the Regulations;
- consistency with specified documentation; and
- two indicators in the quality account which have been tested.

# Indicators 2019/2020

- For acute NHS trusts, the following indicators required by the Regulations are currently considered suitable for substantive testing:

## Acute NHS trusts

Two of the following four indicators, for auditors to agree with the NHS trust's management team:

- Percentage of patients risk-assessed for venous thromboembolism (VTE);
- Rate of clostridium difficile infections;
- Percentage of patient safety incidents resulting in severe harm or death;
- and FFT patient element score.

# Quality Priorities

- Quality Priorities must be set out under the following headings:
  - Patient Safety
  - Clinical Effectiveness
  - Patient Experience
  - The Trust has also opted to include Staff Experience in previous years

# 2018/19 Quality priorities progress

Priority	Objective	RAG (Q1- Q3)
Patient Safety Reduce hospital-acquired harm	Implementation of NEWS2	On track
	Development, implementation and evaluation of Local Safety Standards in Invasive Procedures (LocSSIP's)	Target will not be met Whilst some progress has been made towards the development of LocSSIPs across the organisation, it is certain that the aspiration for 80% of procedures to be covered by a LocSSIPs will not be achieved.
	Develop human factors understanding and capability	On track

# 2018/19 Quality priorities progress

Priority	Objective	RAG (Q1- Q3)
<b>Patient Experience</b> <b>Improve Patient Experience Outcomes through improved FFT results</b>	Improve patient experience in the emergency department resulting in an improved performance in the Friends and Family Test (FFT) so it meets or exceeds the London Benchmark	In progress (Improvement on previous years' performance, but not meeting London benchmark)
	Improved patient experience in maternity resulting in an improved performance in the Friends and Family Test (FFT) so it meets or exceeds the London Benchmark	In progress (Improvement on previous years' performance, but not meeting London benchmark)
	Improve patient experience in Outpatients resulting in an improved Friends and Family Test (FFT) which meets or exceeds the London benchmark	In progress (Improvement on previous years' performance, but not meeting London benchmark)
	Improve the experience of inpatients using cancer services resulting in improved performance in the 2017 national cancer inpatient survey in comparison to the 2016 national survey results.	In progress
	Develop a Patient Experience Strategy using Always Events as a methodology to implement the strategy	On track Patient Experience Strategy published. Implementation in progress

# 2018/19 Quality priorities progress

Priority	Objective	RAG (Q1- Q3)
Staff Experience	Improve the experience for staff working at the Trust so that there is an increase in the percentage of staff who would recommend the Trust as a place of work to their friends and family	In Progress
	Improve the experience for staff working at the Trust so that there is an increase in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	In Progress
	Embed Just Culture principles and framework as part of the Incident, Serious Incident and HR processes.	On track





# Quality Priorities 2019/2020 - Engagement

## Internal Stakeholders

- Kitchen Table Event  
Patients, Public and Staff
- Senior Leadership
- Internal committees

## External Stakeholders

- External stakeholder event – CCGs, HealthWatch, CSU

# Patients, Public & Staff – Sign up to Safety (1)

## Suggested Areas for Improvement/Focus

### Patient Safety

- NEWS 2
- Communication
- Embed human factors training
- Robust learning cycle to ensure we are closing the loop
- Review and follow up of patients

### Clinical Effectiveness

- Implement QI across the Trust
- Learning from excellence to be used to shape our values, systems and processes

# Patients, Public & Staff – Sign up to Safety (2)

## Suggested Areas for Improvement/Focus

### Patient Experience

- Signposting around the hospital through the use of Way finders
- Self registration cubicles where appropriate
- More interpreters on site.
- Listen more to our patients and families
- Privacy, dignity, violation, vulnerable

### Staff Experience

- Visibility of leaders on the ward
- Training compliance, giving staff time to complete training
- Standardise documentation
- Professional behaviours – Trust values

# Patients, Public & Staff – Sign up to Safety (4)

## Suggested Areas for Improvement/Focus

### Other Feedback Received

- Improve Staff Car Park – Provision & Lighting
- Improve IT as it can be slow sometimes and frustrating for staff
- Improve portering provision and service
- Cancellations and waits for appointments
- Tracking and storage of patient's notes
- Improvements to physical environment
- Improve re-cycling throughout the hospital

# Quality Priorities for 2019/2020 (1)

## Patient Safety - LocSSIPs

- Local Safety Standards for Invasive Procedures are a mechanism of ensuring consistent application of safety critical interventions for high risk procedures.
- This priority is carried over from 2019/20.

### Success:

- We will have evidence of 80% of procedures carried out in the trust covered by a LOCSSIPs
- We can demonstrate the adherence through audits
- 0 Surgical procedure never events
- A reduction in the number of incidents relating to surgical invasive procedures with a moderate – severe level of harm

## Patient Safety - Human Factors

- Improve patient safety, by enhancing clinical performance through an understanding of human factors
- This priority is carried over from 2019/20.

### Success:

- Increased number of staff trained in HF  
Continue to embed the use of SBAR and Safety huddles across the organisation demonstrated through audits
- HF considered in the redesign of clinical pathways, standard operating procedures, IT systems and devices

# Quality Priorities for 2019/2020 (2)

## Patient Safety - NEWS2

- Building on our work over the last 2 years through our work in regards to deteriorating patients implementation of the
- Continued implementation of National Early Warning Score 2 as a key patient safety priority. (Patient Safety Alert)
- This priority is carried over from 2019/20.

### Success:

- Maintain levels of good compliance with NEWS2 (target of 80%)
- 50% reduction in the number of serious incidents where NEWS2 is a contributory factor - a baseline will be taken in quarter 1 of 19/20 baseline.

- As part of the trust's digital programme - successful rollout of an electronic mobile system for nurse documentation of NEWS2 scores, for team handover and communication

## Clinical Effectiveness

- Implementation of an effective approach to quality improvement to support successfully and timely delivery in all areas of trust business.
- Build QI capability within the organisation

# Quality Priorities for 2019/2020 (3)

## Success (Clinical Effectiveness)

- Provide targeted training for all staff (ward to Board)
- Support the Board and Senior Management teams to understand the organisation's QI approach and its components and know how data is analysed in a QI context
- Provide indepth training for identified QI Champions in the uses of the organisation's chosen methodology
- Appointment of an improvement team
- Development of coaching and expertise
- Development of a North Mid Improvement Faculty
- This priority will be delivered over 2 years.

## Patient Experience

- We want all our patients to have a positive experience of receiving care at North Middlesex Hospital. This will be achieved through implement and embed Patient Experience Strategy.
- This priority is carried over from 2018/19

## Success

- Improve Staff, Inpatient and A&E FFT, and cancer patient survey scores in line with the London Benchmark
- Implementation of the co produced action plan developed using the NHS Improvement Patient Experience Improvement Framework Assessment Tool

# Quality Priorities for 2019/2020 (4)

## Staff Experience

- The summary of results of the 2018 Staff Survey, the trust lowest scores were in the following 2 areas:
  - Equality, diversity and inclusion
  - Bullying and harassment

## Success

- increase in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion from Q3
- 100% application of the just culture framework
- Introduction of First Step management/leadership skills programme based on collective/compassionate leadership
- Trust refresh of the values and introducing a set of leadership behaviours to inform a leadership development programme
- Continue to realise improvements through the LiA programme



# Is there more to include?