

The Shrewsbury and Telford Hospital NHS Trust

Trust Board - 26 January 2012

Strategic approach to Leading Improvements in Patient Safety

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Corporate Objective	C. Quality and Safety
Goal	C. 4 care and welfare of people who use services C5 meeting nutritional needs C7 safeguarding people who use services from abuse C 8 Cleanliness and Infection Control C9 Management of medicines C10 safety and suitability of premises C10 safety and suitability of equipment C12 suitability of staffing (right qualification, skills and experience) C13 Staffing
Executive Summary	<p>The leading Improvements in Patient safety programme (LIPS) was instigated following the recognition that improvements in patient safety were key to improved patient outcomes and the reputation of the Trust.</p> <p>The Chief Executive commissioned a core group of senior clinicians and risk managers to attend the national LIPS programme who then became the LIPS faculty for the Trust.</p> <p>In June 2011 a week long LIPS programme for over 100 clinical staff was held to provide the training and systems support to drive the improvements in patient safety. The main aim agreed through this programme was to reduce the Trusts mortality rate by 20% by 2013.</p> <p>This paper provides an overview of the progress made by cohort 1 (June 2011) and the agreed strategic approach to continuing the LIPS programme to achieve the Trust goal by 2013.</p>

Leading Improvements in Patient safety

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	The Board Assurance Framework identified risks associated with non adherence to the CQC standards. (Ref 415: Poor standard of care provision on wards).
Contribution to Key Performance Indicators	The Board monitor patient safety Indicators through the Board performance paper, this programme identifies a Strategic approach to leading improvements in patient safety.
Compliance with Clinical and other Governance Requirements	This paper supports the Trust to achieve C. 4 care and welfare of people who use services C5 meeting nutritional needs C7 safeguarding people who use services from abuse C 8 Cleanliness and Infection Control C9 Management of medicines C10 safety and suitability of premises C10 safety and suitability of equipment C12 suitability of staffing (right qualification, skills and experience) C13 Staffing

Impact Assessment

Quality	Identifying a strategic approach to patient safety will provide an increased awareness of patient safety, the tools to be able to make small improvements in areas of patient safety prior to full roll out across the Trust and improve the safety for all patients as well as improved clinical outcomes
Financial	<ul style="list-style-type: none"> Cohort 1 whilst enabling a significant number of clinicians to attend the LIPS programme had an impact on a high number of clinical staff coming out of clinical practice for that week and also a hidden cost of the backfill required for that week. The strategic approach suggested in this paper will reduce that cost through smaller cohorts and less impact on performance targets around access and waiting times
Workforce	Provides a consistent approach for safety skills to be disseminated across the organisation and to ensure a positive safety culture for the Trust
Legislation and Policy	CQC registration and the outcomes identified above require the Trust to identify the improvements in patient outcomes across all areas of the core standards
Equality and Diversity	There is no impact on equality and diversity of patients, service users or staff in this paper.
Communication and Marketing	The Board are requested to approve the strategic approach of this paper and to note how the Board will gain its assurance that the programme is having an impact on patient safety improvements.

Engagement and Decision-Making Process

This report was considered by the Executive team and the LIPS faculty prior to this Board paper. There was no engagement with the public in the development of this document, however the Patient engagement and involvement Panel will be briefed and subsequently engaged in monitoring the impact on patient safety, outcomes and experience.

Trust Board – 26th January 2012

Leading patient safety – A Strategic proposal.

1.0 Introduction

The **Leading Improvement in Patient Safety (LIPS)** programme is about building the **capacity** and **capability** within hospital teams to **improve patient safety**. The Safer Care team at the NHS Institute for Innovation and Improvement is currently working with acute trusts to embed patient safety in all local service improvement initiatives. The Trust has agreed with the safer nursing care team that a Trust wide approach to this would support rapid improvements at the Shrewsbury and Telford Hospital NHS Trust.

2.0 Purpose

Building both capacity and capability for innovation and improvement within the Trust will bring huge benefits for patients, carers and staff as well as increased quality and safety. The LIPS programme aims to help NHS trusts develop organisational plans for patient safety improvements and to build teams responsible for driving improvement across their organization. This paper outlines a proposal for the Strategic roll out of the LIPS programme.

3.0 Background

Current Government plans to re-design the health service system around the needs of the individual patient require a health service ready and willing to adapt to change. The Institute is seeking to help the NHS at every level feel more confident, ambitious and radical in its approach to change so that both the experience and outcome for patients is significantly improved. To help achieve this, the Trust with support from the NHS Institute hopes to:

- Inspire the NHS workforce across the Trust, encouraging staff to adopt the knowledge and skills required to improve services and care.
- Encourage and develop talented people to lead their teams through these series of changes.
- Provide a range of learning opportunities, practical advice and tools to help the Clinical centres and their staff to achieve individual and collective goals.

The aim of the Trusts' LIPS programme which commenced in June 2011 was to reduce mortality by 20% by mid 2013 (Appendix 1), this paper provides an evaluation of the progress made by Cohort 1 and the strategic proposals outlined in this paper demonstrate

how the approach will contribute to a large number of clinicians gaining the skills and tools for improvement. This will also give the wider team an ability to lead their teams to meet the needs of patients, improve quality of care and provide value for the public. Re-designing the health service system to place the needs of the patient first, patients can expect a high quality care experience from highly qualified and motivated care professionals.

4.0 Strategic approach proposals

4.1 Increasing the pace of Safety improvements and embedding the use of the tools and techniques more broadly across the Trust

4.1.1 Achieving the Trusts' overall aim

To achieve the overall aim of the Trusts LIPS programme it is proposed to have 3 further LIPS cohorts to achieve the 20% reduction in mortality. It is proposed that these cohorts are smaller in size to ensure operational viability whilst each cohort runs its programme and the hidden costs of backfill are spread across the remaining 18months.

As above, due consideration has been given to the Operational constraints that the large June cohort may have had and also the timing of the cohorts has been considered so that the double impact of time out from leave in Half terms and holidays is factored into the timetable. On this basis, the next cohort is planned for the middle of May 2012 (14th- 18th May), with the next cohort planned for November 2012 and the last cohort planned for early May 2013.

4.1.2 Approach to shared responsibility and outcomes

The LIPS faculty and Executive lead propose that to sustain a Trust wide approach to Leading improvements in patient safety, the cohorts need to take responsibility to support future work and also support the use of improvement methodology within their clinical teams to maximize improvements.

The cohort groups should be able to choose their topics that relate to their specific safety issue with a mixture of large and small projects identified. All groups would need to demonstrate how they would contribute towards the Trust's safety aim but acknowledgement within the faculty that projects that have been smaller and specific have been more successful and therefore taking this approach we can then build on this success.

4.1.3 Formal process for monitoring the outcomes of the LIPS programme

The faculty propose that there needs to be a balance between clear outcomes from each cohort group without detracting from the methodology built into the LIPS programme. The LIPS team recognise and accept that the improvements required in patient safety need to be monitored and the teams need to account for the changes they are making. They also need a formal process to identify when additional support is required to enable the changes to take place.

To this end it is proposed that the projects agreed through each cohort have a reporting requirement through to the Project Management Office (PMO). This will not be established utilizing the normal Project initiation Documents and project reports but will use the agreed LIPS driver diagram and outcomes focus that the LIPS programme advocates.

The PMO office will be supported in the next two months with briefings regarding the outputs and process identified from Cohort 1 and will have an opportunity to consider appropriate management of outputs from subsequent cohorts prior to the next programme in May 2012.

4.2 Learn the techniques available to understand your rate of harm and know what harm looks like.

4.2.1 Global Trigger Tools (GTT)

GTT are a means of conducting rapid structured casenote review to measure the rate of harm in healthcare. Because they are a metric, they can also be used to track improvements in safety over time

4.2.2 Baseline data from GTT

In the initial phase of the LIPS programme the Trust undertook a casenote review of 50 consecutive deaths in 2010/11 which identified areas and triggers for potential or actual harm events. A process of undertaking a random selection of casenotes prior to cohort 1 was also undertaken using the Global Trigger tool and the results of this shared with the first cohort members as the baseline for their programme.

4.2.3 Embedding the techniques to understand harm

Since 2010/11 the Trust has revitalised the Mortality Committee which is supported by a Centre mortality review process. Each Centre has a clinical lead who is responsible for leading a case note review of every death. This process is being led by the Associate Medical Director reporting to the Medical Director who chairs the Trust Mortality Committee.

However, the LIPS faculty recognise that the global trigger tool methodology needs to be revitalized and formally used and reviewed by each LIPS cohort but also utilised within the above Centre governance processes to embed the use of the tool and identify the triggers for harm events and make the improvements required.

4.2.4 Approach to driving the pace of change and approach to understanding harm

The Lead clinician for the LIPS programme is revitalising the GTT review of 20 random selection of case notes per month along with physicians and surgeons and will liaise with the Associate Medical Director to ensure that the methodology for the consecutive reviews of any deaths within the Trust is also consistent.

4.3 Revisiting reliable design will further examine how to develop reliable systems rather than systems that reliably fail.

4.3.1 Continuing support to cohort 1 of the LIPS programme

The cohort from June 2011 have tried to implement reliable design in the trust and with varying degrees of success. The LIPS faculty propose that the continued support from the

faculty and the Institute is essential to embed the improvements and sustain the energy for improvement and innovation.

- Monthly workshops have been held following the June 2011 programme to share the outcomes from each PDSA improvement cycle. (Up to December 2011).
- In October 2011 Peter Lachman chaired the workshop along with Kate Jones from the Institute to review progress and stimulate debate and challenge to the groups methodology and this identified ways of improving the outcomes of their work to date.
- In November a very successful workshop was held with Matt Tite and Kate Jones from the Institute leading a workshop on “Measurement for success” outlining how they can use these measurement tools for their projects but also as an underlying principle for any improvements being made across the Trust.

4.3.2 Faculty evaluation and proposals for Strategic approach from Cohort 1 members

Evaluating the challenges and outcomes of improvement work from Cohort 1 is essential and will be undertaken at an evening workshop in mid February. They will be asked to consider the challenges, difficulties and successes of implementing the cycles of improvement prior to the workshop, so that this can be formally evaluated prior to any further cohorts.

This will then be followed in April by a 2 day workshop led by Kate Jones looking at advanced measurement for success to embed the principles and measures for improvement. This reflects the final module of the national LIPS programme which is an opportunity to reflect on the journey to better patient safety with other participants and discuss plans for next steps now that the cohort phase has come to an end.

Cohort 1 members will be asked for volunteers who are prepared to support and mentor subsequent cohorts through the Trust and will influence the week long programme for Cohorts 2,3 and 4.

4.4 Building on capacity and capability

4.4.1 Wider learning and methodologies

The LIPS faculty have agreed that whilst a couple of the groups have disbanded their original PDSA cycles of improvement, of equal importance is the learning and knowledge of LEAN methodology and measurement which needs to be built on. One of the challenges of the LIPS groups in cohort 1 has been the time to meet up to review the improvement cycles and agree the next improvement steps.

Building on this concept the Faculty propose that specific targeted attention be paid to attracting general / Governance managers from each Centre to apply for the next 3 cohorts, as well as clinicians. This will result in wider knowledge to support improvement and the use of recognized improvement tools to measure and report success through Centre governance arrangements

It is also proposed that targeting clinical and non clinical groups from specific sub specialty areas within centres is introduced rather than random selection of clinicians so that in their every day work they can utilize the time in clinical or governance meetings where they can discuss the improvements and actions required in their LIPS improvement cycles. In this way support to clinicians can be developed through the wider awareness and application of the LIPS tools and principles. This will lead to Trust wide use of the improvement methodology, measuring change, success and identifying trends and themes.

It is proposed that to support future LIPS cohorts, the Trust utilizes the skills of people within the Trust to support training and education around LIPS measurement and LEAN methodology. Detailed proposals are being developed to enhance this support and approach.

4.4.2 Communicating and celebrating LIPS improvements

The LIPS faculty propose that the Trust uses a number of different approaches to gain understanding of any improvements being planned or activated for patient safety. The team propose the use of Pod casts as well as the use of Quality news but also regular presentation and discussions in Nursing, AHP and medical forums.

A substantive room on both sites to have computers established with the tools and measurements for recording PDSA outcomes and for ease of access will be developed with the venue having adequate room to hold posters celebrating successful changes in patient safety or planned roll out across the Trust.

5.0 Conclusions and recommendations

This paper outlines the approach that the Trust has taken with leading improvements in patient safety. A single cohort approach (although significant in cohort size) would be limited if no further development and roll out took place.

This paper has worked through the elements of the LIPS Cohort 1 to form an evaluation and Strategic approach to the continuing LIPS programme.

The aim of the paper is therefore to engender support from the Trust Board so that the Trusts maximizes the opportunity to achieve the LIPS overall aim of reducing the Mortality figures by 20%.

The Board are asked to **NOTE** and **APPROVE** the approach

Vicky Morris
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