Best Practice – Top Hospitals 2018
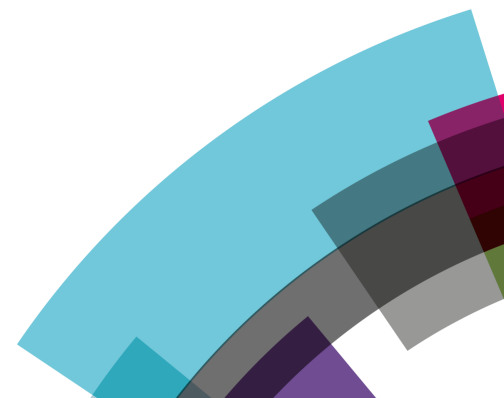
Special report: Insights from the winners
of the Top Hospitals awards

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About CHKS

CHKS is a leading provider of healthcare intelligence and quality improvement products and services. Over the last 27 years our team of NHS data experts, clinicians and quality managers have worked with more than 400 healthcare organisations around the world to improve population health.

We enable providers and commissioners to make better decisions at patient, service, organisation and population level and deliver sustainable improvements in care quality, patient outcomes and service efficiency along the entire patient pathway.

Our services include:

- **Healthcare benchmarking and analytics** – we identify what to improve and model the impact of change at patient, organisation and population level
- **Clinical coding, data quality and costing services** – we ensure data is used for payment and decision making accurately reflects the care delivered
- **Care quality, assurance and accreditation** – we work to the latest international standards of best practice within a proven framework of continuous improvement.

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Executive summary

Since 2001, CHKS has celebrated achievement in healthcare quality and improvement through its Top Hospitals awards. These include national awards for patient safety, quality of care, patient experience and data quality, which are decided on the basis of an analysis of publicly available datasets. This event is run annually to recognise healthcare organisations that have excelled in these areas.

This year, for the first time, the Top Hospital Awards considered all UK hospitals, meaning the winners are representative of the best hospital performance throughout England, Wales and Northern Ireland.

A strong theme that emerged among the 2018 winners was a focus on hospital culture. Engaging and motivating frontline hospital staff has had positive effects far beyond improving staff wellbeing and patient experience, helping to fulfil wider objectives, too. By encouraging creativity and innovation among staff, trusts have achieved financial savings, made services more efficient and enhanced patient safety.

Three of the awards are for excellence in data quality, acknowledging the essential role this plays in patient care and financial reimbursement from commissioners. As a company with more than 25 years' experience in healthcare improvement, CHKS know that the way data is harnessed has a significant impact on how a trust is run.

The award winners featured in this report demonstrate commitment to continual improvement through innovation. Here, we share these trusts' experiences and ideas and highlight examples of best practice, all of which embody high-quality, patient-centered care.

What has changed in the past year?

The National Health Service marked an important milestone this year, celebrating 70 years since its launch in 1948. This was the year hospitals, doctors, nurses, pharmacists, opticians and dentists came together under one umbrella to provide a service free at the point of delivery.

Over the last seven decades, the NHS has continued to evolve in response to the changing needs of the people it serves and the economic climate in which it exists but, with 17 million more people in the UK than in 1948, pressures on the service are greater than ever before.[i]

The NHS needs to rapidly evolve if it is to meet the demands posed by an ageing population and patients with more complex, long-term conditions. The NHS has sought to address these challenges by 'getting serious about prevention'.[ii] The adoption of new technology will be vital in enabling people to manage their health and thereby supporting healthcare professionals to continue delivering an effective service.

In June, the government announced an additional £20 billion in funding for the NHS, but many have argued that this cash injection won't go far enough in addressing the fundamental challenges facing a fractured healthcare system. The prime minister has said that the funding will mean an average increase of approximately 3.4 per cent in spending per year from 2019/20, once inflation is accounted for, but three major think tanks have said that funding would need to increase by at least 4 per cent a year in real terms in order to meet the NHS's needs.[iii]

Richard Murray, director of policy at the King's Fund, says: "In balancing the pressures of rising demand against the benefits of better productivity, there will be scope for improved services, but these improvements need to be realistic and deliverable. There will be some tough choices around the priorities for investment."

These tough choices will now be the responsibility of Matthew Hancock MP, who was appointed successor to Jeremy Hunt in July. In his first speech as Secretary of State for Health and Social Care, Hancock named technology as one of his early priorities, and was insistent that the NHS should be "using the best of modern technology" in a way that "improves care, makes money go further, and makes life easier for staff".[iv]

Hancock pledged nearly £500 million to initiate digital transformation projects across the NHS, more than £400 million of which is aimed at boosting patient safety and making it easier to access health services from home. £75 million will be made available to trusts to install new systems that increase efficiency and allow clinicians to spend more time with patients.[v]

NHS Digital has announced some smaller, separate initiatives during the last 12 months, including the news that it would now add private healthcare data to its own patient records, improving the accuracy of the data the NHS holds overall. Called the Acute Data Alignment Programme (ADAPt), the initiative will address cases in which an individual has received care privately and consequently has treatment information missing from their NHS health record.[vi] This will in turn provide insights into patient outcomes in the private sector and how they compare with the NHS.

This will be the latest in a series of data milestones for the NHS, including the ongoing switch to electronic patient records, with the target of becoming paperless by 2020.

The General Data Protection Regulation came into force in May this year, giving patients more control over their personal data and changing the way the NHS gathers and stores people's information. This new law could help to assuage public fears over data privacy and security. More and more people are recognising that allowing the NHS access to their data can support the development of new medicines and treatments, ease the administrative burden for healthcare professionals, and help to streamline the healthcare system.

NHS England's *Next Steps on the Five Year Forward View* reminds us that the health service was born at a time of national austerity and international strife.[vii] To progress, the health service needs to not only embed technology in its way of working but do so against the uncertain backdrop of Brexit. There is concern amongst healthcare companies and industry bodies about the potential disruption Brexit could cause, as European and UK supply chains of medicines are "profoundly integrated".[viii]

There is also concern about the impact Brexit will have, and indeed is already having, on the workforce. Staff recruitment and retention was a problem before 2016 but, as the NHS has long relied on EU citizens to populate its workforce, there are fears that Brexit could exacerbate the crisis. The impact of the referendum was felt early on, as the Royal College of Nursing reported a 92 per cent drop in EU nationals registering as nurses in England in March 2017.[ix] To compensate, the Home Office made the announcement this summer that it would relax immigration rules to allow more doctors and nurses from outside the EU into the UK.

For the moment, uncertainty is the chief source of concern and it is difficult to predict what the next few years will look like for the NHS.

Despite these uncertainties, the CHKS Top Hospital 2018 award winners have shown that a dedication to improvement, whether aligned to patient safety, quality of care, efficiency and data quality, can still achieve results.

1. Data Quality

The accuracy of data has major financial implications for trusts and is therefore a crucial factor in determining a hospital's overall performance. Data can also be the basis for driving improvement within acute services, which means – when analysed and acted upon – high-quality data facilitates high-quality patient care.

The responsibility for accurate clinical coding is shared by both clinicians and coders, so collaboration and communication between these departments is essential. Clinicians need to be aware of the value of accurate coding and their role in enabling it and this was a key feature of trusts that displayed excellence in this category.

In his reflections on the NHS's 70th birthday, Professor Daniel Ray, director of data at NHS Digital, looked at how data has shaped the service since it was first founded in 1948.[1] He argues that data from Hospital Episodes Statistics (HES) has helped shape the NHS since they first came into being in the 1980s and 1990s. It has helped with policymaking, provision decision-making and ensuring patient safety. Professor Ray says: "Their volume and depth is phenomenal", revealing trends and patterns in hospital activity and the production of "a world-leading, unique, database to support health and care research".[x]

The NHS Digital and Private Healthcare Information Network (PHIN) will see private hospital performance data and patient records integrated into NHS systems. By recording private healthcare data in the same way as NHS data, the initiative hopes to improve consistency and transparency across the system.

Sarah Wilkinson, chief executive of NHS Digital, says: "Integrating data from private suppliers into NHS systems will improve the completeness of records for patients whose care is split across private and NHS providers. This will improve safety, efficacy and convenience for these patients."[xi]

The way patient data is stored is significantly changing, too. As the NHS moves towards its paperless vision of the future, the use of electronic health records, the introduction of Global Digital Exemplars and the new Health and Social Care Network (HSCN) are all working to fulfil the aim of joining up and digitising the NHS.

This is good news for patients. As healthcare data becomes more integrated, reliable, and efficient, so does healthcare itself.

1.1 Case study: Clinicians and coders working together for data accuracy

Cambridge University Hospitals NHS Foundation Trust has made significant progress in recent years when it comes to the accuracy and efficiency of clinical coding and, for the second year running, the trust is the recipient of the 2018 CHKS data quality award (England).

Anna-Maria Saeb-Parsy, recording care manager at the trust, says data is hugely important, playing a crucial role in informed decision-making. Its status as a world-leading teaching hospital has also contributed to the trust's appreciation of data quality, with much of the research and innovation that takes place there underpinned by data.

Indeed, the trust does not shy away from innovation. The Epic electronic patient record system went live in 2014 and its implementation was a 'game changer' for the trust, bringing with it multiple benefits. Allison Rodgers, head of clinical coding, says: "With Epic, clinicians are recording the data in real time, so that information is available immediately and is easily decipherable for all the coders. Missing case notes are no longer an issue. It's helping us to code more accurately and more efficiently, but not only that – the time we are saving by using the system has given us more time to look at the data and make sure it's as good as it can be."

In addition to the Epic electronic patient record system, for a number of years the trust has been running a clinical coding improvement project named the 'Recording Care Programme', the aim of which is to improve the quality of clinical data by engaging with clinical teams.

"The Recording Care programme brings clinicians and coders together. The coding department is now a lot more integrated with our clinical divisions, and we introduced five new senior coding posts, each aligned to a particular division, and they are the divisional experts for coding queries for clinical staff – not just for consultants, but junior doctors, nursing staff and allied health professionals, too.

"We've also developed a methodology called 'Clinical Coder One-to-Ones', where a coder sits down with a consultant and goes through their coded data to highlight why it's so important that the data is accurate." This demonstrates to consultants the importance of the data for the trust and for their clinical development. Clinicians recognise that they get out of the system what they put in. What they record about patient care gives them the data and shows them the areas that they need to improve.

These changes are part of a wider cultural shift that has been integral to improving the quality of data, too, Saeb-Parsy explains. "Having a mutually respectful, open culture is hugely important, and consultants and clinical staff need to understand what the role of coders is. For many years coding was seen as a back-office function, so it's been about spreading awareness that it's actually a technical role translating what's been documented into clinical codes. We also needed to make clinical staff aware of the role they play – the more detailed their documentation, the more accurate the coding is."

The trust has robust processes in place to monitor data quality. This includes a Data Quality Oversight Group and an executive-led Data Strategy Group, both of which meet on a monthly basis to discuss and monitor the quality of data and highlight any areas where action needs to be taken, so any issues that arise are picked up on and resolved quickly.

1.2 Case study: Diligence is the key to upholding data standards at Moorfields Eye Hospitals

Moorfields Eye Hospital has been outsourcing its clinical coding to University College London Hospital since 2013 and it's a partnership that is clearly working, having significantly contributed to Moorfields winning the 2018 CHKS data quality award (specialists trusts).

Ranjita Sen, head of performance and information at Moorfields, says it's a strong partnership. "The diligence of the coding team ensures the clinical quality of the data is there, and the culture of the trust lays the foundation that they need in order to succeed." She says there's an organisational focus on data quality, and its importance has been strongly embedded across all levels.

The trust has a data quality assurance framework, which is reviewed each year and sets out the policy for data quality management, while the coding team holds regular meetings with clinicians and data quality is discussed at the clinicians' annual appraisals. It has also moved to include some key data quality measures in its integrated performance report. "We very much view data quality as everybody's business at this trust. If you don't have good quality data then you're at the risk of serious consequences – it could put frontline services and patients at risk, lose us money and undermine our accountability."

Sen attributes the win to the stringent processes they have in place to ensure data is accurate and up to date. Any data quality issues are flagged to clinicians by the coding team and clinicians review the records quickly, providing clarification to the coding team if necessary. When it comes to submitting data to commissioners, the information manager does a number of checks for duplicate admissions and non-discharged admissions. Any issues or uncoded episodes are flagged up to the coding team to investigate.

The trust closely monitors data quality, with a visible data quality team that conducts regular audits to ensure staff across the sites are adhering to standard operating procedures and check whether they are asking patients for the relevant information. "We also have an annual external audit of our clinical coding and we take the recommendations made from those audits very seriously – they are built into our work plan. Last year we scored between 99 and 100% on the accuracy of primary and secondary diagnoses and procedures."

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The data quality team has set up a quality coding dashboard where it reports on a number of key metrics, such as average procedures per spell, and that information is then used to benchmark against other trusts. There are few specialist eye hospitals that the trust can benchmark against, so Sen and her team focus on benchmarking against other trusts that have ophthalmology as a speciality.

Sen also cites the introduction of the HGR4+ tariff structure as being very influential in the trust's award win. This was rolled out in April last year and put extra focus on comorbidities and diagnoses, encouraging staff to record these in more detail.

Greg Stephenson, head of coding services at UCLH NHS Foundation Trust, says: "UCLH has been providing a coding service to Moorfields Eye Hospital for the last five years that has continued to go from strength to strength, resulting in the 2018 Data Quality Award. This achievement has been the result of training, diligence and clinical engagement – ensuring that team members are equipped with the skills and knowledge base to deliver accurate coding, diligent in their application, and fostering regular collaboration with clinical service leads. In turn, this has helped drive better activity recording practices and high-quality coding."

2. Quality of care

Despite competing priorities coupled with a challenging financial environment, improving care quality and patient outcomes should be at the top of every trust's agenda. A 2017 report co-authored by the King's Fund and the Health Foundation on quality improvement in the NHS says: "There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment."[xii]

Unwarranted variation was the topic of Lord Carter's review of operational productivity and performance in English NHS acute hospitals. Published in February 2016, the report found "variation in the use of modern digital systems" and that, even where trusts had invested in such technology, they "were not getting full meaningful use of it".[xiii] Lord Carter advocated the use of real-time monitoring and reporting, which allows trusts to work on efficiency and performance on a daily basis. He also recommended a more integrated approach to performance reporting across organisations.

In recent years, achieving integration between health and social care has been a priority for the NHS and its partner agencies. In June, the Health and Social Care Committee published recommendations on integrated care, concluding that "more joined-up, coordinated and person-centered care can provide a better experience for patients" but that "progress towards achieving integrated health and social care across England has been slow".[xiv]

The NHS long-term plan, due to be published this autumn, will outline the goals for integrated care and how the NHS will go about meeting them over the next ten years. Greater integration of services should improve patient outcomes, with a previous study indicating that it could reduce mortality rates as well as hospital readmissions.[xv]

While it may take several years for integration to have a noticeable effect on care quality, the NHS already gathers a wealth of data that can be used to improve patient outcomes, as evidenced by this year's quality of care award winners.

2.1 Case study: Improving quality of patient care a trust-wide responsibility

Royal Surrey County Hospital NHS Foundation Trust serves a population of 330,000 for emergency and general hospital services, up to 2 million people for cancer services across Surrey, and every year sees around 280,000 outpatients, admits 61,000 patients for treatment and 70,000 patients attend the A&E department.

This year Royal Surrey won the CHKS award for quality of care. Trust chief executive Louise Stead says: "We were delighted to win the CHKS award, especially as it reflects how hard our staff work to always improve the care, experience and outcomes of our patients.

"Royal Surrey's commitment to innovation is frequently cited as evident, including in our recent inspection by the Care Quality Commission, and this is something that I am very proud of. "The trust also uses research to inform good clinical practice, for example to optimise peri-operative care in colorectal surgery."

Using the external corroboration of nationally collected data, Royal Surrey is at the very top of all UK trusts for several key performance indicators, including the delivery of laparoscopic surgery for elective colorectal resection (96 per cent) and for length of hospital stay, which is the shortest in the UK by some margin.[xvi] Length of hospital stay is a surrogate marker for good outcomes, including low complications.

Stead adds: "Analysing data and using this to continuously drive improvement is a key part of any innovative initiative, so when it comes to improving the quality of the care we deliver to the community, this has played a major role, with the trust using findings to inform several of our initiatives, such as reducing the number of new-borns who need special care."

Royal Surrey, like many other hospitals across the country, was seeing the number of babies admitted to the Special Care Baby Unit (SCBU) rise each year. These admissions were analysed and revealed that 24 per cent were a consequence of hypothermia and or hypoglycaemia.

Jo Macleod, an advanced neonatal nurse practitioner, and Claire Worthington, clinical governance lead for women and children, developed a highly successful risk assessment tool called the Bobble Hat Care Bundle. The system sees both mother and baby assessed and categorised using a RAG system, with each baby given a colour-coded bobble hat straight after birth that helps staff to easily identify those mothers and babies that may require more help.

Since its introduction, the care bundle has reduced the number of admissions of term babies to SCBU from 24 per cent to 8.3 per cent, saving Royal Surrey upwards of £70,000 a year. The initiative has also been picked up by other hospitals around the country, owing to its simplicity and outstanding results.

Through data analysis the trust also established that alcohol-related harm was having a significant financial impact, predominantly for acute inpatient admissions and A&E/outpatient attendances. In 2014/15, Royal Surrey worked closely with commissioners to develop Surrey's first Alcohol Liaison Service. This has seen standardised treatment plans and specialist support introduced and embedded across all areas of the hospital. All patients with drug or alcohol dependency are reviewed and supported by the team and through detailed assessments they are able to determine appropriate detox regimes, medical treatments and psychological support required for each individual patient.

The programme has had a number of positive effects, including reduced lengths of stay. In the eight months to November 2016, 230 patients underwent a Clinical Institute Withdrawal Assessment – just 70 went on to require a medical detox, saving £256,000 based on a five-day detox.[xvii]

Stead says: "There are many factors that play a part in continuously improving patient care and outcomes, and the effective analysis of data is a very significant tool in this.

"Ultimately, though, it is the innovative initiatives and commitment to use these improvement tools that ensures we are consistently delivering the best possible care and outcomes for every patient we see and treat."

3. Patient safety

Trusts continue to face the challenge of managing growing demand with a limited budget – essentially treating more people with less money – and, under these conditions, improving patient safety may seem like a difficult task. By autumn 2017, NHS plans were based on 7.3 per cent fewer acute beds than in 2010, while facing a 14.5 per cent higher rate of emergency admissions.[xviii]

The pressures came to a tipping point last winter when the NHS came under intense strain – the result of prolonged bad weather combined with a surge of flu and other illnesses. Poor patient flow, particularly due to delayed discharges, was a major contributor to the problems last year and, as bed numbers will not be increasing, resources will need to be better utilised if a repeat of this situation is to be avoided.

Tracking technology has the potential to relieve winter pressures and give staff greater control over patient flow by showing the real-time location of patients and equipment. The Scan4Safety programme, a "world first in healthcare" is being trialled at six hospitals in England and uses barcoding technology to provide traceability of products and data that "underpins better decision-making".[xix] It is hoped that it will reduce avoidable harm in hospitals, particularly human errors in surgical procedures and the administering of drugs. Tim Wells, a consultant cardiologist at Salisbury NHS Foundation Trust – one of the sites trialling the technology – says it provides them with "a level of data and insight that can be used to better challenge clinical practice and variation, helping us to reduce inefficiencies and improve patient experience and outcomes".[xx]

Data analytics is increasingly being recognised as a powerful tool in improving patient safety, providing trusts with critical decision-making support. Predictive intelligence is helping to detect patterns in admissions, arming managers with knowledge that facilitates better planning of available resources and workforce to coincide with spikes in demand, and many trusts are implementing e-Rostering software that works to improve patient safety through real-time visibility of staffing levels and patient acuity.

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Hospital culture is also a defining factor in patient safety. There has been a drive to change the pervading blame culture of the NHS, with a 'just culture' guide for managers published earlier this year. The hope is that supporting staff to be open about mistakes will make them more confident to raise the alarm when things go wrong and allow "valuable lessons to be learnt so the same errors can be prevented from being repeated".[xxi]

In the National Reporting and Learning System report published in March this year, the number of incidents reported in October to December 2017 was 508,409, representing a five-fold increase on the number reported in October to December 2005 (135,356).[xxii] The NRLS states that as the reporting of safety incidents is largely voluntary, "increases in the number of incidents reported reflects improved reporting culture and should not be interpreted as a decrease in the safety of the NHS".[xxiii] This increase in reporting is positive as, the more comprehensive the data on breaches of patient safety, the more opportunities there are for learning from these incidents and avoiding patient harm in the future.

3.1 Case study: A culture of continuous improvement

Since 2011, South Eastern Health and Social Care Trust has put safety, quality and experience at the heart of everything they do. This has included the introduction of a Safety Quality and Experience (SQE) programme, which supports hospital staff to play a key role in improving care.

Emma Hannaway, head of performance and improvement, says the award win was recognition of the trust culture they have worked hard to build and embed. "We've had a real focus on safety, quality and experience since 2011 and it is our highest priority."

Management and clinical staff have worked in partnership to develop a culture of continuous improvement over time and Hannaway says it is embedded at all tiers of the organisation. "As a senior management team, we listen to the staff, we have a detailed programme of engagement and a lot of leadership walkarounds. Knowing that they are actively involved in the decision-making process gives the staff confidence and security.

"The culture is there from the top – it's not just words, it feeds down through the entire organisation and translates into what everybody does."

Hannaway says that it's about challenging the clinical staff to continuously improve, but the 'no blame' culture also means that staff don't take this as a criticism, instead recognising it as part of an ongoing journey. The trust has regular performance meetings where it can look at any declining areas, work out the reason behind it, and what it can collectively do about it as an organisation.

"Building this capability of quality improvement is something we've worked really carefully and extensively on. We attract really good clinical staff because of our culture and we empower them by giving them the space to be the best that they possibly can be. We show that we have faith in them to be able to do their jobs."

The organisation uses data to measure and monitor its safety performance. The SQE programme reports on different 'bundles', such as maternity or emergency, and the trust works to outline what 'good' looks like for each bundle using clinical indicators. The trust can then measure against its own previous performance, as well as benchmarking against other organisations.

Patient safety at the trust has also been enhanced by the introduction of Vocera technology, which enables instant communication between staff through the use of handsets that can be worn around the neck.

Hannaway says: "As a health and social care organisation we're under pressure to break even and meet performance targets – it's very difficult, which is why it's important to develop a culture of continuous improvement and find more efficient and effective ways of doing things. Safety, quality and experience is what drives us – it's almost like a mantra. We live and breathe it as an organisation."

4. Efficiency and performance

Value for money is arguably more important than ever for a strained NHS, making streamlining services and boosting efficiency of paramount importance.

Waiting times in accident and emergency departments are a key indication of how hospitals are performing, and these have been increasing in recent years. The NHS has not met the standard at national level in any year since 2013/14 – a clear indication of the pressure the services are under.[xxiv] Improving A&E performance was one of the main priorities set out in *Next Steps on the Five Year Forward View* and specified three targets for waiting times over the next few years, with an ultimate goal of 95 per cent of people seen within four hours in 2020.[xxv] The first target was narrowly missed, with 89.7 per cent of people seen within four hours in September 2017, as opposed to the 90 per cent desired.[xxvi]

Access to operational data in real-time has decreased waiting times at some trusts, giving managers a valuable overview of capacity and admissions and allowing them to react quickly to blockages and other issues.

NHS Improvement is working to improve efficiency through data analysis. This year, it launched a delayed transfers of care improvement tool that brings together data already submitted by NHS organisations and local authorities into a dashboard, enabling them to understand where delayed transfers of care are in their area or system.[xxvii]

The national Getting It Right First Time programme, which consolidates and analyses data to drive efficiencies, has now expanded to cover more than 30 clinical specialities. Dr Jeremy Marlow, executive director of operational productivity at NHS Improvement says that by exploring the data "with clinicians and trust managers on the ground, the programme not only identifies unwarranted variations in service, it gets to the heart of why they occur and how best they can be remedied".[xxviii]

4.1 Case study: Innovation a key element in bid to streamline services

Wrightington, Wigan and Leigh (WWL) were the recipients of the CHKS 2018 award for healthcare efficiency. The trust adheres to the strategic values of the 'Four Ps' – patients, performance, people and partnerships, combining effectiveness and efficiency to deliver high-quality patient care.

There have been many operational innovations introduced in recent years that have worked to improve efficiency at the trust. In 2017, the trust's main focus for improvement was the GP Streaming Hub in the Primary Care Centre. In order to create capacity for the most unwell patients in the hospital, WWL designed the co-located Primary Care Centre to stream upwards of 25 per cent of attendees away from A&E. Now, all patients who attend A&E are triaged by a qualified nurse and those that don't have an injury and can walk and talk, are sent to the Primary Care Centre to be seen by a GP or nurse. The centre treats approximately 25,000 patients a year – about 70 patients a day – and these patients can then be referred back to their own GP for any ongoing care they require.

Another area of focus for the trust has been reducing delayed transfers of care (DTOCs), and WWL has seen a steady decline in DTOCs over the past 18 months. This is largely due to joint working between health care, social care and third sector organisations via an integrated discharge team (IDT) on the Wigan Infirmary site. WWL has the lowest bed base per person in Greater Manchester, which means the trust must ensure that the process for medically optimised patients is smooth.

The trust employs technology in its vision to deliver the best possible healthcare, using apps to drive efficiencies and provide easy access to actionable data. The trust has developed nearly 30 apps using the Qlik platform, which staff can use to monitor performance data at any time. Access to real-time intelligence and greater visibility of where patients are throughout the hospital has aided better patient flow, reducing delays and improving waiting times in the emergency department.

A spokesperson for the trust says: "Embedded data is at the heart of everything we do – health improvement is a science. We measure everything and ensure there is a golden thread that connects business goals to the measures of our success. We use the NHSI model hospital toolkit and other benchmarking data to measure where we are and where we want to be. We constantly strive to be in the top 10 per cent of trusts nationally in everything we do and this is reflected in our award win."

5. Patient experience

Patient experience is strongly linked to patient outcomes – evidence shows that patients that have a better experience of care generally have better health outcomes – so its effect on overall hospital quality, as well as the health of the nation, cannot be underestimated.

Involving patients in their own care improves their experience and empowers them to manage their conditions, reducing the likelihood that they will need to use more resources in the future. With this in mind, the NHS is endeavouring to become more patient-centric and a personalised approach to care is high on the agenda. This means treating patients as individuals; taking into account patients' preferences when making clinical decisions and delivering care that is responsive to their needs.

While many trusts have initiatives in place to work on patient experience, there is huge disparity in the quality of patient experience nationally. To tackle this, earlier in the year NHS Improvement released a patient experience improvement framework to standardise measurements of patient experience and enable each trust "to carry out an organisational diagnostic to establish how far patient experience is embedded in its leadership, culture and its operational processes".[xxix]

It is difficult to measure how person-centred the care delivered is, but patient satisfaction surveys and the key questions around services being caring and responsive in the CQC reports give a good indication.

Patient input is essential in showing trusts what matters to patients and where they need to improve. Not only do trusts need to be able to collect patient feedback, though, they also need to be receptive and able to learn from it, using the answers to inform decisions.

As demonstrated by this year's award winners for patient experience, real-time feedback is also highly beneficial, allowing for the identification of issues early on and supporting real-time action.

A significant factor in patient satisfaction is determined by interaction with staff, in particular whether patients feel they are listened to, treated with dignity and respect, and also the level of confidence they have in the clinician's abilities. Increasing staff engagement and encouraging staff to lead on quality improvement, then, can lead to a better patient experience. Performance tables could be a useful tool if rolled out nationally, as revealing to staff where they measure against their colleagues or other services can also motivate them to improve.

Data sharing across the NHS could go a long way to making services more efficient and improving patient experience, reducing instances where patients have to repeat their histories to multiple care providers. This year, five regions were chosen by NHS England to be Local Health and Care Record Exemplars.

These regions will receive up to £7.5 million in funding over the next two years to design shared patient records that can be accessed across different parts of the NHS and social care system. The programme aims to facilitate better co-ordinated individual care, ultimately creating "an information sharing environment that helps our health and care services continually improve the treatments we use, ensures that care is tailored to the needs of each individual, and can empower people to look after themselves better and make informed choices about their own health and care". The programme also hopes to produce "a set of national standards that all local health and care record initiatives across England will be required to follow".[xxx]

5.1 Case study: Real-time patient experience programme goes from strength to strength

Winner of the CHKS patient experience award for the third consecutive year, Northumbria Healthcare NHS Foundation Trust is finding their real-time feedback initiative is paying dividends.

The real-time patient experience programme was set up in 2009 and allows the trust to make immediate changes as feedback comes in and share the responses with frontline staff within 24 hours. The programme now sees more than 50,000 patients being interviewed while in hospital every year.

Annie Laverty, chief experience officer, has been at the helm of the programme since its inception. She says the programme is now comfortably embedded in the way staff are working. "After nine years, the ownership of the programme on the wards is really strong. Staff are listening to patients and feel motivated to listen to patient feedback – they feel appreciated. It would be very difficult to walk on to the wards of Northumbria and for nursing leaders and staff to not be able to tell you what patients think about their care. The programme reinforces that the trust cares about staff and patients."

There has been a focus on patient experience throughout the trust and the programme has really strengthened in the last 12 months, with the goal of creating a balance between real-time and right-time data. As part of the programme, the trust also follows up with patients two weeks after care, as they believe this is when patients will be most honest in their feedback, with no "gratitude barrier" present.

A change in culture has been crucial to the success of the programme and staff have found it very beneficial to have access to information about how they are doing. Laverty says: "It's been about fostering a positive mindset and getting staff to see that we can generate change. The programme isn't just about scores, it's also about getting support to improve." There is now an emphasis on developing the programme to balance staff experience and patient experience, as the trust believes the two are closely linked.

In the last year, the trust has run a collaborative for other NHS organisations, to share best practice and to help other trusts develop bespoke patient experience programmes. Laverty says: "This collaborative work has strengthened our commitment to the programme and made us feel grateful for what we have at the trust. We hope the programme is something we can scale up nationally."

Conclusion

Common ground amongst this year's CHKS Top Hospitals award winners is that improvement is an ongoing journey, not a goal. Trust culture is a defining factor in both patient safety and experience, as the quality of these largely depend on the engagement and motivation of staff. If the concept of continuous improvement can be understood and adopted by healthcare workers at all levels of an organisation, it can make a huge difference to the overall quality of care delivered.

This report has highlighted many examples of innovation across the NHS, from localised changes to top-down national initiatives. The award-winning trusts featured show data to be the starting point for improvement in many different areas of acute care. In some cases, actionable data has transformed ways of working and the positive effects of data analysis have been felt trust-wide. Data is also a key asset when it comes to demonstrating the value of a service or initiative, something that – as this report has indicated – is of increasing importance in today's NHS.

By sharing these case studies, CHKS hopes to inspire other trusts to find ways to improve services and thus patient care, and perhaps become a future Top Hospital themselves.

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