BEST PRACTICE – TOP HOSPITALS 2016

November 2016

Special report: *Insights from the winners of the 2016 Top Hospitals awards*

CHKS

Insight for better healthcare

CONTENTS

PRODUCED FOR **CHKS** BY **INHEALTH COMMUNICATIONS LTD**

ABOUT CHKS

CHKS, part of Capita Healthcare Decisions, is a provider of healthcare intelligence and quality-improvement services to the NHS and the independent healthcare sector. It has worked with healthcare organisations across the UK to inform and support improvement for more than 25 years. This report focuses on selected winners in the 2016 CHKS Top Hospitals awards, aiming to share their successful initiatives throughout the NHS.

1. 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. There is also an international award for quality improvement. We run the event annually to recognise healthcare organisations that have excelled in these areas.

A common theme that emerged among this year's winners was a focus on putting the patient at the centre of care. The winners also value their staff and use their experiences of daily work on the frontline to shape the future of the patient experience.

CHKS also recognises excellence among hospital trusts that use its health analytics and healthcare improvement services. The cohort of trusts awarded Top Hospitals status has demonstrated significant improvements when compared with other NHS trusts. For example, on average they have a 7 per cent shorter length of stay, 6 per cent fewer emergency readmissions and 8 per cent lower mortality index (risk adjusted) than other NHS trusts.

Four of the awards are for excellence in data quality. As a company with more than 25 years' experience in healthcare improvement, we know that the way data are managed and used has a significant impact on how a trust is run. Inaccurate data can result in damage to public trust and perception, and can also have a negative effect on finances. Leading trusts are bringing clinicians and coders together to help everyone understand the importance of clarity and accuracy of information. This is not just a back-office function – it is fundamental to the success of a trust.

This report shares the award winners' experiences and ideas, and highlights associated examples of best practice, which can go a long way towards promoting excellent, patient-centred care across the UK. ■

2. WHAT HAS CHANGED IN THE PAST YEAR?

A year is a long time in the NHS. Since we took a look at the 2015 CHKS Top Hospitals award winners, there have been many changes; in particular we have seen a renewed focus on technology and the use of information in healthcare. The advantages of transforming the NHS and the way it uses technology and information were emphasised in the Carter review.[1] It highlighted the benefits to trusts of improving their use of basic IT functions, such as e-rostering and electronic patient records.

More recently the Wachter review[2] suggested a two-phase process whereby all trusts can become largely digitised by 2023: trusts that are ready to reach digital maturity could receive initial support and funding between 2016 and 2019, with those needing extra support following later. However, Professor Wachter made it clear that for this approach to be successful, another tranche of government funding is likely to be needed. His review also highlighted the value of a degree of centralisation, but also the importance of linking national funding to viable local implementation plans.

Three key appointments have been made to drive technology and information modernisation within the NHS. Professor Keith McNeil and Will Smart have been appointed NHS England chief clinical information officer and chief information officer respectively, and Juliet Bauer is the new director of digital experience.

NHS England chief executive Simon Stevens has stated that the need to make £22bn of savings by 2020 requires a clear focus on demand management. Stevens wants the use of innovation to be increased and speeded up across the board, reducing the "unwarranted variation" referred to by Lord Carter. With the NHS under unprecedented financial pressure, innovation and the sharing of best practice will be a key tool in the battle to balance budgets, especially given the potential of technology and digital advances to facilitate self-management of illness through apps and cheaper equipment.[3]

NHS England's *Five Year Forward View*[4] announced a drive to investigate and correct the variations in health and social care by closing three gaps: the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. Some question the extent of unwarranted variation, believing it could simply be down to poor data collection, and NHS England will investigate what lies behind the differences.

There are many examples among our award winners of innovation and technology being used to make improvements to quality of care. For example, real-time audits of patient experience at Northumbria Healthcare NHS Foundation Trust are bringing about rapid change on wards, and iPads are being used for patient surveys at the New Victoria Hospital in south-west London, and in other trusts where community nurses update patient records in real time, allowing consultants to engage with patient care in a timely way.

Director of leadership and organisational development at The Kings Fund, Marcus Powell, points out in a recent blog that digital opportunities give people more choice and can help to challenge traditional relationships in the healthcare system, encouraging shared decision making.

He says: "In this new digital world, people have a choice. A choice to follow or not. The followers are just as powerful as the leaders. You can't lead unless those around you choose to follow. This is true for patients as well as those who work within health."[5]

Reducing variation has been an area of focus for several years. The Health Foundation investigated the variation in productivity of hospitals between 2009/10 and 2013/14. It found significant variations, suggesting savings could be achieved if poorer performers caught up with the best-performing trusts.[6]

NHS England is responding to the renewed emphasis on this variation by working to encourage staff at every level to play a part in reducing it, not just senior managers. For example, its 2016 framework for nursing, midwifery and care staff states: "The notion of unwarranted variation is a helpful way to focus on delivering the right care in the right place at the right time."[7]

Top hospitals recognise that effective data and measurement are key to addressing variation. They are taking on the theme of shared responsibility by engaging staff at all levels in collecting good data, making sure the benefits of doing so are clearly understood among clinicians and other healthcare staff.

Dr Richard Wright, medical director at Southern Health and Social Care Trust, winner of the 2016 CHKS Top Hospitals award for data quality (Northern Ireland) believes this staff buy-in is vital in for quality of care. He says: "All our clinicians have an annual appraisal, and the way they have recorded data has an impact on them. This drives the culture of quality."

More trusts have accepted that data sharing is key to improving quality of care and patient experience across the NHS, but the end of the government's care.data initiative, and the delay in developing a successor, means efforts are needed to reassure patients and healthcare staff about the merits of sharing data when rebuilding the trust that has been lost in terms of confidentiality of records.

Communication is key here. A Healthwatch investigation[8] found that many patients never received a satisfactory explanation about how their data would be used. Many said they would be happy to donate their personal health data as long as it remained anonymous.

But alongside initiatives to improve the quality of care, the imperative to reduce the NHS's sizeable deficit remains. Against this background, the government's ongoing commitment to deliver a 24/7 NHS has run into trouble, notably with the dispute between the Department of Health and junior doctors. The year ahead holds an opportunity for the NHS to work more closely together, sharing ideas and bringing down costs without compromising patient safety. Spreading the innovative use of technology shown by the CHKS award winners can help trusts meet the challenge of improving care at the same time as controlling costs. ■

3. FINANCE AND DATA QUALITY

The financial outlook for the NHS continues to deteriorate across all sectors, with the acute trust sector in most difficulty. NHS trusts (including foundation trusts) have reported a combined £2.4bn deficit for the financial year 2015/16 – three times larger than the deficit reported for the 2014/15 financial year. CCGs have reported a £16m overspend against their allocation for 2015/16. NHS finance directors and chief finance officers are describing the most challenging contracting round they have ever experienced, and have raised major concerns about their ability to deliver financial plans in 2016/17.[9]

Sustainability and Transformation Plans (STPs) are being devised in regions across England in an attempt to address this growing crisis while at the same time improving performance. Under the plans, every health and care system in the country will aim to provide local solutions to local problems and at the same time ensure that healthcare continues to evolve in a sustainable way.

It is widely recognised that there is no one-size-fits-all approach for healthcare providers and commissioners, and NHS England has pointed out that the aim of STPs is to respond to the needs of local populations. In addition, each CCG is expected to meet Lord Carter's recommendations through the implementation of the NHS's Right Care programme.[10] They are expected to benchmark against other populations in order to remove waste and shift spend to higher-value interventions.

Successful trusts will seek to address variation by looking beyond their own organisation to compare their performance. Quality data are valuable in this respect, helping to identify where there is waste and where poor-quality care is driving up costs.

But changing care models can also affect the type of data collected. Good trusts are focusing on how payment systems work with integrated care models. While the new models are intended to improve continuity and patient-centred care, the financial success of such integrated partnerships is likely to depend on developing suitable payment systems. A well-developed patient-level linked dataset, including detailed primary care data, such as appointment types, can clarify overall commissioner spend by breaking it down into funding for different patient cohorts.[11]

➜ The challenges ahead make it important for finance departments to evolve alongside the rest of the healthcare system. Working closely with clinicians and frontline staff will help support clinical decision making and build a partnership where information and understanding of the problems flows both ways.

Good finance teams will investigate service-line reporting and management systems as well as patient-level information and costing systems. This can help refine costing processes but can also provide insights that add value at the healthcare frontline.[12]

Where organisations can see a clinical or commercial advantage, this can provide the momentum for improvement; understanding how costs are driven helps to inform performance management.

A focus on high-quality data is a good starting point and top hospitals are looking closely at the quality of data throughout the organisation. They help all staff and clinicians to be aware of its importance and work closely with coding departments. For their part, coders appreciate the importance of being visible and available to healthcare colleagues. Effective communication between the two supports the provision of accurate data.

Top hospitals can see the benefits of adequate investment in their coding staff – of offering them good training and an attractive career path. An efficient admin team and a structured, timely approach to obtaining missing information from clinicians also help to boost performance and accuracy, within the coding department and across the wider trust.

Case Study 1.

Taking coding out on to the wards to improve accuracy and visibility of the coding team

Clinical coding and data quality play an important role in ensuring appropriate patient care and the correct financial reimbursement from commissioners. Winner of the 2016 CHKS data quality award (specialist trusts) was Papworth Hospital NHS Foundation Trust.

Claire Tripp, interim chief executive, says the trust places great emphasis on helping staff and clinicians to understand why it is important that data accurately reflect what they do and that the trust cannot optimise income without accurate records. "We engage with our clinicians to explain what accurate coding entails and why we expect them to detail what has happened to a patient accurately.

"NHS coders may be employed by the trust, but they are independent from the individual directorates and they have to apply national tariffs. So when there is a new tariff, or submission of reference costs, we meet with clinicians to help them understand the impact."

Tripp believes that coders are fundamental to the organisation and success is only possible when clinicians understand the importance of accurate data. "Once data are accurate they can be used to inform the finance report and various performance committees, who can be confident that the decisions they make are based on a true representation of the patient journey."

Peer challenge is encouraged throughout the trust and it is an important part of the improvement journey. Tripp describes a culture where it is considered reasonable to ask questions of each other. This is also true of the coding team, where anyone can ask a question of a colleague.

Linda Kenny is a senior clinical coder within the coding team. She says that as coders in a specialist cardiothoracic hospital, the team works hard to ensure that anyone new to the team has the knowledge they need. Coders from other parts of the NHS have to learn how to code procedures that are only carried out at Papworth, such as pulmonary endarterectomy.

As for engagement with clinicians, the team makes this a priority and holds regular workshops, but also makes sure coders are visible throughout the hospital. Coders attend business unit team meetings on a regular basis. As for the coding itself, most of it is done on the wards because the team has found there are fewer uncoded episodes if the data are captured quickly.

"There is a definite recognition among hospital staff that accuracy of coding is a good thing. Once they know what is involved, they appreciate the coding team a lot more," Kenny says.

Case Study 2.

How University College London Hospitals NHS Foundation Trust makes sure staff understand the importance of accurate data

It comes as little surprise that everything the coding department at the University College London Hospitals NHS Foundation Trust does is geared towards accuracy. As winner of the 2016 CHKS data quality award (England), the trust understands the important connection between quality data and quality care, and the consequent financial benefits.

The coding team has been nurtured and developed with that in mind. Stringent processes are in place to ensure data are accurate, complete and up to date. Pivotal to this is the admin team, which is tasked with chasing up any missing case notes or summaries. The process is clear: if information is missing, the team notifies the appropriate manager and allows 48 hours to provide it before flagging up the situation to the relevant manager and then the operational director.

Head of coding Greg Stephenson says: "It has to be a robust process so the coders aren't left chasing their tails and can carry on with other work. If you don't have a structured approach, things get missed or start to slip. That has a cumulative effect when it comes to data quality. Things build up until you get a mortality event or a drop in income."

The coding team ensures that everyone across the trust is aware of the importance of accuracy and that junior doctors understand the necessity and value of accurate coding from the very beginning. Coding team members attend all junior doctor induction sessions and have also devised a clinical coding e-learning module, which all junior doctors have to complete as part of their training.

Stephenson says: "It helps them realise early on the importance of good coding and what the coding team needs from them, for instance using words such as 'likely' or 'probable' rather than a question mark. We also work with the governance teams; we show them what the ideal discharge summary looks like and show them the bad ones for comparison."

The coding team comprises specialist teams in three areas: surgery and cancer, medicine and specialist hospitals. Each coder is given their own portfolio of work to manage. Coders have to keep a manual record of what they have coded and are given 10 minutes for day cases and 15 minutes for inpatient cases. To ensure productivity never comes at the cost of quality, the process can be adjusted according to complexity.

A focus on continuous improvement means the department also has a bi-monthly audit with its own auditor. A formal report is compiled and each coder has the opportunity to go through the report and discuss with their team leader ways to improve techniques and practices. Trend analysis helps to keep track of how people are progressing.

The trust invests heavily in training and developing its coding staff. Monthly specialist workshops are held and coders are given the opportunity build up their knowledge base and skill mix. The aim is always to promote from within so all managers have been coders. Everyone has the same exposure to workshops and opportunities for training courses, rather than one person being sent on training and then feeding the information back.

The team also maintains good relations with clinical directors, either with regular face-to-face meetings or, where appropriate, by email. The current focus is getting the trust ready for HRG4+, the latest version of the NHS pricing structure. For every change that happens a specific workshop is set up so that everyone is conversant with the changes and their impact.

4. TOP-QUALITY CARE

Patients, rightly, expect the best care and clinicians and healthcare staff do their utmost to meet these expectations. Yet, figures show that there is much room for improvement in many NHS trusts. Out of 471 hospital trusts inspected by the Care Quality Commission in 2016, just 13 were rated "outstanding". A further 179 were rated "good", 168 as "requiring improvement" and 23 "inadequate".[13]

Quality of care in 2016 is in a less positive place than in 2013 according to the Nuffield Trust.[14] While the focus is on improvement, the CQC stated in 2015 that patient safety remained its biggest concern across all health and care services. The report by Nuffield found that in several areas, historical gains in quality were beginning to be reversed, from waiting times for planned treatment to access to mental health services.

To improve care now and for the future, it is necessary to know what has gone before. Accurate data make it easier to keep a clear record of events so that improvement can be measured. The use of data from inside and outside trusts helps them to make meaningful decisions about how they are run.

The importance of technology in the NHS has been growing, underlined by the *Five Year Forward View* and the Carter review. Healthcare informatics too are coming into play and have the potential to make a significant contribution to the NHS, although this depends to a large extent on the accuracy of data.

Lord Carter identified the concept of "meaningful use", which recognises that while the NHS has improved in its use of technology and data, it does not yet achieve comprehensive, meaningful benefits from these assets.

The use of health informatics is growing fast in hospitals and is an important factor in helping trusts deliver safe, effective, accurate care from the first point of contact. New intelligence and analytical solutions aimed at delivering high-quality, safe care could be instrumental in enabling trusts to balance improvements in the patient experience with the efficiency savings they have been tasked with finding.

Healthcare organisations can improve administrative and reporting functions by focusing on structuring and standardising data. However, the true potential of health informatics within the NHS, where the required levels of savings and efficiency are reached, is more likely to be reached if data quality improves. With

accurate data comes the ability to carry out predictive and prescriptive analytics, which has the potential to transform all areas of NHS services.[15]

To optimise data collection, high-performing trusts are fostering close working between their clinicians and coders. They are listening to the views of clinicians, and working to bring them on board and help them understand the value of high-quality data that highlights areas for improvement by creating transparency and the ability to benchmark against peers. This insight leads to better decision making, facilitating a more objective approach by minimising the influence of anecdotal evidence.

It accepted that there is a strong link between high-quality healthcare and an effective reporting culture that allows early identification of any issues. Lessons can be learned and improvements made through open discussion.

But the use of data is not the only way to improve. Trusts can also benefit from sharing their ideas and from looking beyond the front door to investigate new ways of working.

In the year ahead, the Q initiative, launched by the Health Foundation and co-funded by NHS Improvement, will begin to take shape.[16] It is aimed at connecting people across the UK who are skilled in improvement. Q will make it easier for people leading improvement to share ideas, enhance their skills and make changes that enhance healthcare. Patient and carer feedback also offers valuable input when investigating where improvements are needed; the NHS exists for its patients and their views can contribute significantly to providing the optimum level of care. ➜

Case Study 3.

How a culture of openness and transparency has helped to bring consistent improvement to quality of care

Guy's and St Thomas' NHS Foundation Trust won this year's CHKS quality of care award. The trust is an integrated hospital and community trust covering a population of 700,000 with more than 1,000 beds.

Adrian Hopper, deputy medical director for patient safety, believes an ongoing focus on quality and safety is behind this success. "The board voices the quality agenda and is very supportive of what we need to do," he says.

When asked what this looks like in practical terms, he say the trust has a well-established clinical outcomes group that reviews data. "We have a regular review and a more detailed monthly review so we have a close handle on the data and any quality-of-care issues," he says.

One area of focus is crude mortality rates. The outcomes group discovered a spike in its figures over the winter of 2015. It carried out a sub-group analysis and then looked at peer hospitals to see whether there were any specific departmental issues. After investigation, the group concluded that winter flu cases accounted for the spike. "We identify clusters of spikes pretty quickly," says Hopper. "If we find there is a cluster of deaths we carry out a rapid, light-touch review to see if we do have a problem. We do this with a number of indicators, including readmissions."

He believes the culture of the organisation is important for the success of these light-touch reviews. Incident reporting is high because of the culture of openness and a willingness to address failings in care. "We generally come out as one of the highest in terms of medicines incidents reporting," he says.

"Reporting is the first step – how we respond is the next important step. When I go to the head of a service to follow up a significant increase or decrease, there is a calm response because we take a considered view."

The trust also makes all its staff aware of serious incidents and any "never events". "We make all our staff aware of what is happening and this means sending trust-wide emails following an incident, to encourage frontline clinical and other staff to come forward with any ideas they may have about preventing similar incidents in the future," says Hopper.

Case Study 4.

Why clinician engagement is important to improve data quality

Clinician involvement and making the link between good data and improving performance is key at Southern Health and Social Care Trust, which won the CHKS data quality award (Northern Ireland).

Good communication and engagement is important, as is the emphasis on re-evaluation and revalidation. All clinicians have an annual appraisal, at which their data are discussed, and their revalidation is also linked to this.

Medical director Dr Richard Wright says: "It's been an ongoing process. I think the reason we do very well is the high level of clinician engagement. Over the past few years we have had a very big push with clinician engagement. That's a big part of it.

"We have one-to-one meetings with them about data quality and coding. There is no magic to it. We listen to what they are telling us. They need to feel they are being listened to and see progress and feedback and the results of their labour."

In Northern Ireland, trusts don't operate on a tariff-based system, so clinicians do not directly see a financial advantage to quality data. However, trusts are measured on areas that indicate quality of care such as mortality and morbidity.

Dr Wright says: "Improving the quality of data is not done for financial gain, it is done to improve the quality of care for patients.

"The system is very much looking at the context of the clinicians' work and matching that with what is happening to the patient in order to drive up quality. We are proud of the whole revalidation and appraisal of clinicians. Good data are crucial. The clinicians buy into that. Every one of our clinicians has an annual appraisal where they are in the spotlight and the way they have recorded data has an impact on them. This drives the culture of quality."

While there are no financial tariffs, good-quality data feed into the trust's overall governance system and also into service planning. Dr Wright says: "Good data quality is really important when agreeing realistic service-level agreements with commissioners. This is the part that I see as a member of the senior management team. The clinicians won't see this."

The coding and data departments are based in the acute hospitals and are very proactive, being seen around the hospital and helping to develop a culture of patient safety. Dr Wright believes the organisation has the best level of clinician engagement in the province. But there is no complacency; the trust is continuously striving for improvement. A new model of care is being planned, so data presentation may have to change to reflect that. Automatic coding of some of the simpler data has been introduced, which helps to free up time for staff.

Dr Wright says: "The staff have responded well to this. There is a limitless amount of work to be getting on with. The fear could be that you could lose staff, but that's not happening and instead we're managing to drive up the quality of the data."

5. IMPROVING PATIENT SAFETY

Healthcare trusts are facing an unenviable juggling act as they continue to balance cost-saving efficiencies with patient safety. Safe staffing has become an area of focus following the Francis Inquiry, yet this can take a heavy toll on finances, particularly where agency staff are used. But patient safety does not rely solely on having the right numbers of staff. Again, addressing unwarranted variation is key to improving healthcare and to unlocking resources to fund higher-value healthcare. Resources such as the NHS Atlas of Variation[17] can provide data to help services to learn from higher-achieving areas.

Strong leadership is important in spreading this message, and in promoting a patient safety culture and a willingness to change and improve. Having the right data will make it easier to understand the bigger picture, so clinicians will appreciate the importance of comparing their trust with others, rather than continuing to work in isolation.

Despite the NHS being among the most measured healthcare systems, some say the scope of the data collected is inadequate and there are too many gaps. A drive to gather better, more comprehensive information could help to address the deterioration being seen in some areas of the health service.[18]

The performance of community health services can have a direct impact on NHS trusts, yet there is little information about patient safety in primary care – the point at which most people interact with the health service.

Critically, with primary care also under significant strain, there seems no plan to address this, but with secondary care moving towards greater collaboration with community-based services, it is important that health leaders across all sectors share a clear understanding of the task and can see where services are failing.

Case Study 5.

Small changes and real-time monitoring are making a big impact on patient safety

At Northern Health and Social Care Trust, a management triumvirate has been created to focus on patient safety. Each department has a director, a medical director and a divisional nurse, which results in a more clinical focus.

While trying to put in a new service design and new service models, it became evident to director of operations Pamela McCreedy that frontline staff needed to be involved and knew what needed to change.

She says: "We needed clinical staff on the ground to come up with ideas. That has made a big impact for all of us." As part of a continuum of improved patient safety, the trust also launched IQI – Innovation and Quality Improvement – creating lots of small but innovative changes that have a big impact. A piece of software was also introduced that helps staff to monitor the safety of their ward in real time and make changes accordingly.

McCreedy says: "They can use that information in whatever way makes for better care, for example helping to prevent falls. It helps us to focus on incidents when they happen so that we can learn from them."

The system can also look at staff ratio levels and staffing mix. While staff were initially doubtful about its value, they are now advocating it. McCreedy says: "They now realise it takes very little time in the morning to interrogate. They can look at issues and put in training for their teams.

"The information allows them to identify dementia patients or those at risk of falls as soon as they take them on the ward."

Pivotal to improving patient safety is the ability to communicate effectively and quickly. One of the most successful services to be introduced was the RAID team – Rapid Assessment and Intervention Department – joining up mental health and physical health teams. Specialist teams are on hand 24 hours a day to help care for people who present with any mental health problem, from alcoholism to confusion caused by trauma.

This helps place people on the appropriate care pathway as well to reduce readmission rates and provide more streamlined care. McCreedy says: "As a result of RAID, a consultant was able to discharge someone home straight from the ICU. Linking hospital support to community support has enabled this. They don't just work in the emergency department but also on the wards."

Working in a multidisciplinary team also enables mental health staff to transfer their knowledge to the acute teams. In some cases this has reduced the need to call on the RAID team, for example when dealing with delirium.

Case Study 6.

Improving safety by focusing on excellence 24/7 care

This year CHKS recognised excellence in delivering 24/7 emergency care with a new award. The top trusts across the UK were identified by a data-driven shortlist and invited to submit their entry for the award. An expert panel of judges then evaluated the submissions and shortlisted three trusts to be visited during March and April . The winner of the inaugural excellence in delivering 24-7 emergency care award was Leeds Teaching Hospitals NHS Trust.

The trust is signed up as an early implementer of 24/7 services, and a comprehensive review of consultant cover has been undertaken. In most areas consultant staffing and ward rounds have been shown to be compliant with the seven-day service standard.

Other initiatives to support the successful delivery of 24/7 care include:

- Development of an electronic handover system to assist with accurate handover between shifts.
- Access to diagnostic services, including imaging, echocardiography, endoscopy, pathology, radiology and haemotology.
- A comprehensive, consultant-directed critical care service, supporting all specialties within the hospitals.
- Seven-day cover in all core areas, such as respiratory, orthopaedics and stroke services, with cover extended in medicine and respiratory to support weekend discharge planning and referrals.
- Collaborative working with support services to reduce delays, including: hospital social workers; collaborative early discharge and assessment team; Hospital to Home discharge support service; extended ward-based pharmacy cover; electronic referral processes; weekly working group to review delays; monthly meetings with mental health care trust to address concerns and delays with a shared escalation process; and acute liaison psychiatry in both emergency departments.

Stephen Bush is a consultant in emergency medicine and clinical director, acute medicine.

He links the delivery of care to workforce and flow. "I am specifically proud that we have a consultant here 24/7 covering both sites at any time of the day or night and have had that in place since September 2012," he says.

To manage demand and patient flow through the units, the trust has set up 10 principles by which all staff abide to promote a good patient experience. Stephen says: "Patients don't fall into neat groups. The agreement is a compact. Non-elective patients are everyone's responsibility, it's not just about the clinical outcomes."

6. PERFORMANCE AND OUTCOMES

Over the past 15 years we have seen a number of performance measures drop in and out of use. Transparency and openness about failures and mistakes can stimulate improvement in care and outcomes, and also support greater devolution of decision making. Providers have an incentive to use this information to understand how well they are doing, and it gives patients and the public a better insight into their care.

In his 2015 speech to The Kings Fund, health secretary Jeremy Hunt said: "Self-directed improvement is the most powerful force unleashed by intelligent transparency: if you help people understand how they are doing against their peers and where they need to improve, in most cases that is exactly what they do. A combination of natural competitiveness and desire to do the best for patients mean rapid change – without a target in sight."[19]

Clear and accurate measurement of performance can show where improvement is needed and provide early warning signs when performance is beginning to decline. Measuring and comparing performance against others can motivate clinicians; mortality rates and patient experience are two of the areas where measuring performance has led to improvement, boosting quality of care and patient safety.

Understanding the patient experience is fundamental to making improvements. Working to get adequate input from patients will help trusts start to make the changes that lead to better outcomes.

From measuring performance and using patient feedback, many trusts have made what may seem like small, simple changes – but these changes can be significant in terms of making life better and easier for patients.

A study by Healthwatch[8] that asked more than 3,000 patients about their experiences of the discharge process found that a safe, dignified and good-quality service was not being delivered consistently across the country.

It is acknowledged that emergency readmissions cost the NHS more than £2bn a year, but there has been little knowledge of the human cost of this. The study found that patients wanted their experiences to help inform improvements to services. ➜

Patients' main complaints about the process were: delays and lack of co-ordination between services; not being able to access community support after discharge; not feeling involved in decisions about their own care; not having the information they needed; and not being listened to. Some felt their full range of needs had not been considered – for example, physical and mental health, housing and finances.

But while the use of this type of data has yielded improvements at local level in some trusts, Healthwatch claims such initiatives are not being shared widely enough to resolve the problems that exist at national level.

The best trusts take the opportunity to look at other organisations and see what new ways of working are emerging as a result of measuring performance. This can trigger wider improvement, making patients less likely to face a postcode lottery in terms of the care they receive.

Initiatives include the recruitment of extra staff to speed up completion of assessments and to allow for more rehabilitation therapy before discharge. New leaflet dispensers and notice boards have been bought to help signpost people towards the types of help they may need when they get home. Some trusts are also preparing prescription medications 24 hours before a patient leaves hospital in a bid to speed up the discharge process.

The use of real-time information in top-performing trusts has also made a difference, not just to patients but to staff. Being able to monitor what is happening on wards and deal with any problems quickly can help staff see where improvements can be made at the end of a shift, rather than waiting for a retrospective view with monthly figures or analysis.

This can also help the trust to see rapidly which areas of the organisation may benefit from extra support. At Northumbria Healthcare NHS Foundation Trust, winner of the 2016 CHKS patient experience award, staff have embraced measuring performance. Director of patient experience Annie Laverty says: "It's important it's not seen as a judgement, we are just a conduit. Staff can say, yes, we did have a brilliant day today. Or, if the results are down, they can see that staff have struggled and patients may have needed some extra support. That's part of the triangulation. We look at sickness and absence and look at why certain things are happening."

Case Study 7.

Communication is the key to improvement for the New Victoria Hospital

Improving and maintaining quality is at the heart of all activity at the New Victoria Hospital in south-west London, an independent organisation with about 240 staff. Quality manager Kath Dobson does acknowledge, though, that they may have an easier job than other, larger trusts.

However, the building blocks of regular communication with patients and ensuring all staff put patient experience and quality improvement at the centre of everything they do require full commitment. Soon, the organisation – winner of the 2016 CHKS quality improvement award – will have a new day surgery unit, increasing bed capacity by a third. Dobson and her team are determined that their standards will be at the very least maintained, if not improved, despite the expansion.

She says: "A survey revealed that 100 per cent of staff believe that the patient comes first. People go out of their way to achieve excellent customer service. They have a strong sense of commitment and loyalty to the organisation."

To foster involvement throughout the organisation, all patient feedback and other performance measures and outcome data are shared with all staff. Any negative comment or complaint is taken very seriously, followed up and investigated. Everyone takes ownership and a steering group, which is primarily clinical but representative of all departments, will work through quality, professional and regulatory standards and best practice guidelines.

In October 2013, patient feedback questionnaires were redesigned to include Friends and Family Tests. The results are reported back on a monthly basis and circulated to all staff. This means that any negative feedback can be addressed but also that if a member of staff is mentioned for doing good work, that can be seen too.

Dobson says: "We are continuously monitoring what is going on. We also have a quality executive team that meets quarterly and we are always looking for ways to reach patients to find out what matters most to them."

Direct communication with patients is a vital part of their success. Ward manager Jane Harris says the team has embraced the Royal College of Nursing's principles of nursing, which were worked into an improvement audit tool. The principles incorporate the RCN's six Cs: care, compassion, competence, communication, courage and commitment. Harris says: "We chat to a patient who has stayed with us for more than 24 hours, typically three to four days. We got good feedback about how our patients felt; we got to hear whether there were other areas of care they were not happy with. We were conscious that we didn't want it to be just a paper exercise and that we acted on our findings. It was embraced by all the teams of staff."

Feedback from patient questionnaires is collected and validated by an external company, which does the same for other independent hospitals in the area. Where more targeted evaluations take place, for example looking at a particular service area, this enables the New Victoria to benchmark itself against other similar hospitals.

Any "poor" ratings from the questionnaires will be flagged up to the hospital as a red alert so they can be acted on immediately. Every situation where a patient feels the organisation could have done better will be followed up and carefully considered.

The organisation makes its data collection as robust as possible, ensuring as many surveys as possible are returned. On admission each patient is given a feedback form to fill in. The national average of forms returned is about 25 per cent, but after introducing a post-discharge phone call, where patients are reminded about the form, the organisation now has a 28-30 per cent return rate. Plans to make it easier for patients to provide feedback electronically are under way, with the questionnaire being accessible on the website.

Case Study 7. contd

Communication is the key to improvement for the New Victoria Hospital

Technology is also coming into play to help the hospital collect feedback from outpatients. Twice a year, 50 patients are picked at random and given an iPad to fill out the survey. The results are collated using the online SurveyMonkey tool and entered into an audit log.

Staff wellbeing is also a big focus at the hospital. More than 40 per cent of its staff have worked there for more than 10 years; good working conditions are a help, but the organisation also has an emphasis on training and professional development.

Dobson says: "We do a lot of training. We are able to be proactive with identifying new training as we are a private organisation. We recently identified the need for more dementia training, and all members of staff who had attended the training became a dementia friend. We have also incorporated this training into the mandatory adult safeguarding training for all staff. It was a key line of enquiry when the CQC visited and we were able to demonstrate our compliance with this requirement."

For the past four years, an annual, externally collated staff survey has been carried out, which has helped to improve the patient experience. There is a thorough governance review process in place and information from all sources is always discussed, evaluated and fed back to all teams from department to board level, whether negative or positive.

Dobson says: "It's all about feeding back to the teams so the lessons learned can be implemented into service delivery. Maintaining and seeking ways to improve quality of care and service delivery is at the core of everything we do.

"Quality accreditation has helped the hospital improve care as it supports service delivery and defines a framework within which we work, improving processes and organisational procedures."

Director of clinical services Pam Newsham says: "Winning the CHKS quality improvement award is a huge achievement and reinforces the commitment of the entire team in a quality-driven organisation. It reassures our patients that they are at the centre of everything we do and that the service and care they receive will be of the highest standard."

Case Study 8.

Real-time results and staff wellbeing can improve patient experience

A focus on improving patient experience, boosted by investment from the board, has seen Northumbria Healthcare NHS Foundation Trust make significant gains. Winner of the 2106 CHKS patient experience award, the trust focuses on being able to make immediate change when something is wrong, combined with supporting staff to do the best they can.

The use of real-time monitoring of data allows the trust to make a change straight away if patients tell them something is not right. It helps the board to manage and deal with any problems as they arise and also helps the staff to engage fully. The trust started looking at patient experience in 2009 and by 2010 had established the real-time programme, which now sees more than 700 patients a month being interviewed while still in hospital.

The trust also interviews people once they have left hospital and has found that those who have been at home for a couple of weeks are more likely to give a frank, warts-and-all account of the hospital's performance.

The factors that lie behind the trust's success are:

- Standards are set on what is measured. These are based on what the trust knows matters to patients.
- If any ward slips below a 90 per cent satisfaction level an alert is triggered. Information from a number of sources can indicate whether this is just a blip or a consistent problem where a team may benefit from extra support.
- Teams understand their own data and have information about how they are doing.
- To ensure surveys are robust and reliable the trust measures a large amount of information each month. The differences between specialties are based on the views of thousands of patients. The week-to-week ward surveys are small, but include more than half the patients on each ward.

Director of patient experience Annie Laverty says: "When we introduced this we asked consultants what we could do that would make them trust the data. They said it had to be carried out by a third party and that the data should be benchmarked against national performance."

The benchmarked results allow the board to see that meaningful changes are being made, but can also help to flag up where improvement is needed. The 2014 annual results showed that figures on noise at night were not good. Demographic analysis showed the trust had an older-generation profile, which could mean some patients with dementia were more frightened at night. The trust used this to make improvements and now noise figures are 16 per cent better.

Although the surveys were designed around the things that patients cared about, staff soon began to see that they had natural allies in their patients, as patients also notice things that they do well. Laverty says: "Staff naturally worry about the process because it is looking at their ward and judging what patients think of them, but we are not there to trip them up.

"We show them that we are asking the questions that make sense to them as care providers. We show them the way that we will be scoring it."

The organisation now makes time every month to see what is good and what patients want to talk about. Laverty says: "The more transparent we are, the faster we get better. Keeping it open is really important. If we were to take it away now I believe our staff would be unhappy."

7. CONCLUSION

This report focuses on the winners of the 2016 CHKS Top Hospitals awards, attempting to find common ground between them in order to discover trends and themes that other trusts might find useful on their own improvement journeys.

A consistent theme that emerged is ensuring that the desire to improve is communicated at all levels of the trust and that all staff are encouraged to play their part in finding ways to enhance quality of care. This recognition of the role that frontline staff play in progress towards better care is significant. Many of the award-winning trusts have not only been able to improve quality, they have at the same time seen efficiency savings. Often it can be the smallest of changes that makes the difference.

Making sure data are actionable has never been more important, and in our winning trusts clinicians and coders are working closely together. Clinician engagement helps to ensure the data are accurate, accepted and can be used effectively. Accurate data can help to drive a culture of improvement, and this is reflected throughout the winning trusts.

By sharing examples of success, this report hopes to encourage other trusts to find practical ways in which they can improve – and also to show that they too can achieve excellence and be rewarded for their efforts at next year's CHKS Top Hospitals awards. ■

REFERENCES

1. *Lord Carter of Coles. 2016. Operational productivity and performance in English NHS acute hospitals: unwarranted variations.*
2. *Wachter, B. 2016. Making IT work: harnessing the power of health information technology to improve care in England .*
3. *Stevens, S. 2016. Speech to the NHS Confederation conference.*
4 *NHS England, 2014. Five Year Forward View.*
5. *Powell, M. 2016. King's Fund blog: Challenging traditional relationships and embracing shared decision making.*
6. *Health Foundation. Variation in productivity in hospitals 2009/10 to 2013/14.*
7. *NHS England. 2016. Leading change, adding value. A framework for nursing, midwifery and care staff.*
8. *Healthwatch England. Annual Report 2014/15: People as partners.*
9. *Dunn, P et al. 2016. The Kings Fund: Deficits in the NHS*
10. *NHS Right Care: Reducing unwarranted variation to improve people's health.*

11. *HMFA. 2016. NHS financial temperature check.*

12. *Chartered Institute of Management Accountants. 2009. A picture of health – service cost data in performance management in the NHS.*

13. *Care Quality Commission. Hospital inspections.*

14 *Nuffield Trust Quality Watch. 2015. Closer to Critical.*

15. *Capita. 2016. Delivering the Five Year Forward View through Business Intelligence.*

16 *The Health Foundation. 2015. The Q Initiative.*

17. *Public Health England. 2015. Atlas of Variation*

18. *Health Service Journal. 2016. Making the most from the money.*

19. *Ham, C. et al. 2015. The Kings Fund. Measuring the performance of local health systems: a review for the Department of Health.*

ABOUT CHKS

THE CHKS TEAM HAS WORKED WITH THE NHS AND PRIVATE HEALTHCARE PROVIDERS FOR 27 YEARS AND SUPPORTED MORE THAN 400 ORGANISATIONS.

FROM DATA QUALITY IMPROVEMENT TO HEALTHCARE ACCREDITATION AND FROM BENCHMARKING TO CLINICAL CODING, WE ARE LEADERS IN HEALTH INTELLIGENCE AND QUALITY IMPROVEMENT PROGRAMMES THAT HELP ENHANCE CARE QUALITY, PATIENT EXPERIENCE AND SERVICE EFFICIENCY.

TOP HOSPITALS PROGRAMME

THE CHKS TOP HOSPITALS PROGRAMME AND AWARDS CEREMONY HELPS ORGANISATIONS MONITOR, BENCHMARK AND IMPROVE PERFORMANCE. AS PART OF THIS WORK WE DELIVER A PROGRAMME OF FREE CONFERENCES, STUDY DAYS AND REPORTS DESIGNED TO FACILITATE SHARING OF IDEAS, EXPERIENCES AND BEST PRACTICE ACROSS THE HEALTH SERVICE.

WHY NOT JOIN US AT ONE GREAT GEORGE STREET IN CENTRAL LONDON ON WEDNESDAY 10 MAY TO CELEBRATE OUR 2017 TOP HOSPITALS?

FIND OUT MORE:

+ 44 (0)333 241 2432

INFO@CHKS.CO.UK

WWW.CHKS.CO.UK

CHKS

Insight for better healthcare