

A catalyst for change



These are challenging times for everyone working in the NHS. We all want to see the day-to-day quality of care delivered to patients improved.

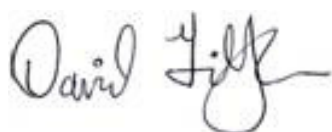
We also recognise that the state of the economy means that, there will be no additional resources with which to do this. We will need to do more and better with less.

At the same time the recent White Paper – Equity and Excellence: Liberating the NHS – will mean that there will be far-reaching changes in all parts of the NHS.

AQuA's job is to inspire and help the North West's NHS organisations to rise to these challenges successfully. We believe we are more likely to succeed by working together – sharing what we have learned and increasing the pace of innovation.

Over the last three months I have been privileged to visit front-line staff in many AQuA member organisations. The energy, commitment and skill being put into delivering improvements in patient care has really impressed me.

This first edition of **AQuA News** describes how we are working with you to multiply these good news stories and to spread these improvements across the entire North West.



David Fillingham, AQuA Chief Executive

WELCOME TO AQuA News,
your new monthly e-newsletter which will
keep you up to date with all the latest
developments in AQuA.

Click any of the links below for full details.

- **Stroke 90:10 Summit**

- **What is AQuA?**
- **What do we do?**
- **Our achievements to date**
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- **Case study:**
Heart failure improvements

- **Stroke 90:10 Summit**
- **Enhanced Recovery Programme**
- **Simplifying measurement for improvement.**

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If you have ideas or
contributions for AQuA
News, please contact
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What is AQuA?

AQuA's aim is simple – to help health services in the North West provide care which is the envy of the world. We know this quality revolution is possible, while still making cost savings.

- It is a not-for-profit organisation with a mission to promote best-quality health care throughout the North West
- A membership of 60 of the 64 NHS organisations in the region each of which pays a subscription
- We are also funded by PCTs to deliver Advancing Quality and receive grants from the Health Foundation
- AQuA's aim is to accelerate the pace of improvement and the adoption of best practice throughout the North West in four areas – health outcomes, patient experience, value for money and staff development
- Existing projects include Advancing Quality, Stroke 90:10, the Mortality Collaborative, plus a growing number of training packages



What do we do?

- We promote and share best practice, provide improvement training to strengthen capability locally and develop comparative information about services to stimulate innovation
- Our strength lies in providing access to analytical tools, patient and clinical decision aids, new clinical technologies and the latest IT solutions alongside service redesign
- We lead in promoting the use of Lean methodology in health care – a system well tried in the past 70 years in the manufacturing and service sectors, which can simultaneously deliver improved quality, safety, cost and morale

An almost **50 per cent cut** in mortality rates among patients with hip fractures was achieved at a North West hospital by using Lean methods to redesign the treatment pathway. This was also coupled with **33 per cent decrease in length of stay**, and a **42 per cent reduction** in paperwork.



Reasons to be proud

Stroke 90:10

As the most comprehensive stroke improvement collaborative in the UK, Stroke 90:10 aims to make stroke care in the North West the best anywhere in the NHS. Since October 2008 this Health Foundation-funded project has been working to ensure that nine key processes are adopted routinely into stroke care. The target was to achieve a Sentinel Audit Score in the 26 participating hospitals on these measures of 90 per cent by 2010 from a baseline in 2004 of 56 per cent. Some individual trusts had already hit the target, whilst others had scores as low as 37 per cent. Since the intervention of Stroke 90:10, the region has improved its average compliance on the nine key process indicators by 34 points, from 72 to 90 per cent.

Advancing Quality

This award-winning programme brought over from America two years ago and pioneered in the North West, is unique in the UK. It supports 24 of the region's trusts to provide the best-possible care in five clinical areas – acute myocardial infarction, coronary artery bypass grafts, heart failure, hip and knee replacement and community-acquired pneumonia. As a result, some Trusts in the region are achieving near-perfect scores in more than one clinical area.



[\(Click here to see case study.\)](#)

Mortality Collaborative

Nine acute trusts identified by the 2009 Doctor Foster Guide as having the worst Hospital Standardised Mortality Rates have been working to improve their scores by 10 points by March 2011. Using analytical tools to help them, frontline and executive level staff are focusing on four aspects proven to improve care outcomes – clinical care, coding and informatics, leadership and end of life care. According to the latest data, four of them have already achieved their goal, whilst five are still working towards it. Royal Bolton Hospital in particular has improved at **THREE TIMES** the national average rate.

Safety nodes:

Three mini-collaboratives, set up as a pilot to look at the safe management of three conditions, are all on target to reach their aims. The 12-month programme funded by the Health Foundation in April 2010, is focusing on venous thromboembolism (led by North Lancashire PCT), pressure ulcers (led by Salford Royal NHS Foundation Trust) and head injury (Walton Centre For Neurology). Each 'node' has had eight days of capability training from the Institute of Healthcare Improvement, and set itself collaborative aims. Initial data looks encouraging. AQuA has supported these organisations to make a difference for their patients locally and to spread these improvements to others.



Building for the future

We at AQuA know that to be most useful to our members we need to ensure they are prepared for the future **BEFORE** it happens.

Three programmes are being developed to support them to do this:

Managing demand

Emergency admissions in the North West are 25 per cent higher than the national average. AQuA is developing a demand management programme to help prevent patients being admitted to hospital when another treatment option would be more appropriate. This as a key strand of our work.

Efficient treatment

Patients need to be treated efficiently. This means that health care systems need to be co-ordinated so that patients receive their care swiftly, well and with the best use of resources. We are promoting the use of the National Institute of Innovation and Improvement provider productivity tools to support our members. By example, Liverpool Community Services has managed to **free 40 per cent of district nurses' time** by using them.

Lean but never mean

A number of hospitals, PCTs and mental health providers are using the Lean approach to deliver better quality with **significant reductions in their mortality rates** and improvements to safety and productivity. We want to accelerate the impact of Lean as well as to support more organisations to adopt this approach.



- **The AQuA Observatory** – this strand provides data and improvement knowledge for members to understand their current positions and stimulate best practice. Watch out for new products before the end of 2010.
- A new **cutting-edge interactive website** from early in 2011
- **Engagement programmes** with AQuA Associates

If all eligible stroke patients received **300mg of aspirin** within **24 hours** and every day for **two weeks**, the UK would save **£12,762,600 in care costs** alone.



CASE STUDY

St Helens and Knowsley Teaching Hospitals NHS Trust

Audit data for the Advancing Quality programme identified that access to the Hospital Heart Failure Service for patients admitted with 'heart failure' was inconsistent.

Patients admitted to a non-cardiac ward (where referral to the heart service for assessment is at the discretion of the responsible physician) did not always receive the right interventions. This data prompted the heart failure service to launch the Advancing Quality programme to create a robust and consistent in-house referral pathway for the management of all heart failure patients.

Advancing Quality has enabled it to achieve a score of 79.21 per cent by standardising the care for all patients admitted with suspected heart failure.

- All patients with heart failure must be referred to the on-call cardiology team and seen by a cardiologist within 24 hours and a heart failure nurse specialist.
- The patient and ward staff receive continuing support from the Heart Failure team throughout the patient's stay.
- On discharge, the heart failure nurse arranges support from the community heart failure team

Documentation has also been identified as a weakness in the other areas in which the trust launched Advancing Quality – heart attack, hip and knee surgery and pneumonia. Tackling this has, with other measures, helped St Helens and Knowsley to achieve near-perfect results for heart attack (97.4 per cent) and hip and knee surgery (96.02 per cent).

October 8:

Stroke 90:10 Summit
– Accelerating Stoke Improvement.
9am to 1pm, Reebok Stadium, Bolton

October 12:

Enhanced Recovery Programme: How to use ERP in Colorectal Surgery.
12 – 1pm, WebEx for executives and clinical staff.

For information visit:
<https://aqua.webex.com>



October 18:

Simplifying measurement for improvement.
10.30-11.30am, WebEx open to all staff.

October 28:

Enhanced Recovery Programme: How Can I measure improvements in Enhanced Recovery.
10-11am, WebEx for executives and clinical staff.

For information visit:
<https://aqua.webex.com>



COMING SOON:

Lean Networking Event –
Find out how to achieve better-quality health care and save resources.



For more information about any of these events, please contact Carole Maloney at carole.maloney@srft.nhs.uk