

CEO Update



Welcome to the second monthly edition of AQuA News.

One of the biggest concerns of patients who attend hospitals, clinics and community settings is "will I be safe"?

This month's newsletter announces the launch of a major drive across the North West to improve the safety of patient care.

Our aim is to spread some of the great innovations that have already happened among AQuA members, and to make care in the North West the safest anywhere in the NHS.

Of course patients want their care not only to be safe but also effective, and elsewhere in AQuA News you can read about how we are achieving this through Advancing Quality and through the newly developed AQuA Observatory.

There are lots of other interesting stories about AQuA's work. I hope you enjoy reading our newsletter.

We are keen to feature examples of good practice and innovation from the AQuA membership and would love to receive your contributions so that we can feature them in future editions of AQuA News.

David Fillingham, AQuA Chief Executive

WELCOME TO AQuA News,

your regular e-newsletter which keeps you up to date with all the latest developments in AQuA.

Click any of the links below for full details.

- Quality, Innovation, Productivity and Prevention (QIPP) Safe Care Work Stream: Safety Express
- Partnership Arrangement with The King's Fund
- AQuA the Advancing Quality Alliance for the North West (NW)
- AQuA Observatory
- North West Reducing Mortality Collaborative: Working Together to Improve Care
- The Dr Foster Hospital Guide 2010
- Greater Manchester Critical Care Network: Service Development, Quality & Safety
- Forthcoming WebEx's for December 2010 & January 2011
- Meeting with The King's Fund: The King's Fund's response to the White Paper

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The **QIPP** Safe Care Work Stream: **Safety Express**

Safety Express is an exciting national improvement programme that aims to support improvements and ultimately deliver no harm care through reliable systems leading to efficiency and cost savings in four avoidable harms: **pressure ulcers, serious harm from falls, catheter acquired urinary tract infections and Venous Thrombembolism (VTE).**

NHS



The programme is split into 2 waves, AQuA in partnership with NHS North West will support at least ten Safety Express 'host' organisations in wave 1, commencing January 2011 with the learning session one event. The North West will form part of the Northern cluster of the programme along with Yorks and Humber and the North East. The host organisations will deliver an improvement collaborative within their health community.

They will also work with front line staff to allow the North West to maintain pace and connectivity to the wider safer care agenda and to make changes to provide better, simpler, safer care for all. The second wave of the programme is scheduled to start in September 2011.

Being a Safety Express host organisation involves forming an improvement team (up to

10 frontline healthcare professionals) to work across primary, community, acute and social care within a geographical location.

It is vital that teams are supported to deliver a significant reduction in the four harms, improving patient care and saving lives whilst simultaneously releasing efficiency savings.

The aims of Safety Express require clinical and system leadership to accelerate momentum and avoid duplication. Improvements are achieved by mobilising patients, frontline teams, organisational leaders, strategic health authority teams and national partners.

Applications for host organisations are under review and successful host organisations will be chosen against the following selection criteria:

- Demonstrable evidence of active participation in patient safety improvement work
- Engaged leadership with demonstrable evidence of safety as a priority
- Able to provide data for in-patient mortality and harm from the preceding 6 months
- Engaged and proactive clinical leadership
- Emergent improvement leader(s), with evidence of a successful project, whom you would like to develop
- Evidence of cross boundary working with partners to deliver change

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KEY AIMS

Safety Express aims to:

- Reduce Category III & IV pressure ulcers by **80%** in hospital
- Reduce Category III & IV pressure ulcers by **30%** in community
- Reduce Catheter acquired urinary tract infection by **50%**
- Reduce Serious injury from falls by **50%**
- Reduce VTE by **50%**



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As with many of AQuA's Improvement programmes, Safety Express will be delivered using the Breakthrough Series Collaborative (BTS) model. The BTS model provides a framework for change where there is a recognised deficit in quality along with benchmarks of excellence.

The learning gleaned from sharing knowledge of what works and what doesn't work through organisational collaboration is proven to

accelerate improvement. Leadership support, patients at the helm, clear aims, a focus on measurement, and clinical engagement are all critical factors that increase success.



Participating teams from the host organisations commit to working together over a fixed period. They attend three learning sessions which incorporate an 'all teach all learn' approach. Learning sessions provide instruction in the theory and practice of improvement, a place to share ideas, and provide feedback to senior leaders, focusing the organisation's learning.

Teams are encouraged to share successes and failures over the course of the collaborative to accelerate improvement and have direct access to 'faculty' and one another via an Extranet home page, regular conference calls, e-mail listserv, frequent written updates and on-site mentoring visits.

15th September 2010 saw the launch of the safety thermometer, a prevalent survey on a given day for the 4 programme harms. It is intended that this tool will be refined and used to support the programme measurement strategy.

What sets Safety Express apart?

We know organisations are committed to improving patient safety.

Safety Express will help clinical teams deliver reliable, sustainable, safer care across whole patient pathways by working with patients, providers and commissioners of healthcare as well as demonstrating improvements in productivity and cost reduction. This will be achieved through innovation and the rapid adoption of best practice, learning from other national teams and spreading what is learnt.

Pictured: Maxine Power, Department of Health National Improvement Advisor leading the safer care work stream of the QIPP programme

NHS North West and AQuA are working together to ensure:

- Alignment of key work programmes; Energising for Excellence (E4E), High Impact Actions (HIA), Patient Safety, QIPP Productivity, AQUA
- Clinicians and patients are in the driving seat
- Workforce development/leadership is in place
- A communication campaign is in place
- Data collection and management supports improvement
- Recruitment of at least 10 'host' organisations to form improvement collaboratives within their health economy



Partnership Arrangement struck with **The King's Fund**

AQuA has forged a partnership with The King's Fund to make their expertise more widely accessible within the North West.

Many NHS staff will have heard of The King's Fund, a charity that seeks to understand how the health care system in England can be improved. Using that insight, The King's Fund work with individuals and organisations to shape policy, transform services and bring about behaviour change. Delivering highly regarded leadership and improvement programmes, they are perhaps the most influential 'think tank' commenting on the NHS today.

David Fillingham, AQuA Chief Executive said "I'm delighted about this new relationship. We shouldn't need to get on trains to London to learn about the latest new ideas and this is the first step in getting the experts to come to us."

Chris Ham, the Chief Executive of The King's Fund said "We are looking forward to working with AQuA members. I know there is a great deal of innovation in the North West and we have a lot to learn from each other."



Chris Ham,
Chief Executive,
The King's Fund

The partnership will initiate an exchange of ideas and analytical skills, promote King's Fund materials and programmes, and create learning opportunities for AQuA members. Beginning in December, three seminars for Board Directors – on the White Paper, Demand Management and Integrated Delivery Systems – will inaugurate the alliance.

AQuA are at an advanced stage of discussions to strike similar partnership deals with other leading improvement organisations. Look out for more updates in future editions of AQuA News.



www.kingsfund.org.uk

About The King's Fund

The King's Fund seeks to understand how the health system in England can be improved. Using that insight, it works with individuals and organisations to shape policy, transform services and bring about behaviour change.



AQuA is the **Advancing Quality Alliance** for the North West

Our name is taken from our flagship programme **Advancing Quality**, commonly known as AQ, which has been up and running for over three years. All hospitals in the North West have participated and this has led to improvements in the care delivered for patients admitted to hospital with community acquired pneumonia, heart failure, myocardial infarction and for patients undergoing a coronary artery bypass graft, or hip and knee replacement.



The last year has been a busy one for the AQ Team as collaborative learning events have been run involving the teams working in these various condition groupings. The AQ Programme Leads from AQ member organisations also met at the Reebok Stadium on 16th November to celebrate the successes of the programme to date and to explore the next steps for how they can work together to deepen and accelerate their learning.

The AQ Team have also recently begun the rollout of AQ into other condition areas, including dementia, psychosis and stroke. Discussions will be taking place with PCTs and providers early in 2011 regarding the potential for extension to other patient groupings whilst exciting pilot work is being undertaken to extend AQ into primary care for heart failure.

The Government's White Paper, Liberating the NHS, envisages a new commissioning system which is focused on improving outcomes, engaging clinical staff and reporting transparently to the public on the quality of care. AQ is ideally placed to be the vehicle for delivering this vision as the NHS moves to implement the forthcoming reforms.

AQuA **Observatory**

Over the last year each SHA region in the NHS has been setting up a Quality Observatory. Their role is to provide NHS staff with the data and intelligence they need to improve services. AQuA has taken on the responsibility of establishing the Observatory on behalf of the North West.

Our aim is develop a leading edge healthcare intelligence service. By networking together various existing providers of information and intelligence we will develop a range of products to support local quality improvements. The development of the Observatory is definitely a marathon and not a sprint. This will take time, but you can expect to see a series of bulletins in the next few weeks outlining the Observatory's products in more detail. In the coming months we will be developing a series of workbooks which identify what is known about best practice and the data and intelligence that we have which shows how well local services compare with this. The workbooks will range across safety issues (such as pressure ulcers, falls, VTEs and catheter acquired urinary tract infections), care domains such as diabetes, kidney disease and lung disease, and opportunities for improving productivity.

Julia Hickling, the AQuA Director responsible for the Observatory said "This is an exciting opportunity to support the improvement of health care service across the NW. I look forward to working with AQuA members in the coming months".



The North West Reducing Mortality Collaborative: Working Together to Improve Care

Nine Hospitals in the North West have been working together in a “Breakthrough Collaborative”, facilitated by AQuA, since April 2010 to bring about improvements in patient mortality rates.

The Collaborative was borne out of the will from a number of organisations in the NW to improve their Hospital Standardised Mortality Rate (HSMR).

Each participating Trust has made a commitment to see a reduction in their standardised mortality of at least 10 points over a 12 month period and use the programme to drive improvements in mortality rates as part of a wider strategy to raise standards of care across the North West.

Breakthrough Collaboratives, like the Reducing Mortality Collaborative, involve a series of learning events for frontline teams and Executives from participating hospitals.

In between the events, teams test improvement ideas and measure the impact of the changes using the concept of Plan Do Study Act cycles (PDSA's). Teams are supported by AQuA through ongoing communication, phone calls and monthly WebEx's.

Six sets of interventions are being pursued:

- **Reducing harm**, for example by tackling healthcare acquired infections or medication errors
- Using **‘care bundles’** to ensure that the most effective care is delivered every time for every patient.
- Improving the **care of the deteriorating patient** by spotting warning signs early and responding quickly.
- Improving **end of life care** to give patients and families more choice and control.
- Ensuring effective **leadership and management** from Boards through to frontline staff.
- Tackling issues to do with **coding and data analysis**.

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Although the Collaborative is only part way through its first year, the nine Trusts have already made improvements. Some, such as Tameside and the Royal Bolton Hospital have made significant reductions in their HSMR from a high starting point.

Building relationships

The Collaborative has also acted as a driver for building relationships with other organisations in the NW, as well as nationally, to share learning and promote best practice.

This includes the National Institute of Innovation and Improvement (NHS Iii), The Information Centre, Liz Robb (formally North London NHS FT) and Wigan, Wrightington & Leigh NHS Foundation Trust.

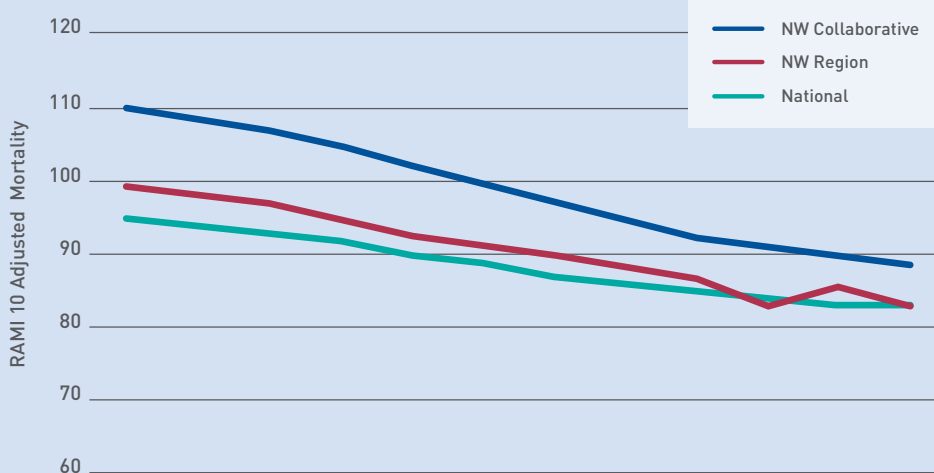
Links with the two current vendors who provide data and measurement on standardised mortality – Dr Foster and CHKS – have also enabled AQuA to provide a workshop with Dr Foster for all membership organisations to discuss and develop a working relationship going forward. In particular, discussions took place in relation to the



Dr Foster Guide which is due to be released at the end of November 2010.

The Reducing Mortality collaborative is now looking at life beyond the end of the first phase of the collaborative (March 2011) and how we can scale up and spread the great work undertaken at a local, regional and national level.

RAMI 10 Adjusted Mortality Rolling year - August 2009 to July 2010





The Dr Foster **Hospital Guide** 2010

Dr Foster specialise in providing information about NHS services. They aim to raise public awareness and standards of care by producing a yearly Hospital Guide which receives wide coverage in the national and local media. This year's Dr Foster guide is due to be published at the end of November.

AQuA has been working with Dr Foster to gain an understanding of what's in the guide and to help AQuA members respond to it. This year's guide covers a wide range of patient safety and quality of care indicators. In particular, it looks at cases of patients who unexpectedly deteriorate following planned interventions. As in previous years, the guide also looks at changing trends in the HSMR.

On 6th October, AQuA in partnership with Dr Foster, held a seminar for AQuA members.

Philip Dylak, Executive Director of Nursing, Tameside Hospitals NHS Foundation Trust, said this about the seminar. "The meeting was a great opportunity for senior NHS managers and clinicians to meet with key representatives from Dr Foster. The wide ranging discussion which took place covered the content of this year's Hospital Guide and the data collection and analysis methods used by Dr. Foster, as well as taking a look at some possible future directions. The exchange of views and ideas was very valuable, and should help Trusts to prepare for the forthcoming publication of the Guide and to set their agenda in relation to HSMR and patient safety going forwards."

AQuA has been working over the last year to help hospitals with relatively high HSMRs to reduce avoidable mortality and we hope this will be featured in the Dr Foster Guide.



www.drfoosterhealth.co.uk



SPOTLIGHT ON

In each issue, we will focus on the work of one of our members. Here we take a look at the work of . . .

Greater Manchester Critical Care Network



Service Development, Quality & Safety

The Greater Manchester Critical Care Network is one of 3 Critical Care Networks within NHS Northwest. As one of the first critical care networks to be formally established in April 2000, we ensure equitable access and care for all critically ill patients and have overseen additional capacity including funding to support the development of new posts as well as significant quality, safety and service improvements.

The last 10 years have seen extensive changes in service profile across Greater Manchester and critical care capacity, especially level 2 care (High Dependency Care) which has had to change to meet new service modelling. Critical Care services are an essential part of the care pathway for many hospital patients. These services should be fully integrated into the whole hospital to ensure timely access and appropriate discharge.

The aim of the Network is to provide high-level clinical and managerial leadership on key service planning issues, to support strategic decisions, and to be an effective vehicle for communicating across Greater Manchester. The network supports PCTs as commissioners of services with the provision of robust information, whilst working with Acute Trust clinicians and others to develop best clinical practice and undertake incremental safety and service improvement work.

As the Network works across the whole acute care pathway, we have good working links with other networks in order to provide a strategic overview of potential areas for shared service development and improving the patient experience, safety and quality. Clinicians and managers at all levels and in all disciplines across the Network are actively involved and engaged in planning the future direction of critical care.

This collaborative approach has led to the development and implementation of:

- Standardised transfer equipment, protocols and training
- Audit of transfers of the critically ill
- Clinical governance strategy
- Multi-professional, multi-site audits
- Collective procurement/purchasing
- Outreach services and outreach audit
- Performance framework including benchmarking measures.
- Network wide service improvement projects

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Patient safety has been a core driver of the network and continues to be the major component of our work. The patient safety agenda has led to projects on the Prescribing Preparation & Administration of Medicines in Critical Care with real Network wide standards in all areas to reduce and manage this high risk area.

The Network has recently established its "SAM" (Safe Administration of Medicines) campaign and we are producing a range of e-learning video packages focusing on Human factors that contribute to errors occurring in this high risk procedure with models of good practice.

Potentially avoidable Hospital Acquired Infections in Critical Care Units continues to be a driver for change in practice and the Network developed an Infection control across a Network (ICON) programme which has now been in place for the past 4 years.

Our local Clinical Lead for this initiative has worked with the NPSA looking at standardisation of data collection and units now submit regular data against standardised definitions. All units in Greater Manchester have reduced their infection rates and work to national High Impact Intervention standards.

Over the past 10 years, The Network has delivered a continuous programme of service improvement and safety culture that has reduced clinical risks to patients.

The commitment to quality and safety in patient care and striving to improve both the patient experience and their clinical outcomes continues to be central to our aim and we look forward to contributing to AQuA's work and agenda.

As part of AQuA, We are delivering a WebEx on Wednesday 2nd March 2011, 8.30-9.30am looking at e-learning/training packages for the Safe Administration of Medicine (SAM) and the impact of Human factors.



Click here for diary dates section for log in details.



For further Information about the Network and our programme, please contact Alan Stevens, Network Director



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WebEx (Virtual meeting/learning space) combines real-time desktop sharing with phone conferencing so everyone can see and hear the same thing at the same time, eliminates the need for people to travel and meet onsite. Joining is easy with just a phone line and internet connection required and other than the cost of the phone call, there are no additional charges.

WebEx's for December 2010 and January 2011

1 December 2010

Department of Health Enhanced Recovery Programme:
Musculoskeletal Generic
2.30 – 3.30pm

6 December 2010

Department of Health Enhanced Recovery Programme:
Gynaecology
2 – 3pm

7 December 2010

Department of Health Enhanced Recovery Programme:
Musculoskeletal - Tips for Improvement
11 – 12pm

10 December 2010

Department of Health Enhanced Recovery Programme: **Colorectal**
12.30 – 1.30pm

13 December 2010

Triple Aim – Co - Creating Health
4 – 5pm

11 January 2011

Global Trigger Tool (GTT)
8.30 – 9.30am

12 January 2011

Developing a Safety Network for Venous Thromboembolism (VTE)
10 – 11am

12 January 2011

Department of Health Enhanced Recovery Programme: **Improving Patient Safety**
2 – 3pm

13 January 2011

Medication errors: Measuring success
8.30 – 9.30am

20 January 2011

Falls Series: Introduction session
3 – 4pm



All the above can be accessed by **clicking here** or log on to <https://aqua.webex.com>

13 December 2010

Chief Executives and Board members meeting with The King's Fund: **The King's Fund response to the White Paper**
5 – 7pm

For more information about any of the above, please contact the AQuA marketing and communication team



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