

Priorities for improvement: part 2 - looking forward

The description must include:

- **at least three priorities for improvement;**
- how progress to achieve the priorities identified in paragraph (a) will be monitored and measured by the provider; and
- how progress to achieve the priorities identified in paragraph (a) will be reported by the provider.

Quality improvement priorities 2012/13: Draft

No	Quality domain	Goal Name	Description of Goal	Rationale for potential inclusion	Indicators & outcomes	Measurement	Assurance & Feedback	Status
1	Safety	Productive ward	Implement Productive Ward/Releasing Time to Care across Torbay Hospital	The Productive Ward is a proven approach to improving all domains of quality as cited on the NICE evidence database e.g. improved patient experience, reduced length of stay and readmissions, improved staff morale, reduction in safety incidents. The Productive Ward enables optimum use of resources by maximising the use of clinical time and reducing waste. The South Devon Productive Ward project has been tailored to meet the local challenges.	1. To complete 69 Productive Ward modules over the period 12/13. These include modules on patient hygiene, meals, nursing procedures	1. Action plan 2. Productive ward measures	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. CIP Board 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters 6. Website (intranet, internet)	Continuation of 11/12
2	Safety	Medicine management	To ensure that patients or carers of patients discharged on a 'high risk drug' or patients that belong to particular vulnerable groups are provided with an appropriate level of medicines information prior to discharge	A secondary driver to a safe medicines management process is for patients and carers to have sufficient information about their medicines to ensure that they are used appropriately and safely. This is particularly relevant when either the medicine is known to be high risk associated with particular adverse effects or where the patient is more vulnerable to inadvertently taking their medicine incorrectly	Improve the quality of medicines information. This will include the agreement of a list of drugs such as: - antibiotics, warfarin, insulin, amiodarone and methotrexate where an agreed intervention prior to discharge is required to improve their safe use post discharge. Particular groups of patients would also be identified, such as; patients being discharged on a compliance aid, patients being discharged on unlicensed medicines and patients being discharged to a nursing home. In each of these situations there would be an agreed intervention.	1. Measurement against agreed plan 2. Feedback from groups	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	
3	Safety	Safety thermometer	Implementation of The NHS Safety Thermometer, an improvement tool for measuring, monitoring and analysing patient harms and harm free care	Participation in data collection using the NHS Safety Thermometer is an important preparatory step for NHS-funded provider organisations in reducing harm. Incentivising use of the NHS Safety Thermometer will increase the participation in this data collection, establish a national baseline of performance on the four harms and provide information on the range of performance. This will allow the establishment of quality improvement aims for year two (further details to follow) and contribute to the provision of data required for the Outcomes Framework and Government Transparency Agenda. This is a national target (CQUIN)	Improve data quality, reporting and subsequent actions	1. Number of months for which a complete record of Safety Thermometer survey data covering all appropriate patients in all appropriate settings for all relevant measures is submitted.	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	
4	Patient experience	End of Life Care	The route to success in end of life care - achieving quality in acute hospitals - (implementation & integration of good end of life care 'enablers' at ward level including	The aim of the National End of Life Care Strategy is to provide people in their last year of life with the opportunity to discuss options for their care and for any recorded wishes to be widely available to those caring for them. To be effective, these 'enablers' for good end of life care need to be implemented across the South Devon health and social care community.	1. Implementation and integration of advanced care plans, use of EPCCS electronic palliative care co-ordination system (EPCCS), new TEP forms and enhanced use of rapid discharge pathway and Liverpool Care Pathway	Evidence of implementation & integration on agreed number of adult wards compared to baseline measurements	1. Quality Review Meetings with Commissioners 2. Work stream 2 - Patient experience 3. Governors sub committee - Quality & Compliance Committee 4. Newsletters 5. Website (intranet, internet)	Build on work in 2011/12
5	Patient experience	Way finding	Improve the internal & external way finding & signage at the Torbay Hospital site	Every year the Trust undertakes an annual survey of its Foundation Trust members. From the responses received an area identified for improvement was way finding/signage. The Trust has embarked on a number of pieces of work to improve this incorporating the feedback from patients and groups e.g. Low Vision Group	Provide clearer external and internal directional and way finding from the Hospital entrances up to departmental entrances.	1. Patient/members feedback 2. PEAT score 3. Actions completed against project plan	1. Work stream 2 - patient experience 2. Operations Group 3. Newsletters 4. Website (intranet & internet) 5. Governors sub committee - Quality & Compliance Committee	
6	Patient experience	Carers	Subject to discussion work stream 2 meeting on the 17/2/12					
7	Patient experience	Communication	Increase the number of letters written direct to the patient and copied to the GP	Part of the Government's policy is to increase patients' involvement in their own care and treatment and also for them to have more ready access to their information. There is considerable evidence and experience to suggest that patients receiving good quality letters/information respond very positively and with the outcome of improved satisfaction and reduction of anxiety. Currently most letters only get copied to patients and the aim is to move away from this being the norm to patients receiving information direct and copied to other health care professionals.	To increase the % of number of letters sent direct to patients/families. (Trajectory to be agreed)	Monitor no of patients copied to patients & audit letter style	1. Work stream 2 - Patient experience 2. Governors sub committee - Quality & Compliance Committee 3. Newsletters 4. Website (intranet, internet)	

8	Clinical effectiveness	Sepsis	Develop, test and apply the enhanced recovery model of care to medicine (acute sepsis) with an initial focus on Urinary Tract Infections	The enhanced recovery model of care within surgery is clinically proven because it improves the elective/ planned care pathway for patients enabling them to recover more quickly with earlier discharge and reduced postoperative complications. What is less well known is whether the principles can be more widely applied outside the field of surgery. This innovative piece of work takes the principles of enhanced recovery and applies it to medicine to see whether the benefits can be replicated more widely.	1. To design, test, monitor and review an enhanced recovery UTI patient pathway The team will use the Institute for Health Improvement PDSA methodology	1. Actions completed against project plan 2. Patient feedback & satisfaction 3. Outcomes (length of stay)	1. Quality Review Meetings with Commissioners 2. Work stream 1 - Safety 3. CIP Board 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters 6. Website (intranet, internet)	
9	Clinical effectiveness	Research	Increase the number of patients entered into clinical research	Research is vital in order to provide the new knowledge required to improve health outcomes and ensure evidence based practice. It is even more important when resources are under pressure - i.e. both from income generation for the Trust and also due to the outcomes of Research which identify new, more cost effective/beneficial treatments etc. Participation in a wide/varied portfolio of studies benefits to the South Devon Healthcare community, Involvement in Research leads to better outcomes for patients etc. Aligns to government policies on NHS R&D and improving the health & wealth of the nation agendas	Performance against national objectives set by the NIHR e.g. Recruitment to time and target	No. of patients entered into research projects monitored/measured by R&D Department	Recruitment data reported to R&D Department, reviewed by R&D senior management team, problem/poor performing areas identified and where necessary action plans developed/implemented to improve performance	
10	Clinical effectiveness	Young people	Transition of care for young people	Medical advances over the last 30 years mean that increasing numbers of children with long term conditions are surviving to adulthood. This means the way transitional care from paediatric to adult services is important. Successful transitional care can improve health related quality of life outcomes.	1. To improve the transition of care for all young people with long term health conditions through defining groups appropriate for transition, identifying the appropriate requirements, setting up and managing the appropriate arrangements for transition	1. Actions completed against project plan 2. Compliance in year against agreed groups approp for transition	1. Quality Review Meetings with Commissioners 2. Work stream 2 - Patient experience 3. Quality Review meetings with commissioners 4. Governors sub committee - Quality & Compliance Committee 5. Newsletters	