



Best Practice – Top Hospitals 2018

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

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Quality of care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

References

ⁱ <https://www.kingsfund.org.uk/publications/making-case-quality-improvement>

ⁱⁱ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

ⁱⁱⁱ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/650/650.pdf>

^{iv} https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737459/government-response-to-hscc-report-on-integrated-care-organisations-partnerships-and-systems-cm9695.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=9813802_NEWSL_HMP%202018-09-07&dm_i=21A8,5UCDM,TCPGR2,MUCBT,1

^v *Based on National Bowel Cancer Audit and GIRFT data

^{vi} *Department of Health and Social Care 2015