



# Quality Improvement at Salford Royal: NHS Foundation Trust

Dr Paul Sullivan – Clinical Director of Quality Improvement

John Bellerby – Quality Improvement Lead

# The Start of the Journey

- 2007 – Maxine Power Health Foundation sponsored Quality Improvement Fellow at Institute of Healthcare Improvement
- “Events for your chief executive’
- Board of Directors visited and completed Boards on Board
- 2008 Quality Improvement Department launched – staff with little or no experience of healthcare (or improvement)

Salford Royal   
NHS Foundation Trust

University Teaching Hospital

safe • clean • personal



- Three year Quality Improvement Strategy
- 2008-2011

## Quality Drivers



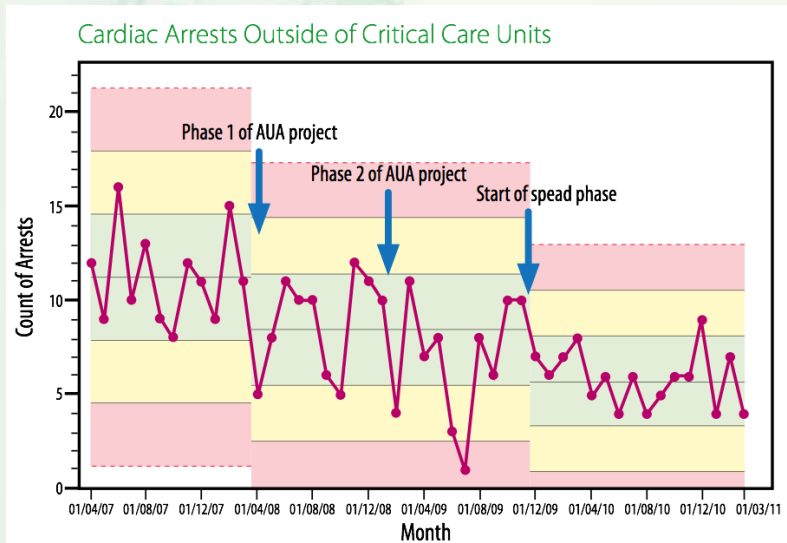
# Leadership & Culture

- Quality and Safety section at the monthly Board meeting
- Dedicated Executive Quality & Safety Improvement Committee
- Each Board meeting begins with a patient story
- Executive Safety WalkRounds™



Board on Board

# Measurement



## Quality Drivers



“Don’t just tell me it’s better, show me.”

# Quality Initiatives

## Safe

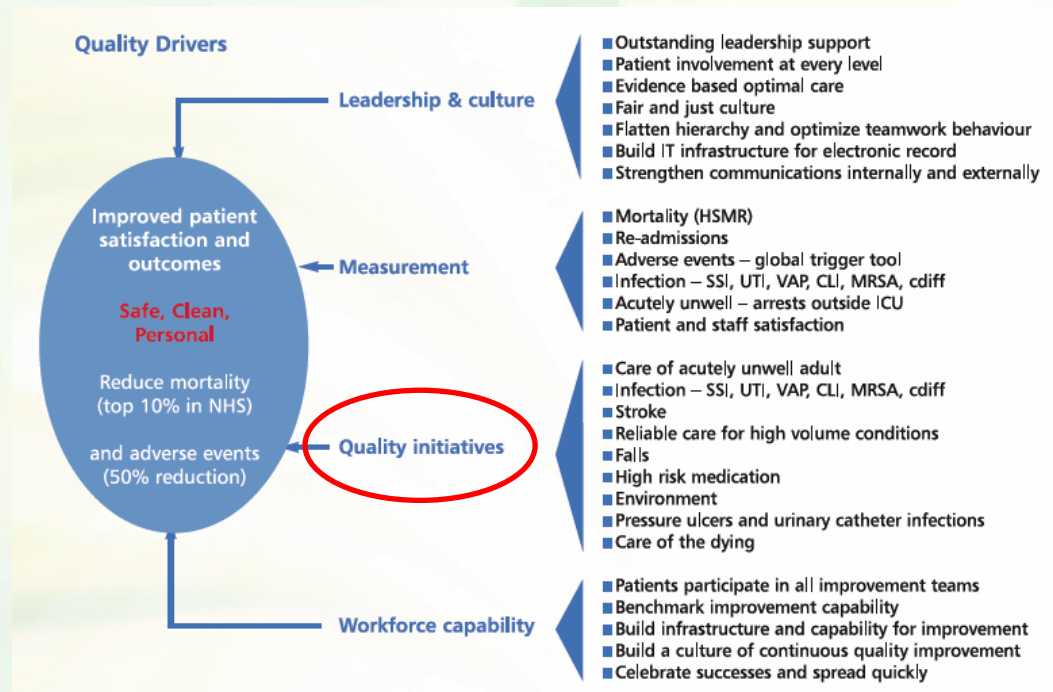
1. Acutely unwell adult
2. Reliable care: Acute myocardial infarction  
Heart failure  
Hip and knee replacement  
Community acquired pneumonia
3. Stroke
4. Falls
5. High risk medications
6. Pressure ulcers

## Clean

1. Reduction of infection:
  - Clostridium difficile*
  - Central lines
  - Surgical site infection
  - Urinary catheter infection
  - Ventilator acquired pneumonia
2. Environment:
  - Toilets and bathrooms

## Personal

1. Patient Experience Tracker (PET)
2. Nursing Assessment and Accreditation System (NASS)
3. Staff engagement and awareness
4. Patient engagement and awareness
5. End of life care
6. Customer Care



Systems are redesigned from the bottom up using small tests of change

# Workforce Capability

Programme	Members of Staff Trained
Institute for Healthcare Improvement Fellows	2
Lean Practitioners	15
Microsystem Coaches	3
Leading Improvement in Patient Safety Programme	We participated in 4 programmes
Clinical Leaders Programme	24
Nursing Leadership Programme	140
IHI Patient Safety Officer Training	4
Collaborative Learning and Quality Improvement Courses Participation	1080
Clinical Quality Academy	60
Values Champion & Staff Groups	240



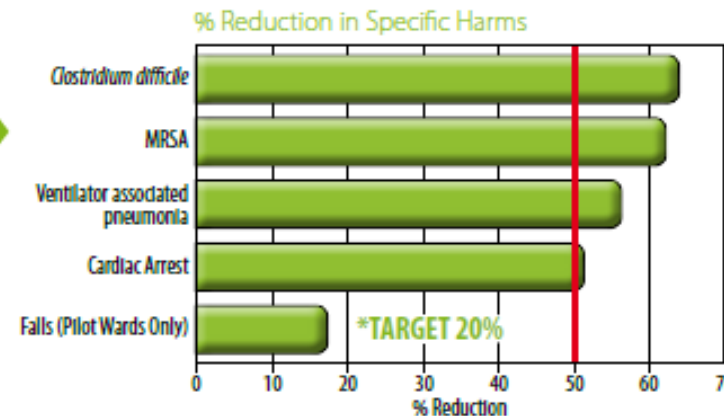
Towards a culture of continuous improvement

# Achievements

To save 1,000 lives by reducing our mortality rate (HSMR) to one of the lowest in the NHS

- > We have saved **935** lives over 3 years
- > Our standardised mortality ratio is in the **best 10%** of the country

To reduce harmful events by 50%



That 95% of patients would recommend Salford Royal to friends and family

- > For 3 consecutive years **95%+** of patients would recommend Salford Royal to friends and family

85% of key scores above average or better in the Staff Survey 2010

- > We achieved top ratings for 3 consecutive years, **92%** of key scores above average or better **Staff feedback places us as the best Acute Trust in the North West**
- > Top **20%** of Trusts for staff feeling satisfied with the quality of work and patient care they are able to deliver

- Second three year QI strategy
- 2011-2014

# Reflections on phase 1

- Scope
  - Using “Harm” and “Safety” as exclusive targets
  - What is harm?
  -

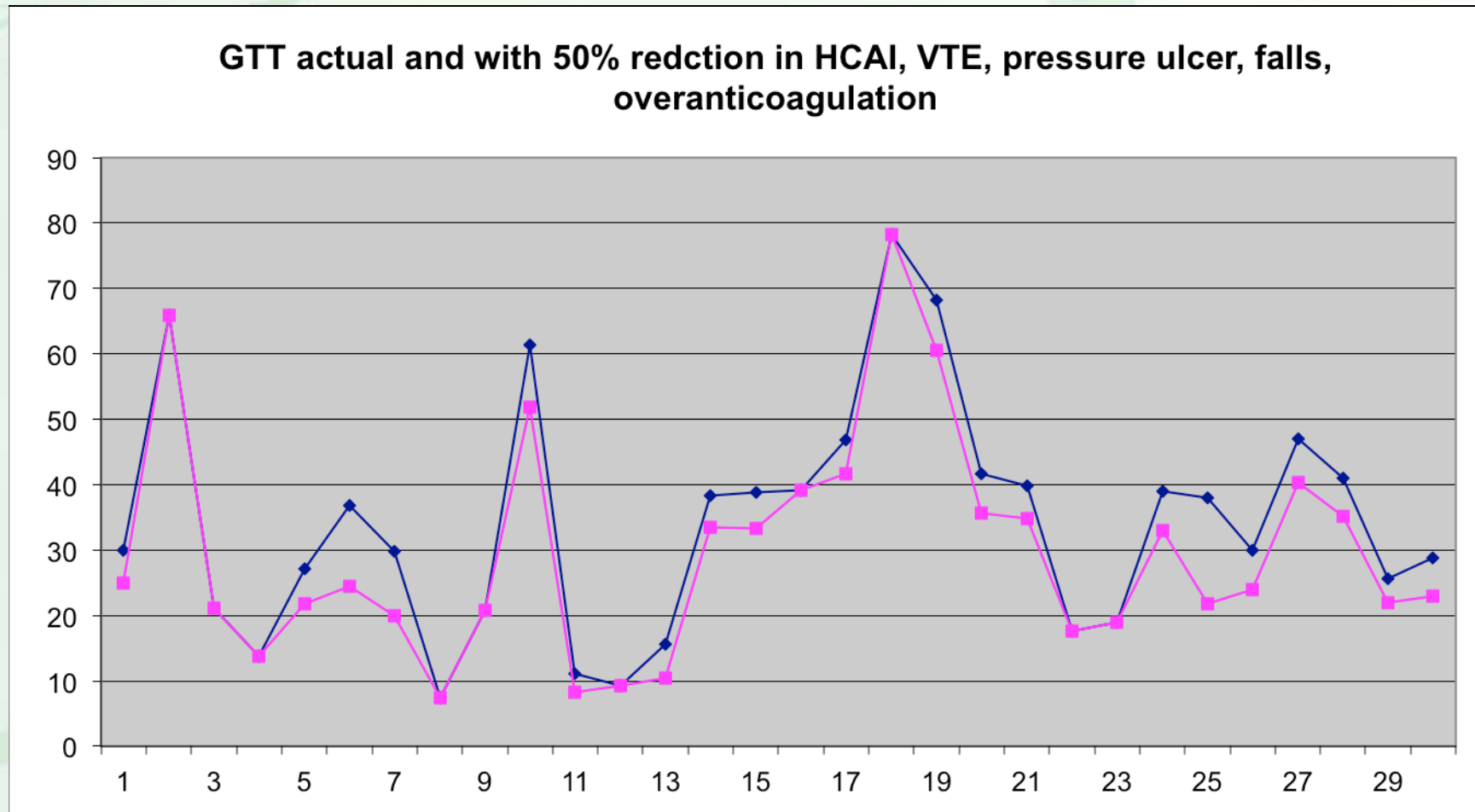
- Pediatrician's perspective:
- “Harm is anything you would not want to happen to your child”

- Do we need a definition at all?

Should we simply target what is bad?

# Measurement

**GTT actual and with 50% reduction in HCAI, VTE, pressure ulcer, falls, overanticoagulation**




# Accountability

- First phase- QI directorate seen as responsible and accountable for delivery of outcomes
- Second phase- accountability is with directorates
- QI department support, advise

# Flexibility

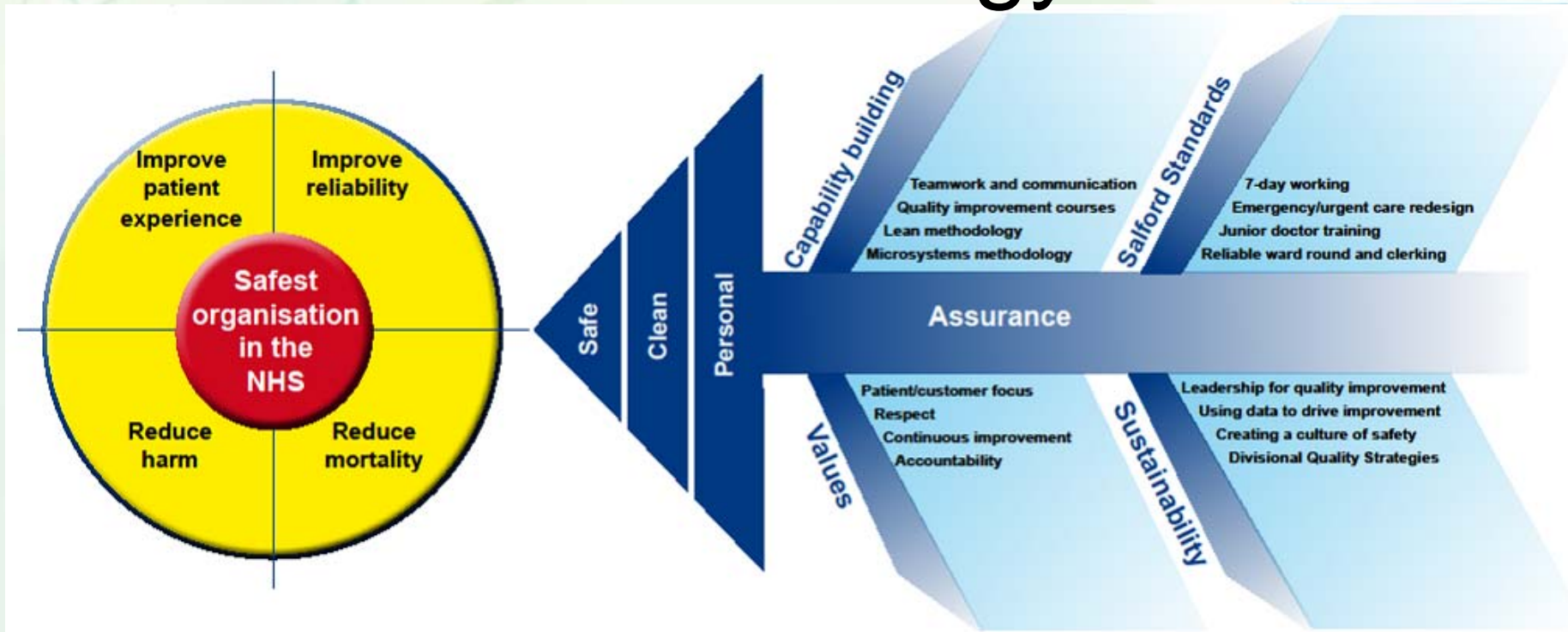
- First phase – focus on Collaborative Model
- Second phase – mixed model
  - Clinical Microsystems
  - Collaboratives
  - Lean
  - Engaging business analysts

- 
- 2-3 of exec
  - Board trained
  - Predictable clinicians

- Whole exec
- Board engaged
- Language widespread

- Some of board genuinely “converted”
- Method knowledge widespread
- Involvement of the “unexpected”

# The Next Strategy



## SAFE

- a) Reliable care for high volume conditions
- b) Harm Free Care Project
- c) Pressure Ulcers
- d) Delirium
- e) Readmissions
- f) VTE
- g) Falls
- h) Medication safety

## CLEAN

- a) Surgical Site Infections
- b) Sepsis
- c) CA-UTI
- d) Productive Series
- e) CDiff
- f) MRSA
- g) E-Coli

## PERSONAL

- a) Hospital Empowering Loved-ones and Patients (HELP)
- b) End of life care
- c) Nutrition
- d) Intentional Rounding
- e) 7-day working
- f) Patient and carer centred working

# Questions?

Salford Royal **NHS**  
NHS Foundation Trust

*University Teaching Hospital*

safe • clean • personal

