NHS Institute Worldwide

Promoting Healthcare Excellence Globally
NHS Institute Worldwide

QUALITY AND PRODUCTIVITY AT ORGANIZATIONAL LEVEL
Context

- £355 million large Acute Teaching Hospital
- Serve population of between 400,000 – 650,000
- One of first 10 FTs authorised
- Consistent good performance on national performance indicators, patient satisfaction and safety indicators
- 10+ year history of service improvement and transformation
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<td>* Staff transfer from another trust</td>
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Eight years as a Foundation Trust

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<td>6.3</td>
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A small selection of key targets

- 90% of admitted patients treated within 18 weeks of GP referral*
- 95% non admitted patients treated within 18 weeks of referral*
- 98% A&E 4 hour treatment target*
- 9 different cancer targets*
- Max 67 Clostridium difficile cases - 1 extra case = £5.6 million penalty*
- Eliminate mixed sex sleeping accommodation*
- 99% of diagnostic patients treated within 6 weeks of referral*

* Contractual penalties for failure
RD&E Challenge 2011/12 – 2013/14

- Payment By Results tariff deflation - £37m
- RD&E “share” of commissioner QIPP savings - £13m to £28m
- Internal funding requirements - £5m
- Total cost savings 16%-20% (£55m - £70m)
- PLUS
- Other issues
  - Contract penalty risk circa £20 million per year
  - 30% tariff on additional emergency activity 2008/09 baseline - £20m per year
So the task is to:

- Improve Care – Safety and Quality
- Improve Patient Experience
- Improve Productivity
- Meet all targets – avoid penalties
- Absorb 70% of cost of growth in emergency demand

AND

- Deliver recurrent cash releasing savings of 5 – 6% per year
An Improvement Journey

• 2003 Pursuing Perfection – small tests of change and PDSA cycles
• 2007 Leading Improvement in Patient Safety
• 2007 Strategic Direction built on Public and Patient priorities
• 2008 NHS Institute Productive Ward and Productive Theatre pilot
• 2008 Patient Safety First, Service Line Reporting
• 2009 Quality Accounts
• 2011 NHS QUEST
• 2011 Revised Strategic Direction – pathway focussed
The Overarching Philosophy

- Improvement drives safety and quality, quality drives productivity, together they drive transformation
- Therefore, for all conditions/pathways design and build a care system that delivers theoretically ideal care, across all six dimensions of quality
  - Patient Centred
  - Safe
  - Timely
  - Effective
  - Efficient
  - Equitable
Transformational Change

= 

Small changes for large numbers of patients
Strategic Direction

- **Our Vision**
  - To provide safe, high quality, seamless services delivered with courtesy and respect.

- **Delivered via**
  - A transformational change programme that enables us to deliver clinically safe and financially sustainable care for our patients.
Fit for the Future Approach

- Face the organisation and the public and engage them in finding solutions
- Set the context
- Be honest
- Tell a compelling story be clear the “cavalry is not coming over the hill”
- Focus on driving productivity through improving patient safety and improved outcomes
2011/12 Approach

Executive Director
Sponsor
PMO function

Redesign, safety and quality focus, enforce policy, drive hard nosed reduction in cost
First Do No Harm

- Quality and Productivity: the Economic Case
  - Estimated 900,000 incidents a year result in harm or near harm to NHS patients
  - 25% of incidents and 39% of near misses go unreported
  - 27,000 extra bed days
  - Average cost of £7.4m per hospital
  - Adverse events cost £2b in hospital stays alone
  - £400m clinical negligence settlements
  - This excludes variation in application of accepted best practice

(Source: NPSA)
Hearts and Minds

- A focus on patient safety and quality enables clinicians to drive productivity – best gain comes from working across entire pathway

- Some examples
  - Early supported discharge – stroke
  - Seek and Destroy Infection
  - Venous Access Team
  - Preparation for surgery
  - Enhanced recovery
  - Ticket to go
  - Falls reduction
  - # neck of femur
  - Pressure ulcer reduction
  - F1 theatres
## Two practical examples

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Benefit £</th>
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<tr>
<td>Early supported discharge - stroke</td>
<td>£ 2m</td>
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<tr>
<td>“F1” Theatres</td>
<td>£ 1m + £1m</td>
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</table>
Early Supported Discharge

Aims

- To provide intensive therapy rehabilitation and nursing support at home
- Increases motivation and reduces sense of isolation post discharge from hospital
- Reduces carer strain
- Reduce length of time patients stay in hospital
- Increase number of people returning “home”
- Improve productivity
Outcomes

- Positive patient carer and GP feedback
- 40% improvement in number of patients receiving 90% of care in stroke unit
- 22% of patients in cohort had severe strokes
- 11.3 day reduction in length of stay
- 43 additional patients a year return “home” – £2.14m avoided nursing home/residential care cost
- 10 beds released - £0.75m
- 26 avoided admissions - £0.065
- System saving £2.955m minus £0.9m cost
- System benefit circa £2m
Fit for the Future Theatres

- A different approach to theatre utilisation
  - Specialty level
  - F1 Team approach – Surgeons, Anaesthetists, ODPs, Nurses, Managers, HSDU, Secretaries, others
- Lots of data, bust myths
- Lots of tests of change
- High energy, ‘can do’ approach
Ambitious programme

- DC/IP/OP
- Admissions process
- Preparation for Surgery
- Briefing/debriefing
- Consumables
- Community lists
- Equipment/HSDU
- Scheduling
- Start-finish times
Three Waves

1. Spinal
   - Foot and Ankle
   - Urology
   - ENT
   - CWH
   - Vascular/Renal
   - Cardiology

2. Knee
   - Hands
   - Colorectal
   - Trauma
   - Endoscopy
   - Plastics
   - Ophthalmology

3. Hips
   - Shoulder
   - CEPOD
   - Max Fac
   - Breast

What’s in it for me?

- Better working life
- Capacity to meet increasing demand
- Capacity for private work
- An opportunity to shape how savings are made in a positive, patient-centred and safe manner
Outcomes

- Across 27 theatres, 2 Cath labs, 1 pacing lab, and 6 Endoscopy suites covering 20 specialties
  - Recurring savings of £1 million from a £19 million budget
  - Reduce and remove elective lists from evenings and weekends (£1.5m)
  - Transfer 3000 day cases from RDE main theatres to community day case units
  - Remove 1 Theatre by April 2013 (£0.5m)
  - Close 1 community theatre (£0.5m)
## Is It Working?

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<th>Year</th>
<th>2010/11</th>
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<td>Revenue £m</td>
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- **New and Follow-up Outpatient Attendances**
  - 2010/11: 311,678
  - 2011/12: 313,368

- **Elective Inpatient/Day case admissions**
  - 2010/11: 70,686
  - 2011/12: 71,491

- **Accident and Emergency Attendances**
  - 2010/11: 93,961
  - 2011/12: 97,465

- **Emergency admissions**
  - 2010/11: 30,635
  - 2011/12: 31,280

- **Live births**
  - 2010/11: 4054
  - 2011/12: 4,248
Yes But!

- Some thoughts and next step considerations we are pursuing
  - Targets have been achieved but its getting more difficult every year
  - Tensions in the organisation as change becomes real
  - How much real transformation are we delivering?
  - Benefits realisation is tough how do we get better at it?
  - How do we think differently how do we transform our approach?
Review findings

- The programme has achieved some successes, but critically, the scale & complexity of the SR programme is not adequately supported by sufficient technical capability & delivery experience.
- Engagement and understanding of the multiple stakeholder groups is has missed key opportunities to use financial & non-financial benefits as a way to champion new ways of working.
- Governance routines and reporting are not sufficiently mature to aid effective exception management and maintain momentum of the programme.
- Propensity to drive local cost saving activities rather than systematic, end to end process improvements.
We need to change

- Patient flow is our business, but current structure does not take whole systems approach to transformation
- Staff not sufficiently enabled in joining the dots that patient flow is our day job
- Narrative power & impact of Fit for the Future not being exploited
- Programme / project management approach & resource frequently consumed in business as usual activity
- Improve understanding of the transformation road-map and the critical enablers / dependencies within & between workstreams
- Not effectively leveraging areas of good practice already achieved
- Risk that some staff view change as optional
Benefits realization - integrated link between FffT & business as usual delivery
Guiding principles

- Less is more
- Single, cohesive narrative
- Fit for the Future places equal value on quality, cost and delivery benefits
- Only set up that which you are capable of maintaining
- Staff at all levels understand how they contribute as part of Fit for the Future
- Leadership & behavioural change is as critical as process and structure
- Focus placed upon standardisation, reducing variation and building capability to sustain new ways of working
- Rapid adoption & spread
Patient flow driving two core pathways

Elective Pathway
- Diagnostics
- Theatres
- Elderly People
- Therapies & Wards

Emergency Pathway

Organisation Development Strategy

Business As Usual:
- Procurement
- Pharmacy
- SLR / CIP
- Capacity Planning

Accountability Frameworks

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2012/13 target = £17 million will we succeed?
QUESTIONS?
NHS Institute Worldwide

QUALITY AND PRODUCTIVITY AT ORGANIZATIONAL LEVEL