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BUZZ

A **PATIENT FIRST** SPECIAL EDITION

WELCOME

Patient First is our long-term approach to transforming hospital services for the better. You will hopefully already have heard the term around the trust and recognise what it stands for – or you may even have been involved in some of the Patient First projects that are now under way.

This special edition of our weekly newsletter, Buzz, will tell you much more about how Patient First works and explain the key concepts that make it tick.

At the heart of the Patient First philosophy is a very simple truth that it is the people at the sharp end who are best placed to identify the changes that will make the biggest difference to standards of care. What the programme then does is give us the tools and support structures we need to make those changes happen.

We know Patient First works and we know it works best when staff are committed to improvement and prioritising patient care. That's why I'm genuinely excited by what it can help achieve at BSUH. Throughout the time the leadership team and I have been here, we have seen example after example of teams and individuals who are already making a difference and helping our hospitals to improve.

Patient First will build on those achievements and empower the spirit behind them to keep us getting better all the time.

I hope the following pages will give you some inspiring food for thought!

Marianne

Patient First

Patient First is the Trust's plan to continuously improve patient experience. Patient First asks us to do four important things:

Standardise:

Find out what works, and do the same thing each time

Improve:

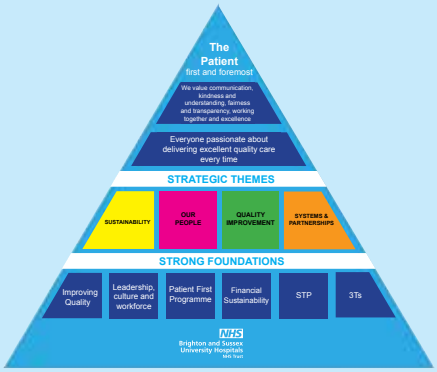
Change a little, but often – and measure the effects

Redesign:

Develop our systems to cut out error and waste

Empower:

Give frontline staff the skills and support to take the lead



Building on progress

Patient First launched across the Trust in September, but many teams and individuals committed to improvement long before that. Some of those projects are using Patient First tools and approaches demonstrating that Patient First is building on what we already know, not starting again from scratch.

Patient First in Action – reducing falls

One of the Trust's True North objectives is to provide harm free care. To achieve that objective, we need to reduce the risk of hospital-acquired harms that patients face. These includes infections, pressure sores and falls.

A spike in falls on Emerald Unit in October 2016 was the driver for the frailty care team to focus on falls long before Patient First arrived at BSUH. The team developed an action plan and started trying different approaches that might help reduce falls. Alarms, socks and mobility prompts were all trialled before a structured, team-wide approach was identified.

The team started by talking a lot. They talked about what had worked and what happened, what individuals had learned and how they could creatively solve the problem. They instigated daily safety huddles to identify 'at risk' patients and discuss how their care was being managed. They also used the safety briefings to share:

- Number of days since last fall
- Implementing and reinforcing 'Bay-Watch'
- Thank yous

They also:

- Undertook an After Action Review for every fall in weekly 'cake' meeting
- Shared learning from other wards with lower falls rates
- Changed nursing handover processes
- Established stable leadership (band 6/7) on the ward
- Focused on recognising unmet needs – pain/continence/constipation/boredom
- Created the 'Love to Move' group to maintain mobility
- Involved volunteers
- Encouraged creativity & 'rule breaking'
- Provided HELP sessions for the team in teamworking & stress management

As a result of their changes, the Emerald Unit has seen:

- Longest period - 84 days without a fall
- A 67% reduction in falls from previous year
- From 68 falls down to 24 falls
- Rate of falls 4.23 (vs 6.6 nationally) – 36% below national rate

While the work on Emerald Unit predates Patient First, the improvement project has many parallels. It uses a whole team approach, incremental improvements, trial and error and using the data to identify where improvement is possible and measure success.

Patient First in Action – local anaesthetic eye clinic

Another example of improvement that predates Patient First but uses the same principles is the local anaesthetic eye clinic developed by Charlotte Lee. Charlotte recognised that there were high numbers of patients scheduled for surgery under general anaesthetic that could be treated using only local anaesthetic, cutting treatment and recovery times and, as a result, cutting waiting times.

Charlotte set up a local anaesthetic clinic Patients arrive at a specified time and their treatment is usually complete within 45 minutes. Charlotte says: "I have had amazing support I have had from all of the medical staff in the ENT department for supporting the set-up of the LA clinic and for the registrars who have been the first ones to carry out the minor ops in the outpatient setting."

Patient feedback through Patient Voice has been extremely positive:

"Very good service, everything full explained."

"On time appointment and very informative doctor and nurse."

"Staff very friendly, explained everything very well. I was nervous when I came in, but they made me feel very at ease."

The Patient First Glossary

A3: The paper size used to set out a full problem-solving cycle.

Breakthrough objectives: Organisation objectives that will achieve a significant breakthrough in addressing a problem and demonstrate fundamental change in the organisation.

Daily status exchange: A daily catch up on the ward between the Ward Manager/most senior nurse and the Nurse in Charge. During the meeting a status sheet containing a number of questions relating to patient care are considered every day.

OUR TRUE NORTH

Driving improvement

Much of the strength of our hospitals lies in the skill, enthusiasm and innovation of our staff. The Trust Board is actively seeking to build an organisational culture that empowers these teams and individuals to make lasting changes that benefit our patients and community.

Within Patient First are our four strategic themes on which we need to focus to create the organisation our patients want us to become:

- Sustainability
- People
- Quality improvement
- Systems and partnerships

Against each of these themes, we have set an ambitious, long term objective. These objectives represent the 'True North' of our organisation – the one constant towards which we must always set our direction of travel in order to achieve our vision.

There are five True North objectives, one for each strategic theme of Patient First plus an overarching measure of patient satisfaction:

- Our True North focus around the patient is on patient satisfaction measured through the Friends and Family Test. We want to achieve an overall score over 96%.
- Our True North focus around sustainability is to reduce our deficit until we balance our budget.
- Our True North focus around Our People is to be in the top 20% in the country for staff engagement.
- Our True North focus on Quality is to be in the top 20% of trusts for preventable mortality and provide 100% harm free care.
- Our True North focus on Systems and Partnerships is to have 95% of patients waiting less than four hours and to reduce referral to treatment below 18 weeks for 92% of patients.

Our True North objectives are our long term objectives. To help us keep on track, we have developed Breakthrough Objectives:

Strategic Theme	Breakthrough Objective	Progress this year
Patient	Reduction in negative feedback where staff attitude is cited as an issue	Awaiting results
Sustainability	Achieve the Efficiency Plan for 2017/18	Achieved
People	Staff believe that Care is the top priority for the organisation	Staff survey shows 4% increase to 68%
Quality	Improvement in recognition and management of deteriorating patients	Metric under Development
Systems and Partnerships	Reduction in the numbers of patients waiting >4hrs in A&E who are not admitted	Step improvement October - December compared to preceding 10 weeks. More challenging during January and February due to wider emergency resilience pressures
Systems and Partnerships	Ensure no patients wait over 52 weeks for elective treatments	Was 200 in April 2017, now 23

As Marianne Griffiths has often said at Patient First drop-in sessions:

"If we can become an organisation where our patients and staff are happy, patients are receiving high quality, timely, harm free care and we have balanced the books, we'll be able to count ourselves among the top trusts in the country."

PATIENT FIRST IMPROVEMENT SYSTEM

Beginning the patient first journey

The Patient First Improvement System (PFIS) is our intensive training programme for units and wards. PFIS is just one pillar of the wider Patient First picture, but it is an effective way to drive improvements and eliminate problems and inefficiencies.

PFIS training equips teams with the skills and tools they need to eliminate those issues that come up time and again – the 'rocks in our shoes' – that prevent staff from being able to deliver outstanding patient care and help us to reach our True North. True North is the term used to describe where we want to be, in terms of performance, in 3 to 5 years.

Facilitated by colleagues from KPMG and our Kaizen team, PFIS comprises four monthly training modules with weekly team days in-between, which are used for coaching and embedding the new tools and practices in the wider ward team.

At least two of our executives are present at every module to support and provide context to the training. This is providing an invaluable opportunity for both executives and staff to get to know each other and discuss current challenges.

"We know everyone at BSUH is working hard," says Chief Medical Director, Dr George Findlay. "Everyone wants to do their best for our patients but sometimes things get in the way – PFIS is about developing you to make the improvements needed for your patients.".

How will PFIS help us?

Implementing the system will support leaders (and staff!) to:

- have time for proactive planning centred around staff and breakthrough objectives rather than just doing reactive management
- have a forum for daily continuous improvement (i.e. huddle) rather than doing lots of disparate projects
- have a structure to manage larger issues through department improvement and unit leadership that is aligned with our True North
- sustain improvement through process changes and standardisation.

PFIS is based on the Lean methodology developed by Toyota to 'maximise customer value while eliminating waste'. On the PFIS training, staff are encouraged to identify 'waste' in their areas – which may include things like unnecessary duplication of paperwork, skilled staff spending too much time doing menial tasks or wasted time waiting for results/transfers or equipment to be delivered etc. and addressing these as opportunities for improvement.

Staff receive specialist training on tools and techniques that will help them to eliminate this waste from everyday processes and continually improve.

PFIS has already been rolled out to more than 40 units at Western Sussex Hospitals over the last two years and delivered good results there by releasing time for frontline staff by making improvements to processes. This is time that staff can now spend giving even better care to their patients.

"We know it works," says Chief Executive, Marianne Griffiths. "And there's no reason why it can't work here.

"We have motivated, passionate and capable staff at BSUH and myself and the executive team are committed to supporting and developing our people – and being visible throughout."

Our PFIS Wave 1 wards; AAU, ED, ITU, Bristol ward, Jowers ward and Donald Hall and Solomon wards from the County hospital site are more than halfway through the modules and are already applying their learning back at base.

Feedback from the trainees is that they are starting to use A3 thinking and their huddles to make improvements and that Patient First is 'opening doors' for them with other teams.

PFIS Wave 2 has started at PRH. Staff from the ED, ICU, Pyecombe, Twineham, Newick, Horsted Keynes and Hurstpierpoint wards had their introductory module last week and will begin PFIS in earnest in April.

Wave 3 will be back at RSCH and start early in the summer. All of the first three waves will be complete by the end of the year.

"We have motivated, passionate and capable staff at BSUH and myself and the executive team are committed to supporting and developing our people – and being visible throughout."

Marianne Griffiths

The Patient First Glossary

Driver metrics: Measures and targets that a ward or department chooses to focus on to drive improvements. Driver metrics are so called because they drive improvement to achieve the target eg: 'reduce 30 day readmissions by 50%' or 'eliminate all avoidable surgical site infections'.

Improvement Huddles: Daily, predominantly standing meetings involving all and any staff in a service team for staff to identify, prioritise and action daily improvement ideas linked to organisational priorities (True North).

Kaizen: Taken from the Japanese symbol meaning 'change' and 'good' – in Lean it means 'change for the better'. In Lean organisations kaizen refers to projects and improvement events in which a cross-functional team studies and then improves an area or process in one week.

Lean: A quality improvement methodology for making substantial, lasting changes in performance focussing on maximising customer value while minimising waste.

Metrics: Measurement of a ward or department's activities and performance against agreed standards.

PDSA: Plan, Do, Study, Act describes the ongoing cycle of improvement. It is a structured problem solving approach to solving small to medium ward or departmental problems and can be used to test different solutions.

Patient First Improvement Programme: The training and coaching plan to give our staff the skills to deliver the Patient First Programme.

Patient First Improvement System (PFIS): A way of working that uses the skills and techniques of the improvement programme routinely in individual wards and departments.

Scorecards: Visual documents/ displays that list the targets for a ward or department to achieve, all directly related to our BSUH True North.

IMPROVEMENT PROJECTS

Driving critical care improvements

Critical Care was identified by the CQC as an area that still required improvements. In developing Patient First for BSUH, the Executive Team saw addressing the issues in Critical Care as a real opportunity to improve patient flow throughout the Trust and help us achieve our True North objectives around waiting times and harm free care. Critical Care was identified as a Patient First Improvement Project and given additional resources to support that improvement.

Interrogating the data, it became clear hundreds of Critical Care hours were lost each week as ward fit patients were stuck in ITU or HDU due to a lack of beds elsewhere in the hospital. Having ward fit patients stuck in Critical Care also meant there was no space for patients who required a critical care bed. In a particularly striking example, a man with throat cancer, who had prepared himself physically and emotionally for significant, invasive surgery had his surgery cancelled on the day it was due to take place.

At the start of the project, an average of 570 ITU hours were lost each week hosting ward-fit patients. As a result of extended ITU stays, patients were being discharged straight home, bypassing the therapeutic benefits of time on a ward before hospital discharge. Improvements in the department have already reduced that to an average of 305 hours over the last four months.

To help identify how best to drive improvements, the Critical Care team attended a Kaizen workshop in February 2018. The team used data to identify where the issues are and discussed how to address them. As well as the lost hours, the data showed:

- A majority of patients were being discharged between 4pm and 10pm, pushing Critical Care admissions into the late evening
- Lack of Critical Care beds was the reason behind a significant number of surgery cancellations

The team identified three projects that would help improve flow and performance and then considered potential root causes and potential solutions:

- Improvement in the process and timing of morning decision making in ITU/ HDU to enable informed decisions sooner and improve flow
- Improvement in communication with the site team regarding 'ward fit' patients to enable tracking and priority of those patients in our flow management
- Improvement in the elective patient booking process for ITU beds to ensure all information is available to enable forward planning without unexpected admissions

These issues are all consistent with trust-wide flow issues and both help and are helped by wider flow initiatives to ensure success:

1. ED flow improvement – Processes in ED are being improved to ensure that our patients are seen sooner when they arrive and receive diagnostic results faster. Work is also being completed to improve the time patients wait to see a specialist consultant
2. General in day flow improvement – discharges before midday are being focused on to improve flow out of our hospital

Those wards that receive the highest number of patients from Critical Care are being targeted as a priority.

Critical Care will be monitoring four metrics to track success:

1. Number of hours per week accumulated by ward fit patients - desired trend reduction
2. Number of 'unexpected' elective surgical patients arriving on the day and cancellations on the day – desired trend reduction
3. Performance against adherence to standard operating procedures – via process confirmation within PFIS
4. Number of discharges before midday by target wards (L8A west, L8T, Renal & L9 surgical) – desired trend increase to 33%

Clare McGregor, Critical Care Matron said: "Being an Improvement Project has given Critical Care the organisational focus it needs to drive improvements. I've got a great team here who are absolutely committed to providing excellent care, but at times we've been hamstrung by the systems, particularly in terms of patient flow. Working through the issues has helped highlight ways we can improve and where we need to work with colleagues throughout the organisation to contribute to wider improvements."

IMPROVEMENT PROJECTS

Patient first in the Royal Sussex County A&E

The Accident and Emergency team at the Royal Sussex County was the first area to start applying the Patient First approach at BSUH, kicking things off with a multi-disciplinary workshop last September.

The team had already made huge improvements into how it worked by introducing round the clock emergency medicine consultant cover (by annual self-rostering), creating the role of clinical fellows and by developing a system of 'single clerking' – which had halved the time it takes to be seen by a senior specialty doctor.

But while these changes made good improvements in the quality of patient care, our performance against the four hour wait target remained low.

The workshop in September looked at ways different teams in the hospital could help reduce our four hour breach figures for non-admitted patients.

Now the weekly Emergency Department Patient First improvement huddles involve representatives from across the hospital to ensure these ideas are followed up and bring real, practical progress. To date improvements have been made to ambulance triage, bloods order sets and imaging processes.

The team have been looking at their peak-time Patient Assessment and Triage system. Although 90% of patients are triaged within one hour and just over half in 15 minutes, they have calculated that 55% of patients could either by-pass the triage step to be treated by an ENP, GP or ED clinician or be redirected elsewhere. A new triage is due to be trialled this month – which could enable 60 to 70 patients a day to go straight to consultation.

Changes introduced to the blood tests requested by A&E doctors produced a dramatic improvement in the number of results being available within 60 minutes. By reviewing the standard profiles of requests being used by A&E and cutting out unnecessary and time-consuming tests, more than 90 per cent of blood test results are ready within 60 minutes. A trial of new blood collection equipment also cut instances of haemolysis, saving time and money by eliminating repeat tests.

Another workstream saw post-graduate qualified reporting radiographers reviewing and discharging patients from the Urgent Care Centre - in line with a scope of practice agreed with ED and Trauma and Orthopaedic leads. Provisional results after discharging over fifty patients suggests that the innovation saved each patient on average over 45 minutes as they did not have to go back to the Urgent Care Centre and wait to be seen and discharged by an ENP or doctor.

The wide range of specialty teams who have been working with the A&E team reflects that a "whole hospital" approach is an effective way of improving our performance against A&E targets. We've seen a tremendous effort from specialty teams, the clinical site management and individual wards to help lay the foundations for continuous improvement in the longer term and work towards our True North objective of 95 per cent of patients seen within four hours.

The Patient First Glossary

Standard work: A written set of step by step instructions for completing a task using the best-known methods. E.g. 'Standing orders', 'standard operating procedures', 'Never Events' are all examples of adopting a standard approach to manage an operational function or clinical procedure.

True North: Where BSUH wants to be, in terms of performance, in three to five years.

CLOSING DATE FOR ENTRIES:
MONDAY 2 APRIL

THE PATIENT FIRST
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2018

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