QUALITY CONFERENCE

# QUALITY IN THE CURRENT NHS STRATEGIC CONTEXT

Chris Hopson
Chief Executive

8 June 2017

# Context: "Unprecedented Scale of Challenge" CQC

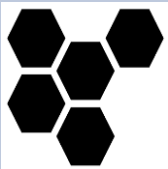
NHS Providers


*Demand* continues to rise inexorably: both patient numbers and acuity

Longest & deepest *financial squeeze* in NHS history. Likely to continue for some time yet

*Performance pressure* continues to mount across the board

*Structural change* underway: from individual providers and CCGs to STPs and accountable care systems & organisations



*New care models*: move underway to integrate care and deliver it closer to home

Rapidly growing *workforce challenge:* shortages, burden on staff, pay restraint

**Rapidly growing pressure and increasing risk meets early signs of change**

# The consequent pressures on quality (1)

Record levels of demand, not matched by increases in staff

Record demand overwhelming existing physical capacity: unsafe occupancy / load levels and longer patient waits

Higher levels of more complex acuity requiring  more complex and more frequent treatment, in turn requiring higher skill levels

Mismatch between staffing levels required to provide consistently good care and the money available to pay for them

Insufficient capital investment to modernise and grow physical capacity and complete required backlog maintenance

# The consequent pressures on quality (2)

Rapidly growing workforce gaps threatening safe provision of / sustainable viability of individual service lines

Increasing reliance on temporary staff with greater variability of skill level

Staff having to "go beyond normal call of duty" too frequently: less time per patient, higher staff turnover, pressure to cut corners, and less training time

Pressure on senior leadership teams – keep ship upright, STPs, new care models, realise efficiencies – means less time to focus on and assure quality

# Winter 2016/17: example of increasing quality risk

- Record demand
- Insufficient physical capacity
- Staff shortages e.g. ED consultants; ambulance paramedics; nurses
- Increasingly wobbly social and primary care
- Most just about coped…but only due to unsustainable extra discretionary staff effort
- Incessant, unsafely high, “one in, one out” occupancy levels
- A few crashed, usually for short periods of time
- Patients now more seriously at risk e.g. increases in long trolley waits & ambulance handover delays
- Clear warning of unsustainability of current approach, particularly given weather and flu rates

# There are some important positives...

Quality and patient safety have  greater focus at system level, reflected at trust level

CQC inspection regime gives a rigorous, evidence based, independent, measure of quality

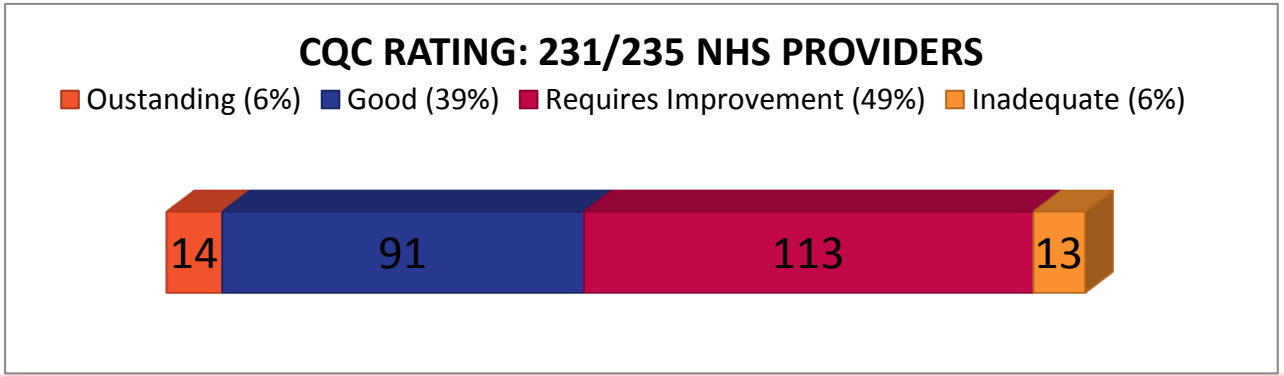
Beginning to develop a structured approach to improving quality

Starting, in some areas, to move to a learning, supporting improvement, NHS culture with less emphasis on hard, finger pointy, accountability

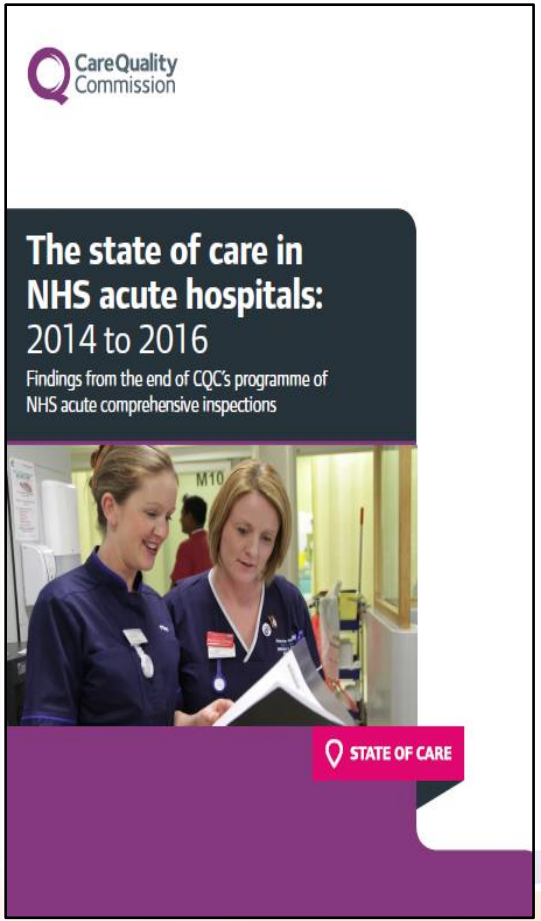
STPs could enable more collaboration to address workforce shortages and new care models could lead to more sustainable care pathways and better patient outcomes

"Transformational change is possible even in the most challenging of circumstances" CQC

# What does the evidence say?

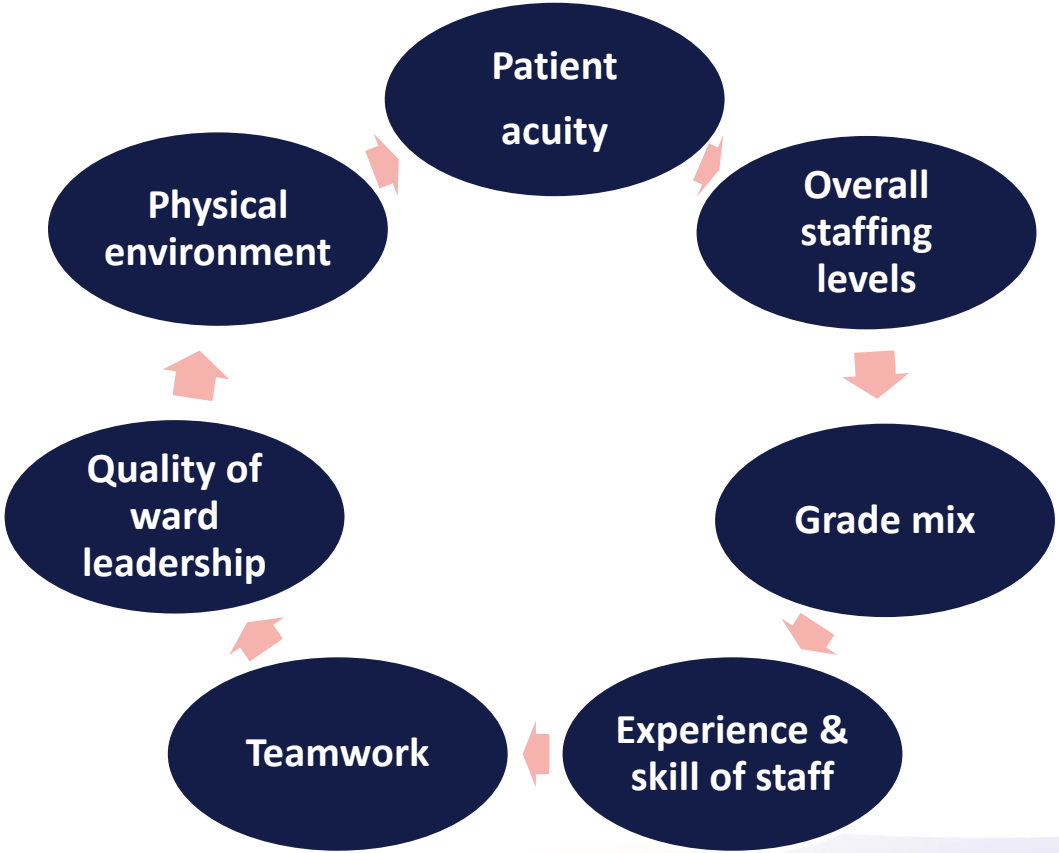



- Unprecedented scale of challenge
- Many have shown they can improve despite challenges
- Some, even “Good”, have blind spots in particular core services
- Best balance money and quality well
- Too few have effective patient safety culture / reliable systems
- Too great a reliance on too few metrics
- Effective, values driven, committed to learning, leadership is key
- Staff survey one of best predictors e.g. leadership, culture, safety
- High levels of compassionate care
- Too many don’t listen effectively enough to staff



# Quality is also about micro factors

- Trusts vs different sites in a trust…
- …Different sites vs different services on the same site
- …Different services vs different settings offering the same service e.g. different wards…
- …Different wards vs different times of day on the same ward



# What we should focus on: learning from the best


1. Quality is obviously and publicly central to the trust mission in a meaningful, not just lip service, way
2. Values driven leadership, from top to bottom, acts, not just talks, as though quality is central
3. Quality is routinely, robustly and effectively measured across a range of measures…
4. ….and this measurement leads to honest, open, rigorous discussion about where quality needs improvement
5. There is a formal, structured, methodology to improve quality with right investment, focus and follow through…
6. ….with excellent staff engagement at its heart
7. Trusts strive to learn from the best
8. The trust culture is firmly anchored on the patient, empowering and supporting staff to deliver a high quality service, with strong emphasis on transparency…
9. …and every day behaviours unambiguously show this