Agenda item 9

Quality Strategy 2018 – 2021

1. Purpose and Approach

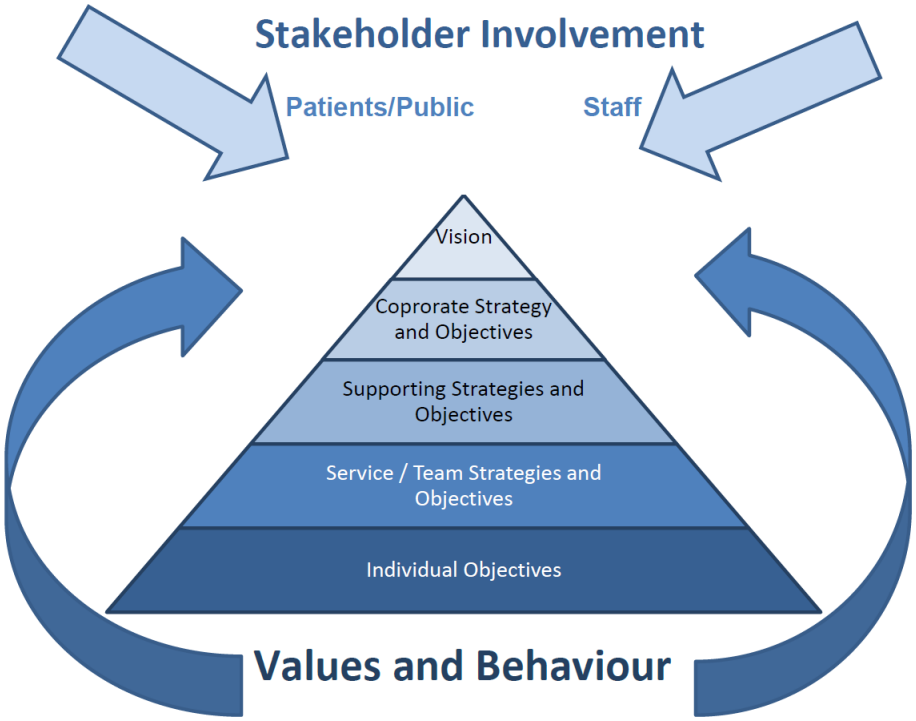
Purpose

The purpose of The Queen Elizabeth Hospital, King's Lynn NHSFT's Quality Strategy is to describe the Trust's plans to provide sustainable, high quality care to the communities served by the hospital.

Approach

The Trust has developed its approach to strategic planning, as described in the model at Figure 1.

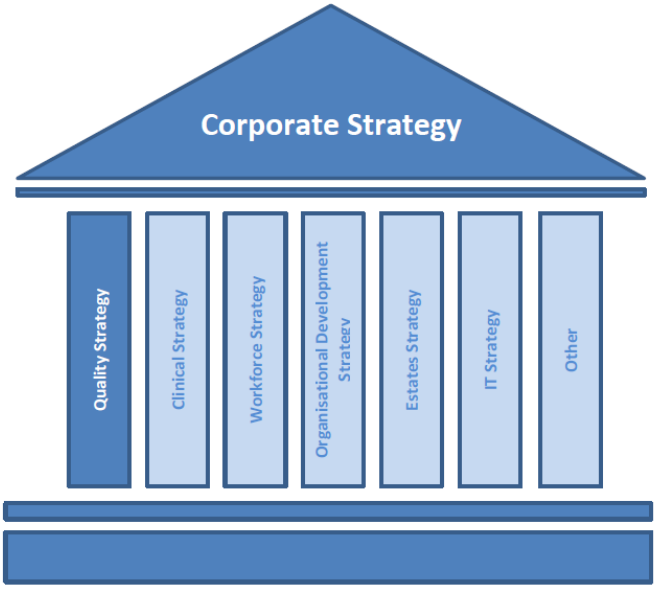
Fig. 1 Strategic Planning



Led by the Chief Executive, the Board has been developing its Vision and Corporate Strategy for 2018 onwards.

The executive team has led on the development of the Supporting Strategies, one of which is the Quality Strategy, the development of which has been led by the Chief Nurse.

Fig. 2 Supporting Strategies



At a 'micro-level' each of these supporting strategies may also have supporting strategies e.g. The Nursing and Midwifery Strategy.

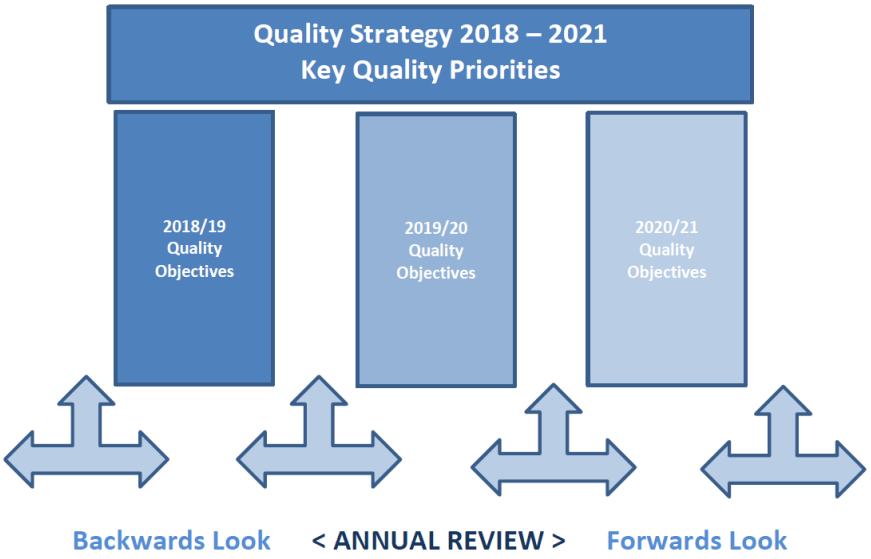
The Corporate and Supporting Strategies, including the Quality Strategy will have overarching high-level priorities for the period covered by the strategy and also objectives for each year of the strategy.

Monitoring and Review

An annual review during the life of the strategy will look backwards at how well the objectives for the previous year have been delivered and will also look forwards to articulate the objectives for the forthcoming year, as well as to review the high-level strategic priorities to ensure that they remain fit for purpose. In this way, the strategies will be living, iterative plans.

The Quality Strategy implementation plan (objectives for the current year) will be monitored and reviewed quarterly at the Quality and Safety Committee, which is a committee acting under delegated authority of the Board of Directors. The Quarter 4 Quality Strategy implementation assessment will inform the Trust's Annual Quality Account, which is published alongside the Trust's Annual Report and Financial Accounts and also on the NHS Choices website.

Fig. 3 Annual Review



2. Definitions

Quality: Care that is effective, safe and provides as positive an experience as possible

Strategy: A method or plan chosen to bring about a desired future, such as the achievement of a goal or the solution to a problem

Objective: Something we plan to achieve

Priority: Something that is regarded as more important than others

3. Looking Back

The Trust's Corporate Strategic and Quality Objectives for 2017/18 were agreed, following consultation with the Governors' Council, as representatives of patients and the public.

The Trust's Corporate Strategic Priorities for 2017/18 were:

- To deliver care that is safe, effective and provides patients with the most positive experience possible
- To develop and sustain a well-led, effective, motivated and productive workforce
- To secure financial sustainability
- To develop, maintain and maximise the potential of the Trust's infrastructure and assets
- To engage effectively in system-wide transformation planning / re-design and plan implementation, for the benefit of our patients and the community we serve

The Quality Objectives for 2017/18 were agreed to support the delivery of those Strategic Priorities.

The delivery of the Quality Objectives has been reported periodically at the Trust's Quality and Safety Committee.

The Table below sets out key elements of our 2017/18 Quality Objectives.

Full details on progress in 2017/18 can be found in the Trust's Quality Report for 2017/18, which is published alongside the Trust's Annual Report / Financial Accounts on the Trust's website from July 2018 and is also published on the NHS Choices website.

Table 1. Quality Objectives 2017/18

Priority / Objective	
Objective 1:	To develop objective and transparent measures for the identification of avoidable deaths.
Objective 2:	Ensure that learning from those deaths is embedded across the Trust to prevent recurrence and to improve the quality of patient care.
Objective 1:	We will improve compliance with EWSS and PEWS to 95% and reduce the number of incidents of failure to detect and escalate.
Objective 1:	We aim to improve the experience of children attending our hospital in all areas and departments.
Objective 1:	Ensuring patients are seen by the most appropriate health professional, at the right time and in the right place.

Patient Safety priority	Reducing avoidable deaths in the Trust
Target	• To develop objective and transparent measures for identification of avoidable deaths • Ensure that learning from those deaths is embedded across the Trust to prevent recurrence and to improve the quality of patient care.
Actions	• Embed the Multidisciplinary mortality review panel that has recently been established. • Ensure that learning from mortality reviews is adopted as a part of routine professional practice across the Trust. • Ensure that all deaths of people with a learning disability are reviewed in conjunction with the Learning Disability Liaison Nurse.
Measuring and Monitoring	• Undertake mortality reviews on all deaths • Report avoidable deaths by department • Publish monthly mortality data and quarterly summary reports • Benchmark Trust mortality rates against national rates
Governance	Regular reports and updates to: • Mortality Surveillance Committee • Quality & Safety Committee • Board of Directors

Clinical Effectiveness priority	Improvement in the care of our patients when their condition deteriorates on our wards
Target	We will improve compliance with EWSS and PEWS to 95% and reduce the number of incidents of failure to detect and escalate.
Actions	EWSS training and use of 'observations made easy' training for all new staff or anyone unfamiliar with the ward so that all staff are confident and competent in undertaking clinical observations and acting on their findings. Introduction of the Nightingale Project - where team members identify and discuss patients who they are worried about and decide on the actions to take. Use of SBAR (Situation, background, assessment, response) as a communication tool to support escalation of concerns, to aid decision making, handover and documentation of action.
Measuring and Monitoring	• % Staff trained • % of patients with accurate EWSS/ PEWS score • % of incidents of failure to detect and escalate • Number of unexpected cardiac arrests • Audit use of SBAR proforma • Reduction in number of incidents relating to failure to escalate
Governance	Reports and updates to: • Quality & Safety Committee • Board of Directors
Patient Experience priority	**Improve the experience of children attending the Trust**
Target	We aim to improve the experience of children attending our hospital in all areas and departments.
Actions	• Develop a strategy for Children and Young People. • Ensure that the voice of children and young people are heard (not just parents perspective). • Actively involve children and young people and act on their suggestions.
Measuring and Monitoring	• % of FFT Response rate • % of FFT likely to recommend • Establishment of a Trust-wide Children's Steering Group • Effective complaints and feedback process for children that they can and do use.
Governance	Reports and updates to: • Children's Steering Group • Quality & Safety Committee • Board of Directors

Build and sustain excellence	Ensuring patients are seen by the most appropriate health professional, at the right time and in the right place
Target	Ensuring patients are seen by the most appropriate health professional, at the right time and in the right place
Actions	• Adoption of the SAFER Patient Flow bundle • Expected date of discharge used as a part of routine clinical practice • Implementation of early discharge for appropriate patients • Patients (and /or their next of kin) will be involved in developing their plan of care and made aware of their progress and the plan for discharge • Improve partnership working to ensure services are provided to patients in the most appropriate setting for the patient • Frequent attenders meetings will aim to identify the most appropriate interventions to support such attenders to manage their health & social needs outside the hospital setting • Delayed transfer of care meetings will work collaboratively to ensure that patients that are medically stable and fit to transfer out of hospital will be facilitated to transfer to a more appropriate care setting as soon as possible
Measuring and Monitoring	Metrics used that demonstrate: • % of patients receiving senior review before 11am • % of patients discharged before 12 noon • % of patients with a LOS over 7 days reviewed by peers on a weekly basis • % of patients or their next of kin that can answer the 4 standard questions relating to their condition, treatment, progress and arrangements for discharge.
Governance	Regular reports and updates to: • Quality & Safety Committee • Board of Directors

4. Looking Forwards

The Board has begun its strategic planning for the period from 2018, at a series of workshops and meetings and expects to articulate and agree its Vision and Corporate Strategy from April 2018.

As described in Figure 2, The Quality Strategy for 2018-2021, including the 2018/19 quality objectives are being developed in parallel, as a supporting strategy.

Stakeholder Engagement

'Strategy' is described in Section 2, 'Definition' as "a method or plan chosen to bring about a desired future, such as the achievement of a goal or the solution to a problem". A series of stakeholder engagement workshops were undertaken with the Trust's Governors, as the representatives of the patients and public and with key staff groups in January and February and May of 2018. A 'Patient Journey Mapping' methodology was used to identify 'the problems' as well as thinking about the potential 'solutions' and 'plans to bring about a desired future'.

The stages of the Patient Journey (see Figure 4) used in the mapping exercise cross the boundaries of providers - from primary care, secondary care and social care. This reflects the fact that the Trust's Corporate and Quality Strategies will need to align with the Norfolk and Waveney Strategic Partnership Plan's (STP) aims and objectives, which at a high-level are as set out in the STP Plan, published on the Healthwatch Norfolk Website:

STP – Vision and Proposals

Our vision is to provide high quality services that support more people to live independently at home, especially older people and those with long-term conditions, like heart disease, breathing problems, diabetes or dementia. Our focus will be on helping you to keep as healthy and well as possible and for those at the end of their life that they have more choice and control about the services they want and need. At the moment we spend most of our time and money treating illness, and not enough on prevention and keeping people healthy and well in the first place.

'Here is a summary of the changes we are proposing to make over the next few years:

- *Focus on how we can help you to keep healthy and well and prevent illness.*
- *Further integrate health and social care teams, so that wherever possible, when you need services you are cared for at home or near to where you live, and that your support is better coordinated.*
- *For those at the end of their life offer more choice and control over the services they need.*
- *Make the services provided by our three main acute hospitals more sustainable, by supporting our hospitals to work more closely together, providing more equitable access to services and reducing the amount of people who have to access services outside of Norfolk and Waveney, in particular for Maternity Services.*
- *Focus on providing more services in general practice and the community so that those who need specialist and emergency care in hospital can be treated more quickly.*
- *Reduce waiting times and improve the outcomes for people who have cancer.*
- *Improve maternity services by making them more personalised, family friendly, safer and by making sure every woman has access to information to enable her to make decisions about her care.*
- *Find ways of better managing the increasing demand for health and social care services by reducing duplication, addressing our workforce challenges through training and with the help of new technology where appropriate.*
- *Improve mental health services for children, young people, working age*

adults and older people and reduce the amount of people who are placed out of the county.'

Figure 4: Patient Journey Mapping

		SEEING THE GP	GETTING AN APPOINTMENT AT THE HOSPITAL	GETTING TESTS DONE AND GETTING YOUR RESULTS	SEEING THE CONSULTANT / DIAGNOSIS	WAITING FOR A PROCEDURE	ADMISSION	TREATMENT / CARE	DISCHARGE	SOCIAL / COMMUNITY CARE
✓	5									
	4									
	3									
	2									
	1									
✗	-1									
	-2									
	-3									
	-4									
	-4									
☺										
☹										

Stakeholder Engagement

Key common themes on 'areas for improvement', observed at our governor and staff engagement events were:

Governor event:

- Patient access to services in primary, secondary and community services
- Communications with patients
- Access to mental health services
- Communications concerning Advanced Care Plans
- Pre-admission processes
- Discharge planning and processes
- Inter-agency working to provide 'joined-up' care for patients

Staff event:

- Patient record – including electronic
- Access to mental health services and improved staff training in mental health
- Improvements for patients presenting in an emergency: ED footprint and space, staffing rotas to align with peak demand, improved streaming
- Cross-border working
- Frailty service for surgical patients
- Access to community and Nursing home services – revisit criteria
- Communications with patients inc. text and email / patient expectations
- Wayfinding & signage
- Support and services for the families of children in hospital
- Discharge – criteria / Nurse-led discharge & e-discharge
- Choose and Book appointments
- Access to diagnostics inc. e-referral
- Induction of labour / C. Section learning
- 7-day working

Quality Information

In addition to stakeholder engagement, the Trust has reviewed and incorporated into its Quality Strategy what our patients, staff and external assessors tell us about the quality of our services and where there are areas for improvement. This information is derived through:

- Complaint themes
- SI themes
- Patient Friends and Family Test & other surveys
- Staff Friends and Family Test & other surveys
- CQC and other Quality Inspections and Assessments

Details concerning these sources of information can be found in the Trust's Quality Report for 2017/18, which is published alongside the Trust's Annual Report / Financial Accounts on the Trust's website from July 2018 and is also published on the NHS Choices website.

Quality Priorities for 2018 - 2021

Based on the output from our stakeholder engagement events, quality information analysis, including our 2018 CQC Inspection findings and in support of the delivery of the Trust's Corporate Strategy, the Trust's Quality Priorities for 2018 – 2021 are as set out below:

Priority / Objective
1. Prioritising with our partners, care for our frail and vulnerable patients, including approaching the end of their lives
2. Securing safe levels of staff with the right skills
3. Evidencing effective learning and improved practice from errors and experiences
4. Keeping patients and their carers well informed
5. Delivering a high-quality care experience for pregnant women and their babies
6. Delivering consistently effective infection control
7. Embedding consistent and rigorous attention to documentation and record keeping
8. Ensuring with our partners that patients are treated and cared for in the most appropriate setting

The Quality Objectives for 2018/19 are set out in the table below:

Table 2. Quality Objectives 2018/19

Objective	Actions	Outcome measure
Patient Experience		
1. Improve patient and family experience in end of life (EoL) care.	Local actions led by EoL Steering Group and Palliative Care team.	Reduction in EoL- related complaints. Improved rating using the End of Life Quality Assessment tool, which measures achievement against the NICE End of Life Quality Standards.
2. Improve communication with patients who have a sensory impairment such as deafness or visual impairment.	Programme of training and awareness-raising amongst staff in collaboration with local voluntary groups. Focus on improving the management of hearing aids with inpatients and the more widespread usage of hearing loops.	Positive feedback via FFT, PALS and NHS Choices' comments. Reduction in complaints.
Patient Safety		
1. Introduction of NEWS2	Trust-wide programme of training to support the introduction of NEWS2 with changes to accompanying written guidance and patients' clinical observation charts.	Development of programme to introduce NEWS2 presented to the Clinical Governance Committee with clear dates for training and trust-wide implementation. Audit of practice following implementation.

2. Ensure improvements in infection control within the Trust.	Review, implement and monitor Cleaning Standards in all clinical areas. Fully implement Matron's Charter.	Sustained improvements in audits of practice. Reduction in hospital-acquired infections.
3. Ensure improvements in Medicines Management – Focus on the use of anti-coagulants.	Put in place measures to improve assessment of risk and prescribing practice.	No failures in practice identified during root cause analyses of incidents of VTE. Reduction in VTE's and recorded complications from the use of anti-coagulants.
4. Improve provision and assurance of safe levels of staffing on inpatient wards with appropriate mitigation and escalation.	Introduce Safe Care Live tool. Post implementation evaluation of Safe Care Live tool.	Improved nurse skills mix: acuity and fill-rates on inpatient wards.
Effectiveness		
1. Improve the quality of care for vulnerable pregnant women and new mothers.	Develop a co-joint clinic involving midwives, obstetricians and psychiatrists.	Identify and monitor key outcome measures for mother and baby: • Mental Health • Learning Disabilities • Safeguarding / Domestic Violence
2. Implement a quality improvement programme to support better nutrition and hydration in patients.	Review Food and Drink Strategy and set new objectives for 2018/19.	New objectives in place by end of Q1. Quarterly reports to Quality & Safety committee demonstrating progress in meeting objectives. Objectives delivered by end of Q4.
3. Enhance learning from deaths in people with a learning disability to support improvements in care.	Review and revise processes for ensuring that all deaths in people with a learning disability are identified and referred to the LeDeR programme. Internally examine every death of a person with a learning disability and involve the Learning Disability Liaison nurse in the review.	Full compliance with reporting to LeDeR – reported to the Quality & Safety committee quarterly. Results of all internal investigations to be made available to the LD Steering Group and any learning shared across the organisation via Divisional Governance structure.

Build and sustain excellence		
1. Undertake an improvement programme to support better documentation and note-keeping.	Develop and implement a programme of training with all levels of medical and nursing staff to support best practice in line with Royal Colleges' and Regulatory Bodies' standards.	Weekly audits of patients' health records provide evidence of improvements in practice.
2. Improve understanding of the Mental Capacity Act 2005 amongst staff and how it can support improvements in the quality of care for the patient.	Develop and implement a programme of training with all levels of medical and nursing staff to support best practice in the use of the Mental Capacity Act 2005 within health care practice.	Staff in all clinical areas are able to explain when and how to use the MCA 2005 within their health care practice. Audits of patients' health records provide evidence of use in practice.

5. Quality Governance

The governance arrangements surrounding the delivery of quality services at the Trust are necessarily comprehensive, both internally and externally. This provides an effective and rigorous framework for the monitoring, alignment and triangulation of the delivery of the Trust's Quality Strategy and objectives.

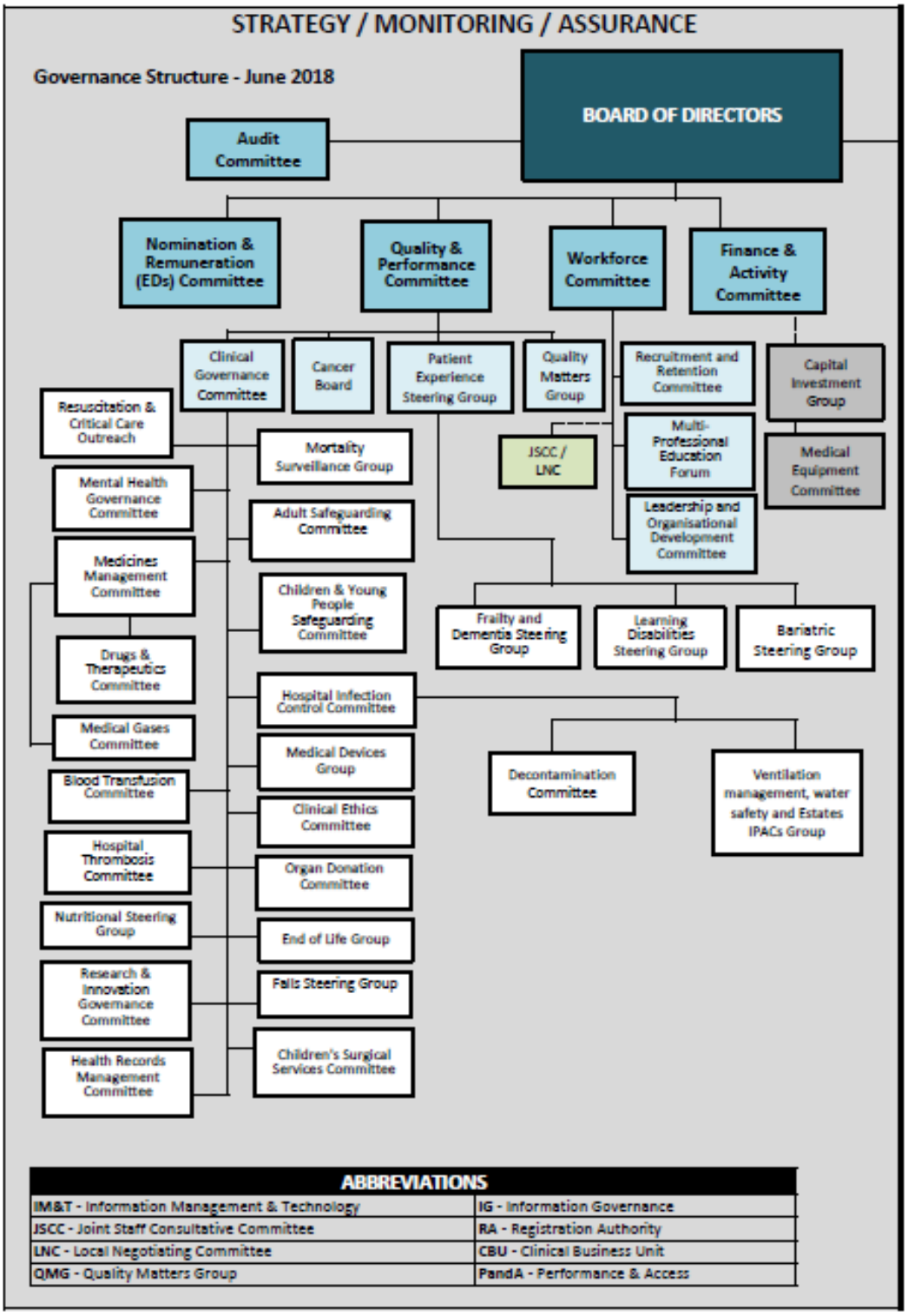
External sources of assurance concerning the delivery of the Trust's Quality Strategy (including regulatory assurances) include:

- CQC Inspections
- Peer reviews
- Accreditations
- Royal College assessments
- CCG assessments
- Healthwatch assessments
- NHSi / NHSE assessments
- CQUINs

Internal sources of assurance include:

- Quality Matters Programme / assessments & mock inspections
- Alignment and monitoring of the Quality Strategy objectives with the Trust's Quality Improvement Plan
- Clinical Audit
- Risk management
- Incidents, Serious Incidents and Never Events reporting
- Patient and Staff feedback, inc. complaints and compliments
- Ward metrics – ward accreditation scheme
- Quality metrics – inc. IPACs, Falls, Pressure Ulcers
- Mortality metrics
- Learning from deaths
- Staffing – skills mix and fill rates
- Board, Quality Committee and Clinical Governance Committee monitoring and review – see Governance Structure model extract below:

Fig 5. Internal Quality Governance Structure



Well-led

The Well-Led CQC domain and NHSi Framework (aligned in 2017) is a key self and external assessment tool in respect of how well-led the Trust is.

Fig. 6 The 'Well-Led' criteria

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?	2. Is there a clear vision and credible strategy to deliver high quality sustainable care to people, and robust plans to deliver?	3. Is there a culture of high quality, sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management	**Are Services Well-Led?**	5. Are there clear and effective processes for managing risks, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?	7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality, sustainable services?	8. Are there robust systems and processes for learning, continuous improvement and innovation?

It is very clear from the 'Well-Led' criteria that are set out in the grid above that the 'well-led' emphasis is on the Trust having the leadership, strategy, capacity, processes, partnerships and culture to deliver quality care.

This makes the Trust's Quality Strategy the most important of the Trust's supporting strategies.

6. Next Steps, Monitoring and Review

Our Quality Strategy Implementation Plan will include clear metrics to enable the Trust to show stakeholders how well its Quality Plans are being implemented.

The Trust's Quality Strategy will be kept under review, via the Quality Strategy Implementation Plan and will be fully aligned with its Quality Improvement Programme. Where the Trust's quality priorities change, changes will, as necessary, be made to the Quality Strategy.

The Trust's Quality and Performance Committee will monitor the delivery of the Quality Strategy, through the Quality Strategy Implementation Plan, quarterly. Progress will also be reported to our Governors, as the representatives of our patients and the public and in our Quality Report for 2018/19.