Agenda Item 9

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

QUALITY PRIORITIES AND OBJECTIVES 2017/18

Patient Safety priority	**Reducing avoidable deaths in the Trust**
Why is this a priority?	It has been identified that learning from deaths in hospital is important and provides opportunities to improve care for future patients. We want to be able to demonstrate best practice across every aspect of identifying, reviewing and investigating deaths ensuring that learning results in changes in practice. Reviews and investigations are only useful for learning purposes if their findings are shared and acted upon. This includes improving how we share the outputs from mortality reviews with frontline staff. National Quality Board has developed a framework on Identifying, Reporting, Investigating and Learning from Deaths in Care that is to be implemented from April 2017. https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf
Lead Director	Medical Director
What is our 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.
What will we do to improve our performance?	• 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.
How will we measure and monitor our performance?	• 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
How and where will progress be reported?	Regular reports and updates to: Mortality Review Panel Quality Committee Board of Directors

Build and sustain excellence	**Ensuring patients are seen by most appropriate health professional, at the right time and in the right place**
Why is this a priority?	Delays in care are frustrating for patients and for the staff who are looking after them. They are often a symptom of a system failing to provide the right care, delivered by the right person, in the right place and at the right time. As the hospital faces growing demands for its services it needs to look for ways to reduce lengths of stay by optimising the delivery of care and ensuring that patients don't stay in hospital for any longer than is clinically necessary. This will not only free up capacity in the system but will also improve the quality of care and patient experience. We often keep patients in hospital for too long, making them wait for all sorts of things such as tests, reviews, medication, social care packages and discharge papers. This waiting is not passive and it can be harmful as patients de- condition whilst in hospital and if they stay longer than is necessary we are wasting their valuable time. The SAFER Patient Flow bundle has been shown to provide a framework for improving the effectiveness of service delivery and ensuring improved patient flow. http://fabnhsstuff.net/2015/08/26/the-safer-patient-flow-bundle/
Lead Director	Chief Operating Officer
What is our target?	Ensuring patients are seen by most appropriate health professional, at the right time and in the right place
What will we do to improve our performance?	• 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.
How will we measure and monitor our performance?	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.
How and where will progress be reported?	Regular reports and updates to: Quality Committee Board of Directors

Clinical Effectiveness priority	Improvement in the care of our patients when their condition deteriorates on our wards
Why is this a priority?	Patients who are admitted to hospital believe that they are entering a place of safety, and they and their families and carers, have a right to believe that they will receive the best possible care. They must feel confident that should their condition deteriorate, they are in the best place for prompt and effective treatment. It is important that any deterioration is consistently recognised and acted on promptly.
Lead Director	Chief Nurse
What is our target?	We will improve compliance with EWSS and PEWS to 95% and reduce the number of incidents of failure to detect and escalate.
What will we do to improve our performance?	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 as a communication tool to support escalation of concerns, to aid decision making, handover and documentation of action.
How will we measure and monitor our performance?	% 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
How and where will progress be reported?	Reports and updates to: Quality Committee Board of Directors

Patient Experience priority	Improve the experience of children attending the Trust
Why is this a priority?	Patient experience is a key element of quality alongside providing clinical excellence and safer care. Being in hospital can be a frightening for children and it is important that the Trust delivers services that are informed by the voice of children and young people. Care and treatment must be 'child centred' and focused on the needs of the child rather than on the needs of the service and must be provided in an appropriate environment.
Lead Director	Chief Nurse
What is our target?	We aim to improve the experience of children attending our hospital in all areas and departments.
What will we do to improve our performance?	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.
How will we measure and monitor our performance?	% 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.
How and where will progress be reported?	Reports and updates to: Children's Steering Group Quality Committee Board of Directors