

## Board of Directors' Meeting: 13 April 2023

<b>Agenda item</b>	037/23		
<b>Report Title</b>	2023/2024 Quality Priorities		
<b>Executive Lead</b>	Hayley Flavell, Director of Nursing		
<b>Report Author</b>	Kara Blackwell, Deputy Chief Nurse		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1,
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	Quality Operational Committee, 21 <sup>st</sup> March 2023 Quality and Safety Assurance Committee, 29 <sup>th</sup> March 2023		
<b>Executive summary:</b>	<p>The Board's attention is drawn to the Quality Priorities for 2023/2024.</p> <p>The quality priorities for 2023/24 are based around the 3 domains of our Trust Quality Strategy: <i>Safe, Effective and Patient Experience</i> and the 8 overarching Quality Priorities within the Strategy.</p> <p>The priorities workstreams (23 in total) for 2023/2024, are included within this report; these are based around known areas of risk, themes from the regulatory compliance work-stream, and the requirement to implement the NHS Patient Safety Strategy.</p>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to:</p> <p><b>Approve:</b> the Quality Priorities for 2023/2024.</p>		
<b>Appendices:</b>	None		

## Introduction.

This paper includes the quality priorities for 2023/24 based on the Quality Strategy and key workstreams which we want to continue to develop or implement in 2023/2024. The quality priorities for 2023/24 are based around known areas of risk, themes from the regulatory compliance work-stream, and the requirement to implement the NHS Patient Safety Strategy.

## Background

Our Quality Strategy was launched in 2021. Over the last 2 years our quality priorities have been aligned to our quality strategy under the 3 domains of: Safe, Effective and Patient Experience.

Quality Domain	Overarching Quality Priority
1. Safe	<ul style="list-style-type: none"><li>• Learning from Events and Developing a Safety Culture</li><li>• The Deteriorating Patient</li><li>• Inpatient Falls</li></ul>
2. Effective	<ul style="list-style-type: none"><li>• Best clinical outcomes</li><li>• Right care, right place, right time</li></ul>
3. Patient Experience	<ul style="list-style-type: none"><li>• Learning from experience</li><li>• Vulnerable patients</li><li>• End of life care</li></ul>

## Quality Priorities 2023/2024

### 1. SAFE:

INPATIENT FALLS	Examples of How we will measure success
Priority 1: Continue work to do on the principles of cohorting, this will be a main priority for 2022-23 alongside work to help prevent deconditioning. We are going to review our EPS Policy and risk assessment and plan to establish an Enhanced Patient Supervision Team in 2022/23 with enhanced training and skills to care for our most vulnerable patients across the Trust who often have cognitive impairment and are at a higher risk of falls.	<ul style="list-style-type: none"><li>• Revised Policy and Risk Assessment.</li><li>• Recruitment and implementation of EPS team,</li><li>• Evaluation of EPS Team impact via audit</li></ul>
Priority 2: Improve mobility and movement to reduce acquired functional decline and maximise discharge potential and development of a de-conditional dashboard.	<ul style="list-style-type: none"><li>• Re-conditioning Dashboard</li></ul>
Priority 3: Implement new Trust Falls training which is 2 yearly across all nursing and AHPs and develop a bespoke training programme for our medical staff	<ul style="list-style-type: none"><li>• Training Compliance</li></ul>

Learning from Events and Safety Culture	Measurement
Priority 4: Continue to embed new ways of communicating learning from both positive and negative incidents, electronic communications, newsletters, staff briefs and forums, safety boards, quarterly learning and sharing forums and an annual Trust safety conference.	<ul style="list-style-type: none"> <li>Implementation of PSRIF</li> </ul>
Priority 5: Implement all actions from the Ockenden report within our maternity services	<ul style="list-style-type: none"> <li>Compliance with Ockenden actions</li> </ul>
Priority 6: As part of our implementation of PSIRF revise our processes for the investigation of pressure ulcers and falls resulting in harm across the Trust.	<ul style="list-style-type: none"> <li>Revised process for investigations taking themed approach</li> </ul>

Deteriorating Patient	Measurement
Priority 7: Implement deteriorating patient training through the delivery of a new acute illness management course	<ul style="list-style-type: none"> <li>Training course</li> </ul>
Priority 8: Ensure all our staff are compliant with the Basic Life Support and Paediatric Life Support	<ul style="list-style-type: none"> <li>Training Compliance &gt;90%</li> </ul>
Priority 9: Ensure process in place for the appropriate escalation and escalation plans are in place for patients across all clinical areas including maternity and paediatrics and through the implementation of a Treatment Escalation Plan (TEP) for adult patients.	<ul style="list-style-type: none"> <li>Implementation of TEP form</li> <li>NEWs, PEWs audits</li> <li>Reduction in incidents relating to these themes</li> </ul>
Priority 10: Improve patient fluid management through the ongoing work to improve fluid monitoring, and the delivery of robust education across the Trust	<ul style="list-style-type: none"> <li>Training compliance</li> <li>Fluid balance Audit results</li> </ul>
Priority 11: Ensure our staff have the skills and knowledge to care for our patients with diabetes through the delivery of diabetes training to all our nursing staff across the Trust	<ul style="list-style-type: none"> <li>Training compliance</li> </ul>

## 2. EFFECTIVE:

Right care. Right place, right time, right place	Measurement
<p>Priority 12: Reduce waiting times in the Emergency Departments through ongoing work to:</p> <ul style="list-style-type: none"> <li>• Embed the new pathways through our acute floor and assessment units</li> <li>• Monitor our SOPS in ED to ensure timely escalation and prevention of patients remaining in Ed longer than the national/local standards</li> <li>• Ensure that lessons learnt are implemented where patients remain longer in the Department than guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Activity Data</li> <li>• Audits</li> </ul>
<p>Priority 13: Improve our admission and discharge processes through the Trust:</p> <ul style="list-style-type: none"> <li>• Increase the number of patients discharged earlier in the day</li> <li>• Work with our system partners to reduce the number of no criteria to reside patients in our hospital</li> <li>• Improve in relation to the discharge planning process co-ordinating improvements to ensure patients are discharged safely and efficiently and all appropriate treatments, medication and clinical discharge information are in place before discharge.</li> </ul>	<p>Dashboards to outline:</p> <ul style="list-style-type: none"> <li>• Number of discharges &lt; 10am, 12midday</li> <li>• Reduction in number of patients with no criteria to reside</li> <li>• Discharge process audits</li> </ul>
<p>Priority 14: Further develop weekend working to improve discharges including the establishment of Criteria Led Discharge (CLD).</p>	<ul style="list-style-type: none"> <li>• CLD implemented across Trust</li> <li>• Number of CLD discharges</li> </ul>

## 3. PATIENT EXPERIENCE

Palliative and End of Life Care	Measurement
<p>Priority 15: Improve our care after death through ongoing education, support and monitoring</p>	<ul style="list-style-type: none"> <li>• Compliance with Care after Death Training.</li> <li>• Audit</li> </ul>
<p>Priority 16: Continue the roll out of the PEOLC Supportive Ward Visit Programme across the clinical areas in the Trust</p>	<ul style="list-style-type: none"> <li>• Number of wards who have gone through the programme</li> </ul>
<p>Priority 17: Undertake a review of our PEOLC education provision, benchmarking against peers, to develop a revised education programme</p>	<ul style="list-style-type: none"> <li>• New PEOLC Education Programme by, and roll out</li> </ul>

Learning from Experience	Measurement
<p>Priority 18: Analyse, report and learn from patient surveys, complaints, concerns and compliment</p>	<ul style="list-style-type: none"> <li>• Evidence of the learning from complaints within and our services</li> <li>• All wards to have a “You said, we did “ Quality Boards</li> </ul>
<p>Priority 19: Review the existing processes, policy and operating procedures to ensure compliance is fully supported and we improve the timely response to complaints across the Trust. Improve the quality of these responses through the continued learning from our Patient Lead Patient Complaints Review (LPCR) Panel</p>	<ul style="list-style-type: none"> <li>• Revised Process</li> <li>• Improvement in quality of responses evidenced from LPCR Panel</li> <li>• Improved complaints response time</li> </ul>
<p>Priority 20: Improve our ratings in the national staff survey for the question “I would be happy for a member of my family to receive care in the Trust”.</p>	<ul style="list-style-type: none"> <li>• National Survey result</li> </ul>

Vulnerable Patients	Measurement
<p>Priority 21: Improve the care of patients with a learning disability cared for in the Trust through embedding the principles outlined in our LD Charter</p>	<ul style="list-style-type: none"> <li>• Agree and embed the Charter</li> </ul>
<p>Priority 22: Implement the Oliver McGowan training to all frontlines staff across the Trust</p>	<ul style="list-style-type: none"> <li>• Training compliance</li> </ul>
<p>Priority 23: Develop ongoing monitoring and assessment processes to ensure high standards are maintained:</p> <ol style="list-style-type: none"> <li>a. during mealtimes services, and that appropriate assistance is given to our vulnerable patients</li> <li>b. That all patients have a MUST assessment completed and appropriate individualised care in place to meet their nutritional needs and there is ongoing monitoring of nutritional intake</li> <li>c. All nursing staff have received nutritional training</li> </ol>	<ul style="list-style-type: none"> <li>• PLACE audit results</li> <li>• MUST Assessment education</li> <li>• MUST assessment compliance audits</li> <li>• Training Compliance</li> </ul>