

Board of Directors

Item 3.3

Subject: Quality and Safety Strategy 2021-2024 Annual Assurance
Date of Meeting: 28th November 2022
Presented by: Sue Pemberton, Director of Nursing, Quality & Safety
Purpose of Report: For assurance

BAF Reference	Impact on BAF
BAF 1	Assurance provided against the delivery of the quality and safety strategy priorities.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

The Board of Directors approved the new Quality and Safety Strategy (2021-2024) in October 2021. The Quality Committee received a 6-month update in April 2022 which provided substantial assurance of progress to date.

This annual assurance report provides further assurance for the Board of Directors of significant assurance against the objectives set in year one of the strategy.

2. Background: Quality and Safety Strategy 2021 – 2024

The NHS National Patient Safety Strategy articulates a vision to continuously improve patient safety. It states that to do this the NHS will build on two foundations: a patient safety culture and a patient safety system.

In addition to local priorities, the national priorities were considered and encompassed in our Quality and Safety Strategy. This is also clearly linked to our overall Trust strategy of 'Patients, Partnerships and Populations'. The LHCH quality and safety strategy has a number of corporate objectives alongside several clinical priorities to be addressed.

3. Progress

One year on from the launch of the new quality and safety strategy 2021-24, we have seen significant demonstrable progress against the objectives set. The Director of Nursing, Quality and Safety met with all the leads for the objectives within the strategy in September 2022 to review progress and set year 2 objectives.

Appendix 1 includes an overview of progress against the strategy objectives, along with next steps. In addition, a more detailed table of other clinical improvements is provided which clearly shows the impact of some of the work for our patients.

4. Recommendations

The Board of Directors to receive assurance of the excellent progress being made in respect of the Trust's quality and safety priorities.

Appendix 1

Progress Report for Board of Directors

Objectives	Exec Lead	Progress to date	Next steps/time frame for completion
Always use EPR to document the handover of patient care	SP	Work undertaken to ensure the handover of patients is documented between all clinical areas within the electronic patient record.	Completed September 2022
Always handover patients from area to area at the bedside involving the patient where possible.	SP	Completed	Completed January 2022
Always communicate verbally with the responsible nurse in any clinical area when a patient review takes place so that they are fully informed of any changes to a plan of care	RP/SP	The importance of verbally communicating with the nurse in charge post ward rounds has been communicated to all medical staff. There have been no further incidents reported regarding noncompliance with this standard Completed	Completed January 2022
Work with the medical examiners to ensure we are utilising the learning opportunities from their reviews to improve care systems to scrutinise and learn from deaths	RP	The MD has met with the medical examiners to clarify how early concerns are escalated after scrutiny of the records during certification of death. Initial concerns will be escalated immediately to the MD and DMD A process of recording concerns and passing onto external stakeholders where appropriate will be developed	Completed – February 2022 Completed September 2022
Review how civility across the Trust can improve. – build on and further develop the culture improvement work in the Trust by introducing be	KN	Completed. E-learning modules also complete and imminently 'going	Completed December 2021

Objectives	Exec Lead	Progress to date	Next steps/time frame for completion
civil be kind speak up access across the Trust.		This has been implemented and continues to be reinforced trust wide.	
Appoint a patient safety lead for the Trust.	SP	Completed	Completed May 2021
Develop a civility charter	KN	Completed	Completed December 2021
Focus safety on the older person and those with learning disabilities	SP	The Trust has established leads for patients with learning disabilities, dementia and delirium who are available to support where required to enhance patient care and safety. Completed.	Completed January 2022
Be aware of learning from the healthcare safety investigation branch (HSIB)	KW	Reports from the HSIB are reviewed for relevance. The last report "Healthcare Safety Investigation Branch (HSIB) investigation report on use of CPAP" was presented to QSEC on 3rd December 2021, with discussion regarding relevance to LHCH and any actions taken.	Completed January 2022
Receive alerts from the national patient safety alerts committee and improve the response to new and emerging risks supported by the committee	KW	There is a robust process for the receipt and management of alerts. QSEC have oversight and sign off action plans for relevant patient safety alerts. Any risks associated with alerts would be escalated and discussed as necessary.	Completed January 2022
Share the learning from litigation to improve the care and use opportunities to learn when things go well not just when they go wrong	KW/HM	A comprehensive piece of work for GIRFT has been conducted recently and an update provided to Operational Board. This includes the learning from litigation. Update provided to Team Brief. Results of audit to be presented to Audit days.	Completed September 2022

Objectives	Exec Lead	Progress to date	Next steps/time frame for completion
Ensure our workforce is trained in patient safety	KW	New investigation training that links to the new Patient Safety Framework was attended by 8 members of staff from the Clinical Divisions. New patient safety training linked to the new framework has been released in a modular format and is currently set at 2 levels – level 1 (basic) and level 2 (practical). The training is being added to staff profiles as an introduction to the new patient safety framework.	Completed September 2022
Utilise the areas for improvement from our culture survey (2021) and the culture staff survey questions to drive improvement	KW/KN	The culture survey results were used in setting the objectives within the quality and safety strategy (2021/24)	Completed October 2021
Understand the learning from safety when things go wrong and safety 2 when things go right	SP/KW	<p>The Trust shares learning at operational Board, Board of Directors, all governance forums, audit days, Quality safety and experience committee and sharing and learning forum. The learning is general where things have gone wrong. The aim is to include examples of when things go right. This work is in progress to identify those examples and embed them into the learning schedules trust wide.</p> <p>Learning from FTSU is being highlighted in various comms/ forums. SOLE bulletin includes some examples as well as safety huddle and we are continuing to explore how we can maximise learning from safety 2.</p> <p>Learning from when things go right is being further explored including Greatix.</p>	<p>Review September 2022</p> <p>Review April 2023</p>
Adopt and promote key safety measurement principles and use	SP/RP	The dashboard for quality and safety has been partially completed which allows tracking and management of quality and safety metrics. This dashboard is used in quality safety and experience	In place.

Objectives	Exec Lead	Progress to date	Next steps/time frame for completion
culture metrics to better understand how safe care is		<p>committee and at quality committee to highlight areas for improvement and drive performance.</p> <p>However, it is recognised that the presentation of data for quality and safety could be improved to allow focus on indicators where the organisation needs to drive improvement, this is in progress currently and will be updated by the informatics lead in January 2023.</p>	For further review, April 2023
Develop a network of safety ambassadors	SP	<p>The work to establish a network of safety ambassadors trust wide is underway led by the Deputy medical Director/Patient safety lead. Adverts completed and imminently going out for expressions of interest.</p> <p>October 2022 – this has been delayed change in Patient Safety Lead – planning underway.</p>	April 2023
Bring together all Trust learning to enable triangulation of themes	KW	<p>Work is underway by the Director of Risk and Improvement to review the current ways in which learning is shared Trust wide and how this may be improved.</p> <p>The organisation learning database has been further refined and launched with Divisions in Q3 prior to wider roll out in Q3/4. The organisational learning strategy has been revamped to reflect the wider range of learning in place. Learning from when things go right is being further explored including Greatix.</p>	<p>September 2022</p> <p>Continuous</p> <p>Review April 2023</p>
Develop the role of patients as safety partners	SP	The planning for developing the role of patients as safety partners is underway with a date for implementation April 2023.	April 2023
Implement the patient safety response framework	KW	Work is underway to implement PSIRF, with a team established and detailed action plan developed.	Autumn 2023

Objectives	Exec Lead	Progress to date	Next steps/time frame for completion
To improve awareness of human factors/civility and the impact pm safe quality care for all staff.	SP	Be civil be kind and civility charter roll out and drive to embed. Schwartz rounds commenced. Procured human factors E learning,	Continuous. Review October 2023

Other Clinical Improvements

Objectives	Exec Lead	Progress	Next steps/timeframe
Improve the care of the deteriorating patient	SP	24 outreach in place with regular handovers and discussion through the night. Medical emergency team calls implemented for deteriorating patients.	Completed September 2022
Improve sepsis identification and treatment	RP	The sepsis screening process has been embedded into the critical care ward round document to ensure SOFA scoring is carried out on each review,	Completed January 2022
To improve patient and staff safety through safe and effective moving and handling techniques	SP	Trust group meets bimonthly and reports through to health and safety committee. Reviewing all incidents relating to musculoskeletal injuries and sickness. driving compliance with mandatory training.	Completed October 2022
Reduce hospital acquired pressure ulcers and moisture associated skin damage	SP	Low incidence of hospital acquired pressure ulcers (one with lapses in care) Continuous training, education, sharing of learning. Low incidence of moisture associated skin damage.	Completed October 2022
Improving awareness, education, and delivery of mouthcare across the Trust, to raise awareness of the importance of mouthcare and ensure all clinical staff feel confident and equipped to safely deliver this.	SP	Policy agreed, education regarding mouthcare added to care certificate and preceptorship. EPR documentation improved to include all new admission with high, medium, and low risk flow sheets. Review of Mouthcare products and ward sticks, Patient information leaflet for all heart surgery patients regarding the importance of dental care following heart surgery with aim of reducing risk of infective endocarditis.	Completed October 2022

Objectives	Exec Lead	Progress	Next steps/ timeframe
Improve the experience of mealtimes for our patients	SP	Mealtime coordinators all areas. Review of dysphagia menus to ensure there are sufficient choices for patients with swallowing problems. Education and staff training. Monthly mealtime observations in each area. Improvements with nutrition indicators. Out of hours stroke swallow screening training has been provided to ANPS and senior nursing staff.	Completed October 2022
To improve stroke care within LHCH by ensuring that all those with suspected stroke receive timely and specialist care they require to maximise potential	RP	SLA with LUFT reviewed to ensure out of hours provision is robust. Stroke protocol updated. Mandatory LHCH learning package live in March 2022 for all clinical staff – compliance 81%. Potential stroke is now an indication for a met call which requires urgent review from a specialist team and implementation of protocol. Teaching sessions in place. LHCH part of national stroke sentinel audit. Peer review conducted from the regional stroke network positive feedback.	Completed October 2022
To reduce harm and promote safe and high-quality care for patients with swallowing disorders	SP	<p>Growth of the Fiberoptic Endoscopic Evaluation of Swallowing (FEES) service. Improved access to FEES for all patients, enabling earlier and more accurate identification of dysphagia and aspiration risk. In 2021, 127 patients had a FEES. So far, in 2022, 183 patients have received a FEES. Both SALT's have developed competence in FEES. HG has achieved level 3 expert practitioner lever. This enables HG to carry out FEES independently and thus maintain FEES service whilst EC on maternity leave. This also allows for training of others. Secured funding for a handheld FEES screen. This has improved patient, family and MDT education and compliance with recommendations. FEES policy developed. Created FEES 'order' on EPR. -Expanded the use of the nasendoscope into other areas e.g., to inform and help manage vocal cord injuries/dysfunction and to guide tracheostomy weaning.</p> <p>Out of Hours Stroke swallow screening Theoretical and practical elements of stroke swallow screening provided to Outreach, CCANP'S, Surgical ANP's and CCU Sisters. 8 fully competent swallow screen practitioners. Raised awareness of stroke swallow screening process at stroke awareness days and at quarterly lightning training sessions. Developed Out of Hours Swallow Screening policy and SOP.</p>	Completed October 2022

Objectives	Exec Lead	Progress	Next steps/ timeframe
		Tracheostomy Piloted early cuff deflation/in-line PMV with all suitable tracheostomy patients in conjunction with physiotherapy. One aim of this is to help prevent swallowing difficulties associated with a long-term inflated cuff and enable earlier swallow assessment. Completed service evaluation comparing swallowing outcomes in all tracheostomy patients in 2019 vs 2021. With early cuff deflation model, able to complete initial swallow assessment 6 days earlier, reduced NBM time by 7 days. Presented results at anaesthetic audit day in March 22.	
Implement the new national cleaning standards and the enhanced cleaning	SP	<p>Introduced a Cleaning groups, consisting of Infection prevention, Hygiene, Matrons, Estates to review the cleaning standards and agree how to implement and embed across the trust</p> <p>Agreed standards for all areas in accordance with the functionality Risk, i.e., Theatres FR1 wards FR2 – Outpatients FR3 - Entrances FR4 – Offices FR6</p> <p>Reviewed and agreed roles & responsibilities for cleaning tasks</p> <p>Infection prevention/Hygiene updated the cleaning policy to reflect the changes</p> <p>Implemented a Multidisciplinary Environmental audit team, of Matrons, IP, Hygiene, Estates, all Clinical areas audited each month</p> <p>Action plans from the Environmental audits formalised by the cleaning group and acted upon by the group and ward Managers.</p> <p>Audits completed by the cleaning group, achieving 4 & 5 stars across the Trust</p> <p>Achieved and improved on the enhanced cleaning, increased UVC decontamination across the Trust in partnership with critical care and theatres Matrons</p>	Completed October 2022

Objectives	Exec Lead	Progress	Next steps/ timeframe
<p>Ensure patients with Learning disabilities / Autism receive excellent, efficient, safe, and compassionate care.</p> <p>Develop the role of the Learning Disability champions.</p> <p>Network with other trusts Learning disability teams</p>	SP	<p>Divisional Matron – Medicine, contacts all patients with LD / Autism prior to admission. Any necessary adjustments are made and plans put in place. Matron will visit the patient on admission, ensuring all needs are being met, and patient / relative feedback obtained.</p> <p>Very successful learning Disability awareness day held in 2022.</p> <p>Introduction of Learning Disability Champions across all areas.</p> <p>Makaton training for Learning Disability Champions.</p>	Review October 2023
Work with research and innovation to support safety improvements	RP	<p>Trial protocol being written and used for research grant applications primarily with the aim of showing that increased patient education and family involvement can reduce the incidence and effects of both delirium and medication errors.</p> <p>NIHR research grant application window in September 2022 – this has been delayed and will be revisited by the lead for research in 2023.</p>	October 2023
Improve medication safety by involving patients and their families/carers in their own care (focus on diabetic patients and insulin)	SP	Devising a protocol to improve patient and family empowerment regarding the administration of medicines. – particularly insulin. Pre-admission education and increased involvement of patients/family in the day-to-day management of their own medicines to reduce medication errors by using patients to be involved in the medication checking process.	October 2023
Improve the recognition and treatment of patients who experience delirium.	JS/JC	Delirium protocol revised. Psychiatric nurse ad consultant appointed. Further revision of protocol planned to incorporate acute aggressive delirium.	Continuous Review October 2023
Develop the medicines safety improvement plan working with digital systems (closed loop)	DF/RP	<p>Phase 1 of the administration aspect of Closed Loop Medicines (Oral and nebulised meds) has been successfully implemented within the Trust across all inpatient wards including Critical Care.</p> <p>The build for Phase 2 (subcutaneous injections e.g., insulin) is underway and due to be introduced into live before Christmas.</p>	<p>March 2022</p> <p>Due Dec 2022</p> <p>June 2023</p>

Objectives	Exec Lead	Progress	Next steps/ timeframe
		<p>Phase 3 involves more complex work processes (IVs and controlled drugs). As such, the project team is working closely with Altera to develop a solution to enable implementation in 2023. Altera are also working closely with us regarding our upcoming HIMSS 7 assessment.</p> <p>Compliance reports are in the process of being rationalised and configured within the EPR so that ward managers are able to view accurate data so they can monitor staff compliance on wards, identify trends and action any issues.</p> <p>First indications of benefits realisation has been very positive. On average there is a 36% reduction in nurse administration errors reported between 2021 to 2022 (pre and post CLM).</p> <p>Phase 4 involves introduction of the pharmacy interface. This will support a reduction in pharmacy dispensing errors that will mirror the benefits seen with the administration component.</p>	June 2023
Reduce mortality and improve the organisational learning from deaths	RP	Monthly mortality meetings in conjunction with Telstra health to seep dive into underlying issues with mortality and the collation of data that influences the risk adjustment model. Organisational learning will be improved by more timely consideration of early learning and MRG outcomes. The OL SharePoint will facilitate more rapid access to OL.	Continuous Review October 2023
Consent compliance is below target and outcomes of audits are not demonstrating the improvement required	RP	Electronic consent is currently being piloted in surgery. All the audit metrics have been made mandatory fields which will improve compliance. Following implementation in Surgery this will be rolled out trust wide.	Review April 2023
To support patients with delirium and reduce harm caused by delirium to both patients and staff.	SP	Introduction of strategies on critical care to help promote orientation and cognitive stimulation. (24-hour clocks, quiet hour) reviewed and updated delirium policy. Staff training of security staff. Updated delirium leaflet for patients and families. Development of a project in post discharge ITU follow up clinics to identify patients with psychological difficulties linked to their ITU stay, use of the met team for acute episodes of delirium. Appointment of mental health nurse and consultant.	Review October 2023
Improve medication safety	SP	To increase reporting of medication incidents (including near misses)- QSEC quarterly report gives incidents per 100 admissions/bed days to enable better ward to ward comparison. Pharmacy initiative to report dispensing near misses has been very successful increasing	Review October 2023

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		<p>reporting rate 2 to 3-fold. Also, further promotion of incident reporting in Nurse, Doctor and inhouse pharmacy training.</p> <p>To ensure patients receive adequate information about their medicines and that any concerns are addressed. Anticoagulation counselling remains high for all new patients. New initiative implemented for amiodarone counselling. Ward technicians conducting majority of TTO teach back on Cedar ward and approx. 50% on Birch.</p> <p>To focus on reducing incident trends (harm and potential harm), with particular focus on high-risk medicines e.g., insulin, anticoagulants etc. Due to a trend in insulin errors MDT convened to address issues. A number of key actions taken including delivery of enhanced teaching for nurses & prescribers, EPR safe prescribing enhancements, pharmacy meds rec enhancements. Insulin to be part of LHCH response to world patient safety day.</p> <p>Analysis and discussion of high-risk med trends maintained at Safe Meds Committee and division.</p> <p>To reduce dispensing and administration incidents/near misses via introduction of closed loop medicine (CLM) system. Phase 1 CLM deployed across trust (orals and nebs). Early data presented to QSEC shows sustained reduction of medicines administration errors.</p>	