

## Board of Directors (in Public)

### Item 3.1

**Subject:** Quality Strategy Update 2019  
**Date of meeting:** Tuesday 26<sup>th</sup> November 2019  
**Prepared by:** Joan Matthews, Deputy Director of Nursing & Quality  
**Presented by:** Susan Pemberton, Director of Nursing & Quality  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1 -1.2 -1.4	None – for assurance

#### 1. Executive Summary

The Quality Strategy 2017-2020 was approved by the Board of Directors in January 2017. All divisional and corporate teams have been progressing their identified quality priorities over this time period. The Board of Directors received the first annual update on progress made in September 2018.

In January 2020 the development of a new Quality Strategy will commence highlighting those quality priorities the Trust will undertake to deliver over a three year period to January 2023.

Good progress has been made with the current quality strategy which has underpinned the CQC inspection and the Trusts outcome of outstanding. This report will inform the Board of Directors of the progress made from September 2018 and further improvements identified for 2019-2020, until a new Strategy is presented.

#### 2. Introduction

Throughout 2019/20, many quality initiatives and improvements have been implemented these include:

- The Trust re-energised its commitment to service improvement by the development of an **improvement strategy**.
- **All clinical ward and department areas assessed against the Trust's Excellent, Efficient, Compassionate and Safe Care standards (EECS) framework in 2018.** The ward – department areas achieving gold status have increased to include catheter labs, holly suite, oak ward, coronary care unit-, critical care, pharmacy, pulmonary function and cardiac diagnostics, maple ward, cherry ward, theatres, knowsley cardiovascular disease services knowsley respiratory services, cedar ward, elm ward, birch ward, therapies and medical engineering.

- All other departments commencing their journey to achieving Gold Status have been assessed as green status from their assessments.
- **CQC Inspection** – assessed and rated the Trust outstanding for the second consecutive time following a surgery service line review and a Trust well led inspection.
- **New Ward Area** - The Trust has continued to invest in its services with an improved Private Patient Unit opening in June 2019, Rowan Suite, providing nine en-suite bedrooms and three clinic rooms. This new facility will support our vision continuing the delivery of the patient and family experience vision.
- **Aspen Suite** - As part of the Trust's Quality Improvement Strategy, the Surgical Division has focused a project on day of surgery admission (DOSA). This improvement to hospital access highlights the benefits DOSA has provided to both the Trust and our patients. The release of Mulberry Ward has enabled the building of the Private Patient Unit. This, in conjunction with compliance with the GIRFT quality improvement report, supports the decision to implement DOSA.
- **CT and MR scanning** - The Trust has purchased new CT and MRI scanners operational from August 2019. The new scanners provide state of the art functionality allowing for a wider range of complex testing, reduced scanning times and reduced radiology exposure for CT scanning.
- **Catheter Labs** - Commencement of the capital investment programme to expand our catheter labs.
- **FTSU** - Embedding the FTSU charter – whilst continuing to promote an honest and open culture that reduces adverse events.

### **3. Quality Strategy Priorities - Progress made 2019-2020**

2019 has been another good year for improving the quality of care at LHCH for all its patients, families and carers. Each division has updated progress made on their identified priorities. The Triumvirate in each division consulted with their staff groups to work through the identified priorities for 2019-2020, which will be added to the existing Strategy document. .

#### **3.1 Clinical Services Division Update - Progress 2019 – 2020**

##### **Natsipps /Loccsips**

These standards pertain to the radiology department - formal monitoring of these standards is due to commence in January 2020 with audit of compliance performed thereafter.

##### **Medicines Reconciliation**

The pharmacy department has driven forward its project highlighting the need for all patients to bring with them their prescribed medications when coming into the hospital. This means a safer admission where medications can be reconciled easily and wastage of medications reduced.

##### **Reducing readmissions to critical care**

Reviewing every patient that required readmission to POCCU has found that early assessment of patients' pain control to necessitate good respiratory function, and enable chest clearance, with intensive chest physiotherapy, has reduced the numbers of patients requiring respiratory support and the need to return to POCCU.

**Extending Anaemia Services**

This service is growing; the intention is for the Trust to have a fully commissioned service by March 2020.

**Improving Out-Patient Experience**

Further developments to be progressed for the patient calling system in 2020. Patients presenting with complexities of care needs are met by staff allocated to those patients ensuring all care required is given.

**3.2 Surgery Division Update - Progress 2019 – 2020****Natsipps /Loccsips**

Theatres have been written, implemented and monitored. Ward Loccsips have been developed and will be audited commencing January 2020. MIAA have formally reviewed these processes.

**Improving Patient and Family Experience**

Bedside handover occurring in all wards at least once per day – rollout to the beginning of every shift in 2020.

**Surgical Site Infections**

A task and finish group is required to be re-formed in order to progress improvements to pre-operative shaving this will commence beginning 2020.

**Reducing harm to patients who have Naso Gastric Tubes**

Following the implemented Naso gastric policy and training programmes there have been no incidences of patient harm through the management of naso gastric tubes.

**Same day admission for Surgery (DOSA)**

DOSA is now implemented for cardiac and thoracic patients. Friends and family feedback is extremely positive.

**Theatre Scheduling**

Phase 2 of theatre scheduling process is now underway – theatre management system was implemented in October 2019.

**Improving discharge from hospital**

Revised EPR referral form and discharge leaflets developed to both inform patients and expedite access to patients into social care support.

**Education and Support to staff**

Position for band 6 education lead for surgery out to advert – this post will be pivotal in providing ward based education for registered and un-registered staff.

**3.3 Medicine Division Update - Progress 2019 – 2020****Natsipps /Loccsips**

This process is fully implemented and audited via care cube data extraction – results continue to show compliance throughout all aspects of patient checking processes.

**Improving Patient and Family Experience**

Bedside handover occurring in all wards across the division. The divisional matron has oversight of process.

**Reducing DNA in OPD**

Partial booking and text messages commencing December 2019. Action plan reported through divisional governance process.

**Patient's referral to cardiac rehabilitation**

Teams have merged from community and in hospital. Education roll out with visibility from the cardiac rehabilitation team ensures all patients are appropriately offered and followed up by community rehabilitation teams.

**Community EPR**

Emis phase 3 awaiting roll out solutions for accessing LHCH to community records being perused.

**Development of EBUS/Bronchoscopy**

Further development - part of the catheter lab re-development for 2020.

**Reducing harm by appropriate fasting pre –procedure**

Fasting audits performed regularly – compliance increasing for day case patients.

**Patient flow within Medicine**

Bed modelling review undertaken – includes review of Holly Suite nursing model – patient flow through Birch ward.

**Review of Cystic Fibrosis Services**

Home IV service fully implemented – plans to have IV medications made within the pharmacy department underway.

**3.4 Corporate Objectives Progress**

- Incident reporting remains consistent
- Halt used by staff is embedded with examples shared within the SOLE bulletin
- FTSU – charter developed and shared across all wards and departments- FTSU summits on a regular basis
- Falls remain a challenge for clinical teams with the majority graded as unavoidable
- Identification of patients suffering sepsis by use of the sepsis screening continues to improve
- Reduction in antibiotic consumption closely monitored with alert systems within the EPR record to highlight to medical staff when antibiotics should be considered for discontinuation
- Sustained reduction in Pressure Ulcers
- Electronic patient records implements across LHCH Community services

**4. Summary**

There have been sustained improvements for those quality priorities identified through the development of the Quality Strategy, with further improvements considered by the divisions and corporate teams through service improvement projects. Work is still underway to fully achieve the quality objectives set. The strategy will be updated in the autumn of 2020 and will result in the production of a new quality strategy for 2021 and beyond.

**5. Recommendations**

The Board of Directors to receive assurance of the good progress made to achieve the quality objectives as stated within the Trusts Quality strategy 2017-20.

To receive a final progress update in October 2020 together with the new quality strategy for 2021 and beyond.