

Name Committee Council of Governors Item 11.3

Subject: Quality Priorities 2024-2025
Date of Meeting: 4th June 2024
Presented by: Joan Matthews Director of Nursing and Quality
Purpose: To Support

BAF Ref	Impact on BAF
BAF 1	Assurance on the identification and monitoring of the Trust Quality Priorities for 2024/2025

1. Executive Summary

Each year the Trust holds an engagement event with stakeholders that include members of the public, past patients of LHCH, and Staff, Governors. The aim of meeting is to explore and identify the quality priorities for the forthcoming year. A look back at the previous priorities and outcomes are reflected on also.

The purpose of this paper is to set out the achievements against the 23/24 quality priorities and to seek support from the Council of Governors for 2024/25 quality priorities.

2. Background

Over previous years all Trusts were made aware that external monitoring of the quality priorities would cease this request remains in place currently. External auditing of the priorities also in no longer required.

3. Update against 2023/24 Priorities

- Priority One: Discharge Medication.** All in-patients who are being discharged home will have their medication dispensed within 60 minutes of the prescription being received in pharmacy.

Target	Birch	Cedar
PODS received, TTO being processed. (Target 60 mins)	0 hours 17 mins	0 hours 38 mins

- Priority Two: Availability and uptake of nutritional snacks.** The fourth step of our Patient and Family Experience Vision focuses on the patient's stay and ensuring that they receive the optimal nutritional support to enhance their recovery and well-being.

	Target	Outcome
Was the patient offered regular snacks and drinks?	95%	99% of patients were offered regular drinks and snacks throughout your stay
Was there a varied choice of snacks offered?	95%	98% said they were offered varied choices of snacks and drinks

- **Priority Three:** Discharge equipment

The fourth step of our Patient and Family Experience Vision focuses on the patients stay. The aim is to ensure that the patient receives a safe and timely discharge and is provided with the equipment they require at home

	Target	Outcome
How many in-patients are referred to Occupational Therapies?	N/A	Between 16/11/23 and 02/01/24 there were 70 referrals to Occupational Therapy. 59 Patients did not require onward referral.
How many of those patients referred for assessment require equipment at home?		3 patients required an equipment service referral.
How many patents have their equipment in place when ready for discharge?	85%	Outcome 100% 3 patients had their discharge equipment in place ready for discharge. Therefor no discharges were delayed by awaiting OT equipment.

- **Priority Four: Smoking cessation.** All in- patients to be offered regular support to stop smoking. The fourth and sixth step of our Patient and Family Experience Vision focuses on the patients stay and aftercare. The aim is to ensure that patients are offered support during their stay and signposted to community support upon discharge.

The aim is to ensure that patients are offered support during their stay and signposted to community support upon discharge.	Target 95%	Outcome Jan -Dec 2023
How many patients had a smoking assessment during their nursing admission?		13,821 patients were admitted of which 12,343 had a nursing documentation completed, 1143 there was no nursing document assigned. Outcome - =96%

4. Proposed 2024/25 Quality Priorities

The process of identifying our quality priorities for the forthcoming year occurred at the Engagement Event in February this year – several potential priorities were discussed in separate discussion groups. At the end of discussions each group gave points to the priorities they considered would be a consideration to take forward for 2024/2025. All points from each discussion group was added together and the quality priorities listed below were the highest points given.

Quality Priority 1 - To improve contact with elective cardiac surgical patients on the waiting list between referral and admission.

Why? - Patients referred to LHCH for cardiac surgery can wait several weeks for a date for surgery. During this period, they may have little or no contact from LHCH regarding their referral

being received. We would like to make sure we make contact to reassure patients that we have received their referral and to be able to manage their expectations in terms of wait time etc.

The first step of our Patient and Family Experience Vision focuses on pre-admission care, therefore our aim is to ensure there is clear communication and to reassure patients that we have received their referral.

Inclusions - all Cardiac Surgery patients

Exclusions – all other patients (initially)

Leads – Divisional Head of Operations for Surgery - Deputy Divisional Director of Operations, Surgery

Category: Patient experience

What is measured? The following will be measured:

1. Current contact with patients on the waiting list
2. Improved patient experience (Friends and Family Test ?)

How much: Target – 100% of cardiac surgery patients on the waiting list (over 12 weeks) will be contacted.

Quality Priority 2 - All Cardiac / Thoracic Surgical patients waiting for surgery on the TCI list to be offered pre-habilitation to improve their health in readiness for surgery.

Why? - Pre-habilitation is a service that supports patients to improve their fitness, health and overall wellbeing before any planned operation. Pre-habilitation provides an opportunity to give information, advice, and support and to set realistic expectations before admission. It is well documented that better health before surgery improves outcomes for patients and also reduces their length of stay.

The first step of our Patient and Family Experience Vision focuses on pre-admission care. Our aim is that while surgical patients are waiting for admission their condition could be optimised, which would improve outcomes, experience and length of stay.

Leads – Divisional Director of Nursing Clinical Services - Consultant Cardiologist (Imaging & Cardio-Oncology) - Anaesthetic Consultant - Therapy Lead

Category:

Patient Safety / Experience

What is measured? - The following will be measured:

1. current Length of Stay of Cardiac Surgical patients
2. post-Operative outcomes
3. cancelled operations due to ill health /not medically fit for surgery
4. patient experience

How much: Target – Reduction in Length of Stay of cardiac patients; improvement in post-op outcomes; reduction in cancelled ops due to ill health/not medically fit for surgery.

Quality Priority 3 - To improve psychological support for patient, families and responders to Out of Hospital Cardiac Arrests (OOHCA).

Why? - The sudden and unexpected cardiac arrest of a family member can be a grief-filled and life-altering event and often it is a family member who is involved. The after-effects of a cardiac arrest can have a long emotional and psychological impact, regardless of outcome and family members can experience PTSD. Current psychological support is ad hoc and not formalised and the entire pathway for psychological care for OOHCA's could be improved.

The sixth step of our Patient and Family Experience Vision focuses on Discharge and Aftercare, our aim is to provide a clear pathway of support for patients and families who have experienced seeing or being involved in a cardiac arrest of patients brought to the hospital for treatment.

Leads – Divisional Directors of Nursing Clinical Services and Medicine

Category: Patient/Family experience

What is measured? The following will be measured:

- 1.number of OOHCA's where resus is given at the point of collapse.
- 2.pathway and referral guidelines in place
- 3.psychological support in place (for appropriate patients)

How much: Target – 100% of OOHCA's that require resuscitation and are referred to LHCH have the opportunity to receive psychological support

Quality Priority 4 - To improve the discharge experience for patients and families. This may be the introduction of a Discharge Lounge but will refer to the whole discharge process (including TTOs).

Leads – Matrons for Medicine and Surgery

Why? - A delayed discharge occurs when a patient is medically fit to leave hospital but is not discharged in a timely way. It can be caused by many factors including –

- poor discharge planning
- or not involving patients and families early enough in the discharge process.
- this may lead to complications, a risk of functional decline and adverse events. This is a poor experience for the patient and their family.

There are many aspects to the discharge process that can possibly be improved – this Quality Priority makes specific reference to a Discharge Lounge (and a continuation of the work we undertook in last years priority on TTOs).

The sixth step of our Patient and Family Experience Vision focuses on Discharge and Aftercare, our aim is to provide a timely discharge and improve the patient experience by continuation of Quality Priority 1 from 2023/2024.

Category: Patient safety

What is measured? The following will be measured:

- 1 .length of stay (LoS) on ward (Cedar Ward initially).
2. patients identified as suitable for the Discharge Lounge before discharge are transferred to the lounge within 2 hours.
3. time from patient being told they can go home to actually leaving the hospital.
4. patient experience of discharge through follow up calls

How much: Target – To reduce (LoS) and time from the patient being told they can go home to the time they leave hospital, (Cedar Ward initially).

5. Conclusion

For several years, the Trust's Quality Priorities have ceased to be a mandated part of inclusion in their Annual Account publications or been subject to external audit. LHCH have continued to engage with the public, patients and external stakeholders to collectively identify quality focused areas for improvement. These could come from many different processes used by the Trust to gather information from incidents themes, complaints, inpatient survey responses and follow up telephone calls. It remains important to consult with internal/external partners in the identification of what matters to them whilst under our care. As such we will continue to hold engagement events throughout the year.

6. Recommendations

The Council of Governors is asked to note the achievements against the 2023/24 quality priorities and support the 2024/25 quality priorities agreed at the engagement event in February 2024.