

QUALITY PRORITIES 2023-24

Council of Governors	Agenda item: 9
17 April 2023	Enclosure: C
<p>Executive summary:</p> <p>This document provides an overview of the topics that have been shortlisted as Quality Priorities for 23/24. The document outlines the process for selecting the topics, through identifying a long list, consulting with stakeholders, and scoring the suitability of each topic against certain criteria. The final and agreed 2023/24 Quality Priorities are required to be published in the 2022/23 Quality Account.</p>	
<p>Implications:</p> <p>Patient Safety – The aim for our Quality Priorities is to continue to improve Patient Experience, Safety and Clinical Effectiveness for our service users Financial – n/a Risk – n/a Legal / Regulatory – NHS Organisations are required to publish a Quality Account. Reputational – The Quality Account is a public document. Equality – n/a</p>	
<p>Action: For information <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/></p>	
Executive Lead (name and title):	Executive Lead (name and title): Nic Kane, Chief Nurse
Presenter (name and title):	Presenter (name and title): Berenice Constable, Deputy Chief Nurse for Unplanned Care
Item for: <i>check for item for both trusts or either</i>	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT
Link to strategic objectives:	<i>Quality Strategic Theme</i>
Consultation and communication:	<i>Quality Improvement Steering Group Quality Assurance Committee</i>
<p>Decision / Recommendation:</p> <ul style="list-style-type: none"> To note the topics that have been identified, and the rationale for their consideration as a Quality Priority for 23/24. 	
Appendix: <i>n/a</i>	

Quality Priority 23/24 Selection Process and Shortlist

Each year Kingston Hospital NHS Foundation Trust (KHFT) and Hounslow and Richmond Community Healthcare Trust (HRCH) select quality improvement priorities which are then subjected to increased focus and governance throughout the financial year, with a review of progress on these priorities published in the annual Quality Reports for NHS England. The aim for these Quality Priorities is to continue to improve Patient Experience, Safety and Clinical Effectiveness for our service users.

To support the selection of quality priorities for 2023/24, KHFT and HRCH generated a list of potential topics, using existing data and consultation with internal stakeholders to identify the key areas to be considered. The aim is to select at least 3 quality priorities to be shared across the partnership, with the potential for further organisation-specific quality priorities to be selected if required.

1. Long List

The selection process began by drawing up a longlist of proposed Quality Priorities which were deemed to be important areas of focus for the Trust over the coming year. Both Trusts generated a list of topics through applying an analytical methodology, utilising existing data to identify the key areas to be considered and through consultation with internal stakeholders where appropriate. Where the data had pointed to an area needing improvement that is already being addressed, for example through a strategic programme or existing improvement initiatives, those topics were not included in the long list. Sources of insight included Trust level benchmarking (KHFT's Board Report and HRCH's Integrated Quality Assurance Dashboard), National Benchmarking (Southwest London Insights report), Clinical Audit, Patient Safety data, Patient Experience reporting, and CQC feedback.

Topics for shared priorities (KHFT & HRCH)

- To improve our standards of documentation in clinical records.
- To reduce the number of patients developing a pressure ulcer through improved assessment and care planning.
- To improve the recognition, assessment and management of pain.
- To focus on the risk and impact of deconditioning for patients in hospital and the community.
- To develop our Quality Improvement approach across the partnership.
- To make information accessible and improve how we meet the needs of patients and carers

Topics for KHFT-specific priorities

- To improve communication with patients and carers
- To improve the number of 'at risk' patients who have a Mental Health Risk Assessment completed on admission to the Emergency Department.
- To improve compliance with guidance and standards for antibiotic prescribing
- To improve 'getting the fundamentals of patient experience' right for inpatients.
- To improve how we prepare patients for procedures and operations and consistently explaining how things went
- To ensure we measure and improve patient experience of discharge from hospital
- To improve the time taken to respond to a complaint
- Pregnant women are not being triaged within the recommended 15 minutes of arrival, in compliance with BSOTS standards.

Topics for HRCH- specific priorities

- To Improve the Assessment, diagnosis, and treatment of lower leg wounds
- Adult Malnutrition Screening Achieving: 90% of Inpatients and community patients having a nutritional screening that meets NICE Quality Standard QS24
- Accessible Information Standards (AIS): For the Trust to meet the Accessible Information standard (DCB1605)
- Early detection of Cognitive Impairment - Dementia
- To improve accessibility for all patients to be able to actively engage and have opportunity to shape services and culture
- To develop a Carers Charter to enable the recognition and value the support that carers give and improve patient and carer satisfaction.

2. Survey results

A survey inviting feedback for each proposed Quality Priority was shared with staff and stakeholders and was available over a 14-day period from 24th January 2023. Each respondent was presented with a description of each proposed Quality Priority, followed by the option to then indicate, on a scale of 1 (strongly disagree) to 5 (strongly agree) how strongly they felt that this priority should be picked. Respondents were also invited to give further qualitative feedback to support their responses. A total of 196 responses were received across both organisations.

3. Shortlist

The survey results were analysed and a scoring matrix developed to rank each proposed Quality Priority on a range of factors (see table below). A selection group comprised of the Chief Medical Officer, Chief Nurse, Head of Quality Improvement for KHFT and Interim Deputy Director of Nursing & Head of Clinical Improvement for Nursing & AHP's at HRCH, met to score each of the proposed topics and agree the shortlist.

Criteria	Definition	Source of insight
Suitability for collaborative QI approach	The extent to which this priority would be appropriate for a collaborative QI approach	QP survey responses, conversations with identified leads
Energy for change	The extent to which staff, patients and other key stakeholders support this choice	QP survey responses
Readiness and capacity to succeed	The extent to which the services involved have the capacity and capability to make the required change	Is there an identified resource?
		Is there leadership commitment?
		Is there bandwidth in the service?
Strategic alignment	The extent to which this is aligned to strategic priorities	Does this enable or directly support a strategic objective?
CQC compliance	The extent to which this priority is critical to achieving or improving compliance with CQC quality standards	Does it address a CQC key line of enquiry or identified risk?

5. Quality Priorities 2023/24

Following the shortlisting process, three shared Quality Priorities have been proposed for collaboration between KHFT and HRCH, with each Trust selecting one additional Quality Priority specific to their organisation. Therefore, each Trust will have 4 Quality Priorities for 2023/24 (3 shared, and 1 independent).

Shared: KHFT & HRCH

To focus on the risk and impact of deconditioning for patients in hospital and the community.

Deconditioning is “the loss of physical, psychological and functional capacity due to inactivity” (PHE 2021) and is associated with the loss of muscle mass, increased risk of falls and reduced independence. Patients are at risk of deconditioning because of their hospital stay and also in the community. There is now an urgent and growing need to shift focus from ‘deconditioning awareness and prevention’ to establishing ‘reconditioning’ approaches.

GIRFT (Getting it Right First Time, 2021) states that a third of patients decondition during their hospital stay, resulting in harm and adding an average of 19 days onto a long length of stay. The COVID19 pandemic has also increased the issues surrounding deconditioning in the community and at home. Necessary Infection control and social distancing measures can result in reduced exercise, mobility, visiting and social interactions with others resulting in physical and functional decline.

In recognition of the scope of work to be undertaken, a Steering Group has already been established with representatives across KHFT, HRCH and Your Healthcare. This topic scored the highest when survey results were analysed across both organisations, indicating that this is an area of work that staff and stakeholders strongly support. The Quality Priority will have an impact on an entire patient pathway and is strategically aligned by supporting patient flow. Improvements will target patient experience, safety and outcomes.

To make information accessible for adults, children and young people, and improve how we meet the needs of patients and carers

The Accessible Information Standard (AIS) means all NHS Trusts must offer reasonable adjustments to help people who have a disability, impairment, or sensory loss to fully understand the information we give them. It applies to communication during an appointment and any information we provide to take away.

Self-assessment of HRCH services indicates that some staff do not have a full understanding of the AIS. Patient and carer feedback at KHFT indicates that we are not always asking about their needs and when we do, we are not consistently able to respond. Current and previous year Quality Priorities at KHFT have worked to improve the process of correctly identifying patients with a learning disability, improving care coordination, and accessibility to services.

Equality of access to information is strategically aligned to one of the golden threads that runs through our joint objectives. This Quality Priority will support our efforts to continue to address inequalities in access to healthcare for adults, children and young people.

To develop our Quality Improvement approach across the partnership

HRCH and KHFT have agreed that quality improvement should be a golden thread that runs through everything we do. It is one of the strong foundations of our joint strategy. Our ambition is to establish a culture of continuous improvement, where all our staff feel empowered and supported to improve themselves and the services they provide. This will drive improved staff experience as well as enabling our wider programme of service delivery, improvement, and transformation.

This topic has been selected to ensure that there is a unified approach to Quality Improvement across the partnership, to not only support delivery and collaboration of the agreed joint Quality Priorities, but also to underpin wider QI initiatives across both organisations. This will also support the organisations response to the new NHS framework for Improvement anticipated in 2023.

Kingston Hospital NHS Foundation Trust

To ensure pregnant women are being triaged within the recommended 15 minutes of arrival, in compliance with BSOTS standards.

The Birmingham Symptom Specific Triage System (BSOTS) standard involves completion of a standardised clinical triage assessment by a midwife within 15 minutes of the woman's attendance, which defines clinical urgency using a 4-category scale. This supports staff to identify clinically significant presentation, in order that the urgency of their care can be coordinated.

The recent CQC inspection of the Maternity Unit (published December 2022) highlighted that the service is currently unable to implement the BSOTS model of triage effectively, and that this should be a priority for improvement.

Without prompt identification of a clinically significant presentation, this could result a woman waiting longer to be seen, leading to risk to patient safety and poor outcomes.

Hounslow and Richmond Community Healthcare NHS Trust

To improve opportunities that enable patients to actively engage in shaping services and culture.

To improve communication strategy regarding patient involvement, so that the Trust can seek and gather service user feedback about the services we currently deliver, as well as new proposals. Our KLOE (CQC 'Key Lines of Enquiry') self-assessment shows regarding service user engagement and involvement in decision making to shape service and culture – 8 services non-compliant and 13 services partially compliant (out of 54 services).

6. Next steps

The shortlisted quality priorities for 2023/24 will now proceed to be reviewed at Quality Assurance Committee (KHFT), Quality and Safety Committee (HRCH) and then to be approved by the Committee in Common.

In committing to these priorities for 2023/24 there are several elements that will need to be confirmed prior to April 2023 in order to support successful delivery:

- Executive leads accountable for delivery of each priority.
- Project leads responsible for each priority with dedicated time to lead and coordinate the work required.
- Measurable aims and objectives for each priority
- Commitment to adopt an approach based on systematic quality improvement methods.
- Key delivery milestones for each priority
- Engagement of leads with training, improvement coaching and direct support from improvement experts
- Support from other key enablers including the Project Management Office, Information Services and IM&T