Royal Papworth Hospital
NHS Foundation Trust

Agenda item 6.ii

Report to:	Trust Board	Date: 03 June 2021
Report from:	Chief Nurse	
Principal Objective/ Strategy and Title	**Review of Quality Strategy (2019-2022)**	
Board Assurance Framework Entries	All	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Leadership; Governance; Failure to Identify and manage risk	
For:	Information	

1. Background

This paper is to set out for the Board the review and update of the Quality Strategy Ambitions 2019-2022.

2. Recommendation

The Board is asked to note the review of the Trust's Quality Strategy 2019-2022.

Quality Strategy (2019-2022): Review: May 2021

In May 2019 we successfully moved our hospital services to a new Royal Papworth Hospital on the Cambridge Bio-Medical Campus. This was a major achievement in our history made possible by the enormous effort from staff at all levels of the organisation along with the support from our stakeholders and partners. Through campus networking and a collaborative approach to working with health, university and industry partners we continue to deliver excellence in care which supports and delivers achievement of our Quality Strategy Ambitions. Our focus during 2019/20 was to establish our services at the new site and embed new ways of working to support the delivery of excellence in the care and treatment we provide for our patients

Also in 2019 we underwent a full CQC assessment, which resulted in an achievement of ***Outstanding*** across all areas. This was an ambition articulated in the Quality Strategy in 2018/19 and we are very proud to have achieved this.

Early in 2020 we saw the first wave of the COVID 19 Pandemic and throughout 2020/21 we have been challenged and tested as we respond to the huge demands on our specialist services. We have demonstrated heroic efforts and organisational resilience in our ability to provide the specialist care and treatment our patients need. This has necessarily impacted on our ability to develop and meet some of the ambitions set out in the Quality Strategy, and is also reflected at a national level with some requirements to meet quality measures and performance indicators suspended. It is now more important than ever that we remain vigilant and agile to ensure continuous delivery of safe and effective care for our patients in these challenging times. Through our ongoing governance and performance monitoring structures and the fantastic commitment and hard work of our staff at all levels of the organisation, we have maintained a high quality and safe service throughout this difficult time. Many of the Quality Strategy ambitions will therefore need to continue through to the next full review due in 2022 to provide the opportunity to embed and develop our continuous quality improvement approach.

Update on Quality Strategy Ambitions 2019- 2022:

AMBITION 1:Provide a safe system of care thereby reduce avoidable harm	**Review of achievement 2020/21**
We will introduce weekly Serious Incident Executive Review Panel (SIERP) meetings chaired by an Executive Director.	ACHIEVED The SIERP meeting is now fully embedded into the Trust governance framework. It is well attended and provides the opportunity for open and transparent multi-disciplinary discussion of safety incidents and concerns, supporting our delivery of safe care.
We will work with our National and local stakeholders to embrace and implement the recommendations from the “Getting it Right First Time” (GIRFT) programme of reviews	CDC have reviewed the Cardiology GIRFT (Mar 2021) and Dr Sarah Clarke is the lead for this work nationally and responsible for local implementation. CDC have reviewed the Critical Care GIRFT (Feb 2021) and Trust leads for this are Dr Alain Vuylsteke and Dr Stephen Webb. CDC has planned to review the Respiratory GIRFT in Q1 2021/22.
We will introduce pathways of care that	The Trust incorporates best practice evidence into pathways

provide standardised and streamlined care based on best practice evidence:	of care and reviews any recommendations from national and local quality reviews such as GIRFT in line with above as well as NICE/NCBC opportunities. National and local audit recommendations are reviewed within the specialities to inform pathway redesign or improvement as required: • BCIS https://www.bcis.org.uk/ • BHRS https://bhrs.com/ • AHA https://www.heart.org/ • ESC https://www.escardio.org/ • EACTS https://www.eacts.org/ • UKLCC https://www.uklcc.org.uk/ • NOLCP https://www.roycastle.org/app/uploads/ • BTS https://www.brit-thoracic.org.uk/ • BTOG https://www.btog.org/ • LCNUK https://www.lcnuk.org/ The Cardiac Rehabilitation Service has maintained its National Audit of Cardiac Rehabilitation (NACR) accreditation and are meeting all the required components for a cardiac rehab program, in line with the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) standards. Allied Health Professions continue to review and implement improvements to the Red to Green approach to patient flow. Implementation of the 0-3 discharge pathway is now embedded into the organisation with a focus on reablement to reduce system pressure where able. Thoracic Oncology GIRFT visit cancelled x 2 due to COVID-19 pandemic, provisional report awaited. We continue to have positive outcomes for cardiac and thoracic surgery. All the four emergency pathways in cardiology remained open for regional referrals during all stages of the COVID response. There was the growing demand to create and develop and inpatient pathway for TAVI patients, which was brought on line in March 2020 seeing more than 100 patients referred in the first year. Whilst not an emergency provision, it was developed to provide streamlined, standardised, excellent and rapid care. The second COVID response saw a rise of 45% in emergency demand across the pathways, which continue to date. Healthcare Scientists continue to offer their services according to national and international best practice guidelines, e.g. Association for Respiratory Technology & Physiology (ARTP), European Respiratory Society (ERS), European Association of Cardiovascular Imaging (EACI) and British Society of ECHO (BSE) standards. Healthcare

	Science services at Royal Papworth will also be actively engaging with UKAS accreditation through Medical Physics and Clinical Engineering (MPACE) and Improving Quality in Physiological Services (IQIPS). Healthcare Scientists support regional respiratory and cardiac network boards to ensure appropriate future direction of diagnostic support in developing innovative patient pathways.
Develop and monitor the new Non ST Elevation Myocardial Infarction (NSTEMI) Pathway for our Acute Coronary Syndrome (ACS) patients.	Rapid NSTEMI continues to be successful initiative to allow our patients to access this urgent treatment in a timely way. Over 700 patients have accessed the services since inception. Further geographic rollout is planned with EEAST June 2021, although there is no restriction on referrals. Developing this strategy further, there are plans to further support the newly developed inpatient TAVI service to provide an expedited service as an enhancement, in line with the 5 year Cardiovascular Disease plan and implementation, Rapid TAVI by 2022.
Undertake a full review of the In House Urgent pathway.	This was completed via one of the three flagship QI projects. The process is now part of BAU and is continually monitored and reviewed. The pathway remains a challenge for the organisation and remains high on the quality agenda. The In House Urgent Service (IHU) is co-ordinated daily by an Advanced Nurse Practitioner (ANP) with qualifications in advanced clinical assessment and non-medical prescribing competencies, benchmarked against the Multi-professional Framework for Advanced Clinical Practice (HEE, 2017). The IHU ANP plays a pivotal role in the new service operational plan. This clearly defines the IHU patient pathway, roles and responsibilities within the IHU team. Current challenges include obtaining the minimal data set (MDS) from referring centres in a timely manner. All referrals once the MDS is received are discussed at the IHU MDT within twenty-four hours. We are currently working with centres to resolve this delay. We strive to continually improve the IHU service & patient feedback is valued. As part of the GIRFT programme we plan to implement in the near future a patient feedback form for all patients on the IHU pathway. To support service delivery, communication between the many disciplines within the IHU framework is paramount. The new Lead ANP aims to introduce monthly meetings to monitor the service. The latter two initiatives have been delayed due the Covid-19 response.

We will further develop the process for structured judgement reviews/ Rapid case Note Reviews (RCR) – learning from deaths and introduce the role of the Medical Examiner (ME) to support this process.	The ME role is now embedded in the organisation and we now have three MEs supporting this process. The ME attends the weekly SIERP meeting where all deaths are initially discussed following the ME scrutiny review and or referral to HM Coroner. The requirement for further review is agreed (RCR, peer review, SI). The ME is pivotal in liaising with NoK and works in collaboration with the bereavement team to support our families.
We will continue to work towards harm free care demonstrating achievement via the National Safety Thermometer tool.	The National Safety Thermometer Tool is no longer in use. We continue to monitor our harm events through the established internal governance reporting framework: • VTE • PUs • SSI rate • Falls
We will include a reference to the Just Culture Framework and contributory factors framework in all SI and Moderate Harm incident investigations.	These tools are now used as standard in all SI investigations.
We will continue our programme of Local Safety Standards development (LocSSIPs) based on National Guidance (NatSSIPs 2015)	We continue to update and develop our local LocSSIPs. At the end of March 2021 – all RPH LocSSIPs have been reviewed and are in date. There is ongoing work for each Division to audit elements in the process to provide assurance of compliance.
We will develop and upgrade our risk management system to Datix IQ to better use intelligence from incidents, complaints and claims to inform strategic decision making promoting safer care.	This has not progressed due to funding requirements but remains an aspiration for the Trust. A business case continues to be refined.
Develop and Chair a Cardiac network meeting ensuring stakeholder engagement.	The EoE cardiac network was initially chaired by Mr Stephen Posey and managed by a HoN at Papworth, this has now moved to an EoE Regional Group. The HoN for Cardiology remains the local contact for the Trust. Papworth representatives Trust include: • Nursing: Wayne Hurst • Operational: Carrie Skelton-Hough • Medical: Dr David Begley • Physiology: John Hutchinson • Radiology/Imaging: Dr Bobby Agrawal There have been no meetings during the past year due to COVID and Liz is setting up future networking later this year.

Ambition 2: Effective and Responsive Care – Achieve excellent patient outcomes and enable a culture of continuous improvement	Review of achievement 2020/21
We will launch our quality improvement road map that will articulate how we will embed Quality Improvement across the organisation underpinned by the Quality Strategy.	This has been on hold during 2020/21 due to the COVID Pandemic. This will be refreshed and re launched following the recovery phase when the COVID pandemic has resolved.
The Trust will establish a common approach to quality improvement ensuring consistency of language and methodology. To achieve this The Trust has chosen to adopt the Institute for Healthcare Improvement Model for Improvement.	This ambition is articulated in the Quality Strategy and the model for improvement continues to be encouraged through any quality Improvement projects. This will continue to ensure this approach is embedded throughout the organisation.
We will encourage innovation & collaboration for quality by developing QI leadership and capability throughout the organisation. We will deliver QI training in quality improvement skills to embed a consistent QI methodology across the organisation. Supporting staff at all levels to engage with QI initiatives.	This has been on hold during 2020/21 due to the COVID Pandemic. Master class training has been funded and we continue to communicate with EAHSN regarding re launching this programme in 2021/22. Once completed, this will enable a Trust faculty to be developed to facilitate in house training for QI
We will ensure resources are committed to support the development of QI within the organisation and that senior leadership supports and encourages a quality improvement approach to our business as usual strategy; improving the way we use our available data resources to support improvement and evidence change and Board level development programme.	This ambition is articulated in the Quality Strategy and the model for improvement framework continues to be encouraged and embedded throughout the organisation. The focus on managing the COVID pandemic has required re prioritisation of focus. As we move into the recovery phase, opportunities for improvement will be identified and supported.
We will design a quality improvement programme setting out the objectives and measures we will use, and work with service areas to help them design their local plan. We will listen to, engage and involve staff to understand what needs to change and improve. A robust process is undertaken every year to engage with staff, public, governors and stakeholders on the production of the Trust's Quality Accounts and our Quality Improvement plan will support and feed into the Trust's forward planning.	This has been on hold during 2020/21 due to the COVID Pandemic. Our programme of engaging stakeholders throughout the year has been limited due to the pandemic. We will re-focus on wider engagement once we are able to.
We will support sustainability of our QI programme through continued transition of the Clinical Audit team into Quality Improvement Coordinators/ Facilitators to develop internal quality experts;	This is ongoing with 2 vacancies being recruited to. This has been delayed due to the COVID Pandemic response.

changing the focus of clinical effectiveness from clinical audit to continuous quality improvement.	
We will deliver a programme of QI training. This will be based on the dosing methodology supported by NHS Improvement and based on the model for building capacity and capability for QI (IHI).	This has been on hold during 2020/21 due to the COVID Pandemic.
We will introduce a standard in all Job profiles to identify and confirm the responsibility of all staff to engage with quality Improvement as part of their role.	This has yet to be actioned and added as a standard alongside confidentiality and safeguarding.
We will encourage all staff to participate in the Bronze Level online introduction to QI training as a standard following recruitment.	The access to online Bronze level QI training has been available throughout the pandemic. All staff who intend to undertake any QI activity are encouraged to access this on line training as a minimum Staff are keen to complete Silver QI training through the Improvement Academy however courses were paused during COVID. There is an commitment to develop an internal course later this year to support divisional CD/OD/HoNs with QI initiatives in their Divisions.

Ambition 3: Patient experience and engagement - We will further build on our reputation for putting patient care at the heart of everything we do	Review of achievement 2020/21
We will promote patient representation in all of our speciality services, promoting their involvement and giving them a voice.	This has not been taken forward in the last 12 months due to the restrictions of COVID 19. We would aim to develop closer working with patient representation through Always events and carer listening events once we are able to.
We will engage with our established patient and carer led support groups to encourage their feedback and input into service development and improvements. In particular we will encourage and support patient involvement with our quality improvement work	Patient and carer led support groups have been affected by the restrictions of COVID 19 with may unable to meet or meeting remotely with a reduced group. We would aim to re-establish our relationship with these valuable groups through the Patient and Carer Experience Group going forward.
We will launch a new Patient and Carer Experience Group to encourage feedback, collaboration and working together in patient and public experience.	This group has been relaunched and refreshed with good attendance. It is Chaired by the Deputy Chief Nurse.
We will encourage and support patient led Always Events and re-introduce patient and carer listening events	This has not been taken forward in the last 12 months due to the restrictions of COVID 19. We would aim to develop closer working with patient representation through Always events and carer listening events once we are able to.
We will encourage and support patient and carer engagement on the Patient Safety Rounds	This has not been taken forward in the last 12 months due to the restrictions of COVID 19. We would aim to develop closer working with patient representation on our Patient Safety Rounds once we are able to.
We will support the Patient and Public Involvement Committee to fully engage with this ambition and in particular re introduce the 15 Steps programme led by our patients	This has not been taken forward in the last 12 months due to the restrictions of COVID 19. We would aim to develop closer working with patient representation on 15 Steps programme once we are able to.
We will continue to encourage and grow the use of the Friends and Family Test ensuring we use the feedback (positive and negative) in our daily work	Successfully implemented a digital project to enable electronic capture of the roll out of SMS technology to better capture feedback from out-patients. Feedback is monitored through the HoN and Matron's. Feedback is shared via full reports to ward/clinical areas, you said we did boards are reviewed by Matrons. The electronic system for F&F is working significantly better than the paper based system before. When staff are named several areas complete a Laudix and provide the staff with feedback for revalidation. Quality and Patient experience are discussed and noted in several meetings and all formal meetings have a patient story allocated and recorded in the minutes. Improvements are based on patient and staff feedback. The Matrons look at trends in complaints and PALS enquiries and look to rectify issues in a timely manner. Matron rounds and other clinical area reviews highlight patient safety/quality and experience issues. The ED safety walk around and environmental walk around is a further opportunity to identify improvements.
We will promote feedback from our	We continue to value and act on national and local feedback

patients at a national and local level and share our actions taken in response to this feedback, demonstrating how we have improved our services. • In-patient/ Outpatient survey • Cancer patient survey • End of life patient survey Through the monitoring of the monthly staff survey, we will benchmark with our own staff, who recommends our hospital as a place for treatment. This is an indicator of a safe and caring organisation	from our patients through the national survey programmes. These are fed into our Patient and Carer Experience Group and Patient and Public Involvement Committee with actions being agreed at a local level to improve our services.
Improving the experience of our families following bereavement	We have re-established the bereavement administration service back in-house and launched the bereavement follow-up service to ensure a high quality and end to end service for our bereaved families and loved ones.

Other achievements of quality through 2020/21:

- Clinical Ethics Committee established – 2020
- We have developed a Clinical Decision Cell (CDC)
- Outstanding response to COVID Surge activity
- Links to national frameworks for delivery of intensive care across the region
- National Audit programme continues but in a reduced form
- Successfully redeployed staff to manage the COVID pandemic surge
- Successfully established a COVID 19 vaccination hub
- We continue to be an accredited VTE exemplar centre and contribute to the National Nurses' and Midwifes' Network for VTE
- We undertake full RCA review of all VTE events in the Trust and hold a monthly MDT scrutiny panel
- We have had limited transmission of nosocomial infections during the COVID-19 outbreak
- We have continued to provide access to emergency services throughout the past year when responding to the challenges of COVID
- We have supported the EoE region and NHS England with support for ECMO, specialist respiratory advice and transfer and load levelling alongside running a transfer service
- We have undertaken harm reviews for all elective patients waiting and ensured whilst restarting services we are focussed on clinical priority
- We continue to learn and adapt from the Trust response to COVID-19 to protect patients and staff
- Full implementation of the Medical Examiner Service

Carole Buckley
Assistant Director for Quality and Risk
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Updated:
Ivan Graham, Deputy Chief Nurse
10.05.2021