Royal Papworth Hospital
NHS Foundation Trust

Quality Strategy

2019-2022

Forward

Every patient has the right to feel safe and cared for whilst accessing services at Royal Papworth Hospital NHS Foundation Trust. At Royal Papworth Hospital we are committed to providing excellent care and treatment for every patient with exceptional clinical outcomes and an excellent patient experience every time. We pride ourselves in the ability to deliver state of the art medicine bringing tomorrow's treatments to today's patients suffering from heart and lung disease. However, it is important to always strive for improvement in the care which is given to our patients and look at new and innovative ways to do this. Our Strategy is aligned to and takes into account the National QI agenda, current QI research and National QI leadership programmes. This includes the Trust Board endorsement to implement the Culture and Leadership Programme co-designed between NHS Improvement and the Kings Fund, which will start in Jan 2019 and support the delivery of our Quality Strategy.

This Quality Strategy builds on the foundations and achievements from the previous Quality Strategy. We have made excellent progress over the past three years and this is our opportunity to reflect on our achievements and journey so far, and refresh our Quality Ambitions and Objectives for the next 3 years. We look forward to our move to the New Royal Papworth Hospital site in 2019 and whether we are caring for patents here in our existing building or in the new building, patents can expect the same attention to detail and level of care delivery from every member of staff.

Just as importantly, we need to recognise the efforts of our staff, and take care of them, as they are the enablers of quality. During 2018 we developed a formal mechanism (Laudix) for capturing positive feedback in recognition of any member of staff who has gone the extra mile to support their colleague, or improve patient safety and/ or the patient experience.

It is important for our staff to recognise and believe that quality is everybody's business, and we need to ensure staff feel empowered to speak up when they feel patient care is unsafe or the patient doesn't receive the service they deserve. Additionally staff at all levels need to feel they are supported by the organisation to act and make a change. We want our staff to not only come to work to do their job, but also to come to work to do their job better.

Josie Rudman
Chief Nurse

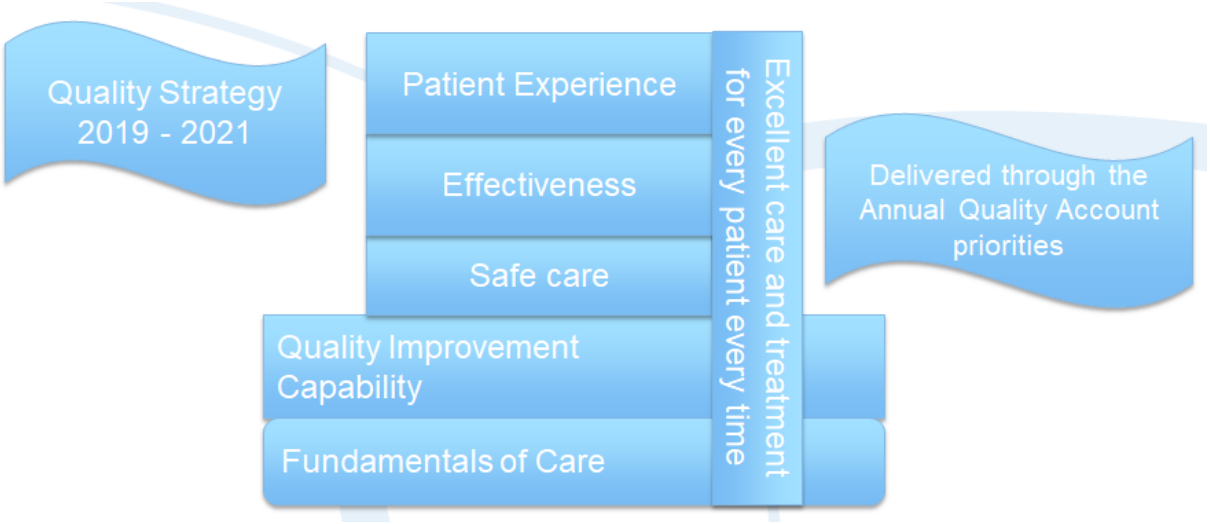
Roger Hall
Medical Director

2. Introduction

The Quality Strategy provides an overarching framework, pulling together all the dimensions covered separately by other strategies. It makes clear the reporting lines and role responsibilities so that the Trust not only meets the regulatory requirements set out by the Care Quality Commission, but meets the expectation of our patents and continuously strives to improve outcomes. Royal Papworth Hospital has a track record of providing excellent care and treatment delivery; with a reputation for being open, honest and transparent to enable sharing and learning when things go well or indeed when things go wrong. The most recent Care Quality Commission visit in December 2014 rated the Hospital as 'Good' overall with 'Outstanding' in care and effectiveness. It is our aim to achieve "Outstanding "across all areas at our next assessment.

We want quality to be our core philosophy and to be at the heart of every decision that we make. Our expertise, reputation and network places us in a unique position to lead the way in delivering excellence in care through our cardiothoracic, respiratory and transplant services with outstanding:

- **Patient experience and engagement**: developing and improving our services for and with the patients who need them
- **Patient safety**: with a focus on eliminating avoidable harm to patients.
- **Effectiveness of care**: using clear, consistent processes and standards to deliver successful treatment assessed by clinical outcome measures and the patient's experience.



The Quality Strategy sets out our key quality ambitions and under each will be a portfolio of work streams that will lead to demonstrable improvements in outcomes, safety and patient experience. Each work stream will involve patients and staff from across the organisation, working systematically, sharing best practice and using proven quality improvement methodology to ensure consistent delivery of improved quality and performance.

Reflection's on achievements of the previous Quality Strategy 2015 – 2018

Provide a safe system of care thereby reduce avoidable harm by 50%

During the last 3 years the Trust has undertaken a benchmarking exercise of incident reporting using NRLS data to compare the Trust against similar Trusts, demonstrating that Royal Papworth had the highest reporting rate and a comparable number of no/low harm incidents; demonstrating a good reporting culture. In addition, The Trust demonstrates a year on year increase in patient safety incidents reported and the % of low harm and No harm incidents remains consistently low. There has been a demonstrable reduction in Moderate harm and above PSI reported as a % of total incidents

Year	15/16*	16/17	17/18
No. of incidents	2400	2547	2529
No incidents near miss/no/low harm	2355	2516	2487
% of total for near miss no/low harm	98%	99%	98%
No. Mod harm and above (inc SI) as % of total	1.8	1.2	1.2

2017/18 - we have developed a way to capture on Datix where, following review, no acts or omissions are identified for Moderate Harm incidents. This will allow for more robust reporting in relation to avoidable harm in the future.

During 2016/18 we have introduced Local Safety Standards for Invasive Procedures (LocSSIPs) in theatres, cath labs and imaging guided procedures. Further LocSSIPs are under development to cover all areas where invasive procedures take place

We have introduced bi-monthly patient Safety Rounds where a multi-disciplinary team reviews an area of the Trust with a focus on safety and patient experience. This is an actioned orientated exercise with on the spot feedback and improvements where required. A patient representative is encouraged on each round.

We have introduced a process for rapid retrospective case note review for all deaths which complements our existing M&M processes in each speciality and developed monitoring of mortality indicators to identify where the Trust can reduce complications and improve practice.

Effectiveness – Excellent patient outcomes

Length of stay of routine cardiac surgery patients has seen a reduction throughout the year. This has been due to the efforts of the multidisciplinary team which include daily Consultant led ward rounds, MDT board rounds to ensure patients are progressing along their pathway and early identification and action of extra care needs for discharge.

Royal Papworth Hospital has the best risk adjusted survival for cardiac surgery, lung cancer and heart & lung transplants in the UK

2017/18 has seen a greater number of patients in the respiratory sleep and support unit being treated as day cases. This has not only improved patient experience but also has released inpatient beds for more acute patients.

2017/18 has seen improvements in the acute coronary syndrome pathway. We have launched the new Rapid NSTEMI pathway in September 2018 meaning all patients referred to us for coronary intervention by this pathway were transferred to Royal Papworth either directly for revascularisation within 24 hours if urgent or within 72 hrs, thereby improving patient experience, reducing patient overall length of stay and achieving national targets.

Experience - Outstanding in care delivery for every patient every time

We have introduced the 'All About Me' booklet which assess patients' physical, social, functional and psychological circumstances preoperatively. This provides valuable information to healthcare professionals across the hospital and has helped us to enhance safety and efficiency around patient discharge. Frailty scoring now encompasses the in-house urgent group of patients and has assisted healthcare professionals in planning care for patients pre- and post-

operatively.
In 2017/18 the Trust also introduced a falls prevention coordinator who has provided invaluable support to the ward teams in the prevention of falls. Data indicates that patient falls in Royal Papworth are largely due to patients wanting to mobilise independently. The introduction of falls mats for patients at risk of falls across the Trust has helped in the prevention of patient falls.
In the last 2 years the Trust has experienced significant challenges regarding capacity and demand for cardiac surgery, resulting in a higher number of elective cancellations. We recognise this has had a negative impact on our patient's experience and work to correct this has been a priority. Despite this, during 2017/18 we continue to demonstrate an excellent response through our Friends and Family scores which continue to demonstrate that > 98% would recommend our services to friends and family. The Trust has started to capture positive comments / compliments from the F&F returns which are added to our overall compliments figures.
We have laid the foundations for building Quality Improvement capability within the organisation through providing initial foundation training supported by EAHSN and an introduction to the Sheffield Micro Coaching Academy approach to QI. 2017/18 we have set up a Quality Improvement steering Group and begun the transition of the Clinical Audit team to QI facilitators. We have identified 4 key QI projects which align to the QA and have begun to build our QI programme
We have also established a regional QI network group for shared learning and support on our QI journey

Quality Ambitions 2019/2022 - Making our values a reality

This strategy outlines how the Trust will maintain excellence in the fundamentals of care and strive to improve on clinical effectiveness. By embracing continuous quality improvement methodology to embed a culture of quality and safety improvement across the whole organisation, we aim to make our values a reality. In order to build on the foundations of the previous strategy, we have refreshed our 3 Quality Ambitions for the next three years. The work streams identified to underpin the Quality Ambitions will be reviewed annually to allow the flexibility to encompass local, regional and national changes in the health economy.

AMBITION 1: Provide a safe system of care thereby reduce avoidable harm

What this means:

Encouraging a culture of open transparency where patient safety incidents are reported and reviewed, to identify learning and improvements needed to promote the safest care.

We will use the Just Culture framework to ensure a supportive and fair approach to staff involved in patient safety incidents.

Utilising business intelligence, governance intelligence (incidents / Risks/ Complaints) and patient feedback to inform and promote safe care and identify areas for improvement.

Standardising and streamlining our services using the best available evidence to reduce variation and promote safe care.

To work in partnership with colleagues across the System Transformation Program (STP) footprint to ensure we work towards a 24/7 cardiology services.

We aim to develop our approach to Safety II thinking; that is to consider the system's ability to perform well under variable conditions and understand why things usually go right, rather than a reactive approach of examining systems only after they have gone wrong

How we will we achieve this:

- We will introduce weekly Serious Incident Executive Review Panel (SIERP) meetings chaired by an Executive Director.

The role of the SIERP is to ensure that robust investigations are carried out into serious incidents. This includes ensuring investigations have a clear root cause identified and contributory factors assessed as well as timely implementation of action plans to ensure changes to practice to improve patient safety are embedded. The SIERP will also review all serious complaints and Moderate Harm events to ensure correct escalation of concerns and any patterns in serious concerns raised from patients.

- 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
- We will introduce pathways of care that provide standardised and streamlined care based on best practice evidence:
    - Develop and monitor the new Non ST Elevation Myocardial Infarction (NSTEMI) Pathway for our Acute Coronary Syndrome (ACS) patients
    - Undertake a full review of the In House Urgent pathway
- We will further develop the process for structured judgement reviews – learning from deaths and introduce the role of the Medical examiner to support this process
- We will continue to work towards harm free care demonstrating achievement via the National Safety Thermometer tool
- We will include a reference to the Just Culture Framework and contributory factors framework in all SI and Moderate Harm incident investigations
- We will continue our programme of Local Safety Standards development (LocSSIPS) based on National Guidance (NatSSIP 2015)
- 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.
- Develop and Chair a Cardiac network meeting ensuring stakeholder engagement.

Ambition 2: Effective and Responsive Care – Achieve excellent patient outcomes and enable a culture of continuous improvement

What this means:

We will develop and support pathways of care that promote the best possible outcomes for our patients and are responsive to their individual needs.

We will support and enable our dedicated staff at all levels to deliver care and treatment that achieves the best outcomes for our patients, utilising staff engagement and feedback to inform our priorities.

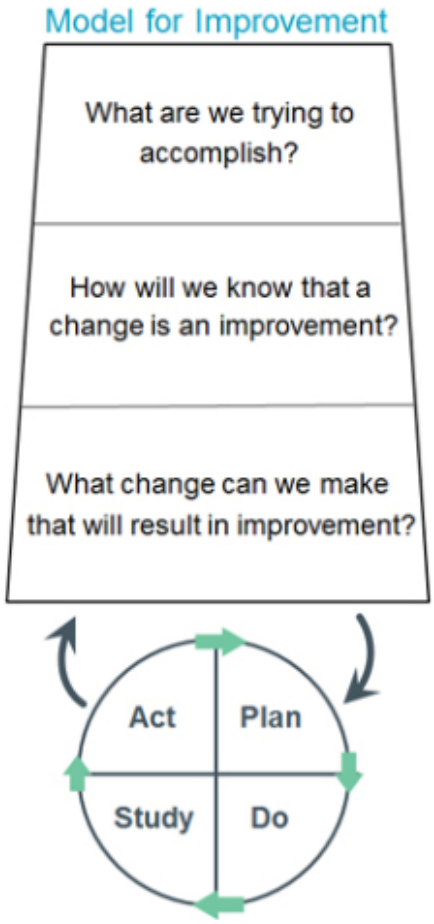
We will maintain and develop a "Well Led" organisation by delivering and supporting programmes for all levels of staff across the organisation, to enable our workforce and promote a culture of patient centred leadership.

We will enable and support quality improvement at an individual, team and pathway level will be achieved by establishing an improvement approach and agreed methodology across the organisation where improvement is embedded within everyone's role.

How will we achieve this?

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.

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.



Setting Aims

The aim should be time-specific and measurable; it should also define the specific population of patients or other system that will be affected.

Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes

Ideas for change may come from those who work in the system or from the experience of others who have successfully improved.

Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

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.

We will ensure resources are committed to support the development of QI within the organisation and that senior leadership supports and encouragers 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

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.

For 2019/2020 we will focus on 4 key priority areas for Quality Improvement aligned with our Quality Account priorities:

- Reducing Falls
- Deteriorating patient pathway
- In house Urgent pathway

- Red to Green

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; 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):

Organisational Level	Required level of knowledge/experitse
All staff	Need a general introduction to and awareness of QI concepts, tools and methods. This facilitates shared understanding, helps identify more opportunities for change and is essential to building an improvement culture. Typically it comes from virtual learning opportunities, new employee orientation and/or short workshops that provide overviews of the organisation's QI approach
Middle managers/ supervisors	Require the same 'dose' as senior leaders plus an understanding of the main aspects of being a sponsor and/or possible leader of an improvement team
Senior leaders	Require deeper knowledge of the science of improvement than board members. Since they are the senior sponsors for QI initiatives they need a working knowledge of the concepts, tools and methods, particularly how key measures are organised; and the difference between common cause and special causes of variation
Board members	Need to agree and understand the organisation's QI approach and its components, understand how data is used for improvement, be able to make the correct management decisions with data, and understand the strategic outcomes expected for QI projects
Internal quality experts	Need the deepest knowledge of both quantitative and qualitative methods, tools and concepts because they are guides for the organisation's quality journey. They also need to be able to teach individuals at all levels of the organisation
Quality coaches	Need to be skilled in the human side of change and QI measurement, and able to use QI tools and methods to help teams achieve their aims. They coach colleagues to test new ideas and support teams with implementation and spread.

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.

We will encourage all staff to participate in the Bronze Level online introduction to QI training as a standard following recruitment

Ambition 3: Patient experience and engagement - We will further build on our reputation for putting patient care at the heart of everything we do

What this means:
We aim to improve patient experience and engagement to ensure they are involved in every step of their care and a true partner in the development of our services. We need to talk with patients about their health needs during consultations, understand the impact that their heart and / or lung condition has on their lives, make sure that they can access information and support and that they feel cared for. By listening to patient feedback we can use what people tell us to improve our services.

How we will achieve this:
We will promote patient representation in all of our speciality services, promoting their involvement and giving them a voice.

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

We will launch a new Patient and Carer Experience Group to encourage feedback, collaboration and working together in patient and public experience.

We will encourage and support patient led Always Events and re-introduce patient and carer listening events.

We will encourage and support patient and carer engagement on the Patient Safety Rounds.

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.

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.

We will promote feedback from our 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

Working with our partners:

The Quality Strategy has links to the following existing Strategy's and should be read in conjunction with these documents:

- Strategic Plan
- Nursing Strategy
- Patient and Carer Experience Strategy
- Risk Management Strategy
- Clinical Education Strategy
- Dementia Strategy
- People Strategy
- Staff Engagement Strategy
- Advanced Practice Strategy
- Quality Improvement Road Map

- Learning Disability Strategy
- Medicines Optimisation Strategy

We also recognise that in order to achieve our ambitions outlined in this Quality Strategy, collaborative working with our partners is essential. Some of our partners include:

- Cambridgeshire and Peterborough Clinical Commissioning Group (Lead Commissioners)
- NHS England Specialist Commissioning
- Cambridge Service Transition Partnership
- Our local Health Partners
- Eastern Academic Health Science Network (EAHSN)
- Cambridge Quality Improvement Network
- NHS Blood and Transplant

We will look forward to realising the benefits of our move to the new Royal Papworth Hospital on the Cambridge Bio-Medical Campus in April 2019. Through campus networking and a collaborative approach to working with health, university and industry partners we will aim to deliver excellence in care which supports and delivers achievement of our Quality Strategy Ambition.

Duties and responsibilities

Chief Executive

The Chief Executive has overall accountability for the quality and standards of care delivered by the Trust

Board of Directors

The Board of Directors on the advice of the Quality and Risk Committee (Q&R), are responsible for:

- Ensuring the Trust has the necessary resources to ensure quality and safety.
- Ensuring as a minimum that the essential standards of quality and safety are
- Being met by every service that the organisation delivers
- Ensuring that the organisation is striving for continuous quality improvement and excellence in every service; and
- Ensuring that every member of staff is motivated and enabled to deliver our Quality Ambitions.
- Ensuring appropriate frameworks, systems and structures are in place to meet the requirements of the regulatory framework underpinning quality.

The Board of Directors will declare it is accountability for quality by agreeing the Quality Account summary of services delivered that is prepared by the executive. A non-Executive Director will chair the Quality and Risk Committee and provide reports to the Board of Directors and Council of Governors.

Chief Nurse and Medical Director

The Chief Nurse and Medical Director share delegated executive lead for all aspects of quality, and are responsible for ensuring appropriate systems are in place to deliver the

Quality Strategy in order that the Trust achieves the measures set out in the regulatory framework in relation to quality, safety, clinical governance and risk.

The Chief Nurse will set the Quality and Risk (Q&R) Committee agenda, report to the Board and be responsible for the Quality Accounts and Care Quality Commission submissions as well as reporting to NHS Improvement and Commissioners on quality issues or concerns. The Deputy Chief Nurse has specific responsibility for Patient Experience and will lead on quality initiatives and projects providing support to the Chief Nurse, Heads of Nursing, Matrons and Ward Sisters in discharging their duties.

The Medical Director is supported by Deputy Medical Directors and an Associate Medical Director with a specific role for Clinical Governance (Quality and Safety). In collaboration with the Chief Nurse, is responsible for medical professional issues and will initiate and coordinate Trust wide activities that support the quality and safety agenda through an embedded framework of clinical governance. The Medical Director is responsible for improving medical effectiveness in terms of mortality and morbidity. The Associate Medical Director will work collaboratively with the Assistant Director for Quality and Risk and the Deputy Chief Nurse on quality and safety initiatives and Chair the Quality and Risk Management Group (QRMG).

Assistant Director for Quality and Risk (ADQR)
The ADQR has specific responsibility for patient safety and quality improvement and will:

- Lead on quality initiatives, ensuring the framework is in pace to support quality improvement capacity and capability with the organisation
- Assist the Chief Nurse and Medical Director to deliver the Quality Strategy
- Chair the Quality Improvement Steering Group
- Collate quarterly quality and risk intelligence and report to the QRMG and the Q&R Committee
- Ensure quality information presented to the Board is appropriate, timely and robust
- Support the Chief Nurse in formulating the priorities for the Annual Quality Account
- Support the Trust in achieving the requirements of the regulatory framework in relation to quality, safety, clinical governance and risk.
- Support the Clinical Directors, Heads of Nursing, Matrons and Operational Managers in all quality and governance concerns and ensure timely and accurate reporting to outside agencies
- Hold Directorates and Business Units to account for quality action plans in collaboration with the Deputy Directors of Operations and the Chief Operating Officer

Heads of Nursing

- The Heads of Nursing are responsible for quality assurance at Business Unit level supported by the ADO and Clinical Directors.
- The Heads of Nursing line manage the Matrons and they are the link to the Operational Directorates as part of the leadership Triumvirate.

- The Heads of Nursing report to the Deputy Chief Nurse and are a key part of the Trust leadership team.

Consultant Nurses / Lead and Specialist Nurses

- Have the responsibility for the quality and safety assurance in their areas and contribute their expertise in this regard directly to the respective Business Units and clinical teams.

Clinical Leads, Operational Managers and Matrons

- Each specific Clinical Lead, Operational Manager and Matron has the operational responsibility for implementing the strategy, developing plans for delivering priorities at a local level.
- Promoting a safety culture within their directorate by providing leadership to ensure safe, patient centred, effective and efficient service delivery
- Ensure the systems are in place within the directorate in accordance with this strategy to review and monitor directorate contributions to the Trust Quality Account
- Manage and action appropriately; incidents, complaints, claims, directorate risk registers, risk assessments, safety alert broad casts (Including Field Safety Notices and MHRA recalls) and quality improvement projects related to the CQC outcomes framework and other regulatory requirements.
- Ensure the relevant action plans for any of the above are in pace, shared appropriately and monitored on a regular basis.
- Ensure there is regular attendance from each speciality at the QRMG to ensure effective two way communication of quality and safety matters
- Formulate a quarterly quality and risk report for each directorate / business unit
- Enable and facilitate a mechanism for shared learning between directorates
- In addition the Matrons will:

    - Conduct Matron's rounds focusing on the quality and safety care delivery
    - Support the ward sisters and Heads of Department to display quality information for the patients, public and victors
    - Formulate a monthly quality and safety report covering their areas of responsibility which will feed directly into the quarterly reporting framework
    - Hold Ward Sisters and Heads of Department to account for quality and provide support where necessary

Heads of Department / Ward Sisters

- Improve the quality of clinical care within their department/ ward through the implementation of this strategy
- Monitor clinical quality indicators to promote safe care and support and inform the Quality Account
- Ensure lessons learnt and action plans developed from a review of clinical indicators, incidents/ complaints/ patient feedback are implemented and monitored within their areas
- Promote awareness of all staff responsibilities towards quality and safety
- Listen and respond to patients to improve quality and safety
- Display quality metrics to inform patients, relatives and victors

- Support ward teams to deliver safe, effective patient centred care
- Hold staff to account for actions and omissions in quality and safety where necessary

All Trust employees
All members of staff, irrespective of grade or discipline, and including those who hold an honorary contract, have a responsibility to put quality at the heart of the organisation to meet the principle objectives for the Trust around patient safety, patient experience and positive outcomes of care, working collaboratively with colleagues to ensure the quality agenda achieves higher standards of care for our patients.

Communications team
The communications team will assist with effective communication of our quality message both internally and externally to our stakeholders and through various media with our patients. They will support in the sharing of lessons learnt from incidents, complaints and sharing best practice. They will also assist in sharing and celebrating our successes and positive feedback to our staff. They will also have a specific responsibility for ensuring the current CQC rating of the Trust is displayed internally and externally for our patients and stakeholders.

Governance
The Quality and Risk Committee (Q&R)is a Committee of the Board of Directors and oversees the quality, safety and risk management functions within the Trust. To ensure a coordinated and holistic approach, Q&R Committee is chaired by a Non-Executive Director and also includes as members, a second Non-Executive Trust Secretary and the Assistant Director for Quality and Risk. It is the responsibility of the Q&R Committee to ensure the Trust discharges it's duties in relation to the quality Strategy and to monitor progress against the ambitions; receiving reports on work streams which underpin the ambitions.

The Q&R Committee receives minutes from the Quality and Risk Management group (QRMG) which reports and monitors patient safety, all aspects of clinical governance, risk management and quality activity across the whole organisation, this includes feedback from each clinical directorate and clinical speciality reporting on quality improvement initiatives in their own areas. Any areas of concern are highlighted and reviewed.

Monitoring and Reporting
Action plans and work streams linked to this Strategy are reported through the Q&R Committee by exception. A further annual action plan will be developed each year identifying priorities for action, which will be reported in the Annual Quality Account. The Chief Nurse will produce an annual report against the strategic ambitions and present to the Q&R Committee.