Quality Account 2024/25

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Purpose

- to provide a briefing on our quality account for 24/25
- to provide an update on our progress against our four quality goals
- to socialise our newly reframed quality goals & priorities which are awaiting approval
- to highlight key priorities for our patient safety incident investigation for 2024/25
- to contextualise the patient safety incident response framework (PSIRF) within the context of the quality and patient safety strategy
- to answer your questions

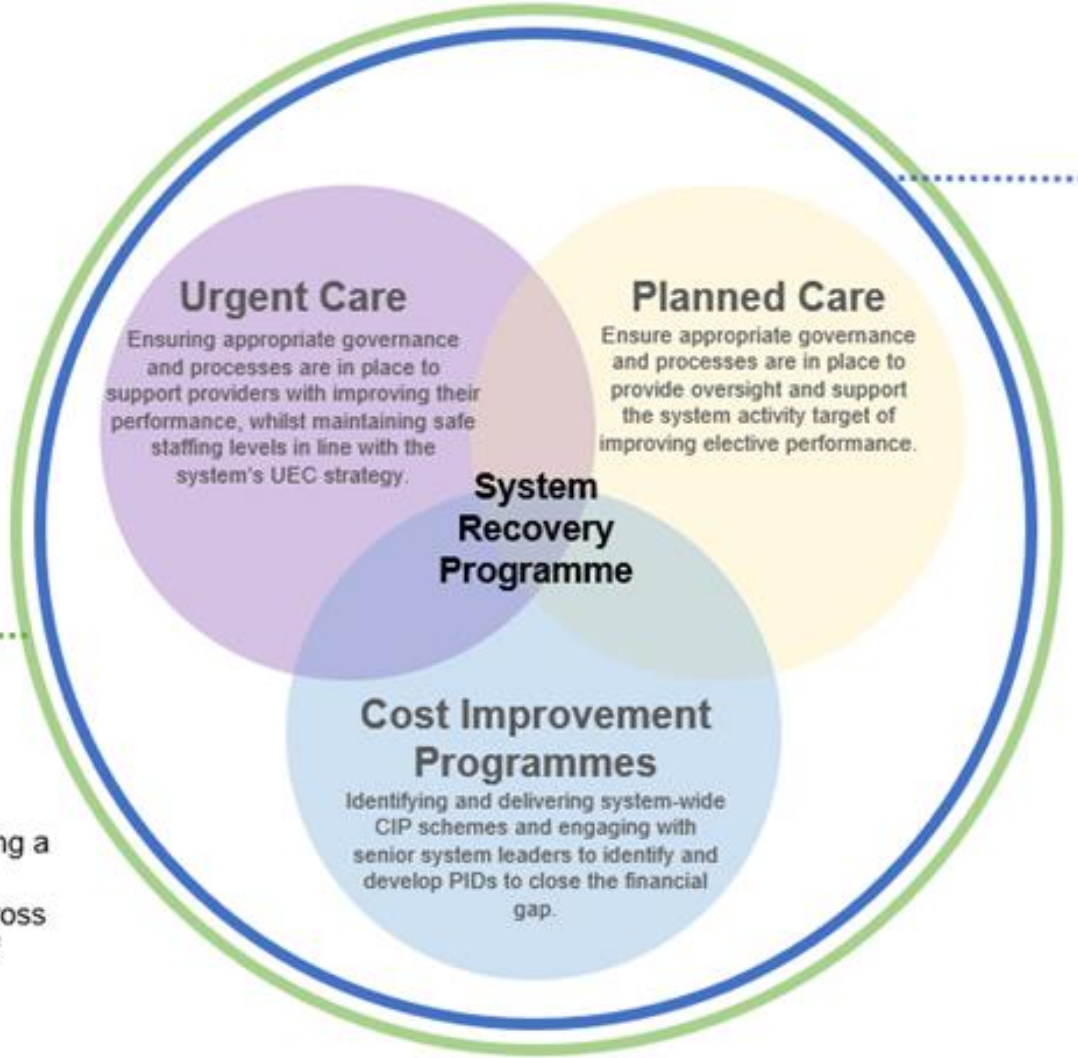
Context of Improvement 2023/24

1. Recovery and Restoration of services continued to be challenged with SOFT 4 designation TSDFT/Devon System in Autumn 2022 and extended periods in OPEL 4 status
2. System Wide Recovery Plan with focus on Planned and Emergency care and delivery of financial defect across Devon (£242.9m) - explicit/ improvement exit targets
3. Clinical Strategy for the system signalling wider clinical service transformation
4. System Recovery Program - strengthened governance and oversight at ICB/regional/national level with additional support provided to the Trust
5. At Trust level the focus in 2023/24 and for the year ahead - building capacity /capability / culture of continuous improvement - Training - Quality and Patient Safety Boards implemented and embedded across the sites with core teams mobilising around key Quality Improvement.
6. Progressing the organisational reshaping program and creation of Care Group Structure
7. Good Governance Institute improvements around QA being implemented
8. Transition to the patient safety incident response framework (PSIRF)

National guidelines

- A Quality Account is a report about the quality of services offered by an NHS healthcare provider.
- Quality is defined in statute as:safety, clinical effectiveness and patient experience
- The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by **June 30 each year**, by uploading it to their own website and forwarding the link to:
- Draft Quality Account will be submitted to Quality Assurance Committee on **20th May** and Board on **26th June**

In 2023/24 we maintained a focus on:



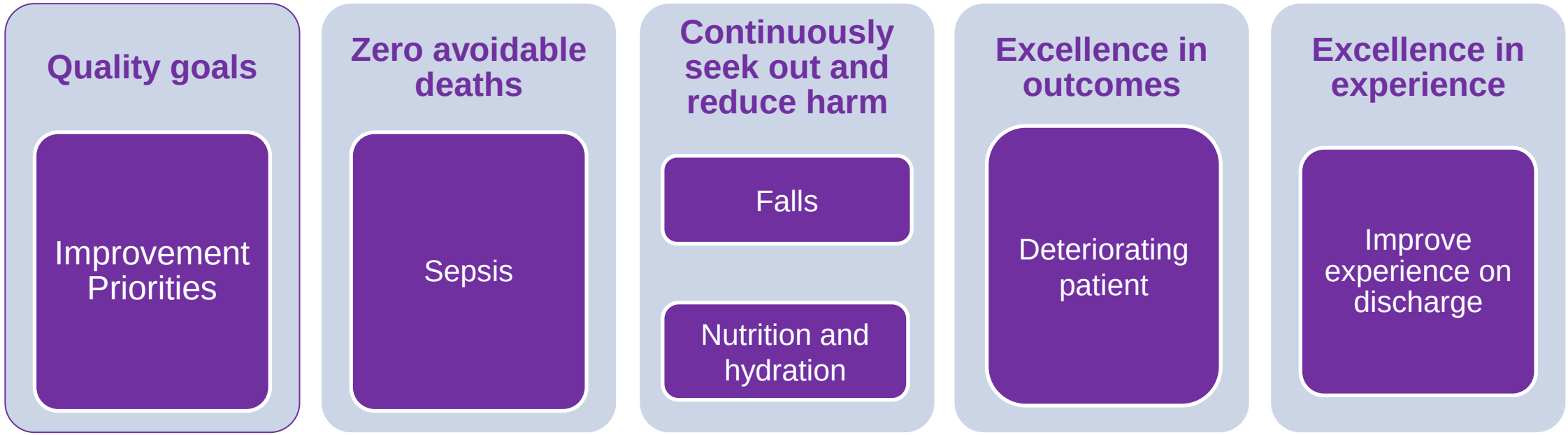
Supported by strategic enablers

- **Long-term financial planning:** Providing assurance of the system's position and delivery against its targets.
- **Clinical strategy and planning:** Developing a clinical recovery plan within the context of wider transformation of clinical services across Devon. This will enable the development of mature clinical relationships across the system.

Supported by the System Recovery Function which will set up the infrastructure to delivery, including:

- **Governance**
- **Reporting**
- Key processes, tools and templates e.g., **Risk Management**
- **Integrated planning**
- **Communications**

Quality and patient safety goals and quality improvement priorities 2023/24



Our quality improvement priorities – performance in 2023/24

- **Zero avoidable deaths**: Our goal is to be 100% compliance with the Sepsis 6 bundle. Focus on the Emergency Department (highest risk area) overall compliance is 94% - the highest to date since reporting started. This priority will continue in 2024/25 to further embed.
- **Continuously seek out and reduce harm:** Our goal is 100% compliance with all risk assessments- average compliance last quarter >96%. Risk assessments re nutrition and hydration saw a slight drop in December to 85%. This work is now business considered business as usual.
- **Falls prevention:** FallSafe audit shows improvements in lying and standing blood pressure (LSBP) measurements of 70% and that 83% of patients received a vision assessment in December. Despite these improvements in assessment the reduction in falls seen in 2021-23 appears to have plateaued and we have seen an increase in harm associated with falls, a review is underway to identify themes and falls remains an improvement priority for .
- **Improved identification of the deteriorating patient:** December 2023 compliance position in the completion of vital signs was 98.29%; NEWS2 training compliance rates (target 85%). This work is now business as usual and will be overseen by the resuscitation committee.
- **Improved experience on discharge:** The NHS national patient survey indicated that the Trust was in the top 5% for key discharge measures. The monthly Patient Survey each month, ten randomly selected patients who have been discharged are called to seek their feedback, in March 2024 71% of patients were discharged to their preferred place. This work is now 'business as usual' and will be monitored by the patient experience committee.

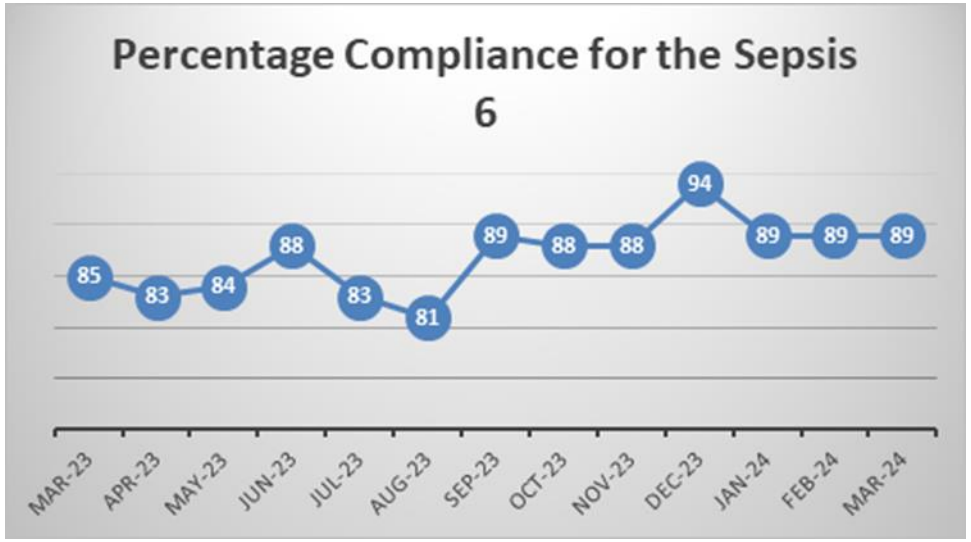
Quality Goal: Zero avoidable deaths

Quality goal 1 – zero avoidable deaths

Improvement priority – 100% Compliance with Sepsis Bundle (current average ED Sepsis bundle compliance = 86.9%)

Improvement interventions

- Focus on improving our identification and management of patients with sepsis to reduce the number of people who die from septic shock.
- Focus has been within the Emergency Department with roll out plan across high-risk areas in 2023/4
- Trust wide training package has been commissioned currently 66% of clinical staff have completed the training
- Roll out of Trust Wide Sepsis Policy* (live April 2024)
- Focused improvement for ED in relation to antibiotic administration alongside overall sepsis compliance. Monitored on Quality board
- Roll out of audit compliance outside of the ED to all areas



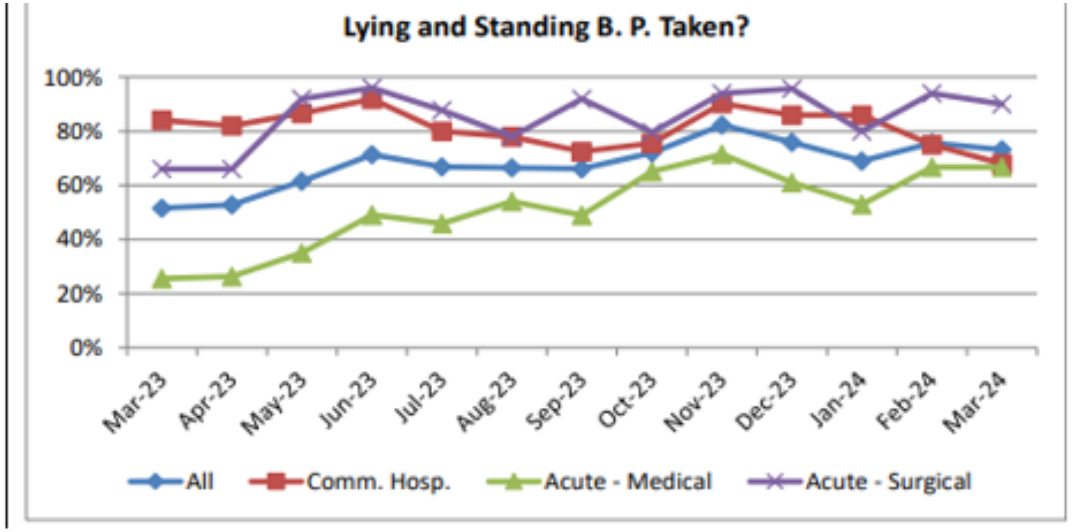
Plan to continue to work on this priority to further embed

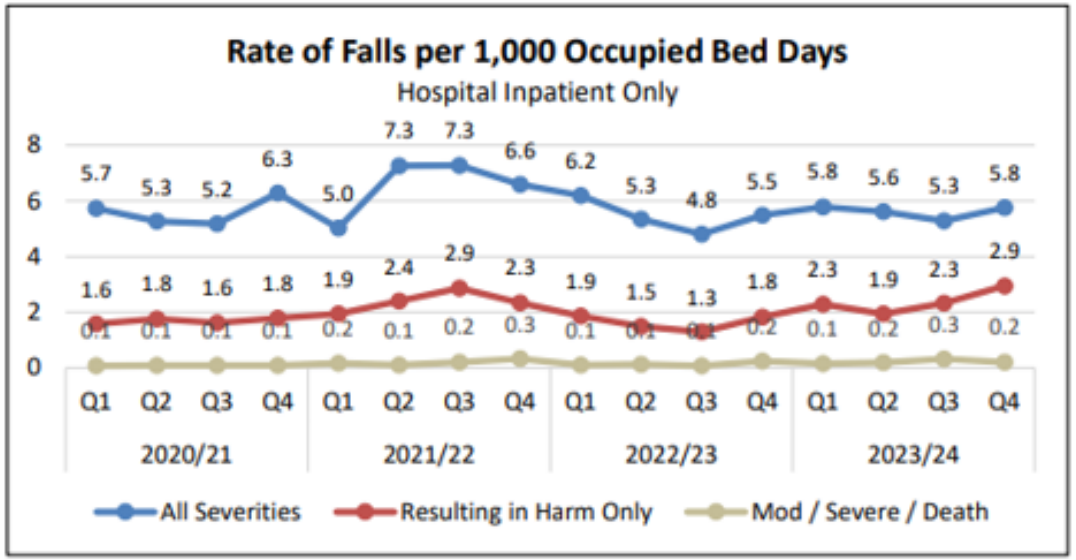
Quality Goal: Continuously seek out and reduce harm

Torbay and South Devon NHS Foundation Trust

Improvement Interventions in 2023/4 to reduce our falls

- ✓ Including Training *'Lying and standing blood pressure'* we are achieving 73% compliance against a national average of 39%
- ✓ Visual assessment tool has been rolled out and add to Fallsafe bundle and 82.6% of patients were visually assessed in March 2024
- ✓ A rapid debrief is undertaken for any patient that falls
- ✓ The reduction in falls seen over 2021-23 has plateaued, despite the success in falls prevention pathway compliance
- ✓ We have seen an increase in patient harm related to in hospital falls
- ✓ Falls reduction will remain a priority for 2024/4

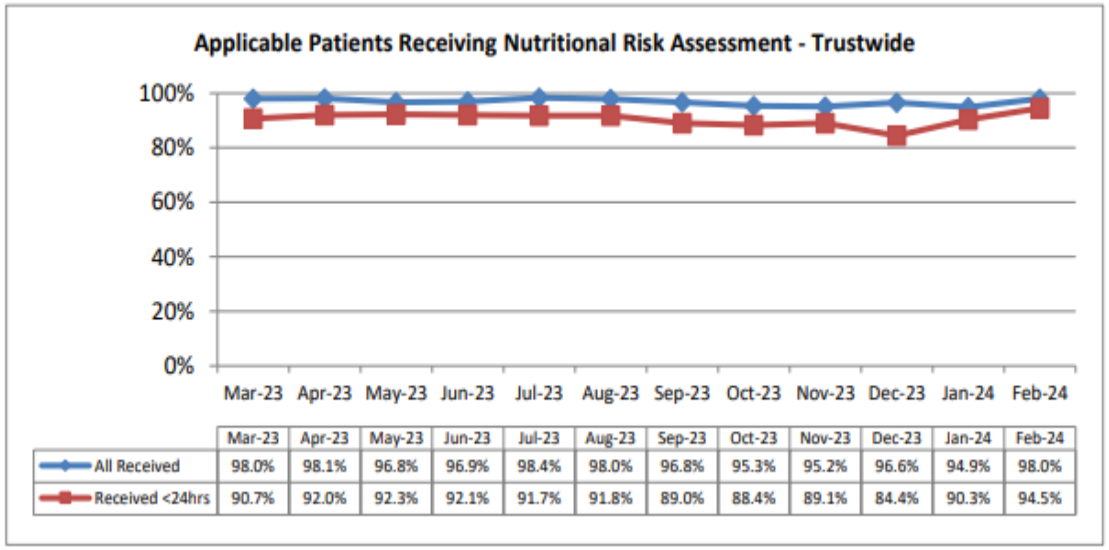




Quality Goal: Continuously seek out and reduce harm

Supporting a nutritional risk assessment to be undertaken within 24 hours of admission

- The monthly Safety Assessment Audit, which encompasses a wide range of parameters, including the nutrition risk assessment and care plan, is undertaken on one specific day each month, across all inpatient wards. Data from these audits are used at Ward and Care Group level, with a governance audit trail evident.
- Performance for January and February 2024 was 94.9% and 98.0% respectively.
- There has been an in overall increase in compliance in the completion of Nutrition and Hydration risk assessments.
- Compliance and improvements are continuously monitored by the Matron and ADNPP and reported through the Care Group Governance Meetings and weekly ward meetings.
- The number of risk assessments received in 24hrs has increased from 90.3% in January 2024, to 94.5% in February 2024. The Nutrition and Hydration Steering Group has experienced a reduction in attendance from all Care Groups due to system pressures and Opel 4.
- Intervention around mealtime companion has been slow due to no investment and LTS in volunteer team.



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
All Received	98.0%	98.1%	96.8%	96.9%	98.4%	98.0%	96.8%	95.3%	95.2%	96.6%	94.9%	98.0%
Received <24hrs	90.7%	92.0%	92.3%	92.1%	91.7%	91.8%	89.0%	88.4%	89.1%	84.4%	90.3%	94.5%

Quality Goal: Excellence in outcomes

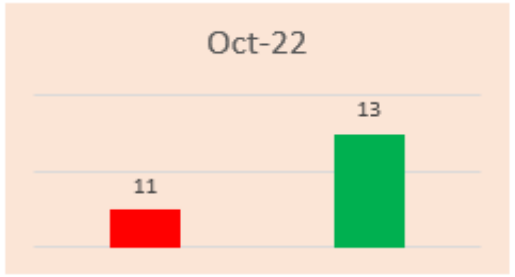
Quality Priority: Improved identification of the deteriorating patient

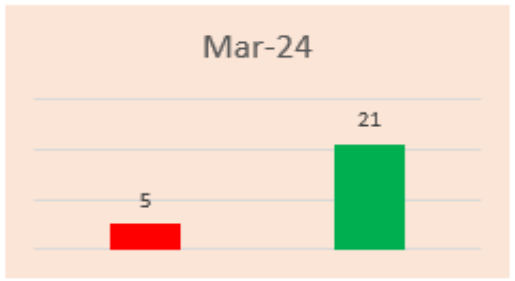
Project Overview

The deteriorating patient is a patient that moves from one clinical state to a worse clinical state, increasing their risk of disease, organ failure, prolonged hospital stay or death. Being able to recognise and act on these changes are essential skills to improving patient safety and outcomes. Deteriorating patient is part of Quality Goal 3 – Excellence in Outcomes for Patients, as set out in the Quality and Patient Safety Long Term plan 2021 – 2024. Project period Oct 22- March 24

To achieve this by

- Delivery of training and education to support identification and escalation of the deteriorating patient (NEWS2 and SOS)
- Monitoring compliance with timeliness of observation on Vitalpac
- Regular process and audit monitoring through the Group and via Quality Boards, and auditing the CQUIN for deteriorating patients which looks at timely and appropriate escalation
- Targeted support for wards where required.





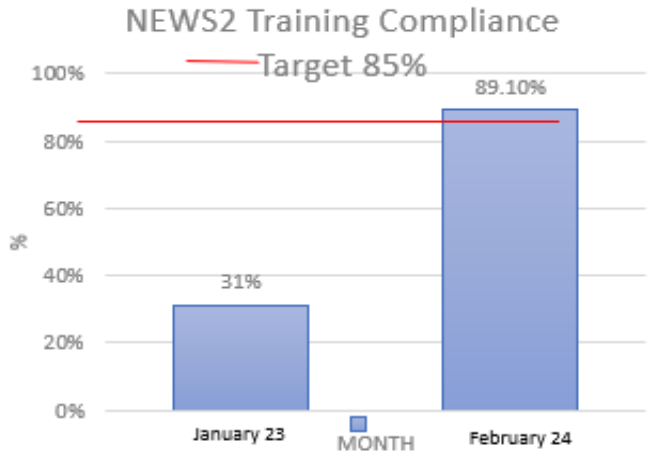
The number of wards compliant with the timeliness of observations increased from 13 to 21. This is a large improvement that contributes directly to patient safety.

Key Performance Indicators and achievement

100% compliance with vital signs monitoring(complete set obs)- ***currently at 98.47%***

100% compliance with Early Warning score escalation

- ✓ Observations >85% vital signs unbreached. ***March 24 whole trust achieved 89.13% Targeted support offered to non-compliant areas and continued ongoing monitoring***
- ✓ Achieving within 3% Observations taken at night (Actual and Planned) (12 midnight – 6am, minimum of one set of observations) ***Improving, discrepancies remain largely due to community hospital process. Discussions and support are ongoing.***
- ✓ 100%, compliance annual training- data recorded on Hive (currently set on hive as 85%) ***Below chart demonstrates improvement***



Next steps.. increased SOS training & Formic audits

Quality Goal: Excellence in experience

Improved experience on discharge

Patient feedback through the NHS patient survey 2023 showed we were performing in the top 5% for the following:

- information was given on who to contact on discharge if you were worried about your condition and treatment?
- after leaving hospital did you get enough support?
- the survey provided assurance as no questions relating to discharge fell within the bottom

Home for Lunch March 2024:

25% of people were discharged before 12 noon a 5.7% increase from same period 2023

73.3% before 5pm, again an improvement of 6% on the same period for 2023

Enhanced discharge lounge- the number of people transitioning through the discharge lounge has doubled

Preferred place of discharge of those patients sampled in March 2024 71% of patients were discharged to their preferred place.

Monitoring patient experience on discharge is now considered ‘business as usual’ and will be monitored by the patient experience committee.

Quality goals and priorities 2024/25

Quality improvement priorities 2024/25

Quality goals

Improvement priorities

Seek out and reduce harm

- Sepsis
- Safeguarding (MCA/ DOLS)

Excellence in clinical outcomes

- Reducing emergency and elective care delays
- Falls

Deliver what matters most to our people

- Listening to our people

Reducing health inequalities

- Seek, identify and address health care inequalities

Patient safety priorities for safety investigation

- Delays across elective pathway
- diagnostic pathway errors
- Delays across U&E pathways
- Engaging patients and families in safety reviews and investigations
- National Standards for invasive procedures (NaTSSIPs 2)

Patient safety

- We transitioned to PSIRF on **01 February 2024** PSIRF does not prescribe what to investigate, instead advocating a coordinated and data driven approach to maximise learning and improvement

- The four principles of PSIRF
  1. compassionate engagement and involvement of those affected by patient safety incidents
  2. application of a range of systems-based approaches to learning from patient safety incidents
  3. considered and proportionate responses to patient safety incidents
  4. supportive oversight focused on strengthening response system functioning and improvement.

- The National safety standards for invasive procedures 2 (NaTSSIP's 2) guidance was issued in 2023. A working group will be established to map progress and to deliver against these objectives to enhance patient safety.

- Focus on just learning culture and compassionate engagement with those affected.

- Supporting our patient safety partners

- Application to pilot Martha's Law

Our quality improvement priorities – 2024/5

Continuously seek out and reduce harm focus on:

- Compliance with the Sepsis 6 bundle, focus on the Emergency Department (highest risk area)
- MCA/ DOLS/ safeguarding-

Excellence in outcomes focus on:

Reducing falls and harm sustained from falls

Reducing elective and emergency care delays to improve outcomes

Listening to our people :

Focus on engaging patients and families in safety reviews and investigations and just learning culture

Reduce health inequalities

We are committed to seeking out and reducing healthcare inequalities across our system. Due to the diversity of our organisation, we will ask each care group to identify their focus based on identified need e.g. such as reducing smoking, access to our services, quality and experience of care. Engagement plan being developed.

Engagement plan regarding quality goals 24/25 and priorities

- ADNPP and Matrons - quarter 4 2024
- CNO, CMO, COO and senior leadership team- quarter 4 2024
- Governors- May 2024
- Trust Management Group-May 2024
- Executive- May 2024
- Healthwatch- May 2024
- Executive Quality Group – May 2024
- Integrated Care Board CNO - May 2024
- Final Draft to Quality Assurance Committee - May 20th 2024
- Audit Committee-May 2026
- Board - June 26th 2024
- Publication deadline 30th June 2024

Next steps

- Patient safety and Quality strategy is due for review this year
- Focus on quality goals and priorities throughout the next 12 months
- Continued use of the quality board in clinical areas.
- Just learning culture programme to be rolled out
- Continue to embed PSIRF
- Focus on quality goals and priorities throughout the next 12 months
- Engagement with our patients and people, including those involved in patient safety events.
- ? Governors quality priority for 25/26

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Your questions

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Thank you

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Our People
Our Digital