

# ELHT Quality Strategy

2022 – 25



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## Our Commitment

### 1. Trust Statement

Delivering the highest quality healthcare to our local communities is at the heart of everything we do. We have fantastic teams delivering safe, effective care and every day we hear stories about how they go above and beyond.

Quality is embedded in our culture, and we are committed to continually improving.

Much progress has been made since our previous Quality Strategy was launched back in 2017 and many examples of this are shared in this document. But there is still more we can do - and our new Quality Strategy highlights how we will build on what we have already achieved. It sets out our improvement goals for the next three years and the frameworks that will underpin that activity.

It has been created following consultation with a wide range of people, from healthcare partners through to patients and colleagues and we are grateful for the feedback and insights provided by everyone involved. This collaborative approach is key to our improvement journey. We all share the same common purpose focused on quality improvement and by working together we can achieve much more.

Our new Quality Strategy is exciting, and we are well placed to deliver it. Ultimately, it is about people and the measure of its success will be seen through the experiences of our patients and colleagues.

Together we can enable the organisation to deliver high quality care now and in the future.

Chris Douglas MBE,  
Chief Nurse



*Christine M Pearson*

Dr Jawad Husain,  
Executive Medical Director



*J Husain*

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## 2. East Lancashire Hospitals NHS Trust – Who we are



East Lancashire Hospitals NHS Trust (ELHT) was established in 2003 and is a large integrated health care organisation providing high quality acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen (collectively called Pennine Lancashire) as well as a range of tertiary services for the wider population of Lancashire and South Cumbria.

Our population includes patients who live in several of the most socially deprived areas of England. We aim to deliver high quality, high value care and contribute to a health gain for our community. Located in Lancashire in the heart of Northwest England, with Bolton and Manchester to the South, Preston to the West and the Pennines to the East we have a combined population of approximately 530,000.

We employ over 9,600 staff, some of whom are award winning and internationally renowned for their work and achievements. We treat over 700,000 patients a year from the most serious of emergencies to planned operations and procedures.

Our high-quality healthcare services are offered across five hospital sites, and various community locations, using state-of-the-art facilities. In addition, our patients are also offered a range of specialist hospital services which are provided either by the Trust, neighbouring Trusts, with some being delivered in Manchester. Most of the Trust's services are funded by NHS East Lancashire and Blackburn with Darwen Clinical Commissioning Groups (CCGs) and NHS England. The Trust continues to work alongside our commissioners and local authorities to deliver the best possible care in the most appropriate locations for the people of East Lancashire.

Quality underpins the vision of East Lancashire Hospitals NHS Trust (ELHT) which is to be “widely recognised for providing safe, personal and effective care.” This has been demonstrated in the Trust's continued progress and being rated ‘Good with areas of outstanding’ by the Care Quality Commission (CQC). This Quality Strategy will enhance the safety and effectiveness of care, whilst continuing to improve patient experience and outcomes over the next three years (2022 - 25).



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## 3. Our ELHT Vision and Values – What guides us

This Quality Strategy is an enabling Strategy that supports the delivery of our overall Trust Strategy, which is summarised in our Strategic Framework:



This Quality Strategy sets out our plans and commitment for the next three years, to support the achievement of our Trust goals and the delivery of safe, high-quality care.

## Putting Quality at the heart of everything we do – Delivering Safe, Personal and Effective Care.

Our quality commitments focus on initiatives that will:

- **Provide Safe care** - Reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.
- **Provide care that is Personal** – Deliver patient centred care which involves patients, families, carers, and system partners in the planning delivery of care and opportunities to improve patient safety.
- **Provide Effective care** – Deliver consistently effective and reliable care, based on best practice which is delivered in a culture that encourages and enables innovation to **Improve** outcomes.

The experiences of our colleagues and our patients will continue to be the most important measure of our progress.

It is the delivery of this Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness and our sustainability plans that will ensure that we act with kindness as role models in line with our newly developed Behavioural Framework; to deliver safe, personal, and effective health and care services for the local population of Pennine Lancashire and beyond.

The Quality Strategy will support the delivery of the Trust's Clinical and People Strategies, as a core focus within the overarching Strategic Framework. This framework further supports and links to the priorities of Lancashire and South Cumbria Integrated Care Board (ICB), and the Pennine Lancashire Place-based Partnership (PBP).

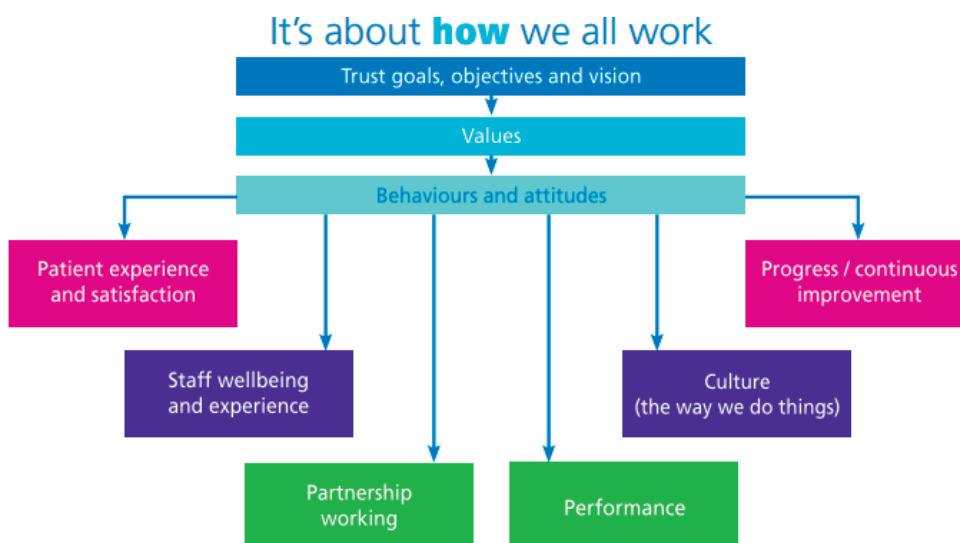
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## Behavioural Framework

This Framework defines how we can all contribute to the success of our organisation and to our own successes as individuals and as a team. Adopting and embracing these behaviours will help to achieve our Trust's ambition to deliver Safe, Personal and Effective care and continue to make ELHT a great place for everyone.

What is the behavioural framework?

It is a set of core behaviours which define how we are expected to approach our work and sits alongside what we do. It details the behaviours and attitudes required by all our ELHT colleagues and it supports the delivery of our strategic priorities, values, and culture.



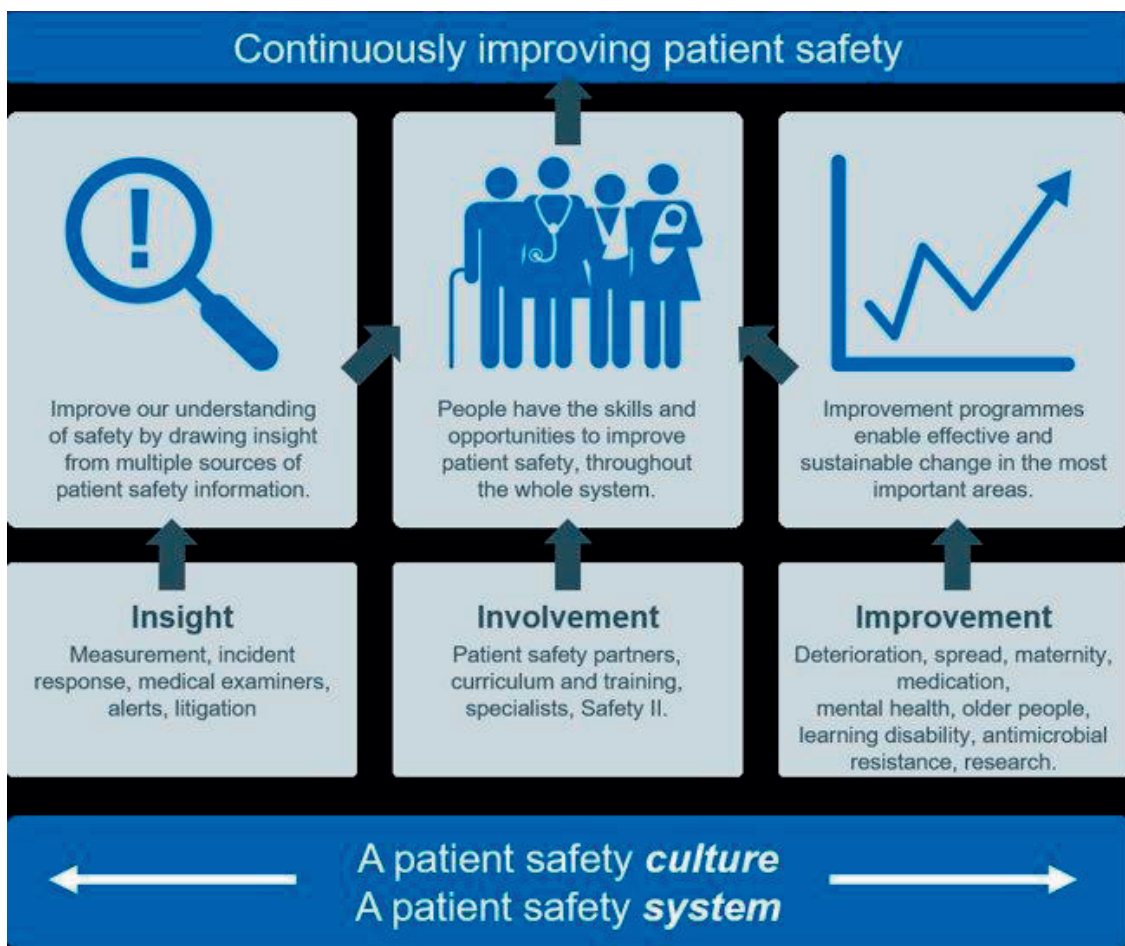


## NHS National Patient Safety Strategy

The ELHT vision aligns directly with the principles of the NHS National Patient Safety Strategy - NPSS (2019). The National Patient Safety Strategy ([NHS England 2019](#)) focuses on three key aims.

1. **Improve our understanding of safety by drawing insight from multiple sources of patient safety information**
2. **People have the skills and opportunities to improve patient safety, throughout the entire system**
3. **Improvement programmes enable effective and sustainable change in the most important areas.**

Our Quality Strategy is based on the exact same three aims, with an explicit link to our Quality Improvement programme.



### A visual summary of the NHS National Patient Safety Strategy

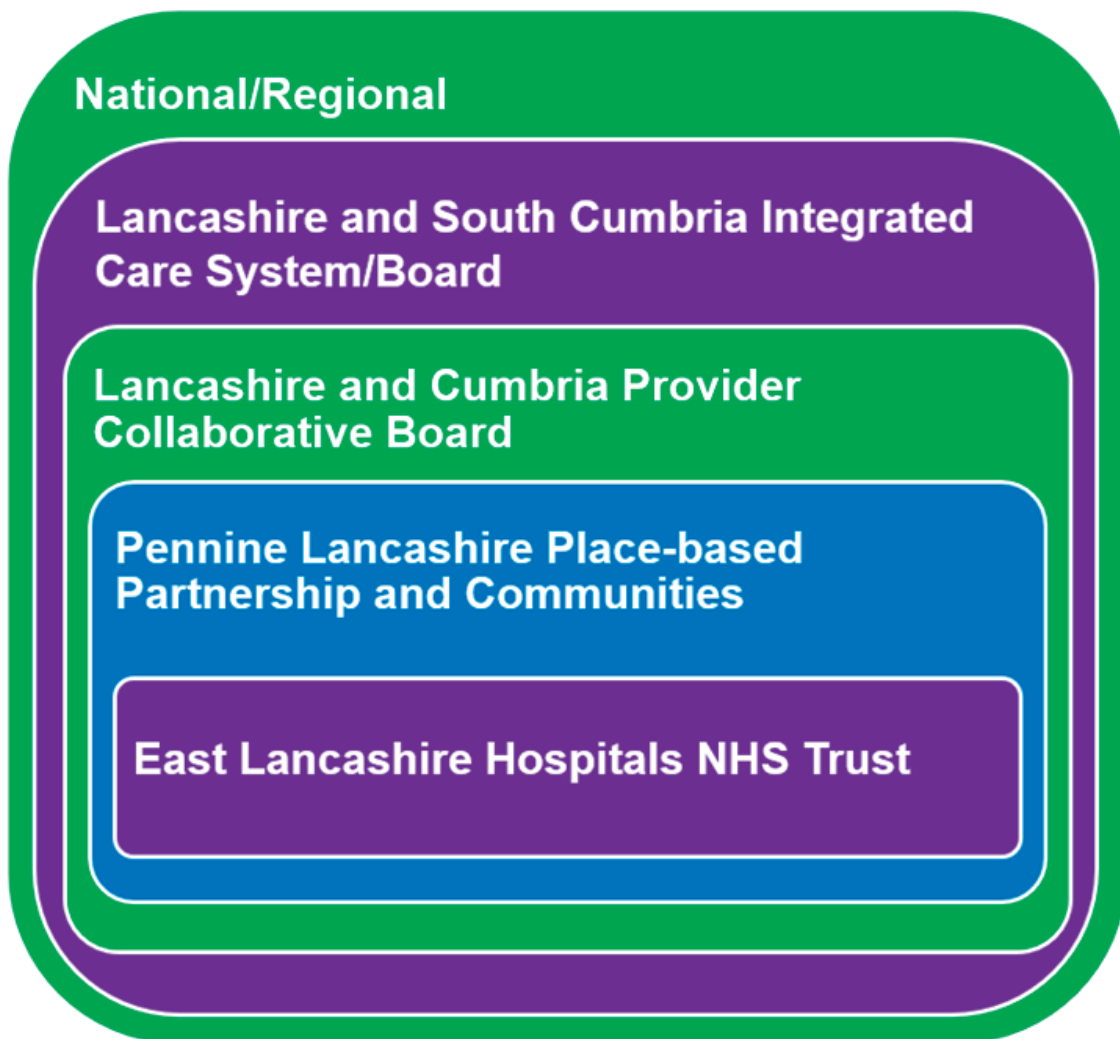
The commitments contained within this strategy reflect the link between quality, staff experience and organisational culture; learning, and the link between learning and improvement being driven through patient involvement and feedback from the wider population and our system partners.

## Strengthening Our Partnership Working

Working in partnership across the Pennine Lancashire Place Based Partnership (PBP), the Lancashire and South Cumbria Provider Collaborative Board (PCB) and wider Lancashire and South Cumbria Integrated Care System/Board (ICS/ICB) has been a fundamental part of our improvement journey so far and will continue to underpin all our work as we continue that journey.

Our drive to improve the quality of care delivered across our communities will see the Trust work increasingly through partnerships across our localities. We will further develop our role as part of an integrated offer, working more closely with our commissioners and with other local providers, including GPs, Community and Mental Health Trusts, and colleagues in Social Care.

This drive to improve care through collaboration is reflected through the recent Integration and Innovation White Paper, which outlines the requirements for system working. We will work as part of a joined-up system across Lancashire and South Cumbria ICB contributing to and learning from best practice across the region and working to ensure equity of care for our communities.



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Key new priority workstreams across Place and System are shown below:

Place and System:	Priority workstreams:
<b>Pennine Lancashire Place Based Partnership</b>	<ul style="list-style-type: none"><li>• Population health</li><li>• Children, Young People and Maternity</li><li>• Primary care and community-based services delivered in neighbourhoods, including long-term condition management and social care</li><li>• Urgent and emergency care (via an A&amp;E Delivery Board*)</li><li>• Intermediate Care</li><li>• Elective Care, Cancer, and Diagnostics (overseeing Restoration and Recovery work)</li><li>• Care Sector (including regulated care and wider care)</li><li>• Mental Health</li><li>• Learning Disabilities and Autism</li></ul>
<b>Lancashire and South Cumbria Provider Collaborative Board</b>	<ul style="list-style-type: none"><li>• MSK/T&amp;O</li><li>• Frailty</li><li>• Respiratory</li><li>• Cardiac/Circulatory</li><li>• Mental Health and Physical Health Integration</li></ul>
<b>Lancashire and South Cumbria Integrated Care System/Board</b>	<ul style="list-style-type: none"><li>• Health and Wellbeing of our Communities</li><li>• Living Well</li><li>• Managing Illness</li><li>• Urgent and Emergency Care</li><li>• End of Life Care, including Frailty and Dementia</li></ul>

## 4. Looking to the Future - ELHT Quality Commitments for 2022-25

In order to refocus our refreshed Quality Strategy, we have reviewed the previous strategy commitments and associated achievements which are summarised at the end of this Strategy.

This revised Quality Strategy will be supported by several underpinning frameworks. These frameworks will outline in detail the implementation plan for each of the commitments outlined below.

**Insight / Safe** - Patient Safety Incident Response Framework

**Involvement / Personal** - Patient Experience Framework

**Improve / Effective** - Clinical Effectiveness Framework

**Improve +** - Improvement Framework



### Quality Strategy 2022-25 Commitments

These commitments were identified and developed through a series of workshops with key stakeholder groups (July – September 2021) and agreed in December 2021, following a full review of quality datasets (quantitative and qualitative) from 2018-2021.

Membership of these workshops included representatives from:

- Public Participation Panel
- Local Carers Groups
- Healthwatch
- Local Authority
- East Lancashire Clinical Commissioning Group
- Executive and Non-Executive Board Members
- Divisional Senior Leadership Teams
- A cross section of all staff from Clinical Divisions and Corporate Teams

Insight / Safe	
1.	To implement the <b>Patient Safety Incident Response Framework</b> as an Early Adopter (including <b>PSIRP priorities</b> and <b>Patient Safety Specialists</b> )
2.	To strengthen a <b>patient safety culture</b> , in partnership with the <b>Workforce plan</b> and the roll out of the <b>Just Culture</b> approach
3.	To strengthen the <b>analysis of data</b> to support and measure quality through improved systems and accessible dashboards

Involve / Personal	
1.	To <b>increase the influence</b> of patient or public through representation in Trust governance and service development meetings. To help shape the development of patient safety and experience initiatives.
2.	To <b>widen the engagement</b> of patients and public to guarantee we have a diversity of opinion and collaborate with patient representative groups to create greater consistent system wide approach to patient experience.
3.	To pro-actively help the Trust <b>identify and minimise the impact of health inequalities</b> with ELHT's footprint and hold the Trust to account on the delivery / timeliness of patient experience initiatives.
4.	To introduce <b>Patient Safety Partners</b> in line with the PSIRF

Improve / Effective	
1.	To coordinate <b>clinical skills development</b> / training through the DERI team
2.	To provide a portfolio of training aimed at <b>developing quality governance skills</b> at all levels
3.	To improve the <b>visibility of Clinical Audit Results</b> by developing an internal registry
4.	To develop and <b>embed GIRFT processes</b> to drive improvement priorities from learning

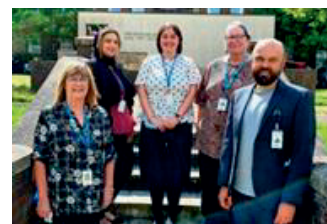
Improve+	
1.	To improve outcomes against identified Trust and wider system improvement priorities using an evidence-based and consistent improvement method and tools (SPE+ Improvement Practice).
2.	To develop skills and confidence of staff across the Trust and wider system to apply the Improvement Practice to secure the best possible outcomes
3.	To embed improvement in all that we do as part of our organisational management system

## Our 2022-25 **Insight / Safe** Commitments:



- **NPSS definition - Insight:** *Improving understanding of safety by drawing intelligence from multiple sources of patient safety information*
- **ELHT definition - Safe:** *Reduce harm, prevent errors, and deliver consistently safe care*

Aim:	Objectives:
We will complete the early adoption of the Patient Safety Incident Response Framework	<ol style="list-style-type: none"> <li>1. Focus investigation resource on National and Local priorities for organisational learning</li> <li>2. Introduce a portfolio of Patient Safety Responses to enable investigation for early learning within the Divisions</li> <li>3. Strengthen the link between learning from investigations and improvement work</li> </ol>
We will embed the Patient Safety Specialist role	<ol style="list-style-type: none"> <li>1. Strengthen the Patient Safety culture through linking incident reporting and investigation to the Just Culture approach</li> <li>2. Supporting the Trust's systems for planning and coordinating the actions required by National Patient Safety Alerts</li> <li>3. Implement a suite of Patient Safety training from leadership training to Induction</li> </ol>
We will review the data system (Datix) currently used to manage incidents and risk	<ol style="list-style-type: none"> <li>1. Improve the quality of incident reporting</li> <li>2. Improve data analysis, triangulation, visibility, and reporting through the standardisation of Quality dashboards</li> </ol>



Left to right: Members of the ELHT Patient Safety Incident Investigation, Health, Safety & Risk Management and Incident & Policy Teams



Aim:	Objectives:
<p>We will implement organisational learning and improved performance in line with key local priorities.</p>	<p>These priorities below (1-5) will form the focus of the Patient Safety Incident Response Plan (PSIRP). This plan requires a full incident investigation of the next 5 reported incidents in each category. Thematic review of the learning from each case will then inform an organisational improvement plan, utilising the SPE+_ improvement approach, for each of the 5 areas.</p> <ol style="list-style-type: none"> <li>1. <b>Treatment problem/issue, Diagnosis failure/problem &amp; Radiology</b> - 104-day cancer breaches</li> <li>2. <b>Vulnerable Adults</b> - Nutrition (Nil by Mouth)</li> <li>3. <b>Communication with patients and families</b> - DNACPR, TEP (Treatment Escalation Plans), EOL (End of Life Care)</li> <li>4. <b>Falls</b> - Fractured Neck of Femur</li> <li>5. <b>Emergency Department</b> -Transfers &amp; patient flow, Inappropriate Handovers, NEWS2 (National Early Warning Score Observations), Delays in treatment &amp; Concern around care given</li> </ol> <p>Routine investigation of incidents resulting in harm will be conducted using a portfolio of tools, including round tables, clinical reviews, timeline analysis. These will be coordinated within the divisions and reported/monitored at the Patient Safety Group.</p>

## Key enabler: Patient Safety Specialists

As part of the introduction of the National Patient Safety Strategy, in November 2021 we established Patient Safety Specialist roles as part of our Quality Governance team and in December 2021 we transferred from the Serious Incident Framework (2015) as an Early Adopter for the Patient Safety Incident Framework (PSIRF). This will be a key enabler to achieving these commitments.

- Ensuring a Just culture is embedded within the Trust
- Supporting the Trust's systems for planning and coordinating the actions required by National Patient Safety Alerts
- Improving quality of incident reporting
- Supporting the Trust's transition from the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) to the new Learn from patient safety events (LFPSE) service for recording patient safety events
- Involvement in local implementation of the Patient Safety Incident Response Framework
- Supporting local implementation of the Framework for Involving Patients in Patient Safety

## Our 2022-25 **Involvement / Personal** Commitments:



- **NPSS definition - Involvement:** *Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system*
- **ELHT definition - Personal:** *Deliver patient centred care / To influence, challenge, strengthen and promote consistently safe, high quality, reliable, accessible, and equitable patient care and outcomes*

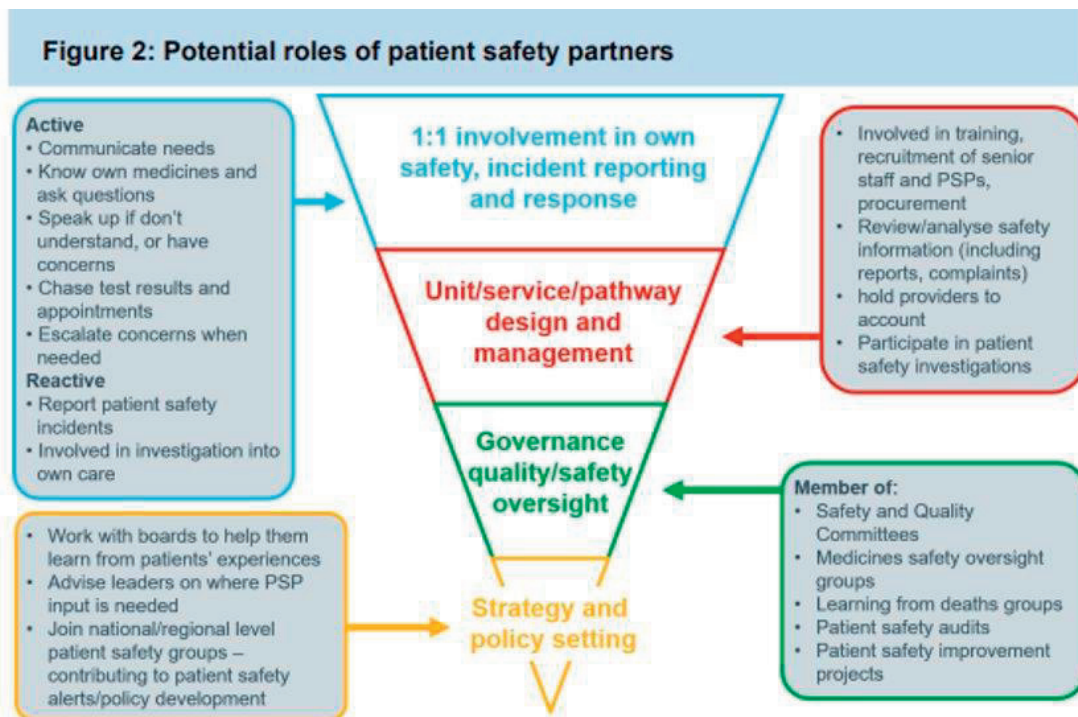
Aim:	Objectives:
To increase the influence of patients, families/carers, and the local community	<ol style="list-style-type: none"> <li>1. To implement the 'Patient Safety Partner' role as a representative on governance and service development meetings.</li> <li>2. To ensure patient, family/carers, public are enabled to help shape the development of patient safety and experience initiatives</li> <li>3. To further embed the Public Participation Panel to influence service development opportunities</li> </ol>
To widen the engagement of patients and the public	<ol style="list-style-type: none"> <li>1. To enable a diversity of opinion to be represented in engagement opportunities</li> <li>2. To collaborate widely with patient representative groups from across the local community</li> </ol>
To reduce the impact of health inequalities	<ol style="list-style-type: none"> <li>1. To integrate data collection fields into patient safety systems to enable the Trust to identify any themes of harm affecting particular groups</li> <li>2. To introduce visible reporting against key performance indicators in line with key characteristics to enable the Trust to improve the accessibility of services to key groups</li> </ol>

## Key enabler: Implementing Patient Safety Partners (PSP)

Patient, Family and Carer involvement in organisational safety is defined in the NPSS as relating to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

Roles for PSP's can include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight group



Members of the ELHT Patient Experience Team

## Our 2022-25 **Improve / Effective** Commitments:



- **NPSS definition** - *Improve: Designing and supporting programmes that deliver effective and sustainable change in the most important areas*
- **ELHT definition** - *Effective: Deliver consistently effective and reliable care.*

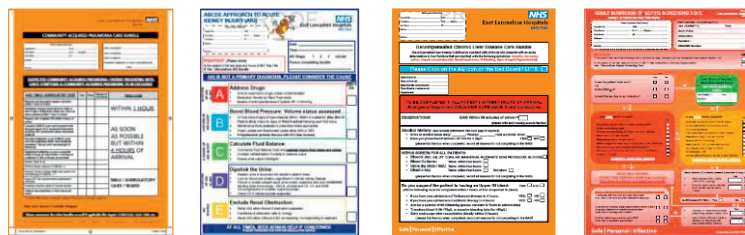
Aim:	Objectives:
Implement the mandatory National Audit Programme	1. Participate in all relevant to ELHT services including mandatory audits
Implement mandatory CQUIN and PSS schemes	1. Agree implement and monitor measures in partnership with Divisions
Building audit capability across the organisation through skills development	1. Developing an organisational training offer covering all staff groups  2. Ensure audit training is available from induction basics up to expert level
To increase engagement with audit and effectiveness work	1. To improve the visibility of Clinical Audit Results by developing an internal registry  2. Develop and embed GIRFT processes within the central team, supporting the Divisions to drive improvement priorities from learning  3. To strengthen the links between the Legal Services team and Clinical Audit/Effectiveness to support the implementation of the GIRFT Litigation standards
To ensure coordinated access and monitoring of clinical skills training through DERI	1. To enable increased visibility and reporting on training compliance and an organisational overview of core and specialist training to support our workforce



## Key enablers

### Care Bundles

Care Bundles are ‘best practice’ clinical interventions, with an applied research base, that involve key clinical management steps that have been demonstrated to improve patient outcomes. The quality goals for 2022-25 will include achieving national benchmarks for implementation of the care bundles building on the work for Community Acquired Pneumonia (CAP), Acute Kidney Injury (AKI), Alcohol Related Liver Disease (ARLD) and Sepsis.



### GIRFT, Right Care and Model Hospital



The Trust acknowledges the value of utilising best practice evidence and benchmark data to improve outcomes. As such, the Clinical Divisions are actively engaged in the GIRFT programme and utilising the Right Care and Model Hospital data. During 2020/21, the Trust reviewed the current systems and processes which support the engagement in these programmes and GIRFT is now coordinated through our wider Clinical Audit and Effectiveness Team. The Trust continues to actively participate in the GIRFT programme 2022-25 with the additional implementation of the recently developed GIRFT for Legal Services. This is to ensure a consistent, coordinated, and rigorous approach to analytical review and implementation of recommendations with an overall aim to reduce unwarranted variation; to improve care, outcomes and to reduce cost.



Members of the ELHT Clinical Audit & Effectiveness Team



Members of the ELHT Legal Services Team



## Our 2022-25 Improve + Commitments:

Improving Safe Personal and Effective Care



- **NPSS definition - Improve:** *Designing and supporting programmes that deliver effective and sustainable change in the most important areas*
- **ELHT definition – Improve +** East Lancashire Hospitals NHS Trust has developed a robust approach to continuous learning and improvement. ‘Improving Safe, Personal and Effective Care’ (SPE+) is our Improvement Practice of understanding, designing, testing, and implementing changes that lead to improvement across the Trust. We work with our partners across Pennine Lancashire to provide better care and outcomes for our patients, staff, and communities and to develop and embed a culture of continuous improvement, learning and innovation.

Aim:	Objectives:
To improve outcomes against identified Trust and wider system improvement priorities using an evidence-based and consistent improvement method and tools (SPE+ Improvement Practice).	<ol style="list-style-type: none"> <li>1. Embedding the SPE+ method of improvement across ELHT and Pennine Lancashire PBP</li> <li>2. Working with partners across Lancashire and South Cumbria to develop a consistent system-level method of improvement</li> <li>3. Ensuring a robust approach to the identification of Improvement priorities</li> <li>4. Utilising the SPE+ Improvement Practice to support improved outcomes against agreed improvement priorities</li> <li>5. Ensuring robust systems for measurement for improvement</li> </ol>
To develop skills and confidence of staff across the Trust and wider system to apply the SPE+ Improvement Practice to secure the best possible outcomes	<ol style="list-style-type: none"> <li>1. Developing capacity and capability of staff through a robust Improvement Practice training offer</li> <li>2. To support staff on their improvement journey through high quality Improvement Coaching</li> <li>3. To create a SPE+ Improvement Network to support staff in sharing best practice</li> </ol>
To embed improvement in all that we do as part of our management system	<ol style="list-style-type: none"> <li>1. To develop a robust approach to strategy development and deployment that routinely identifies and supports opportunities for improvement</li> <li>2. To support the development of a learning culture where all staff strive for continuous improvement and innovation</li> <li>3. To celebrate success and share learning</li> </ol>



Members of the ELHT Improvement Hub Team



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The Improvement Hub team facilitate and support the delivery of our Improvement Priorities and Programme which comprises 5 main current priority areas:

- Quality improvement priorities
- People plan improvement priorities
- Operational delivery improvement priorities:
  - Non-elective pathways
  - Elective pathways
  - Outpatient pathways

Our Quality improvement programme currently comprises a combination of:

- Trust-wide Harms Reduction Programmes
- Other key improvement priorities arising from National Reports/Audit, incidents, and complaints
- Directorate and Divisional Quality Improvement Projects
- Quality improvement (QI) projects for Staff in training

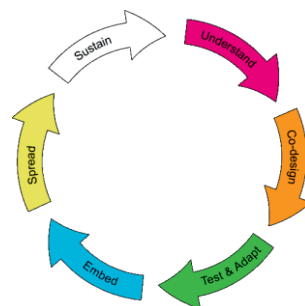
Our future Quality improvement priorities will be directly informed by implementation of the PSIRF, providing us with an opportunity to streamline and prioritise future improvement activity.

The improvement priorities supported by the Improvement Hub team will be reviewed each year to ensure they are aligned to the delivery of the Trust Strategy and key Delivery Programmes.

## Key enablers:

### Improving Safe, Personal and Effective Care (SPE+) Improvement Practice

We deliver a 6-phase approach to improvement which brings together the improvement principles of the IHI Model for Improvement and Lean. This approach is summarised below:

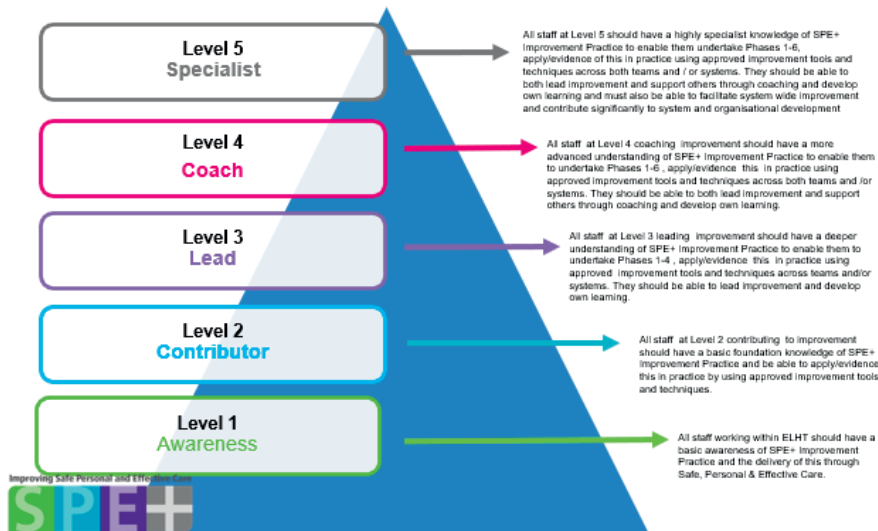


The development of our Improvement Practice has been supported through our involvement in the national NHS Improvement and NHS England Vital Signs Programme. Although this programme has now formally ceased, we continue to develop our Improvement Practice by continually reviewing national and internal best practice and through the development of local, regional, and national Improvement Networks. Our improvement priorities are directly informed by our patient safety priorities identified from patient safety investigations and identification of themes, as well as by key operational and pathway improvement priorities from across the organisation and wider Integrated Care Partnership, and in line with national requirements.

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## SPE+ Improvement Practice Training Framework

To support staff in the development of skills and confidence in the application of the SPE+ Improvement Practice we have developed a comprehensive training offer which is summarised in our SPE+ Improvement Practice Training Framework. This is summarised below:



## Improvement Continuum – Improving Safe, Personal and Effective Care

We are in the process of developing a comprehensive Improvement Network, across the organisation and wider Integrated Care Partnership to bring together colleagues involved in improvement (Clinical Audit & Effectiveness, Improvement, Research & Development, Transformation, and Innovation) to support shared learning and spread and celebration of success. This is depicted below:



## Other Key Enablers

### e-Lancs - ePR (Electronic Patient Record)

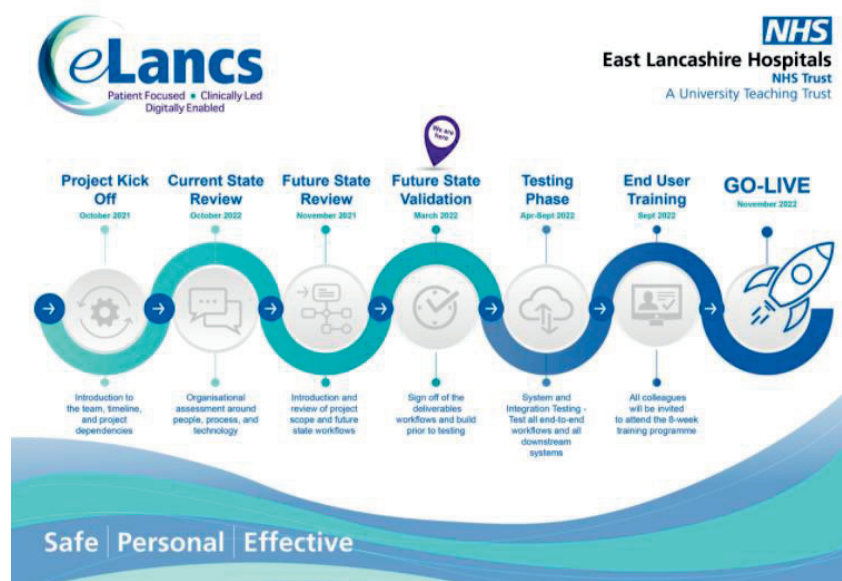
Over the coming weeks and months, the Trust will begin to implement one of the biggest programmes on the horizon: an electronic patient record (EPR). The Electronic Patient Record (EPR) will launch in November 2022 and have an impact on staff and patients right across the Trust.

Whilst it might sound simple, it has the potential to completely transform the way we work, with vast benefits for both colleagues and patients and their families. In East Lancashire Hospitals NHS Trust the programme will be known as 'eLancs' and is designed to improve patient care across the health and social care system in the area by replacing paper-based notes and records with a new suite of digital tools and technologies. The programme is patient focussed, clinically led, and digitally enabled.

These will be introduced over the coming months across hospital services and community care in Blackburn with Darwen, Burnley, Pendle, Hyndburn, the Ribble Valley, and Rossendale, but substantial changes are scheduled in November 2022 when a new electronic patient record system will go live in hospital settings. This will:

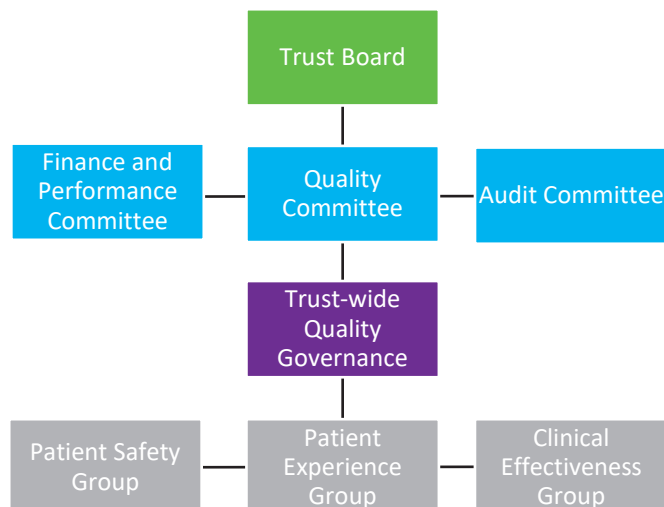
- Provide clinicians with more information at their fingertips to make better, more effective decisions
- They will have automatic access to decision support tools, meaning their decisions will be made based on the best available information
- They will be able to take information from many sources.
- It makes us more efficient and create a smoother care journey for our patients
- It will enhance communication across clinicians and teams, reduce duplication and reduce some of the data collection burdens from people by capturing some things automatically.

Paper records will be replaced by digital records and there will be new ways of working introduced to take advantage of this digital approach. It will make several administrative tasks easier to manage as information will flow around the organisation more easily.



## 5. Assurance Monitoring

Quality Governance is the combination of structures and processes both at and below Trust Board level to ensure and assure the quality of our services, together with systems to monitor and assure the Trust Board of Directors. These are listed below.



### Board of Directors

The Board of Directors has responsibility for the services that we deliver and is accountable for operational performance as well as the implementation of Strategy and policy. A quality dashboard is reported monthly to the Board of Directors as part of the Integrated Performance Report (IPR). Where possible we include performance indicators to measure and benchmark our progress against each quality improvement priority and local quality indicators.

### Finance and Performance Committee

The Finance and Performance Committee provide assurance about the delivery of the financial and operational plans approved by the Board for the current year and for the longer-term future, develop forward plans for subsequent fiscal years for consideration by the Board and examine in detail risks to the achievement of national and local performance and activity standards.

### Quality Committee

The Quality Committee provides assurance to the Trust Board of Directors in respect of clinical quality and patient safety, effectiveness and experience through robust reporting and performance monitoring.

### Audit Committee

The Audit Committee is the high-level risk committee operating on behalf of the Board and concerns itself with the function and effectiveness of all committees. It is the Committee that brings all aspects of governance and risk management together. The Audit Committee is charged with ensuring that the Board and Accounting Officer of the organisation gain the assurance they need on governance, risk management, the control environment and on the integrity of the financial statements, as well as other elements of the Annual Report and Accounts.

## **Trust Wide Quality Governance (TWQG)**

The progress of each priority is reported on a quarterly basis to the Trust-wide Quality Governance Group which reports monthly into the Quality Committee. Operational implementation of the commitments will be monitored routinely through the Patient Safety, Patient Experience and Clinical Effectiveness Groups which report monthly to TWQG. Divisional representation and Heads of Corporate services are standing members on the TWQG.

## **Clinical Divisions Quality meetings**

There are five Clinical Divisions within the Trust, who report into the Executive Directors and provide assurance on Strategy and risk management performance. Each Division holds a monthly Quality / Performance meeting to receive assurance or escalation from the various Directorates. Similarly, the Directorate meetings are attended by and receive escalation from their respective teams. These meetings are supported by allocated Quality and Safety teams who work closely with the respective Senior Leadership Teams.

## **Patient Safety Group**

Established as a sub-Group of the Trust Wide Quality Governance this is the group responsible for providing assurance that there is effective monitoring and oversight of patient safety across all spheres of Trust activity and that improvement of patient safety is at the heart of the work of the Trust. Chaired by the Assistant Directors of Patient Safety and Effectiveness, it is the Trust wide operational focus for accountability for patient safety for quality governance within corporate and the Divisions.

It brings together the business of the corporate clinical leaders within the Trust, who with senior members of the Divisional teams supported by members of the Quality and Safety Unit, have day to day responsibility for patient safety driving improvement initiatives in this area.

## **Patient Experience Group**

Established as a sub-Group of the Trust Wide Quality Governance this is the group responsible for providing assurance that there is effective monitoring and oversight of patient experience across all spheres of Trust activity and that improvement of patient experience is at the heart of the work of the Trust. Chaired by the Assistant Director of Patient Experience, it is the Trust wide operational focus for accountability for patient experience for quality governance within corporate and the Divisions.

This group combines an overview focus on complaints management with feedback from patients and their carers/families. This group monitors the Friends and Family Test results, Annual Patient Survey feedback themes and links with key partners such as Healthwatch to maintain direct links with community groups.

## **Clinical Effectiveness Group**

Established as a formal Sub-Group of the Quality Committee this is the engine room for ensuring that there are appropriate arrangements to monitor, assure and improve clinical effectiveness across the range of the Trust's services. Chaired by the Deputy Medical Director,

it is the Trust-wide operational focus for assurance and accountability for clinical effectiveness and improvement for the Divisions. It brings together the business of clinical leaders and senior members of the divisional teams, supported by the corporate clinical effectiveness functions, with a day-to-day responsibility for clinical effectiveness and quality improvement.

## **Lessons Learnt Group**

A Lessons Learnt Group has been established as a subgroup to the Trust Wide Quality Governance meeting. This new group responsible for providing assurance that there is effective monitoring and oversight of lessons learnt from patient safety events across all spheres of Trust activity and that improvement of patient safety is at the heart of the work of the Trust. Chaired by the Assistant Directors of Patient Safety and Effectiveness, it is the Trust wide operational focus for accountability for learning lessons from patient safety events and investigations for quality governance within corporate and the Divisions.

## **Quality Improvements Triage**

Established as a formal Group reporting to the Clinical Effectiveness Committee it is the engine room for ensuring that the Division(s) have plans in place for the monitoring of the impact of the quality improvement project, and if necessary to ensure that impacts on other divisions are recognised.

Chaired by the Deputy Medical Director (Transformation) it brings together divisional teams and the Quality Improvement team supported by other members of the Quality and Safety Unit, who have day to day responsibility for clinical effectiveness and quality improvement.

Its purpose is to examine the detail of quality improvement projects signed off by Directorate and Divisional Teams, ensuring that plans have details of the change idea, aims and measures as well as details of the support required.

## **External Assurance reporting**

Established governance processes for the assurance of quality and safety across the Trust are in place. Regular Quality Review meetings take place with East Lancashire Clinical Commissioning Group (CCG). Quarterly engagement meetings with the Care Quality Commission (CQC) will be provided with regular updates.

Over the next year, we will work with our partners across the Integrated Care System and Provider Collaborative to build a new collaborative assurance arrangement for quality issues which are jointly owned by the ICS and the Trust to ensure that we are exploiting every opportunity to improve quality for our local population.

This integrated approach to health and care will be delivered through care bundles and care pathways to ensure that people are cared for as close to home as possible by the appropriate professional, and only admitted to hospital when they really need acute care.



# PROOF



Members of the Quality & Safety  
Administration Hub

**East Lancashire Hospitals NHS Trust is committed to continued engagement in the monitoring and review of these Quality Commitments. Partners involved in the creation of this strategy will be invited to participate in annual review workshops which will review progress and refocus priorities as required.**

## 6. Appendix: Looking back - Reviewing the previous Quality Strategy 2017-19

Our previous Quality Strategy was designed to cover the years 2017-19. This full review was completed between June-September 2021.

In November 2019, the Trust was nominated as an Early Adopter of the Patient Safety Incident Response Framework (PSIRF), representing the NHS North-West region. The PSIRF model is described within the National Patient Safety Strategy (NPSS) and has underpinned changes to all aspects of Quality Governance and strengthens links to Improvement.

The Pennine Lancashire region was significantly impacted by the Covid 19 global pandemic, which required refocused patient safety activity between 2020-2021. These were outlined in the national document 'Reducing burden and releasing capacity to manage the COVID-19 pandemic', which was sent out on 28/03/2020 and further updated on 26/01/2021 and any other relevant guidance/information recently received that defines the governance requirements for the NHS during COVID-19.

<b>Our 2017 -19 Safe Commitments</b>	
<ol style="list-style-type: none"> <li>1. We are committed to providing safe, high-quality services and harm-free care. We strive to ensure that our patients are cared for in surroundings which are safe and clean, delivered by caring and competent staff.</li> <li>2. When patients' safety incidents do occur, we are committed to managing them in an open and transparent manner, in accordance with the Duty of Candour, and ensuring we learn and continuously improve care as a result.</li> </ol>	
<b>Aim:</b>	Reduce harm, prevent errors, and deliver consistently safe care.
<b>Objectives:</b>	<p>The Trust coordinated a comprehensive rolling programme of quality improvement initiatives which strived to reduce avoidable harm. With a focus on:</p> <ul style="list-style-type: none"> <li>• Discharge</li> <li>• Falls</li> <li>• Deteriorating Patients Management</li> <li>• Pressure Ulcers</li> <li>• Sepsis</li> <li>• Safe Transfers of Care</li> </ul>
<b>Aim:</b>	Develop an excellent safety culture
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Embed and spread the safety culture work undertaken in theatres and use learning from safety culture surveys to support improvement</li> <li>• Promoting the 'Prompt to Protect' campaign to develop an open reporting culture for infection control and safety issues</li> </ul>
<b>Aim:</b>	Strengthen our incident reporting and investigation processes to reduce risks through early identification
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Encourage staff to report incidents, take responsibility for actions to minimise risks and fully apply their Duty of Candour</li> <li>• Embed 'Human Factors' to examine why incidents occur.</li> </ul>
<b>Aim:</b>	To strengthen internal assurance of quality
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Extend the Nursing Assessment Performance Framework (NAPF) assessment to all wards and specialties</li> <li>• Support and enable all wards to achieve SPEC (Safe, Personal, Effective Care) status whereby they maintain 'good' for 24months (3 assessments)</li> </ul>

## Summary of Achievements - Reduce harm, prevent errors, and deliver consistently safe care.

The Trust implemented a Falls Collaborative (now the Falls Steering group) which has set standards for falls avoidance processes and monitors falls monthly. As a result, falls reduced by 36 % across the Trust.

Key targets for the management of deteriorating patient have been added to our incident system to enable closer monitoring. Standards for fluid balance and antibiotic administration have been built into routine audits through the Deteriorating Patient steering group. The use of Early Warning Scores (EWS), Maternity EWS and Enhanced Care Scores have been introduced to standardise approach.

The Pressure Ulcer Collaborative successfully supported wards to work together to learn and improve skincare across the Trust. This led to the elimination of all Grade 2 hospital acquired pressure ulcers across the inpatient areas and further elimination of grades 3 and 4 from wards in pilot areas. The pressure ulcer steering group has now been established to continue this great work. The Trust developed a training package based on this success which our District Nurses have shared with local care homes staff.

The Sepsis Care Bundle has been embedded across the Trust in line with NICE guidance. Acute Kidney Injury data reports monthly to the Deteriorating Patient steering group. The Maternity and Neutropenic Sepsis bundles have been fully implemented and a Share to Care guide to the management of Sepsis has been published and distributed. The assessment of Sepsis in the Trusts Emergency Dept increased from 52% to 88% following the introduction of the care bundle.



## Summary of Achievements - Develop an excellent safety culture

During 2018 –19 the Trust worked in collaboration with AQuA to roll out their Safety Culture survey to identify barriers in the reporting of safety concerns and subsequent action being taken. Initially trialled in theatres this was beginning to rollout across our emergency care pathway when the Covid 19 pandemic began. This work has been picked incorporated into the Human Factors training mentioned below and will remain a core focus in this new Strategy.

The Prompt to Protect campaign was launched to promote a culture of openness around infection control issues and encourage staff to step in when they feel it is not right and needs challenging.

Prompt to Protect uses a wide approach of promoting no blame culture, prompting colleagues to quickly identify actions/patients who might need isolation/intervention, monitoring lines and promoting safety. Prompt to Protect has successfully been rolled out on 13 wards and departments across ELHT.

# PROOF

## Summary of Achievements - Strengthen our incident reporting and investigation processes to reduce risks through early identification

We continue to perform as a high reporting, low harm organisation, demonstrating a strong patient safety culture

Speak Out Safely campaign – The Trust implemented the national Speak Out Safely campaign in line with the Nursing Times during 2020. This campaign supported the Trust’s open and honest culture to understanding and improving when things go wrong. The Trust supported a Speak Up month in October 2020. Any concerns raised with the FTSUG are now routinely reported to the Trust Board and receive timely responses.

We consistently ensure that 100% patients and their families are informed of and are offered the opportunity to be involved in incident investigations, in line with the national requirements defining our Duty of Candour.

We have developed and provided training in the Human Factors approach to incident investigations. We have embedded Human Factors into our simulation training.



## Summary of Achievements - To strengthen internal assurance of quality

Our Nursing Assessment and Performance Framework has been extended to include 60 of our ward areas routinely. Of these, 31/60 are green wards, with 13/60 having achieved SPEC status which means they have achieved green/good for three consecutive assessments.

The NAPF assessment has since been acknowledged to provide good internal assurance by the CQC, our Internal Auditors (MIAA) and a recent external review of assurance processes as part of an independent investigation.



<b>Our 2017 -19 Personal Commitments</b>	
<p>1. It is our ambition to ensure that our patients, their families, and carers receive an experience that not only meets but exceeds their expectations.</p> <p>2. We are committed to capturing feedback and continually learning in order that we drive continuous improvements.</p>	
<b>Aim:</b>	To improve patient experience in our hospitals
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Listen to our patients, their families, and carers, and respond to their feedback</li> <li>• Implement our Patient / Carer &amp; Family Experience Strategy</li> <li>• Use Experience-Based co-design in responding to patient feedback to introduce and sustain improvements across the Trust in relation to discharge</li> <li>• Continue to deliver patient stories at Trust Board</li> <li>• Implement 'Hello my name is' in all introductory interactions</li> </ul>
<b>Aim:</b>	To increase patient, public and staff involvement
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Actively involve patients, carers and staff in relevant quality improvements including Patient/Carer Information and Involvement Project</li> <li>• Ensure actions from the 'You said – We did' feedback is displayed and shared widely across the Trust.</li> </ul>
<b>Aim:</b>	We are making a commitment to do more to help identify, support, and recognise the vital role of carers
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Working closely with local carer groups to ensure there is a continual dialogue regarding the care provided</li> <li>• Raising awareness of the carer role and the right to individual carer assessments</li> <li>• Supporting John's Campaign for carers of those with dementia.</li> </ul>
<b>Aim:</b>	To strengthen and learn from our complaints processes
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>• Improve the response times for formal and informal complaints and concerns</li> <li>• Intervene at an early stage to address concerns prior to escalation into a formal complaint</li> <li>• Maintain appropriate and clear communication with families throughout the complaint process</li> <li>• Promote the ways in which patients can raise concerns.</li> </ul>



## Summary of Achievements - To improve patient experience in our hospitals

We have established a Public Participation Panel (PPP) in line with Patient Experience Strategy, which supports the Trust in helping our services reflect the needs of and view of the people using them. The panel has been involved in supporting patient led change throughout the Trust, with a particular emphasis on ensuring that the views of patients and carers are considered.

Members of the PPP are also invited to attend our Quality Walk-rounds with members of the Board and the Patient Experience team.

The use of iPads and SMS texting has been introduced to increase feedback opportunities for patients who have received our services. This has significantly increased our feedback in Maternity and Emergency Department. Our Friends and Family Test rates trust wide were maintained at higher than the national average.

The Trust Board receives a patient story at every meeting, inviting patients or their families/carers to attend and discuss their experiences and influence improvement.



## Summary of Achievements - To increase patient, public and staff involvement

The Public Participation Panel is well embedded within the organisation with members actively involved in several meetings and projects with staff, some of these being:

- **Improvement Hub Team Improvement Projects** - Panel members contributed to the initiative to reduce cancellations on the day for elective surgery. OPRA Improvement Event – to understand the current state and future vision of the Older Persons Rapid Assessment Unit
- **Nutrition and Hydration Group** – working to ensure we consistently deliver and improve nutrition and hydration for vulnerable adults.
- **End Of Life Care Strategy & Operational Group** – enabling our staff and developing process to consistently deliver excellent care for our patients, and their loved ones.
- **Phase 6 Development Project (New AMU)** – supporting a patient centred care and positive patient outcomes by ensuring patients receive the right care at the right time by the right skill mix.
- **Patient Safety and Experience Group** – contributing the review, monitoring, and challenge of the Trust's governance.
- **Below 10'000ft** – Theatre Safety Initiative

The Trust implemented 'you said - we did' boards on all wards to ensure patients, staff and visitors could see evidence that issues raised are listened to and enable positive change.



## Summary of Achievements - We are making a commitment to do more to help identify, support, and recognise the vital role of carers

Patient and Carer Involvement and engagement. The Trust's patient / public members are invited to participate in service reviews and ward environment / cleanliness inspections.

The Trust's Dementia Specialist Nurse leads on the completion of the National Audit of Dementia annually. Themes and issues from the audit are reported through the Dementia Strategy Group.

Examples of improvements achieved through this group include the development of a dementia friendly assessment area. the implementation of a Trust Policy protecting people with dementia from multiple wards moves and the introduction of the Butterfly scheme to identify patients who may be vulnerable. John's campaign was launched in the Trust during 2019 and will be promoted again during 2022



## Summary of Achievements - To strengthen and learn from our complaints processes

The Trust has adopted the principles of good complaints handling, as set out by the Parliamentary and Health Service Ombudsman and which reflect the Trust's own vision and values.

The rate of complaints remains low in comparison to comparable size acute Trusts. We are committed to resolving issues as they arise. Information on how to raise a concern or complaint is now available via the Trust website, on leaflets located on all wards and outpatient areas.

An identified staff member is assigned to each complaint to keep the complainant updated. In the most serious cases the complainant or the relatives are assigned a Family Liaison Officer (FLO).

The Trust has established an External Stakeholders Forum with membership from carers, advocacy and Healthwatch organisations within ELHT's footprint. The group discuss complaints, patient experience issues and areas for collaborative working.

We routinely monitor patient experiential data from several sources. Including

- Inpatient Brief Patient Experience Survey
- Friends and Family Test
- Compliments log
- Complaints
- NHS Website Comments
- Virtual quality walk-rounds
- Soft intelligence from the CSU
- Feedback from National Survey reports
- ELHT Bereavement Survey in addition to the National Audit of Care at the End of Life (NACEL) survey

<b>Our 2017 -19 Effective Commitments</b>	
<ol style="list-style-type: none"> <li>1. It is our ambition to deliver care that is effective, reliable, and based upon the best evidence available</li> <li>2. To increase the proportion of patients who receive evidenced-based care</li> <li>3. To reduce variations in the quality of care</li> </ol>	
<b>Aim:</b>	To ensure that the care delivered to patients is both effective and based upon the best evidence available
<b>Objectives:</b>	<p>Develop and embed a series of care bundles and pathways in high-priority areas such as:</p> <ul style="list-style-type: none"> <li>• Acute Kidney Injury</li> <li>• Alcohol Related Liver Disease</li> <li>• Chronic Obstructive Pulmonary Disease Community Acquired Pneumonia</li> <li>• Sepsis</li> </ul> <p>Ensure systems are in place to provide clinical areas with timely data on care bundle measurement to facilitate improvements</p> <p>Participate in the relevant national audits to provide assurance of effective care delivery</p> <p>Use the findings from the relevant national audits to support the continued improvement of quality outcomes by sharing learning and good practice across the organisation</p> <p>Utilise Clinical Audit expertise to provide the evidence-base and measurement function which drives quality improvement initiatives</p>
<b>Aim:</b>	To identify and implement evidence-based best practice guidance
<b>Objectives:</b>	<p>Standardise practice across Divisions in line with best practice guidance to ensure the reliability of care</p> <p>Ensure the relevant NICE (National Institute for Health and Care Excellence), <u>NCE</u> (National Confidential Enquiries) and specialist national guidance are regularly assessed and implemented to deliver interventions based upon the best possible evidence</p> <p>Develop and maintain a system of 'Decision Support' so the Trust has a centralised repository for clinical standards, policies, guidelines, and procedures</p> <p>Participate in the GIRFT (Getting It Right First Time) programme, in line with national guidance.</p>

## Summary of Achievements - To ensure that the care delivered to patients is both effective and based upon the best evidence available

<p>ELHT adopts a continuous improvement practice approach, through delivering the model ward programme; striving to provide standardised quality in-patient care which is valued by patients, carers, and the community we serve.</p>
<p>All care bundles were implemented, and the review of their adoption has been previously included in the Safe section of this review.</p>
<p>The Trust participated in <u>95% of national clinical audits in 18-19, 100% of national enquiries and completed 268 local clinical audits</u>, demonstrating their continued commitment to the delivery of evidence based safe care. 300 further national, regional, and local clinical audits were also completed by East Lancashire Hospitals NHS Trust in 2019-20.</p>
<p>The Trust successfully delivered on our CQUIN targets for 2018/19, screening all our patients and delivering antibiotics within an hour where clinically necessary. CQUIN was then stepped down during the pandemic.</p>



**95%**

of national clinical audits were participated in 2018/19



**268**

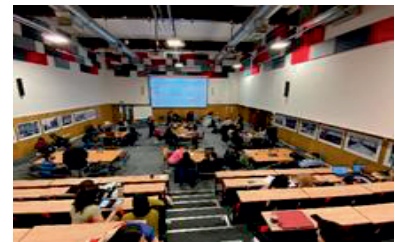
Local clinical audits were completed in 2018/19

## Summary of Achievements - To identify and implement evidence-based best practice guidance

<p>The three endoscopy units at ELHT (Royal Blackburn Hospital, Burnley General Hospital and Rossendale Primary Health Care Centre) all successfully achieved continued Joint Advisory Group (JAG) accreditation.</p>
<p>National best practice studies have highlighted the benefit of specialist pathways to manage key patient groups. In mid-January 2019, the OPRA unit opened with the purpose to provide specialist geriatric assessments and treatment of frail patients. The Frailty team will admit patients into the assessment area of the unit from the Emergency Department ensuring specialist care is available.</p>
<p>The Trust is committed to continually review and implement best practice by ensuring timely review and implementation of NICE guidance. In order to prioritise the drive towards best practice a National Guidance Steering Group (NGSG) has been formed to ensure timely review of NICE Guidance and Quality Standards. Our commissioners are represented at both CEG and NGSG to ensure a collaborative approach to guidance implementation and assurance.</p>
<p>National Confidential Enquiry (NCE) activity is also monitored via NGSG with divisional assurance fed through to CEG. ELHT participated in all relevant NCE studies during the period (8 - as in previous email) and ensure presentation of reports at the relevant forums and completion of self-assessment against the recommendations.</p>
<p>The Trust has centralised storage of all clinical decision support tools, to enable easy access for front line staff. Resource has been allocated to the library services to support this and work is progressing though divisions to ensure the central store / resource is available across all divisions - this will also provide one single source, to reduce the risk of out-of-date documents being accessed.</p>
<p>ELHT has participated in all GIRFT relevant GIRFT activity. A GIRFT process has been incorporated into the CE Framework to ensure that Data packs are shared with all relevant teams and leads, participation in Observational visits and learning from GIRFT activity is captured centrally with learning i.e. success shared and action for improvement monitored via the appropriate assurance groups.</p>

Our 2017 -19 Improvement Commitments	
1. To build the capability for delivering this strategy by developing improvement skills in staff at all levels of the organisation	
<b>Aim:</b>	To develop and implement an ELHT Improvement model
<b>Objectives:</b>	<p>Develop improvement capability by equipping staff with the skills to deliver continuous quality improvement</p> <p>Educate staff on the use of quality improvement methodologies through educational programmes, coaching support, and networking opportunities</p> <p>Utilise the expertise of regional improvement specialists such as the Advancing Quality Alliance (AQuA), Haelo and the Academic Health Science Networks (AHSNs)</p> <p>Support staff to effectively improve care using ELHT's 7 Steps to Safe, Personal, Effective Care improvement methodology, which is based on the Institute for Healthcare Improvement's (IHI) Model for Improvement</p>
<b>Aim:</b>	Recognise, reward, celebrate and share successes of those who are actively engaged in quality improvement throughout ELHT
<b>Aim:</b>	Show visible commitment to encouraging a culture of continuous improvement throughout ELHT

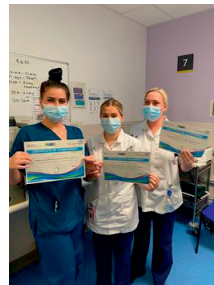
Summary of Achievements - To build the capability for delivering this strategy by developing improvement skills in staff at all levels of the organisation	
	A combined number of 356 QI and A3 Projects were registered with the central QI and IPO Teams during this period.
	Regular Introduction to Quality Improvement (3hrs), Lean Basics Awareness (2hrs), Practice Coach Training (3days) and Kata Coaching sessions were delivered to ELHT staff, including our staff in training groups across multiple professional disciplines.
	ELHT continues to be a member of AQuA enabling staff to access bespoke training to compliment development of improvement skills and the option to join wider improvement programmes connecting with other partners.
	The ELHT 7 Steps to Safe, Personal and Effective Training was introduced in 2017. This was supported by a specialist team of Quality Improvement Facilitators as part of the Quality and Safety Unit. In addition to this, the Trust subsequently signed up to the Vital Signs Programme in 2018 and the Improvement Practice Office Team was formed to implement a Lean-based improvement methodology to complement the existing improvement practice.
	The two teams provided support, facilitation, and coaching for improvement activity across the Trust as well as providing a range of training/development opportunities to build capacity and capability at all levels.





## Summary of Achievements - Recognise, reward, celebrate and share successes of those who are actively engaged in quality improvement throughout ELHT

- The development of Share to Care Bulletins – Quality Improvement Celebration, Sepsis, Fluid Balance, Falls Editions
- Regular Quality Improvement Triage Project Meetings, encourage cross-divisional spread and standardisation
- ELHT QI Poster Events (National) – an event ran by and attend by our Junior Doctors undertaking QI projects as part of their training requirements
- Hosted Quality Improvement Celebration Evenings
- Implementations of monthly Trust Improvement Report Out
- Certification is available at each level of the Improvement Practice Framework completed as part of an Improvement Project
- Submission for Awards – Externally (HSJ) and internally (STAR Awards) etc...
- Utilising social media platforms such as closed Facebook pages, Twitter etc...



## Summary of Achievements - Show visible commitment to encouraging a culture of continuous improvement throughout ELHT

A combined number of 356 QI and A3 Projects were registered with the central QI and IPO Teams during this period

Collectively the QI and IPO Teams have supported over 1133 staff in participating in improvement training, ranging from Lean basics awareness (800), an introduction to QI course (240) excluding staff in training groups as this is not captured on the learning hub, Practice Coach training (78), Improvement Coaching (15).



# 1133

Staff supported by QI & IPO Teams through training and coaching



# 356

QI and A3 projects registered with the Central QI & IPO Teams



## 7. Contact Us

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