

Paper 10

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	Trust Board is asked to APPROVE the final draft of the Safest and Kindest Quality Strategy
Reporting to:	Trust Board
Date	31 May 2018
Paper Title	Safest and Kindest Every Day Quality Strategy
Brief Description	This Quality Strategy is an overarching document that describes our journey so far to improve standards of care for patients. It will not focus on specific areas or services but will provide a view of our progress as a Trust against the three domains of quality – safe and effective services that provide as good an experience as possible for patients and their families. It is designed to be intermittently updated as we move forward on our journey, to reflect the rapid changing face of healthcare our priorities and to be a useful reference document for staff and patients alike.
Sponsoring Director	Deirdre Fowler, Director of Nursing, Midwifery and Quality
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Outline of public/patient involvement	
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Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA



**The Shrewsbury and
Telford Hospital**
NHS Trust

Safest and Kindest Every Day

Quality Strategy 2018-2021



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

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Foreword by Director of Nursing, Midwifery and Quality

It is just a year since I came into post as the Director of Nursing, Midwifery and Quality at the Shrewsbury and Telford Hospital NHS Trust (SaTH). In that time it has become clear to me that there is the most tremendous will across all our areas to achieve our vision of being the Safest and Kindest organisation in the NHS. We are clear that our patients need to be the absolute focus for all that we do and that we need to continue to work hard to make that vision a reality.

This Quality Strategy is an overarching document that describes our journey so far to improve standards of care for patients. It will not focus on specific areas or services but will provide a view of our progress as a Trust against the three domains of quality – safe and effective services that provide as good an experience as possible for patients and their families. Nor should it be a document that gets filed away on a shelf – it is designed to be intermittently updated as we move forward on our journey, to reflect the rapid changing face of healthcare our priorities and to be a useful reference document for staff and patients alike.

We have achieved so much over the last few years as a result of the hard work and professionalism of our staff. The Care Quality Commission recognised this when they visited the Trust in December 2016 and reflected in their report that they had seen improvements in several areas although we acknowledge that there is still much to do to achieve an “outstanding” rating.

Looking back at the priorities we set ourselves in our last Quality Account we have achieved a lot. We know we can do more and that we need to provide a greater level of assurance to our patients, commissioners and regulators that we have really learned from when things have gone wrong in the past. However, I am just as committed to showing how we learn from excellence – many of our staff go the extra mile every day to provide extraordinary service to our patients and their families and their contribution is crucial in our achieving our vision.

This Strategy is not standalone. We have several other key strategies that it sits alongside and these will be reflected below. It is not designed to be detailed – the detail is in associated documents such as our Quality Improvement Plan which show how we are progressing against our actions across a number of high level plans.

We will provide an annual update of our progress against our strategic priorities in our annual Quality Account which is published in June every year. This will also provide detail of our quality priorities for the coming year.

Please take time to read and reflect on this document and bring its principles alive in all that you do daily, to ensure we are truly the Safest and Kindest NHS Trust for our patients and staff alike.

Our Vision and Values

Our Vision:

To be the Safest and Kindest in the NHS

Our Values:

- Proud To Care
- Make It Happen
- We Value Respect
- Together we Achieve

Our Organisational Strategy was developed with staff, patients and their families with the aim to build on our achievements to deliver a transformation in our own organisation.

Without this clear foundation of our values, our journey towards the safest and kindest would not be possible.

The values that we have chosen will underpin our behaviours, support the empowerment of our staff and result in the development of our culture.

Introduction

Our vision is to provide the safest and kindest care in the NHS. We need to make sure that we listen to patients, their families and their carers as well as the wider community, and act on what we hear in order to achieve our vision. We also need to train and support our staff to provide the highest quality care, to be open and honest with people when things sometimes go wrong and to live the values of the organisation every day. Importantly we need to learn to get things right every time.

An accepted definition of what is meant by “quality care” in the NHS was set out in 2008 (DH, 2008):

- Patients and staff are kept safe by working together to reduce avoidable harm
- We measure the effectiveness of care and how we can continue to improve
- Care that ensures that patients, their families and the staff that provide it have a positive experience

Quality care is not achieved by focusing on one or two aspects of this definition - quality care encompasses all three aspects with equal importance being placed on each.

What is considered to be high quality care changes as developments in healthcare move forward. The world of healthcare is increasingly more complex and the need to support our staff to continue to provide high quality care to our patients is paramount. This will ensure that our care continues to be safe and effective and our patients and their families have as positive experience as possible.

Supporting our staff has many aspects. We will ensure that our staff have the highest standards of training, have safe working environments and that the equipment they are provided with is that which they need to carry out their roles. We will support them through the development of our culture which will encourage sharing of learning and develop understanding of what are the factors that affect how we, as humans, behave and what we can do to change those behaviours when they are not how they should be.

Registered professionals work within a framework of professional regulation that requires them to be personally accountable for the quality and safety of the care that they provide to patients. The Board of Directors and senior leaders of organisations such as Shrewsbury and Telford Hospital NHS Trust (SaTH) have the ultimate responsibility to enable them to do so. This will be by ensuring that the processes in place to support them are robust, that we learn from success as well as when things do not go right and we develop our workforce to ensure that our services continue to move forward.

The Board cannot do this unless the information provided to them is accurate, timely and reliable. This will provide them with the assurance that they need to make decisions to develop the Trust in the right way for the people that use our services. This is what is known as quality governance and, like other forms of governance, depends on robust structures and a strong culture to enable clinicians to work at their best and measure and monitor services accurately.

One of the supporting documents of this strategy provides detail on how we implement our governance structures and measure their effectiveness at providing this robust assurance that the Board requires.

This Quality Improvement Strategy will show how we have already begun our journey to be the safest and kindest in the NHS and what further developments we need to undertake to ensure that our organisation is acknowledged as one that is open, honest, safe, effective and compassionate.

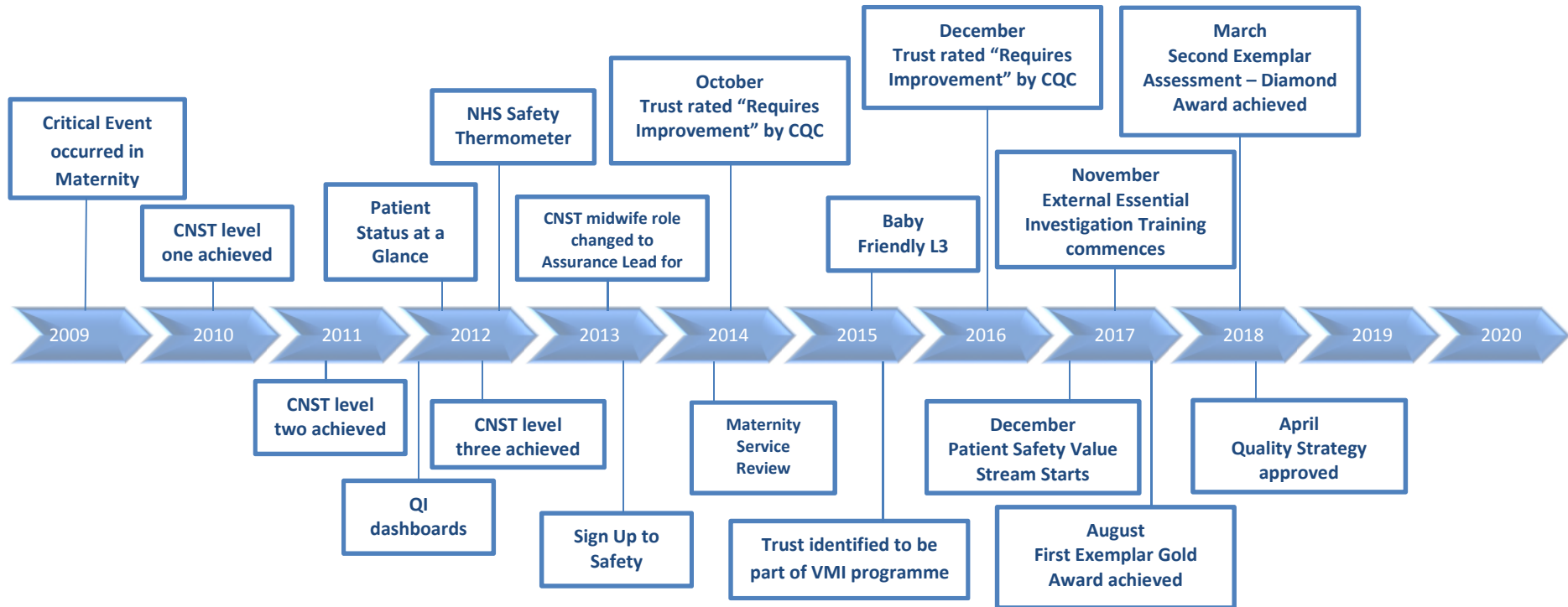
We will be clear of the milestones that we need to achieve along the way towards our vision – including a good or above rating from the Care Quality Commission and excellent outcomes in the national reports of our services.

Other milestones include the achievement of the standards in national audit including the Sentinel Stroke National Audit Programme (SSNAP) and, more locally, positive reports from our commissioners and other groups including Healthwatch.

We will ensure that we can evidence sustained and monitored change and improvement over the period of this strategy and into the future.

The strategy will use the domains of culture and leadership, quality governance, improving safety and a positive experience as a framework and will demonstrate actions we have already undertaken as well as our plans for the future.

Developing our Safety Culture - the journey so far.....



Culture and Leadership

In the world of healthcare we all want to get it right first time for our patients so when a mistake is made we want to learn how to do things differently to stop it happening again. Where our care falls below our standards of safest and kindest, we need to learn and change as a result. We know that many problems in healthcare are systematic rather than individual failings so a culture where our staff have the confidence to raise issues is vital to our vision. This is a “safe culture”.

This involves supporting staff so that they feel safe to raise issues – creating a ‘just culture’ where, by supporting those who care we are putting safety first by putting our staff first.

A ‘just culture’ is one where people are supported when things go wrong at the same time ensuring that we take responsibility and are accountable for our actions. A just culture is where:

- People who make an error are cared for and supported to learn and develop
- People who don’t adhere to rules and policies are asked to explain why they took an action first before being judged
- People who intentionally put their patients or themselves at risk are held accountable for their actions

(Woodward, 2017)

The Trust has already acknowledged the importance of developing our staff to be strong, visible and approachable leaders, particularly those in clinical roles who have a direct impact on patient safety and the development of our culture. We aspire to develop innovative and inspirational leaders to develop our ambitions for the future.








A number of actions have already taken place including the development of the Trust Leadership Academy to underpin the importance that we place on strong leadership, a crucial part of our organisational strategy. The aims of the Academy are to:

- Support all leaders to deliver the safest and kindest care.
- Develop all leaders to be innovative and inspirational.
- Ensure all leaders have the tool kit to do the job.
- Support a consistency in leadership behaviour aligned to our values.

The Leadership Conference in October 2017 focussed on “Leading a Safety Culture” reflecting **Human Factors** (anything that can affect the way a person behaves including distractions, environment, fatigue which then impacts on a system), learning and the importance of a culture where people feel “safe to speak out”.

We know that we need to demonstrate how we are developing the learning culture within the Trust. The work of the **Transforming Care Institute** (see more below) helps us to do this by the use of very specific methodology that not only demonstrates how we learn and change through the use of **Plan Do Study Act (PDSA)** cycles but also how we share and embed this learning thereby ensuring sustainability of change.

Other key events and actions in place that are part of our developing culture:

Away days for staff to help them identify and develop the skills they need in their roles	
The development of core competencies for nursing and midwifery staff groups which reflect the leadership elements of their roles	
Additional leadership training opportunities including Lean for Leaders, part of the work of the Transforming Care Institute (TCI)	
Nursing and Midwifery Forum – held monthly to provide a forum for nursing leaders to discuss challenges and identify solutions	
Doctors Essential Educational Programme (DEEP) – thematic sessions that ensure that senior medical staff are sighted on clinical priorities for the Trust	
Allied Health Professionals (AHP) - head therapist for each profession who provides clinical and professional leadership. Themed away days to review issues such as teamwork and patient pathways as well as quarterly professional meetings.	
Values Guardians in place and working with staff to raise awareness of issues and identify solutions	

The **Exemplar Programme** is a method of assessment that enables clinical areas to be measured against specific standards to achieve one of three levels of award. Not only is this a way of learning from excellence but it enables leaders to celebrate with their staff.

The programme represents our vision and aspirations for the Trust. The core standards within the programme build upon our previous achievements and ambitions for Nursing and Midwifery. The standards, which are based on a positive patient experience, are:

- Environment
- Infection Prevention and Control
- Documentation
- Tissue Viability
- Falls Prevention
- Nutrition and Hydration
- Leadership
- Professional Standards
- Communication
- Care and Compassion
- Medicines Management

We have had two wards go through the Exemplar Programme so far leading to a Gold Award and a Diamond Award being achieved. Over the next months we will support and encourage other clinical areas to apply for the programme to demonstrate continuous improvement across the Trust.

Our annual **Values in Practice** (VIP) Award ceremony thanks our staff who have earned a Long Service Award for their service in the NHS and presents awards to teams and individuals who live the Trust Values in everything they do and who have been nominated for an award by their colleagues.

We have a Workforce Strategy which lays out in detail how we will develop and support our staff to be the safest and the kindest – for example through the provision of annual appraisal

and training plans for the coming year, support with revalidation and the provision of mandatory and statutory training.

We work with Health Education England to support the development of our staff and to look at better ways of working to address the shortfalls we experience in our nursing workforce particularly.

Culture and Leadership – Our Goals

Our goals for the next three years are:
The continued roll out of the Exemplar Programme across both sites Developing our “Just Culture” Reduction of our reliance on agency staff
Our Lead for these goals is: <ul style="list-style-type: none"> Deputy Director of Nursing and Quality
Supporting strategies <ul style="list-style-type: none"> Workforce Strategy
The Committee that will monitor our progress is the Quality and Safety Committee

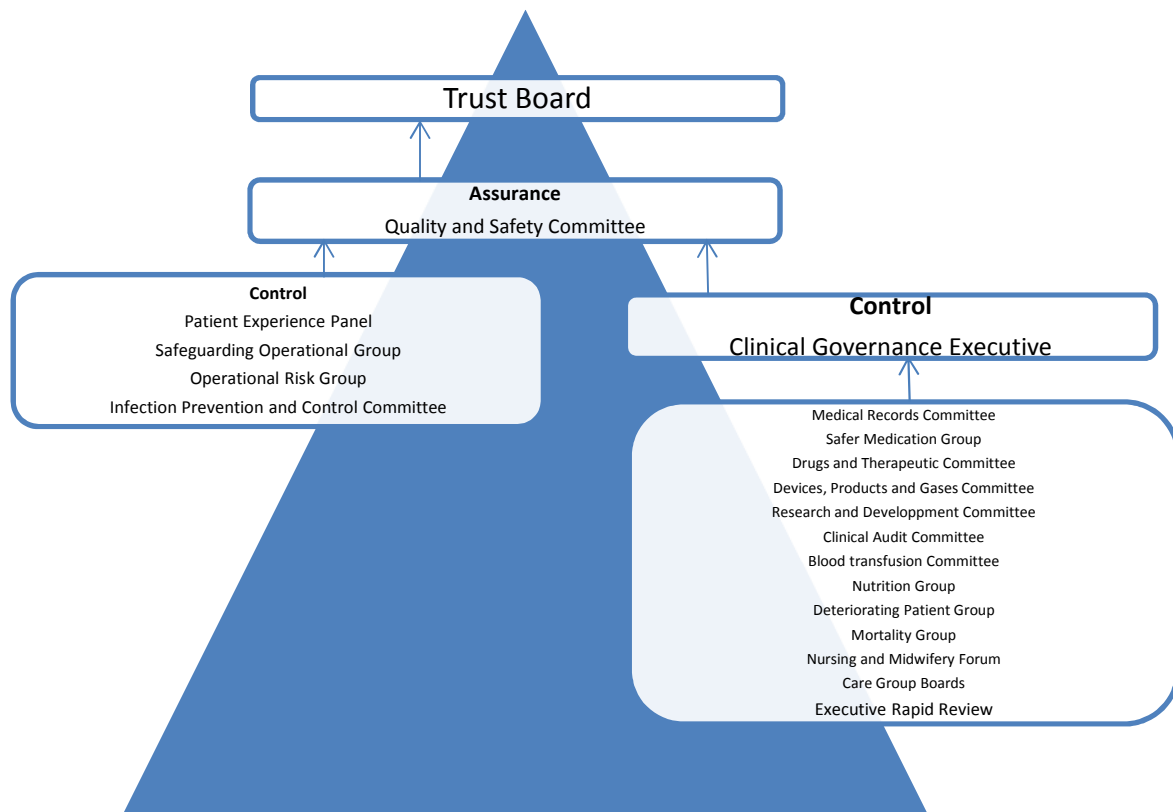
What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>Exemplar programme is rolled out across the Trust</i>	<i>45% areas will have completed a formal assessment</i>	<i>90% of applicable areas will have completed a formal assessment</i>	<i>100% of applicable areas will have completed a formal assessment</i>
<i>Our staff feel supported to report patient safety concerns</i>	<i>Staff Survey KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents</i> <i>2017 score: 3.53/5</i>	<i>Staff Survey KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents</i> <i>2018 score increase</i>	<i>Staff Survey KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents</i> <i>2019 score increase</i>
<i>Development of our workforce to reduce reliance on agency staff to improve staff experience and patient safety</i>	<i>Active and successful recruitment programme</i> <i>Turnover figure 7.71% in Jan 2017</i> <i>20-40 commence Nurse Associate Programme</i>	<i>Increased numbers of staff recruited across all staff groups</i> <i>Turnover reduced or remains stable</i> <i>20-40 commence Nurse Associate Programme</i>	<i>Increased numbers of staff recruited across all staff groups</i> <i>Turnover reduced or remains stable</i> <i>20-40 commence Nurse Associate Programme</i>

Quality Governance

In their guidance document “Developmental Reviews of Leadership and Governance using the Well Led Framework (June 2017), NHS Improvement state that “robust governance processes should give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services”. Confidence is gained by the provision of assurance.

We know that the Trust Board and our other senior leaders as well as our regulators and other key partners need to gain assurance that the information that they are being provided with is current, accurate and reliable and has been validated to ensure that it is robust. That information should not be seen in isolation. Triangulation provides a picture of the organisation as a whole and can validate feedback from patients and staff and enable appropriate actions and decisions to be taken.

Information that fulfils all these criteria not only enables senior leaders to make strategic decisions but also clinicians to develop their services and provide continuous quality improvements. To ensure that the Board receives the information it requires a combination of structures and processes is required as shown below.



Trust Board:

The Trust Board is responsible for the overall delivery of services and is accountable for operational and financial performance as well as quality and safety.

Quality and Safety Committee:

The Quality and Safety Committee provides **assurance** to the Trust Board in relation to clinical quality through robust reporting relating to patient safety and experience and effectiveness of our services. The Committee has a comprehensive workplan to ensure that all aspects of quality governance are managed in a methodical and effective way whilst enabling it to consider issues in a dynamic fashion as they arise.

Clinical Governance Executive (CGE):

The Clinical Governance Executive is the **control group** to the Quality and Safety Committee in relation to quality performance in the four Care Groups as well as from areas such as Clinical Audit, Research and the Complaints and Patient Advice and Liaison Service (PALS). The groups that feed into the CGE are shown in the diagram above.

Patient Experience Panel

The Patient Experience Panel provides feedback to the Quality and Safety Committee from the volunteers that support our quality governance.

Safeguarding Operational Group:

The Safeguarding Operational Group provides the Committee with assurance relating to the Safeguarding of adults, young people and children within the Trust.





Organisational Risk Group:

The Organisational Risk Group provides assurance to the Committee that risks within the organisation are managed through the risk management process and that suitable controls are in place and monitored robustly.

Infection Prevention and Control Committee:

The Infection Prevention and Control Committee provides feedback and assurance to the Committee that risks associated with Infection Prevention and Control are managed correctly, staff receive appropriate training and controls and plans are in place to manage situations such as outbreaks.

What we are doing to improve our Quality Governance:

We have developed our quality reporting to ensure that the Quality and Safety Committee and the Board receive accurate and robust information in a timely manner. They receive a monthly report outlining quality metrics and on a quarterly basis they receive a detailed report that provides trends across a number of quality related metrics. This report is now public facing for openness and transparency.	
Care Groups Directors have a process in place by which their Boards gain assurance and can then escalate successes and concerns through our established Quality Governance Process to the Board.	
We have identified learning opportunities such as feeding back from incidents that have common learning themes to promote wider dissemination of learning from incidents and patient feedback across all Care Groups.	
We have ensured that Care Groups have a regular opportunity to engage with the Quality and Safety Committee to provide assurance and escalate concerns to them by attending the meeting on a quarterly basis and presenting feedback on what is going well for them, what is not going so well and what help they need from the Committee.	

We undertake targeted Quality and Safety Assurance visits to clinical areas and report back on achievements and risks identified



Quality Governance - Our Goals

Our goals for the next three years are:

- To strengthen our quality governance processes within the Care Groups to ensure that we have clear “ward to board” reporting
- The Trust Quality Account will accurately reflect the quality priorities for the Trust each year which will be arrived at through wide consultation with our partners
- To complete Quality Impact Assessments on all service changes in the Trust
- To ensure that robust monitoring forms an integral part of our assurance framework

Our Lead for these goals is:
Director of Nursing, Midwifery and Quality

Supporting strategies

- Quality Improvement Plan

The Committee that will monitor our progress is the **Quality and Safety Committee**

What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>Our Quality Governance process is provides assurance to the Board and others that our services are safe, effective, responsive, well led and caring</i>	<i>Quality governance structures are fully reviewed and strengthened to provide a clear assurance process from the ward to the board</i>	<i>Audit of governance processes carried out that demonstrates clear accountability and reporting and there are measurable improvements for example the numbers of overdue datix incidents has reduced from a baseline in 2018 with a corresponding reduction in the number of moderate and severe harms.</i>	<i>Reaudit carried out – shows improvement from 2019 baseline</i>
<i>Our Quality Account is a “live” document that clearly reflects the quality priorities of the Trust, has measurable outcomes and demonstrates sustained improvement</i>	<i>The Quality Account is developed with input from staff, patients, external stakeholders and the priorities have clear, SMART actions to achieve</i>	<i>We achieve 100% of the priorities from the previous account and can demonstrate clear, monitored improvement on key indicators in the document</i>	<i>We achieve 100% of the priorities from the previous account and can demonstrate clear, monitored improvement on key indicators in the document</i>
<i>Quality Impact Assessments (QIA) will be carried out on all service improvement</i>	<i>Standard Operating Procedure to be produced to support this process and</i>	<i>Review of all service improvements over the last year to include the QIA by Care Group</i>	<i>Review of all service improvements over the last year to include the QIA by Care Group</i>

What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>proposals</i>	<i>ensure that it is done effectively</i> <i>QIA to be monitored and approved by Care Group Boards</i>	<i>and reported to Quality and Safety Committee</i> <i>100% of service improvements can demonstrate that QIA completed to support the change</i>	<i>and reported to Quality and Safety Committee</i> <i>100% of service improvements can demonstrate that QIA completed to support the change</i>

Improving Safety

We are subject to a number of external reviews of our services. We welcome such reviews as they enable us to identify where we may not be doing so well and to plan what we need to do to address these gaps, as well as celebrating success where we are providing quality care.

Examples of external reviews include reviews by our regulators the Care Quality Commission (CQC) and NHS Improvement, regular visits from our commissioners and those from specialists such as the national lead for Stroke Services. We also contribute to joint visits such as those from the Office for Standards in Education, Children's Services and Skills (Ofsted) in conjunction with CQC as part of their joint review of health and social care services for children and young people. We take part in an annual programme agreed, through our commissioners, with the West Midlands Quality Review Service (WMQRS).

The CQC last visited the Trust as part of their comprehensive inspection programme in December 2016 and we received the report into their findings in August 2017. We were pleased to see that in some areas we had provided the assurance that we had improved since their previous visit in 2014 although there were some improvement opportunities identified.

One major action that we have taken since then is the development of our Quality Improvement Action Plan – a way of bringing together key action plans from such external visits into one, to provide clarity across all areas in relation to progress and to provide regular updates to the Quality and Safety Committee that actions are complete and compliance measured. This will then provide assurance that actions are being taken and learning embedded in practice.

In order to provide the safest care we need to ensure that we have the right numbers of staff in our services. This is not only nursing staff but medical and associated healthcare professionals such as therapists and specialist staff who work in areas like our operating theatres. We have short, medium and long term plans in place to strengthen our workforce, which, in common with other Trusts in the NHS is affected by demographic challenges. We are working with our colleagues in higher education and Health Education England to put into place long term actions as well as carrying out local initiatives for recruitment and, very importantly, retention.

In relation to safety and particularly learning, the CQC noted that openness and transparency about safety was encouraged and that there were clearly embedded systems, processes and standard operating procedures to keep people safe. However, they also

noted that there is a need to continue to drive improvement in the way we report and investigate incidents and share the learning that results. This is one of the quality priorities for us during 2017-2018.

Monitoring and learning from mortality can provide valuable insights into areas for areas for improvement. To support that, the governance around mortality is well developed, both in order to provide continued learning and improvements to the clinical pathways and to reduce unnecessary harm to patients.

We have seen an improvement in our performance regarding mortality over the last five years. This is demonstrated over the four mortality parameters and we now are consistently lower than our peer comparators.

The four mortality parameters are:

- **The Hospital Standardised Mortality Ratio (HSMR).**
This is a national measure and an important means of comparing our mortality against other similar hospitals
- **The Summary Hospital-level Mortality Indicator (SHMI).**
This is similar, in many ways, to the HSMR but also includes patients who die within 30 days of being discharged from our hospital.
- **Risk Adjusted Mortality Index (RAMI)**
This is similar to HSMR but compares us with a different group of hospitals
- **Crude Mortality.**
This includes all deaths in our hospitals.

The detail related to our mortality figures may be found in our annual Quality Account which is the document in which we will demonstrate our achievements against the actions in this strategy document.









In 2016-2017 the Trust reported a number of Never Events relating to processes within the operating departments. As a result, processes have been reviewed and revised and a number of learning events held within the departments with an emphasis on human factors and how to avoid such incidents happening again.

In 2015 NHS England released NatSSIPs (National Safety Standards for Invasive Procedures). NatSSIPs is a high-level framework of national standards of operating department practice. Developed in response to the recommendations of the Surgical Never Events Taskforce report, NatSSIPs has been created for local providers to use to develop and maintain their own more detailed standardised local operating procedures called LocSSIPs. The Trust has already made a great start in developing such procedures and will continue to do so going forward.

We encourage our staff to report when things do not go well so that we can learn from such incidents. This is a crucial part of a just culture, where people feel safe to raise concerns and know what actions are taken about it by their managers. We measure how well we are reporting against other NHS organisations through the National Learning and Reporting Service (NLRs) who provide regular reports enabling us to see how we are doing. We aim to move from the lowest quarter of reporters to the NLRs to the highest.

The Trust is particularly fortunate to be in partnership with the Virginia Mason Institute which is helping us to drive improvement across several areas. These Value Streams enable our staff to identify gaps and find solutions in a methodical and sustainable way. Value Stream #5, launched on 19 September 2017 is specifically around Patient Safety and the first aspect that was looked at in detail was the development of safety huddles in clinical areas. These are one way in which clinical staff share learning on a daily basis which is a timely and effective way of doing so.

Recent improvement actions:

Development of the overarching Quality Improvement Action plan to pull together all the major action plans to better understand themes and share learning.	
Provision of bespoke Effective Investigation training by an external provider to improve the way that we investigate, report and share when things do not go right.	
From September 2017 we review and challenge moderate and severe patient safety incidents as well as complaints on a weekly basis at the Executive Rapid Review Group. This ensures that they have been correctly recorded and that immediate safety concerns have been addressed as well as themes identified, shared and acted upon within a week of occurring or being received by the Trust. This also enables us to ensure that we are compliant with the requirements of the Duty of Candour regulation	
Continued development of local standards (LocSSiPs) relating to the National Safety Standards for Invasive Procedures (NatSSiPs) within clinical areas some as a result of incidents that occurred	
Learning events held in areas where Never Events were reported in 2016 will these continue	
When something does go wrong we involve the patient and their family in the investigation that follows by keeping in regular touch with them and asking them what they want to know from the investigation. We share the final investigation report with them and meet to ensure that their questions have been answered.	
We have maintained the improved mortality levels achieved by the Trust over the last five years, and continue to improve in comparison to our Peers.	
We have also continued to build on and improve on the “lessons learned” practice whereby mortality reviews, where appropriate, are fed back through Clinical Governance meetings of each specialty where avoidable factors had been identified.	

Improving Safety - Our Goals

Our goals for the next three years are:
<ul style="list-style-type: none"> • To eliminate the practice of additional patients being placed inappropriately and that of boarding patients • To improve the learning from incidents especially those considered to be near miss or low harm to reduce the number of moderate and severe harm incidents • All wards and clinical areas have safety huddles embedded as practice
Our Lead for these goals is: Director of Nursing, Midwifery and Quality

Supporting strategies

- Clinical Incident Policy

The Committee that will monitor our progress is the **Quality and Safety Committee**

What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>To eliminate the practice of additional patients being placed inappropriately</i>	<p><i>Compared to 2017-18: Increase in 4 hour target being met in ED</i></p> <p><i>Reduction in the number of 12 hour trolley breaches reported</i></p> <p><i>More patients discharged before 12.00hrs each day</i></p> <p><i>Reduced readmission rate due to failed discharge</i></p> <p><i>Reduction in the number of additional patients</i></p> <p><i>Reduction in the number of complaints relating to discharge</i></p>	<p><i>% improvement in 4 hour target in ED</i></p> <p><i>No 12 hour trolley breaches reported</i></p> <p><i>% increase in the number of morning discharges</i></p> <p><i>% reduction in readmission rates due to failed discharges</i></p> <p><i>No additional patients on the wards overnight</i></p> <p><i>% reduction in the number of complaints about discharge</i></p>	<p><i>95% of patients seen within 4 hours in ED</i></p> <p><i>No 12 hour trolley breaches reported</i></p> <p><i>100% of appropriate patients are morning discharges</i></p> <p><i>% reduction in readmission rates due to failed discharges</i></p> <p><i>No additional patients on the wards</i></p> <p><i>% reduction in the number of complaints about discharge</i></p>
<i>Learning faster and better - To improve the learning from incidents especially those considered to be near miss or low harm to reduce the number of moderate and severe harm incidents</i>	<p><i>Clear the outstanding incidents that have not been reviewed over winter 2017-2018 and develop clarity of understanding of themes and trends</i></p> <p><i>Reduction of moderate and severe harm caused compared to 2017-2018</i></p> <p><i>5% reduction in the number of reported:</i></p> <p><i>High risk medication errors</i></p> <p><i>Falls resulting in moderate or severe harm</i></p> <p><i>Hospital acquired</i></p>	<p><i>90% of incident reports are reviewed in timescales</i></p> <p><i>100% reporters receive feedback</i></p> <p><i>Reduction of moderate and severe harm caused compared to 2018-2019</i></p> <p><i>Further 5% reduction of:</i></p> <p><i>High risk medication errors</i></p> <p><i>Falls resulting in moderate or severe harm</i></p> <p><i>Hospital acquired</i></p>	<p><i>100% of incident reports are reviewed in timescales</i></p> <p><i>100% of reporters receive feedback</i></p> <p><i>Reduction of moderate and severe harm caused compared to 2019-2020</i></p> <p><i>Further 5% reduction of:</i></p> <p><i>High risk medication errors</i></p> <p><i>Falls resulting in moderate or severe harm</i></p> <p><i>Hospital acquired</i></p>

	<i>pressure ulcers</i>	<i>pressure ulcers</i>	<i>pressure ulcers</i>
<i>Focus on safety culture in Operating Theatres and other areas where interventional procedures take place</i>	<i>100% compliance with WHO checklist – regularly audited to ensure accuracy</i> <i>At least six consecutive months without a Never Event</i>	<i>100% compliance with WHO checklist – regularly audited to ensure accuracy</i> <i>At least six consecutive months without a Never Event</i>	<i>100% compliance with WHO checklist – regularly audited to ensure accuracy</i> <i>At least twelve consecutive months without a Never Event</i>
<i>Risk assessments and care plans for patients at risk of hospital acquired pressure ulcers are clear and effective</i>	<i>92% or more compliance with implementation of pressure ulcer prevention plan for at risk patients</i>	<i>95% or more compliance with implementation of pressure ulcer prevention plan for at risk patients</i>	<i>98% or more compliance with implementation of pressure ulcer prevention plan for at risk patients</i>
<i>Risk assessments and care plans for patients at risk of falls are clear and effective</i>	<i>92% or more compliance with implementation of falls care plans for patients at risk of falls</i>	<i>95% or more compliance with implementation of falls care plans for patients at risk of falls</i>	<i>98% or more compliance with implementation of falls care plans for patients at risk of falls</i>
<i>All wards and clinical areas have safety huddles embedded as practice</i>	<i>Carry out baseline assessment of each ward and clinical areas practice of huddles to get a view of current state and to develop implementation plan</i> <i>Implement huddles in all clinical areas with agreed standard items for discussion</i> <i>Ensure learning from Value Stream #5 is rolled out in PDSA process as set by the Value Stream Sponsor Team</i>	<i>Monitor effectiveness of huddles by ward /area and Care Group based on agreed metrics that will demonstrate improvement, for example incidents, staff survey results, patient and carer feedback</i> <i>Develop improvement plans where required and ensure regular monitoring through Care Group</i>	<i>Continue to monitor and develop improvement plans based on agreed metrics.</i> <i>Improvements in staff experience as monitored by Staff survey</i> <i>Improvement in Patient Experience as per Inpatient Survey</i> <i>Compare across wards and departments</i>

A Positive Experience for patients, their families and our staff

Our vision is for the Trust to be the safest and kindest in the NHS. Compassion and communication are frequently mentioned in relation to high quality healthcare and the CQC highlights caring as one of its five domains.

We believe that kindness is just as important in patient care as the clinical interventions that we provide. Being kind to someone indicates an understanding of kinship with them. This could be demonstrated by an empathetic relationship – sitting with a distressed patient or relative for example. However, in its broader sense and importantly for patients it could be considered any contact with us – for example getting a correct outpatient letter or a response to a question in clinic that they understand clearly.

A supportive relationship with the patient and their families is a crucial part of getting it right for them and, if we get it wrong it can mean that essential information may not be understood or their recovery is affected. We know from formal complaints that communication is

important to everyone who comes into contact with us and that at times we do get it wrong, sometimes with long lasting consequences.

As part of an ongoing survey, in January 2018 the majority of patients that we asked (24 out of 25) felt staff had a general attitude of kindness, and some recognised that this was despite increasing pressure on staff due to busy clinical areas. When we asked what they meant by kind some patients described staff enquiring about patients' wellbeing and comfort, making drinks, responding promptly to the buzzer, taking time to explain issues to patients and discussing patients' care with them as specific acts of kindness.

What examples of kindness were you shown?

- "Asking how you are, whether you need anything, are you comfortable, showing you how to operate equipment."
- "Treated well on several wards since October. Staff making sure you are comfortable and informed, making drinks etc."
- "Staff always concerned about comfort and dignity, even when having to move patient into corridor, they were visibly upset by it and kept checking on patient's comfort."
- "General attitude of kindness and caring despite business."
- "It means a lot that staff are always willing to help, all attentive and responsive to the buzzer."
- "Always giving proper explanations, taking time to discuss things with patient."
- "Always keeping the patient up to date and informed; despite business nothing is too much trouble."
- "Staff put themselves out to be helpful and kind."

Making sure that people that use our services have a good experience is very important to all of us. We know that when some people come into contact with us it is because they have a serious and life changing diagnosis and for others the only contact will be one outpatient appointment. The views of all people are equally important to make sure we get it right for everyone.

We measure how well we are doing through the use of local surveys as well as national ones such as the Friends and Family Test which we report each month to the Quality and Safety Committee. We also take part in national surveys (including CQC) and take actions to improve based on the results.







Our staff are encouraged to complete the NHS Staff Survey each October as well as regular in house electronic questionnaires and what they tell us is used from team level to improve how well supported they feel. We have seen positive improvements in responses in the staff survey over the past few years which is encouraging but we know that there is more to do to ensure that our staff feel safe to report unsafe practice and supported to provide the best care that they can. We can also triangulate the results of the staff survey with those of the various external surveys such as the inpatient and outpatients surveys carried out by the CQC which will show that our engaged workforce positively impacts on the experience of our patients.

Our People Strategy 2014-2019 sets out a clear ambition for the future and is designed to support the organisation to achieve its strategic aims. Each year the Workforce team in consultation with Care Groups, Corporate teams, the Executive team and key stakeholders (e.g. education providers) will design an annual implementation plan. The plan will ensure flexibility to the organisations changing needs and realisation of the strategic people aims. This plan will be presented to the Workforce Committee who will be responsible to provide assurance of progress to the Trust Board. Progress against our strategic aims will be provided each quarter to the Workforce Committee.

We have about 800 volunteers who give their time to make our patients stay in hospital better. We are fortunate to have these dedicated people supporting our services who improve the experience of those who are in hospital and those who visit our outpatient areas as well as helping develop our environment to make it better for everyone.



We have a Patient Engagement and Involvement Panel whose members sit on a number of committees and provide feedback from the patient’s perspective on what they see and hear in our services.

What we are doing to improve how we respond to patients, members of the public and staff:

The Trust has recently employed a Community Engagement Facilitator - a new position created to encourage and enable the community to become actively involved in decision making and shaping services at SaTH.	
We held a Working in Partnership engagement event on 22 September 2017 It is being held to develop the Trust’s engagement plans for the future and is open to all community, voluntary and third sector organisations.	
Themes from complaints and PALS contacts are shared widely across the Trust to embed learning and help us improve. We know that many complaints relate to communication with our staff and it is important staff are aware of this so that improvements can be made.	
We have engagement with specific groups of patients such as in maternity to look at how our services are provided for them and what improvements we can make	
Children and young people that are cared for on our Children’s Ward are encouraged to use the “Tops and Pants” feedback method to tell us where they think we do well or could do better.	
Organisations such as Healthwatch are important in helping us to see our services from our patients and their families’ perspectives. We will work closely with them to address the findings of their reviews.	

Engagement with our communities and colleagues in other organisations is another way that we can drive improvement and show that not only is our culture changing within the organisation but also changing in how we engage with others.

We work closely with the rest of the local health and social care economy to ensure that patients are cared for in the most appropriate place by the right people.

We are working together to improve the way we raise concerns with each other in the local health economy – called NHS to NHS concerns.	
We meet monthly with our commissioners to provide assurance to them in relation to our services.	

A Positive Patient Experience

<p>Our goals for the next three years are:</p> <ul style="list-style-type: none"> • That we will be consistently coproducing and designing our services with representatives of children, young people and adults and their families • That we will be using patient stories and other forms of feedback (you saidwe did) across all our service areas to identify both good and not so good aspects of the care we provide • That we will have developed our Equality Delivery System (EDS) processes to ensure that our services are provided equitably for all • We will improve the way that we gather and then use the qualitative information our patients give us through our surveys to develop our services to best serve them.
<p>Our Lead for these goals is: Executive Director for Nursing, Midwifery and Quality Associate Director for Patient Experience</p>
<p>Supporting strategies</p> <ul style="list-style-type: none"> • Patient Engagement and Experience Strategy
<p>The Committee that will monitor our progress is the Quality and Safety Committee</p>

What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>Increase the response rate for Friends and Family Test and other surveys</i>	<i>Baseline response rate for FFT 14% (March 2017) Increase response rate to at least 20% in 2018-2019</i>	<i>Response rate for FFT at least 35%</i>	<i>Response rate for FFT at least 40%</i>
<i>Improve the satisfaction score on FFT</i>	<i>Baseline 96% of respondents would recommend</i>	<i>98% of respondents would recommend</i>	<i>99% or more would recommend</i>
<i>Engage and involve people in planning their care</i>	<i>At least 85% of respondents report that they were involved in planning their care</i>	<i>At least 90% of respondents report that they were involved in planning their care</i>	<i>At least 95% of respondents report that they were involved in planning their care</i>
<i>Ensure that coproduction is "business as usual" in the Trust</i>	<i>Development of our partnership with patients and carers to enable coproduction to happen effectively through new Patient Panel Service improvement leads trained in coproduction and use the principles</i>	<i>100% of service developments can demonstrate patient and carer involvement</i>	<i>Coproduction continues and review of services that have been developed using coproduction demonstrates high satisfaction from those that use them</i>

What do we want to do to achieve (our outcome)	How will we know we are progressing as planned in 2018-2019 (our measures)	How will we know we are progressing as planned in 2019-2020 (our measures)	How will we know we have done what we set out to do in 2020-2021 (our measures)
<i>We will continue to develop how we gather feedback from those that use our services</i>	<i>Carry out baseline assessment using NHSi Patient Experience toolkit to identify actions and develop implementation plan</i>	<i>We gather more feedback from a variety of methods across different areas</i>	<i>% increase in feedback across all services</i>
<i>We will have carried out a comprehensive self-assessment against the EDS 2 standard, implemented an action plan and monitored against it for continuous improvement</i>	<i>Self-assessment carried out, actions agreed and a review at the end of the year shows progression against the plan against the four key standards</i>	<i>We can demonstrate that we have carried out specific actions to ensure our services are equitable to all and we are demonstrating improved compliance against the four key standards</i>	<i>Demonstrable further improvement against the standard and improved feedback from service users in the key characteristic groups.</i>

References:

Department of Health (2008) *High quality care for all: NHS Next Stage Review final report*. DH, London.

NHS Improvement (2017) *Developmental Reviews of Leadership and Governance using the Well Led Framework*, NHSI, London

Woodward, S (2017) *Rethinking Patient Safety*, Bantam Publishing