

SaTH's Safest and Kindest Quality Improvement Journey 2017 → 2022

		AREAS FOR IMPROVEMENT (2016)	ACHIEVED SO FAR / IN PROGRESS	EXEC LEADER	
	Environment & Equipment	Provide access to safe, clean and appropriate environment and equipment, in the right place for patients, visitors and staff	<ul style="list-style-type: none"> Reconfiguration of clinical services - Future Fit Development of a clinical decision unit at PRH 16 Swan Rooms & more planned for 2018, a swan room is a calm space to facilitate privacy and dignity for the person & family at the hardest of times. 	<ul style="list-style-type: none"> Dementia friendly snacks Quality and safety assurance visits to clinical areas Clear vision for our hospital through Future Fit 	Finance Director
	Cleanliness & Infection Control	Maintain and provide clean, safe premises and equipment to help prevent infections	<ul style="list-style-type: none"> Improvement with mortuary and theatre environment Robust cleaning schedules Significant reduction in hospital acquired infection 	<ul style="list-style-type: none"> Appropriate decontamination guidelines are followed to prevent / detect / control the spread of infections Incorporated in quality assessment framework RaTE & Exemplar accreditation programme Part of brilliant basic checklist undertaken by matrons and ward managers 	Director of Nursing, Midwifery & Quality & Director of Corporate Governance
	Assessing and Responding to Risk	Ensuring patients receive timely and appropriate triage/assessments/ surgical checklists to reduce delays in treatment	<ul style="list-style-type: none"> Patients in Emergency Department are triaged on arrival. Implemented the "5 Steps to Safer Surgery" Checklist in Theatres Streaming to GP service in A&E 	<ul style="list-style-type: none"> Fit 2 Sit area to support A&E 4 hr target Improved ambulance handover Strengthening of Emergency Dept workforce and nursing workforce Introduction of safety huddles 	Medical Director, Chief Operating Officer & Director of Nursing, Midwifery & Quality
	Competent Staff - up to date with Training	Staff are up to date with Mandatory/ Statutory training and appraisals	<ul style="list-style-type: none"> Creation of Transforming Care Institute 75% of staff complete their mandatory/statutory training 87% of all staff receive an annual appraisal and personalised development plan Supported Preceptorship programme for newly qualified staff Increased Statutory/Mandatory training capacity with places for all staff 98% of medical staff have an annual performance review 	<ul style="list-style-type: none"> A range of learning opportunities provided for all to increase competence Development of new roles and training routes Executive and Senior Leadership development program <ul style="list-style-type: none"> Launch of Leadership Academy Annual Leadership conference Competency packs for all grades of nurses to ensure Continuous Professional Development Introduction of competency frameworks in specialist areas to ensure correct skill mix 	Workforce Director, Director of Nursing, Midwifery & Quality & Medical Director
	Medical & Nursing Staff levels	Sufficient number and appropriately skilled nursing and medical staff to care for the number and acuity of patients	<ul style="list-style-type: none"> Nursing staffing templates reviewed and ongoing recruitment drive to fill vacancies to reduce reliance on agency workers Introduction of an acuity based staffing model based on patients' dependency/ need Fast track recruitment process 	<ul style="list-style-type: none"> Introduction of Golden Tickets to retain students - guarantee of employment Development of our workforce to reduce reliance on agency staff and senior doctors Successful launch of new nurse associate role Recruited 3 additional Emergency consultants 	Workforce Director & Director of Nursing, Midwifery & Quality
	Effective Medicine Management	Medicines are stored, prescribed/ dispensed/ recorded and audited appropriately to ensure accurate records and to maintain patient safety	<ul style="list-style-type: none"> Training to ward staff on O2 prescription/ administration. Regular audit programme Implementation of RaTE Self-Assessment tool and introduction of "Exemplar" programme Brilliant basics checklist undertaken by matron / ward manager Looking to develop a Medicines Management metric on the Quality dashboard 	<ul style="list-style-type: none"> Actions from audits acted upon and non-compliance reported Investment in electronic medicine management system (Traka) - safe and prompt access to medication Purchase of new secure pharmacy delivery bins Trust wide temperature monitoring of the storage of medication Development of Medicines Management metric on Quality Dashboard 	Medical Director
	Effective Governance and Management	Robust reporting infrastructure for Governance and identification of Risks to ensure (and assure) actions, risks and outcomes are escalated and reviewed appropriately to address quality, safety and performance	<ul style="list-style-type: none"> Patient stories discussed at different levels throughout the organisation - executives, senior leadership team and ward managers to provide insight and understanding Safety Checklist Developing new clinical governance processes within care groups 	<ul style="list-style-type: none"> Effective working/ engagement with NHSI and CQC Newly introduced quality strategy with measurable objectives and accountability Ward to board assurance Safest and Kindest quality improvement plan - overarching safety plan 	Director of Nursing, Midwifery & Quality & Director of Corporate Governance
	Staff Engagement	To ensure staff feel they are listened to and have a forum for airing concerns in a blame free culture	<ul style="list-style-type: none"> Staff Survey results analysed and action plan on areas for improvement Exemplar Programme - raising awareness of excellent practice Weekly staff report outs Increased Senior leadership visibility - walkabouts 	<ul style="list-style-type: none"> Executive/Board programme of clinical and non-clinical area visits Staff conversation and engagement events take place on a regular basis Voice of staff heard through Freedom to Speak Up value guardians (introduced in 2017) "We Value Respect" campaign Breakfast with the Boss 	Workforce Director
	Learning from Incidents and Complaints	Staff can expect to receive feedback and apply learning from the systematic review of Incidents and Complaints to introduce into their areas	<ul style="list-style-type: none"> Learning Report taken to Clinical Governance Executive Committee As a result of your feedback, posters are in place to communicate the actions and learning following the investigation of Incidents and Complaints Learning faster and better through Weekly Rapid Review Meetings of incident/ investigations and complaints 	<ul style="list-style-type: none"> Improved reporting on low/non harm incidents Improved bespoke risk training New clinical incident management policy 	Director of Corporate Governance & Director of Nursing, Midwifery & Quality
	Multi-Disciplinary Working	Patient care delivered via multi-disciplinary teams, with access to specialist teams via referral and timely review	<ul style="list-style-type: none"> Transforming Care Institute has been instrumental in refining effective multi-disciplinary working Review of Specialist Referral process in ED to expediate decision making Safety Huddles 	<ul style="list-style-type: none"> Implementation of multi-agency frailty service at RSH with plans to implement at PRH in place Appointment of Community Engagement Facilitator People's Academy and Young People's Academy Future Fit 	Chief Operating Officer