The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
11 March 2021

Agenda item	051/20			
Report	Quality Improvement Strategy			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		**Link to CQC domain:**	
	Our patients and community		Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		561, 1771	
	For decision / approval	√	**Link to risk register:**	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:	Quality Operational Committee Quality & Safety Assurance Committee			
Dependent upon (if applicable)**:**				
Executive summary:	In October 2020, priorities for the Quality Strategy were proposed based on known areas of risk, themes from the regulatory compliance work-stream, and the NHS Patient Safety Strategy. These were consulted on using Survey Monkey, focus groups, and the Medical Leadership Group. The feedback was then collated and reflected support to progress with the proposed priorities. Additional engagement was supplemented with visits to wards and departments, discussions at existing forums with care groups and discussions with leads for the proposed areas. The Quality Strategy is built around the three-part definition of Quality; care that is safe, clinically effective and provides a positive patient experience. The Quality Strategy is underpinned by eight quality areas. These are: 1.Safe • Learning from Events • Deteriorating Patients • Falls 2.Effective			

	• Best Clinical Outcomes • Right care, right place, right time 3.Patient Experience • Learning from Experience • Vulnerable Patients • End of Life Care In our Quality Strategy, for each of these areas we outline: • What we want to achieve, • Why it is important to us, • How it will be achieved and • How we will know if we have succeed Following agreement of the Strategy the next steps will be to collate baseline data for each of the priorities to enable milestone setting for each year of the strategy. This will include identifying data sources or introducing new mechanisms for all the 'how will we know if we've succeeded' sections.
Appendices	Appendix 1: Quality Strategy

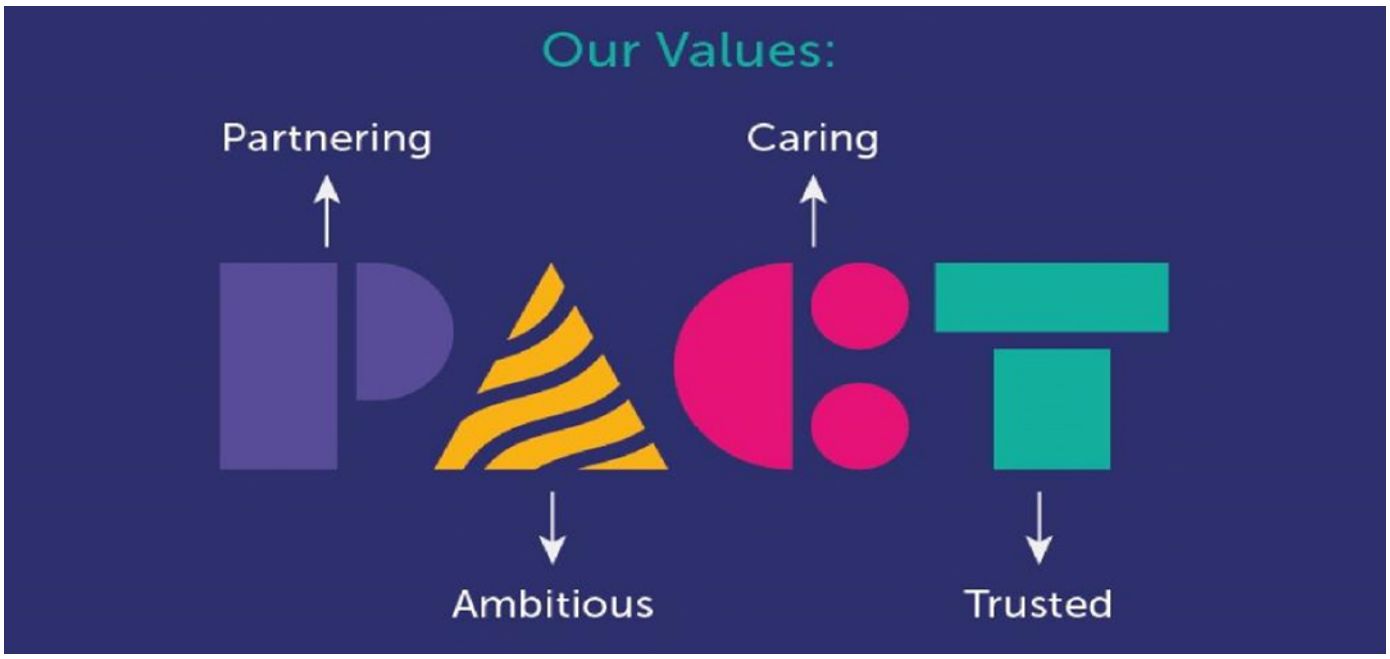
Quality Strategy

2021-2024

Contents

Introduction: Trust Vision and Values

The Shrewsbury and Telford Hospital NHS Trust is an organisation that strives to provide high quality, safe care for our patients in an environment which our staff are proud to work in. We believe that by adhering to our Vision and working with our Values in mind we can behave in a way which will ensure the right results for the people that matter most – our patients and their families.



Our definition of Quality

Since the publication of "High Quality Care for All" in 2008, the NHS has used a three-part definition of Quality. NHS England /Improvement describes this as:

'The single common definition of quality which encompasses three equally important parts:

- *Care that is **safe***
- *Care that is **clinically effective** - not just in the eyes of clinicians but in the eyes of patients themselves*
- *Care that provides as positive an **experience** for patients as possible.*

"High quality care is only being achieved when all three dimensions are present - not just one or two of them. When we strive for high quality care, we must do so for everyone, including those who are vulnerable, who live in poverty and who are isolated. By seeking to deliver high quality care for all, we are striving to reduce inequalities in access to health services and in the outcomes from care".

It is also important to acknowledge the impact of providing care that staff can be proud of and that gives great job satisfaction. For this reason, this document aims to align with the Trust's People Strategy.

Approach to Engagement on the Strategy

In October 2020, priorities for the Quality Strategy were proposed based on known areas of risk, themes from the regulatory compliance work-stream, and the NHS Patient Safety Strategy. These were consulted on using Survey Monkey, focus groups, and the Medical Leadership Group. The feedback was then collated and reflected support to progress with the proposed priorities. As the original engagement was not as widespread as ideally sought, additional engagement was supplemented with visits to wards and departments, discussions at existing forums with care groups and discussions with leads for the proposed areas. Additional we have incorporated the previous feedback provided from engagement champions, non-clinical areas, the CCG, patient groups and Healthwatch in relation to patient care, experience and concerns.

Our Quality Priorities

We have placed our Quality Priorities to align with Lord Darzi's *High Quality Care* for all 2008), covering the following nine key areas of quality:-

Quality Domain	Quality Priority
Safe	**Learning from Events and Developing a Safety Culture** **The Deteriorating Patient** **Inpatient Falls**
Effective	**Best clinical outcomes** **Right care, right place, right time**
Patient Experience	**Learning from experience** **Vulnerable patients** **End of life care**

Learning from Events and Developing a Safety Culture

What do we want to achieve?

We will work to embed a forward thinking patient safety culture across the organisation which is focused on systems learning and genuine quality improvement. We will work to base our safety culture round the key principles outlined in the 2019 National Patient Strategy and make that strategy reality in the day to day delivery of care in our hospitals.

We will continue to report and investigate incidents that could have or did cause our patients harm in a timely way, and inform patients, their carers, families and our staff when we make mistakes and share any lessons we learn to prevent future harm. Also we will look to

systematically learn from when we do well and feedback learning from both where we have made mistakes and where we have done well.

We will embed principles from human factors and ergonomics into how we learn from incidents and use these same techniques to understand areas of high risk to our patients and proactively redesign systems to improve safety.

We will embrace new ways of sharing learning across teams more effectively and using this learning to improve the way we deliver care and make our care safer.

Why is this important to us?

It is widely recognised that safe, highly reliable organisations have proactive patient safety cultures focused on learning and are able to use learning to improve systems to prevent future harm, and can demonstrate continuous improvement. Health care is complex and high risk and our patients, families and staff need to know we are doing our best to make care as safe as possible.

How will we achieve this?

- Use information from incidents, complaints, and patient and staff feedback to identify themes to focus detailed investigation and improvement work on the most urgent and important areas for our patients care;
- Train and support our staff in human factors insights and tools and techniques and to better identify causes and contributory factors of incidents so we can focus improvement in the right areas;
- Monitor actions to reduce harm, both in response to serious incident investigations and following thematic analysis of incidents the serious incident review group will receive updates on progress of improvement work;
- Establish new ways of communicating learning from both positive and negative incidents, electronic communications, newsletters, staff briefs and forums, safety boards, quarterly learning and sharing forums and an annual Trust safety conference;
- Review the use of safety huddles in our wards and departments and share best practice to optimise how safety learning and awareness is shared;
- Further develop Duty of Candour training and continue to monitor how Duty of Candour is delivered sharing best practice examples across teams
- Reconfigure the Trust's Mortality Surveillance Group and embed it along with the Medical Examiner Service within the Trust Governance Framework
- Develop and introduce 'learning from excellence', for sharing learning from when things go well and seeing this as a key source of learning;
- Develop a comprehensive Mortality Review process, including Learning Disability Mortality (death) Review (LEDER) in line with national guidance and utilising the structured judgement tool methodology;
- Introduce comprehensive in-house sharing of 'Learning from Deaths' and evidence of appropriate actions.

How will we know if we have succeeded?

- Reduction in Never Events
- Reduction in avoidable harm
- We will have evidence of systematically annually reviewing at least two key areas of known patient safety risk using human factors and ergonomics principles and

have clear quality improvement plans in place to reduce safety risk. Our first priority will be the deteriorating patient;

- Compliance with Duty of Candour via monthly checking of moderate harm and above incidents, quarterly audit of Duty of Candour by the Patient Safety Team and an annual audit of Duty of Candour as part of the Trust Audit Programme.
- Proportion of reported patient safety incidents that cause no or low harm reported to NRLS to be above national average of 26.2%
- Increase patient safety incident reporting ratio per 1,000 bed days
- The % of patient safety incidents that result in severe harm or death to be below the national average
- Improve timescales for registering incidents, investigation and reporting all serious incident and internal high risk case review investigations will be completed within 60 days
- Achieve 100% of deaths reviewed for patients with a known Learning Disability and achieve the Learning from Deaths Mortality Review Standard of >90% of deaths having been reviewed within 8 weeks of the death occurring;
- Reduction in the number of stillbirths, neonatal deaths and maternal deaths measured by MBRACE
- Reduction in the incidence of Hypoxic-ischaemia encephalopathy (HIE)
- Maintain Hospital Standardised Mortality Ratio within / below expected range in Trust peer grouping

SAFE

Deteriorating Patient

What do we want to achieve?

We seek to recognise deteriorating patients at the earliest opportunity and identify the most appropriate course of treatment for them to give them the best possible outcome we can. This includes identifying all aspects of deterioration and treating sepsis and Acute Kidney Injury (AKI) and Diabetic ketoacidosis (DKA) at the earliest opportunity to prevent avoidable deaths.

Why is this important to us?

Patients who are admitted to hospital are entering a place of safety, where they, and their families and carers, have a right to receive the best possible care. They should feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment. Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Early diagnosis and treatment improves the chance of survival and recovery, similarly, failure to identify and act on the symptoms of AKI and DKA can lead to avoidable deaths or harm.

How will we achieve this?

- The deteriorating patient will be the first high risk safety areas we subject to systematic review using human factors principles and develop a longer term improvement plan to reduce the risk of not responding to deterioration
- Work in partnership with the West Midlands Patient Safety Collaborative and Deterioration Network to share insights, innovation and best practice to improve our response to deterioration
- Undertake regular themed analysis of how we respond to deteriorating patients to ensure learning from both where we do well and where we can do better is captured and acted upon
- Introduce and implement learning around identification of deteriorating patients including 'soft signs' of deterioration
- Review and monitor internal protocols regarding escalation that is shared across staff groups
- Monitor pathways, processes and systems across clinical specialties that support the recognition and early intervention for septic and deteriorating patients, supported by better education and training for all staff members within multidisciplinary teams
- Develop and deliver an e-learning programme and deterioration competency assessments to all relevant clinical staff
- Further embed the use of Sepsis Six bundle and pathway arrangements across the Trust;
- Further align Sepsis provision into maternity and paediatric inpatient areas with regular audit
- Recognise patients who are high risk of Sepsis:
    - i) Inpatients that are suspected of having Sepsis will receive their antibiotics within 1 hour
    - ii) Inpatients will have appropriate sepsis screening
    - iii) Emergency department patients admitted into the Major stream should be screened for Sepsis

iv) All paediatric patients in the Emergency Department pathway (excluding trauma, head injury and minor injuries) will be screened for Sepsis

- Ensure all identified patients receive full antimicrobial review at 72 hours following prescribing of antibiotics
- Develop and implement a training and assessment programme for staff in recognising AKI and DKA
- The same improvement processes will be implemented for DKA and AKI to include:
  i) Timely identification of patient suffering AKI using the AKI care bundle
  ii) Timely identification of patient suffering DKA using the DKA care bundle;

How will we know if we have succeeded?

- Compliance with NEWS 2, MEOWS and PEWS escalation criteria
- Reduction in avoidable inpatient cardiac arrests in hours and out-of-hours
- Improved compliance with the Sepsis six bundle, including the administration of antibiotics within an hour
- Reduction in unplanned Intensive Care Unit admissions
- Reduction in readmissions to Intensive Care Unit within 48 hours
- Reduction in avoidable term admissions to Neonatal Unit
- Reduction in Serious Incidents linked with failing to recognise the deteriorating patient
- Increased compliance with antimicrobial review within expected time frames
- Compliance with Sepsis Six screening and timeliness
- Ongoing improvement in Sepsis mortality as measured by the Suspicion of Sepsis dashboard
- Ongoing monitoring of CHKS mortality data for AKI to ensure we are not an outlier
- Compliance with AKI Screening and post discharge monitoring
- Ongoing review of incidents involving DKA and thematic of incidents related to DKA

Our definition of Quality

Inpatient Falls

What do we want to achieve?

We aim to deliver high quality, safe and person centred care, which provides people who are at risk of falling and their carers with the most up to date evidence- based care and advice. This means supporting the needs of our patients, ensuring they receive the right falls prevention and post falls interventions at the right time and in the right place.

Why is this important to us?

Patient falls are common and remain a great challenge for the NHS. Falls amongst inpatients are the most frequently reported safety incident in NHS hospitals; approximately 30-50% of falls result in some form of injury and fractures occur in 1 to 3% of incidents. No fall is harm free, for a patient who has a fall this can lead to a loss of confidence, delays in recovery, prolonged hospitalisation and sometimes death. Keeping patients safe from harm whilst in our care by reducing the risk of a fall is all our responsibility. Reducing both the number of patient falls and the level of harm associated with a fall whilst in our care is a priority.

How will we achieve this?

- Ensure that our staff are equipped with the knowledge, skills and tools to be able to assess, plan, implement and evaluate preventative measures that help to reduce patient falls, and manage them appropriately when they do occur through delivery of robust falls training
- Ensure ALL patients have a multifactorial Falls Risk Assessment on admission, on transfer to another ward or if their condition changes.
  This will include:
  - Falls history, including causes and consequences (such as injury and fear of falling);
  - Cognitive impairment (such as dementia/delirium);
  - Unsuitable or missing footwear;
  - Comorbidities or medication that may increase their risk of falling;
  - Postural instability, mobility problems and/or balance problems, syncope syndrome;
  - Visual impairment.

- Ensure all patients who are assessed as at risk of a fall have a “Falls Prevention Care Plan” implemented
- Ensure every patient who falls has a “Post Falls Care Bundle” completed and that the post falls management procedures and pathways reflect national and local specialist recommendations (this includes escalation, assessment, observations and timely access to imaging)
- Embed the principles of “cohorting” (patients at high risk of a fall cared for in a ward bay providing greater visibility and “tagging (when a nurse/HCA is allocated to always stay in the ward bay with the patients)
- Educate our patients on their risk of falls and the risk of sustaining a severe harm if they do fall. We will do this by providing them with falls prevention information leaflets, specific information regarding complications of treatment, supporting patients and their families to make key lifestyle changes where necessary and by making sure they are always included in the falls assessment and management plans in order to prevent falls
- Ensure patients are discharged with the appropriate onward referrals and support in place

- Ensure that all Trust Policies and Procedures relating to Falls are based on the most recent evidence base and are complaint with national recommendations
- Ensuring that all staff have access to the appropriate equipment to enable them to implement falls prevention interventions
- Ensure robust governance processes are in place for the reporting and investigation of falls incidence and embed a culture of learning from falls incidents

How will we know if we have succeeded?

- Reduction in the number of falls
- Ratio of falls per 1000 bed days below the national average
- Reduction in the number of patients who sustain a significant injury, e.g. hip fracture as a result of a fall in hospital
- Consistent completion of falls risk assessments and implementation of falls prevention care plans.
- Improvements in the results of local and National (National Audit of Inpatient Falls) audits.
- All staff working on the adult inpatient wards and the Emergency Departments to have completed the Falls Safe training programme.

EFFECTIVE

Our definition of Quality

What do we want to achieve?

We aim to provide the outcomes that equal or exceed the best in the NHS, across all the services we provide. We will do this by doing the right things in the right way, by the use of innovation and ensuring our teams base their practice on the best available evidence including GIRFT recommendations, clinical outcome monitoring, audit, and NICE compliance This agenda also contributes to better use of resources – seeking to achieve 'more for less' by getting evidence into practice and ensuring audit drives improvement.

Achieving the best outcomes requires us to provide care that is safe and care that is effective and we want to do this in a way that provides the best possible patient experience.

Why is this important to us?

The four central key themes of effectiveness for us are:

- Ensure our practice is based on the best available evidence
- Use our clinical audit programme as a force for sustained performance and improvement across all services
- Use outcome measures to inform us, our patients, the public and commissioners on our performance
- Innovate to improve outcomes in a safe and sustainable way.

How will we achieve this?

- As a first step we will implement a programme to develop a clear set of clinically owned standards for each of our clinical specialties. In order to do this we will:

  > Develop concept of SaTH clinical standards with the clinical workforce
  > Consult on overarching clinical standards and map these to CQC domains
  > Outline individual specialty standards and map these to SaTH clinical standards
  > Review and further develop specialty and divisional governance framework to implement and monitor standards
  > Consistently review and monitor clinical standards and identify areas for improvement;
  > Focus on delivery of improvements in divisional performance review meetings

Assess our performance against NICE guidance within 28 days of issue of the guidance
Meet or exceed the requirements of NICE quality standards ensuring the workforce has the skills to access evidence required for their practice and the resources to do so
Ensure that locally developed guidelines align to best practice and that we develop a clear governance process for sign off of clinical guidelines via our clinical governance forums;
Use outcome measures from national and local clinical audits to inform us, our patients, the public, and commissioners on our performance.

Utilise other measurement tools, e.g. CHKS, Hospital Standardised Mortality Ratios (HSMR), Summary Hospital Level Mortality Indicators (SHMI), to inform and improve the provision of services

Invest in innovation with regard to equipment, processes and technologies to improve clinical effectiveness and efficiency and demonstrate these innovations have been embedded in clinical practice;

How will we know if we have succeeded?

- Year on year improvement in compliance against NICE baseline standards
- A 20% improvement in the review and return to the clinical audit department of NICE guidance compliance within 28 days of issue
- Year on year effectiveness evidenced by the result of re-audits and compliance against Best
- Practice Standards
- Increased and timely participation in national audits and NCEPOD returns
- Improvements in the outcome measures as identified by Dr Foster and national audits, aiming to be within the top 25% of organisations in the NHS (peer groups where available).
- Demonstrable improvement each year in the clinical indicators selected by each service.
- Reduction in readmissions
- Positive patient satisfaction survey result

EFFECTIVE

Right Care, Right Place, Right Time

What do we want to achieve?

Our aim is that all of our patients are located in the most appropriate place from admission to discharge. The patient, upon entering our care, will be cared for in the correct clinical location at the earliest opportunity.
Models of care such as Same Day Emergency Care and NHS Think 111 allow patients to go directly to the most appropriate place for the care they need. These models of care utilise a range of care pathways from Urgent Care Centres, Minor Injuries Units and direct referral to a medical or surgical specialty. We will work with other local health and care providers to ensure that when appropriate patients are able to be go directly to the right place of care at the right time.

Why is this important to us?

There is recognised evidence that patients treated as outliers in specialty wards not related to their presentation have poorer outcomes and increased lengths of stay. There is a relationship between being in the incorrect clinical location and poorer quality of care, poorer safety, poorer experience, increased length of stay, organisational inefficiency and poorer organisational financial state. With the range of services we provide, the right place for care can often be the patient's home and our systems must support this.

How will we achieve this?

- Ensure that patients are assessed and referred to the most appropriate place for treatment at the earliest opportunity in all our care settings
- Improve bed capacity so that patients are cared for on the most appropriate wards following admission
- Ensure patients have accurate estimated date of discharge with a patient safety checklist
- Through multidisciplinary ward rounds, ensure robust timely, safe discharge plans before lunch are in place for every inpatient discussed with the patient and family as appropriate
- Develop weekend working to improve discharge at weekends as part of 7 day standards compliance
- Reduce the number of 'super stranded' patients with regular review
- Improve emergency planning to ensure that peak pressure times can be managed well
- Work with partners to reduce Delayed Transfers of Care (moves into residential/nursing care, home support, hospice etc)
- Work to ensure patients are discharged safely and efficiently and all appropriate treatments, medication and clinical discharge information are in place before discharge;
- Provide patients with reasonable choices when booking appointments and enabling this will streamline administrative processes
- Improve communication for handover and transfers of care throughout the Trust
- Executive Medical Director to lead twice weekly review of all patients in hospital over 21 days

How will we know if we have succeeded?

- Bed occupancy of <90%
- <10% of inpatients 'super stranded' and <20% of inpatients 'stranded'
- Patients receiving their care in the most appropriate environment

- Reduction delayed discharges and transfers of care
- Increase in compliance with transfer documentation
- Reduction in the number of patients moved more than 2 times across wards during their stay in hospital unless clinical indicated
- Compliance with national standards e.g. SSNAP/TARN/CNST
- Audit to measure numbers of patients who are discharged with appropriate medication and a fully completed and accurate discharge summary
- Reduction in complaints linked to patient discharge
- Every patient to receive a daily review by a senior decision maker (ST3 or above) by 12 noon
- 30% of patients who are being discharged to have left their bedded area by 12 noon, 80% by 5pm (for patients without an identified right to reside)
- There is a clear medical plan and anticipated discharge date for all patients; the process for clinical criteria for discharge in the notes should be in place to enable rapid discharge
- Aim to have less than 10% of the hospital bed base with patients over 21 days length of stay

PATIENT EXPERIENCE

EFFECTIVE

What do we want to achieve?

We aim to create a positive experience for both our patients and service users, those closest to them, and staff who deliver the care. We also aim to deliver excellent, compassionate, clinical care which involves working with patients, their families and carers and involving them in every step of their journey.

Why is this important to us?

Our success is measured not only by clinical outcomes but the experience that our patients and their families have. To continuously improve and be able to address concerns at the earliest opportunity we need to make it easy for those using our services to be heard. We seek to engage, listen and respond to our staff through a range of routes, and aim to be one of the employers of choice.

How will we achieve this?

We will:

- Supported by our Patient Engagement Group, Community Engagement Forum, Patient and Carer Experience panel, and Patient Safety partners, identify key areas of focus
- Develop and implement a Patient Engagement Strategy, creating more ways for patients to share their experiences
- Align listening to staff experience as part of this engagement and the People Strategy
- Redesign the patient complaint process;
- Analyse, report and learn from patient surveys, complaints, concerns and compliments
- Develop and implement improvement plans in response to patient surveys and feedback
- Increase the prominence of patient stories at key committees or training opportunities across the organisation.

How will we know if we have succeeded?

- Improve on positive responses to national and local surveys
- Reduction in formal complaints that identify specific themes, particularly in identified categories such as staff attitude, dignity and respect, and communication
- Decrease in time taken to respond to formal complaints so that 85% are responded to within 30 days
- Increase in early resolution of concerns
- Decrease in complaints not answered first time
- Increase in compliments received
- Increase in staff and patients recommending services as a place to receive care including through Friends and Family scores and National Inpatient, Emergency Department, CYP Surveys

PATIENT EXPERIENCE

Vulnerable Patients

What do we want to achieve?

We aim to improve the care for vulnerable patients to improve their quality of life and the support we offer to them throughout their care in the Trust; this includes patients with mental health conditions, patients with safe-guarding needs, Learning Difficulties (LD) and Dementia. We also aim to have arrangements in place to safeguard and promote the welfare of adults and children in line with national policy and guidance. We aim to be recognised as a Dementia Friendly Organisation and ensure our patients with dementia, LD and mental health conditions have the best experience possible.

Why is this important to us?

By having arrangements in place to protect our most vulnerable patients, safeguard and promote the welfare of adults and children in line with national policy and guidance we can develop as a learning organisation to fully support the quality and safety of patient care, and ensure they are involved in the decisions relating to their care and treated with dignity and compassion at all times.

How will we achieve this?

We will:

- Deliver the Trust's Safeguarding Strategy through the use of robust Adult Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (LPS) policies and procedures and ensure we meet the national Prevent agenda responsibilities
- Have in place a comprehensive training offer encompassing face to face, multi- media and blended learning approaches for Safeguarding, MCA/DoLS, Mental Health Act (MHA), Dementia and LD
- Have a Training Needs Analysis designed to meet the training needs of all staff and volunteers in relation to Safeguarding, MCA/DoLS/LPS and Prevent,
- Develop the Safeguarding team to support staff through safeguarding supervision and enable prompt recognition of emerging themes and trends
- Deliver the Trust's Dementia Strategy
- Deliver the Dementia Friendly Hospital Charter
- Champion improvements in dementia care at all levels within the organisation which includes Dementia screening
- Deliver excellent patient care supporting those with Dementia and their carers by diagnosing dementia and delirium promptly and providing the right support at the right time
- Create Dementia friendly areas with secure, safe, comfortable, social and therapeutic environments that facilitate all types of functioning
- Support delivery of a 7 day Dementia Care Service which includes easy read surveys for people living with dementia
- Improve our work with dignity and respect through early completion of the patient passport (About Me)
- Develop data collection and monitoring programmes to support and improve dementia screening rates
- Development of a LD Strategy and Charter which will include expectations in relation to

admission and care of LD patients throughout their stay including:

- > Ensuring access to the right specialist services for patients with LD
- > Request and use the hospital passport (e.g. traffic light assessment) for the patient with LD during their hospital stay
- > Patient-centered plan, developed with the patient, primary carers and/or family, reviewed and updated.
- > Care plan communicated and shared with ward team members.
- > Identification of a named nurse identified to patient/family and other staff throughout the duration of stay.
- > Full multi-agency/family/carers discussion held, with the aim of reviewing progress and/or planning discharge.

- Work in collaboration with partner organisations and involve, support and engage carers as partners in care, to meet the care needs of all vulnerable patients
- Work with Mental Health partners to develop a Core 24 liaison service, which will enhance the mental health provision in the Trust by providing more nursing, psychiatry and psychologists input.
- Actively participate in audits to maintain and improve standards for vulnerable patients
- Develop appropriate literature for both inpatient and outpatient attendances.

How will we know if we have succeeded?

- Improve Dementia screening rates
- Increase in positive responses to surveys and audits for LD, Dementia and Mental Health care
- Low numbers of formal complaints relating to Dementia care, LD and patients with mental health needs
- Show improvements in PLACE scores relating to Dementia-friendly environments
- Patient-led assessment of environment for Dementia care (to achieve 80%)
- Increase Dementia friendly environments
- Improve the timeliness and completion of early assessment, “This is Me Passport”, and Care Plans
- Evidence based audit outcomes to support embedded safeguarding and MCA practice across the trust
- Improved and early recognition of patients with learning disabilities and collaborative working at earliest opportunity across system.
- Effective communication and engagement with patients with LD, carers, family members and clinicians through working together to improve outcome for patient demonstrated through patient/carer survey, reduction in complaints and audit.
- Dignified, person-centred care and treatment throughout care pathway within the Trust
- More effective and appropriate review and safe discharge planning with collective multi-agency involvement and ownership for patients with LD.
- Improvements in the quality of the mental health liaison assessments from a wider multidisciplinary perspective.

PATIENT EXPERIENCE

End of Life Care

What do we want to achieve?

We aim to ensure that patients at the end of their lives are treated in line with their wishes and with the utmost dignity and respect. We seek to ensure that an individualised approach is provided to our patients and those closest to them.

Why is this important to us?

Patients deserve to be made comfortable and to be helped through the last stage of their lives in the way that they choose it to be and to be treated with dignity and compassion, making that stage of their lives as good as possible for the patient and their family, and loved ones. It is also important to us that patients' preferred place of care in the last days of life are met whenever this is possible.

How will we achieve this?

We will:

- Deliver the Trust's End of Life Care Strategy
- Ensure clear and timely identification of patients
- Ensure timely decision making with patients who is approaching the end of their lives
- Have a clear understanding of the patient's condition, wishes and preferred place of care, ensuring this is always discussed with the patient and with their relatives as appropriate.
- Using the End of Life Care plan to deliver individualised (personalised) care and ensure that all patients approaching the end of life have anticipatory medications prescribed
- Implement a 7 day nursing specialist palliative care service across the Trust and the provision of 24 hour advice for palliative care
- Develop a system/interface to allow advance care planning and electronic recording of anticipatory care plans, ReSPECT, DNACPR records, across integrated services
- Ensure there is clear staff training to deliver End of Life Care (including syringe driver training on wards)
- Increase the number of patients who are cared for in their preferred place of care at the end of their life.
- Work with stakeholders across the health economy to reduce the number of patients admitted to hospital from home and are homes in the last days of life
- An audit program which includes both local and national audits. This will include:

    i) Annual audit of care in the last days of life, including percentage of expected deaths cared for on the end of life care plan.
    ii) Audit of Preferred place of care and fast track discharges
    iii) Audit of staff knowledge and confidence to deliver palliative and end of life care.

How will we know if we have succeeded?

We will develop Key Performance Indicator Dashboards which are continually monitored and will include:

- Evidence of advanced care planning
- Evidence of clear conversations have taken place with the patient and documentation of preferred place of care and in line with this fast track discharges home for end of life care.
- Bereavement feedback data
- Other service user feedback will be monitored
- Improve the results from the Annual Palliative Care Survey
- Complementary therapy service feedback survey
- Improvement in the percentage of patients who are in the last days of life and are cared for on the end of life care plan.
- A reduction of complaints relating to end of life care.
- Improving uptake of mandatory training.

Implementation and monitoring

The Quality and Safety Assurance Committee will be the Sub-Board Committee with responsibility for seeking assurance on the delivery of the Quality Strategy. As detailed in Table 1 the Sub-Committees of this committee will be responsible for the detailed monitoring of the work streams.

Following planned organisational change each Division will have their own Boards and Quality Committees to monitor their elements of the quality strategy implementation plan.

During Quarter 1 2021/2, baseline data will be obtained for each of the priorities to enable milestone setting for each year of the strategy. This will include identifying data sources or introducing new mechanisms for all the 'how will we know if we've succeeded' sections. Once this has been completed the Strategy will be updated and return to Quality and Safety Assurance Committee for approval of the milestones.

Key outcomes of the strategy are:

1. The Trust is able to evidence improvements in patient safety, effectiveness and experience through achievement of the Quality Strategy priorities. Examples include increased incident reporting with reduction in severe harm or death, improved position in national clinical audits, increased proportion of harm free care, improved patient experience, improved feedback from friends and families survey, reduction in avoidable harm and improved patient survey results.
2. The Trust has a Board approved Quality Strategy with clear measurable priorities by March 2021.
3. There are clear ward to board governance arrangements and plans in place to support delivery of the Quality Strategy
4. The Trust has embedded the Exemplar Ward programme; this programme will continue to be used to provide an independent assessment of the quality of the care in the clinical areas
5. The Trust can demonstrate engagement in the development and delivery of the Strategy.
6. The Quality Strategy is clinically driven and there is evidence of learning, sharing best practice, and celebrating success.
7. Frontline staff are able to articulate the quality priorities and the local initiatives in place to deliver these.

Table 1 Governance Summary

Safe			
Priority	**Executive Lead**	**Operational Leads**	**Monitoring Sub-Committee**
Learning from Events	Director of Nursing Medical Director	Deputy Director of Nursing Trust Mortality Lead/Trust Clinical Mortality Lead	Quality Operational Committee reporting to Quality and Safety Assurance Committee
Deteriorating patient	Medical Director	Trust Clinical Lead Deteriorating Patient and Sepsis/Trust Sepsis Nurse	Quality Operational Committee reporting to Quality and Safety Assurance Committee
Falls	Director of Nursing	Deputy Director of Nursing	Quality Operational Committee reporting to Quality and Safety Assurance Committee
Effective			
Priority	**Executive lead**	**Operational leads**	**Monitoring Sub-Committee**
Best Clinical Outcomes	Medical Director	Care Group Clinical Directors Head of Clinical effectiveness	Quality Operational Committee which reports to Quality and Safety Assurance Committee
Right Care, Right Place, Right Time	Medical Director Chief Operating Officer	Care Group Clinical Directors Deputy Chief Operating Officer	Quality Operational Committee which reports to Quality and Safety Assurance Committee

Patient Experience			
Priority	**Executive lead**	**Operational leads**	**Monitoring Sub-Committee**
Learning from Experience	Director of Nursing	Head of Patient Experience Deputy Director of Nursing	Patient and Carer Experience Committee, which reports to Quality Operational Committee which reports to Quality and Safety Assurance Committee
Vulnerable patients	Director of Nursing	Deputy Director of Nursing	Quality Operational Committee which reports to Quality and Safety Assurance Committee
End of Life Care	Director of Nursing	End of Life Care Clinical Lead Deputy Director of Nursing	Quality Operational Committee which reports to Quality and Safety Assurance Committee

Version Control

Version *X*	Draft for consultation	