

# Patient Quality and Safety Strategy

## 5 August 2019

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Agenda Item No: 7.8

## Trust Board Report

<b>Meeting Date:</b>	5 <sup>th</sup> August 2019
<b>Title:</b>	Draft Patient Quality and Safety Strategy
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>The Patient Quality and Safety Strategy 2019-2022 replaces the previous Patient Experience and Quality and Safety Strategy 2016-2019.</li> <li>The previous patient experience elements are now addressed in the Patient Experience, Engagement and Public Involvement Strategy 2019-2022 agreed in June 2019.</li> <li>This strategy reflects the national patient safety strategy, how we will improve, identify and address local patient quality and safety priorities, how we will measure outcomes, monitor the strategy and listen and feedback to patients, service users and staff.</li> <li>There is strong link to Continuous Quality Improvement (CQI) and its use to address the top priorities in particularly.</li> <li>It is proposed that this strategy is over 3 years but the priorities and actions will be reviewed annually by the board and reset by the authors as required.</li> <li>This strategy has been written in consultation with a wide group with over 30 sets of comments received and incorporated. Including the local authority's Health Scrutiny Panel and Healthwatch.</li> </ul>
<b>Action Requested:</b>	<b>Approve</b>
<b>For the attention of the Board</b>	As below
<b>Assure</b>	<ul style="list-style-type: none"> <li>The strategy provides of strategic direction for patient quality and safety.</li> <li>In line with national patient safety strategy (NHSI/E July 2019)</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>For approval</li> <li>The strategic priorities will be revised at least annually</li> <li>Quarterly reporting is proposed at Compliance Oversight Group.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>The current Strategy is expired and not in line with current requirements.</li> </ul>
<b>Author + Contact Details:</b>	Martina Morris and Vanessa Whatley – Deputy Chief Nurses Tel 01902 695859 or 01902 695968 Email <a href="mailto:Martina.Morris@nhs.net">Martina.Morris@nhs.net</a> and <a href="mailto:Vanessa.whatley@nhs.net">Vanessa.whatley@nhs.net</a>
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> <li>6. Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None
<b>Report Data Caveats</b>	None
<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p>

	<p><b>Caring:</b> Staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Equality and Diversity Impact</b>	No negative impact.
<b>Risks: BAF/ TRR</b>	TRR 3644 - currently amber risk (9)
<b>Risk: Appetite</b>	Funding has been provided to improve quality and workforce.
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	TMC Healthwatch Health Scrutiny Panel members
<b>References</b>	Safer staffing and national quality requirements.
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

Document Control

<p><b>Patient Quality and Safety Strategy 2019-2022</b></p>	<p><b>Version:</b> V1.1</p>	<p><b>Status:</b> Draft</p>	<p><b>Author:</b> Deputy Chief Nurse Deputy Medical Director <b>Director Sponsor:</b> Chief Nurse Medical Director</p>	
<p>Version / Amendment History</p>	<p>Version</p>		<p>Author</p>	<p>Reason</p>
	<p>V1</p>	<p>April 2019</p>	<p>Vanessa Whatley Deputy Chief Nurse Dr. Brian McKaig Deputy Medical Director</p>	<p><b>This document supersedes the previous Patient Quality and Safety Strategy</b></p>

**Intended Recipients:** All Staff of the Trust

**Consultation Group / Role Titles and Date:**

- Executive Directors
- Non-Executive Directors
- Clinical Directors
- Deputy Chief Operating Officers
- Deputy Directors
- Heads of Nursing
- Matrons
- Head of Governance
- Safeguarding Lead
- LD Specialist Nurse Team
- Director of Infection Prevention and Control
- Divisional Management Teams
- Senior Management Team
- Healthwatch
- CCG
- Consultant nurses
- CQI lead
- Safeguarding Lead

HR Director/Deputy Head of Communications	
<b>Name and date of Trust level group where reviewed</b>	Trust policy Group - virtual agreement July 19
<b>Name and date of final approval committee</b>	Trust Management Committee and Trust Board
<b>Date of Strategy issue</b>	August 2019
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)	Every 3 years July 2022
<b>Training and Dissemination:</b> Communicated throughout divisional structure meetings and through the Trust intranet.	
<b>To be read in conjunction with:</b> The Royal Wolverhampton NHS Trust's Trust Strategy, Mortality Strategy, End of Life Strategy, Infection Prevention and Control Strategy, Patient Experience, Engagement and Public Involvement Strategy.	
<b>Initial Equality Impact Assessment (all policies):</b> <b>Completed Yes</b> <b>Full Equality Impact assessment (as required):</b> <b>Completed Yes</b> If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114	
<b>Implementation plan / arrangements (Name implementation lead)</b>	Vanessa Whatley, Deputy Chief Nurse Dr. Brian McKaig, Deputy Medical Director
<b>Monitoring arrangements and Committee</b>	Compliance Oversight Group Quality, Safety, Intelligence Group Trust Management Committee Trust Board (annually)
<b>Document summary / key issues covered:</b> To present a new Patient Quality and Safety Strategy. This supersedes the Patient Experience and Quality & Safety Strategy 2015 – 2019 and should be read in conjunction with the new Patient Experience, Engagement and Public Involvement Strategy and the Trust Strategy - Our Vision for a Better Future 2018-2021 as it is recognised that these are intrinsically linked.	

## VALIDITY STATEMENT

**This document is due for review on the latest date shown above. After this date, strategy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.**

## Contents

Sections	Page
1.0 Aim and Scope of the Strategy	4
2.0 Background and Strategic Context	4
3.0 Accountabilities	4
4.0 Financial Risk Assessment	5
5.0 Equality Impact Assessment	5
6.0 Maintenance	5
7.0 Communication and Training	5
8.0 Audit Process	6
9.0 References	6
<b>10.0 Our Patient Quality and Safety Strategy</b>	

## 1.0 Aim and Scope of the Strategy

A primary focus of the Royal Wolverhampton NHS Trust (hereafter referred to as 'The Trust') is to be an organisation that continually strives to improve patient outcomes and experience, exceeding expectations.

This strategy sets out how the Trust will deliver its Strategic Objectives below, using its approach to high quality and safe patient care as a common thread.

- Create a culture of compassion, safety & quality
- Attract, retain & develop our staff & improve employee engagement
- Pro-actively seek opportunities to develop our services
- To have an effective & well integrated local health and care system that operates efficiently
- Be in the top 25% for all key performance measures
- Maintain financial health - Appropriate investment to patient services

The strategy also encompasses the Trust's overall objective and ambition to become an Integrated Care System with the aim to deliver high quality and safe care across the patient journey work in partnership with local councils and others, to take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population served. It will draw on, and inform, the annual Quality Account and Operational Plan.

The Trust's Patient Quality and Safety Strategy will also reflect national ambitions as set out by NHS England and Improvement (NHSI/E) and the Care Quality Commission (CQC) to be one of the safest healthcare systems in the world. We will do this by networking with international system leaders in high quality, safe care as well as engaging nationally and regionally with key stakeholders.

## 2.0 Background and Strategic Context

Nationally, quality is defined as care that is clinically effective, personal and safe (Darzi, 2008) and patient safety as "the avoidance of unintended or unexpected harm to people during the provision of health care." (NHSI, 2019). The Darzi review of quality (2008) requires all trusts to publish a Quality Account annually to identify progress against set criteria as well as set the direction for the next year. This is also reflected the Trust operational plan which is based on the national planning guidance.

In July 2019 the national patient safety strategy was published. This strategy aligns with the principles of this strategy and supports continuous quality improvement in to progress national and local patient quality and safety priorities.

## 3.0 Accountabilities

The Trust Board is ultimately responsible for ensuring that the Trust provides high quality, safe care.

### Chief Executive

Holds overall responsibility for quality safety in the organisation.

### The Chief Nurse

The Chief Nurse has delegated responsibility for Quality and Safety in the organisation. They are also the nominated individual registered with the Care Quality Commission, have delegated responsibility for overseeing infection prevention and control and Safeguarding and oversee all aspects of nursing workforce and practice.

### The Medical Director

The Medical Director oversees the medical workforce and clinical practice. They are the nominated director

for Getting it Right First Time (GIRFT) and mortality, including learning from deaths.

### The Director of Strategic Planning and Performance

The Director of Strategic Planning and Performance oversees the Continuous Quality Improvement Team and agenda for the organisation. They are responsible for the safe commissioning of services to ensure that services are properly funded in order to provide a safe workforce and environment with appropriate performance measures and care deliverables.

### Divisional Directors, Deputy Chief Operating Officers and Heads of Nursing/Midwifery

These post holders form the triumvirate of management within the divisions and are responsible for converting the strategy into operational implementation in their own individual areas of responsibility. This will be supported by the Deputy Chief Nurses and the Deputy Medical Director. Divisional teams must identify patient quality and safety risks in their areas of responsibility and escalate them accordingly, making use of the risk register.

### Clinical Directors, Directorate/Group Managers and Matrons

Clinical Directors and Matrons communicate and introduce new systems of working, initiatives and improvements, they have a key role in monitoring safety and quality and taking corrective action. They are integral to future planning of services and cost improvement projects so are required to ensure that patient safety and quality are at the centre of each directorate's business.

### All Employees

Employees are expected to carry out work according to local policies and procedure, report any incidents or omissions and undertake risk assessment as required. They are expected to escalate risk and speak out where they feel safety or patient care is under threat.

## 4.0 Financial Risk Assessment

1	Does the implementation of this strategy require any additional Capital resources	No
2	Does the implementation of this strategy require additional revenue resources	No
3	Does the implementation of this strategy require additional manpower	No
4	Does the implementation of this strategy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this strategy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

## 5.0 Equality Impact Assessment

An assessment has been undertaken and no adverse effects have been identified for staff, patients or the public as a result of implementing this strategy.

## 6.0 Maintenance

The strategy will be maintained up to date and relevant by the author and will be ratified through the Trust process via policy group who will recommend any changes / amendments.

## 7.0 Communication and Training

The strategy will be placed on the Trust's intranet site and available to all staff. A specific communication will be ensured to those listed as key stakeholders.

## 8.0 Audit Process

The implementation plan associated with this strategy will be monitored and reported on a quarterly basis the Compliance Oversight Group, with escalation to Trust Management Committee Trust Board. It will be presented to Trust Board on an annual basis for review of the top priorities and action plan.

## 9.0 References and Bibliography

Berwick, D. (2013) A promise to learn - a commitment to act. Improving the safety of patients in England: HMSO Department of Health, Crown.

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<https://improvement.nhs.uk/resources/patient-safety-strategy/> (Accessed: 02.07.19)

The National Health Service (2019) The NHS Long Term Plan. Available on-line at:

<https://www.longtermplan.nhs.uk> (Accessed: 04.05.2019).

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# Our Patient Quality and Safety Strategy

Delivering safe, high quality patient care

2019-2022

*(To be designed by Clinical Illustration to RWT design)*

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# Contents

## Contents

<a href="#">What is Patient Quality and Safety?</a> .....	2
<a href="#">Vision, Aims and Objectives of this Strategy</a> .....	3
<a href="#">How we will improve quality and safety</a> .....	4
<a href="#">How we identify our priorities</a> .....	7
<a href="#">Our current priorities</a> .....	7
<a href="#">Outcomes of this strategy</a> .....	8
<a href="#">How we will monitor patient quality and safety</a> .....	10
<a href="#">How we will listen and feedback our progress</a> .....	10
<a href="#">References</a> .....	10
<a href="#">Appendix 1 Milestones for 2019/20</a> .....	12

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# What is Patient Quality and Safety?

Quality is defined as care that is clinically effective, personal and safe (Darzi, 2008) and patient safety as “the avoidance of unintended or unexpected harm to people during the provision of health care.” (NHSI, 2019).

At the Royal Wolverhampton NHS Trust (RWT) we will strive to ensure that high quality and safe care extends across all of the Trust’s services as it progresses towards becoming a model of integrated care, providing services across primary, secondary and tertiary care. This means that we will be able to provide high quality, safe care closer to home, and more often in the patient’s preferred place. To do this we will work with partners in primary care, social services and public health to improve the health of the residents of Wolverhampton, Cannock and the Black Country. We will also share and learn from others nationally and internationally.

We are committed to learning from our complaints, incidents and staff and patient feedback (for example National CQC Surveys for emergency departments, inpatients and maternity). We will also learn from national incident inquiries such as that into failings in care at the Gosport Memorial Hospital (Gosport Independent Panel, 2018), the Liverpool Community Health NHS Trust (Kirkup 2018) and Mid-Staffordshire NHS Trust (Francis 2010, Berwick, 2013).

Other strategies exist within the Trust supporting and guiding aspects of this strategy in more detail. These include mortality, end of life, risk management, people and organisational development and infection prevention and control. This strategy will specifically set out how we aim to ensure high standards of quality and safety are sustained and expected at RWT and the benefits we expect the public to see as a result.

Patients and the public remain at the centre of everything we do. We will use the principles outlined in our Patient Experience, Engagement and Public Involvement Strategy to engage and co-produce as we progress elements of this strategy.

*“High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.”*

*Professor the Lord Darzi of Denham  
KBE (2008)*

David Loughton OBE  
Chief Executive

Professor Steve Field CBE  
Chairman

# Vision, Aims and Objectives of this Strategy

Our vision is set out in our Trust Strategy: Our Vision for a Better Future 2018-2021.

**To be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve**

Developing a robust safety culture will influence all six strategic objectives of the Trust's Strategy, however this Patient Quality and Safety Strategy predominantly sets out specific direction on how the Trust will achieve its first objective:

**To create a culture of compassion, safety and quality**

The Royal Wolverhampton NHS Trust's Patient Quality and Safety Strategy reflects the ambitions of the NHS Patient Safety Strategy: safer culture, safer systems, safer patients (2019) using appropriate processes to develop *insight*, *involving* our patients and staff, and continuously *improving* through engaging in external programmes, comparing ourselves with the best and undertaking a comprehensive and resourced continuous quality improvement (CQI) programme. We will be open to learning, invest in leadership and team working, and support our staff in being open and honest.

The main aims of this strategy therefore are to:

- Embed a culture of safety,
- Facilitate innovation and deliver safe and effective quality improvement initiatives focusing on patient benefit
- Protect patients from unintended or unexpected harm.

These will ensure that our staff members continue to approach quality and safety as part of their everyday role and our patients can expect the highest quality safe care when accessing our services.



## How we will improve quality and safety

In order to ensure we deliver the agreed outcomes defined in this strategy we will innovate, share and spread best practice, learn methods of continuous quality improvement, adopt new guidance, and benchmark our performance to enable us to compare with the best. We will formally involve patients and the public in our quality and safety improvements in line with the Patient Experience, Engagement and Public Involvement Strategy 2019-2022 and staff in line with the People and Organisation Development Strategy 2016-2020, which sets our plans to engage and further develop organisational culture in line with our Trust Strategy. We will also strive to prevent abuse and neglect of children and adults at risk by acting positively to protect those within our care.

We will engage in planned NHS education programmes relating to patient safety and with developing technology and reporting mechanisms, for example the National Reporting and Learning System (NRLS) and the introduction of the Patient Safety Incident Report Framework, in order to improve and sustain safety. The findings of medical examiners, litigation and incident reports will influence our planning year on year.

We will annually review our governance and leadership structure around quality and safety across our services in primary, secondary and tertiary care.



Below is a short explanation of some of the tools, techniques and strategic plans we have available to help achieve this.

### Continuous Quality Improvement (CQI)

Continuous Quality Improvement is the application of a systematic approach to tackle complex challenges that are common in healthcare. It is focused on improving patient and staff outcomes and experience and is a way of giving everyone a voice, bringing staff and service users together to improve and redesign the way that care is provided. Continuous quality improvement can be a powerful vehicle for improving organisational effectiveness and behaviours.

The aims for the CQI programme are described below. However, it is important to recognise that the support for CQI projects will be aligned with the quality priorities and the outcomes described later in this strategy.

### *A new CQI Team was established in April 2019 with two initial aims:*

1. Build the organisation's CQI capability and capacity – a standardised approach to quality improvement across an organisation is a key determinant of success with no particular model showing an overall advantage. We will train our colleagues through a staged education offer using the Quality Service Improvement and Re-design (QSIR) framework which has been successfully implemented in other Trusts and is supported by NHS Improvement.
2. Practical support for CQI projects - for directorate and divisional teams to deliver improvements where an opportunity for significant and meaningful improvement has been identified through quality the Trust's quality assurance process including governance systems (e.g. serious incidents, complaints) and benchmarking (e.g. Mortality, GIRFT, other audit processes).

Through a positive approach to observational assessment and external reviews within the wards and directorates this programme uses multi-professional teams to assess individual areas and provide assurance on: effective lines of communication between wards and the Board, areas of non-compliance, concerns and action those appropriately and share learning across the Trust.

#### Model Hospital

The Model Hospital is an electronic tool that can be used by anyone in the NHS from board to ward. Productivity, quality and responsiveness data to identify opportunities to improve can be explored and compared with others.

<https://improvement.nhs.uk/resources/model-hospital/>

#### Getting It Right First Time (GIRFT)

'Getting It Right First Time' is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations and has published learning from litigation to improve quality. It is reported within Model Hospital and is led by frontline clinicians who feed into national data sets so that larger amounts of data can be analysed and there is national, as well as local learning and subsequent improvements in care of patients.

<https://gettingitrightfirsttime.co.uk/girft-reports/>

#### National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Procedures (LocSSIPs)

NatSSIPs and LocSSIPs have been created to bring together national and local learning from the analysis of never events, serious incidents and near misses in a set of recommendations that will help NHS organisations provide safer care to patients. They are procedural guides to help standardise practice and assess clinical competence.

#### Mortality Strategy

This locally devised strategy describes how the organisation is learning from deaths through the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care.

#### Palliative Care and End of Life Strategy

This locally devised strategy sets out how the Trust will deliver the Palliative and End-of-Life Care National Framework and other national directives. It sets out a vision that the Trust becomes an organisation where palliative and end-of-life care is everyone's business including achieving high-quality, personalised care and support for every individual approaching the end of their life and those important to them.

#### Gold Standards Framework (GSF)

GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers in a wide variety of care settings. The Trust is accredited to deliver training for staff and use the resources available as part of the Palliative Care and End of Life Strategy.

<http://www.goldstandardsframework.org.uk/>

#### Nursing Systems Framework (NSF)

The Nursing Systems Framework has been created locally to draw on a number of international, national and local

quality standards, strategies and policies and set a vision for excellence in future nursing practice. Progress is monitored in order to reach ambitious milestones and impact positively on the patient experience. The action plan is designed to drive improvement across a range of metrics which are heavily influenced by standards of nursing care, to improve the workforce, education and research and communication.

#### Safety Thermometer

The NHS Safety Thermometer is a prevalence tool that allows teams to measure harm and the proportion of patients that are 'harm free' during an identified day each month. This is used across care settings to measure, assess, learn and improve the safety of the care they provide. <https://www.safetythermometer.nhs.uk/>

#### Surgical Site Infection Surveillance

The process of following up incidents of infection after surgery, and using the results to review or change practice as necessary. Since 2012 the Trust has routinely collected this data across surgical specialties, including post discharge feedback. Data is fed back to surgical teams for action and discussed at the Infection Prevention and Control Committee and published annually in the Infection Prevention and Control Annual Report.

<https://www.royalwolverhampton.nhs.uk/patients-and-visitors/infection-prevention/>

#### Organisational Culture Assessment

Using organisational culture assessment enables the organisation to understand the characteristics of the Trust's culture and subcultures. From this we can see and how to support the workforce, improve the patient experience and design and implement change.

#### Human Factors

Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety, patient care or patient experience.

#### Quality Impact Assessment (QIA)

An assessment that oversees the development and quality risk assessment of any proposed cost improvement programme (CIP). All CIP schemes require a completed project document and quality impact assessment to ensure that the impact of patients or staff is mitigated or well managed so as not cause harm or unacceptable risk to the organisation. These are monitored and approved by the Chief Nurse and Medical Director.

#### Co-production

A way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

## How we identify our priorities

There are many quality and safety priorities addressed each year in individual specialties as well as Trust-wide. These are monitored through our usual business at directorate, divisional and Trust levels. We will identify these through various means including:

- Complaints and Concerns
- Patient and public feedback (includes CQC national surveys)
- National directives
- Benchmarking national data (e.g. GIRFT, Model Hospital, Specialty audits, SHMI)
- National and international best practice, publications, guidelines, and recommendations.
- National inquiries
- Feedback from external bodies
- Stakeholder engagement (e.g. Healthwatch, Wolverhampton City Council & CCG)
- Contractual requirements
- Themes from incidents or serious incidents
- Learning from deaths
- Risk assessments
- Local concerns or variation.

Examples will include pressure ulcers, healthcare acquired infections, Venous thromboembolism (VTE), falls and many others. However, *some risks will become our highest priorities*, these are those which we have been assessed as being most significant to our patients and threaten the safety or quality of services we deliver and are, therefore, vital to discuss regularly and act on at all level of the organisation. These priorities will be registered on our Directorate and Divisional Risk Registers, Trust Risk Register or the Board Assurance Framework.

We identify these top quality and safety priorities through our risk assessment process. For quality and safety issues they may also arise from concerns raised about international, national or local issues by one of the following organisations:

- The Black Country Sustainability and Transformation Partnership (STP)
- Wolverhampton Commissioning Care Group (CCG)
- The Care Quality Commission
- Department of Health/NHS England and Improvement
- The Health and Safety Executive
- Public Health England and Social Care
- The World Health Organisation

## Our current priorities

The Trust's top quality and safety priorities identified for 2019/20 are:

- [Learning from deaths](#)
- [Improving cancer performance](#)
- [Workforce recruitment and retention](#)

However there are other national priorities which are being driven forward in the Trust, with support of the Trust Board:

- Maternity and neonatal safety improvement programme
- Medicines safety improvement programme
- Mental health safety improvement programme
- Older people and those with learning disabilities

Appendix 1 sets out our high level actions to address these and other important areas of quality and safety that we have identified for the coming year. This plan will be reviewed annually.

## Outcomes of this strategy

Through our approach to quality and safety we will aim to improve the experience of patients, staff and the public, who access our services. Below are examples of the outcomes that we want to see achieved by the Royal Wolverhampton NHS Trust for our patients, public and staff.

Patient experience	<ul style="list-style-type: none"> <li>• Improve patient experience and satisfaction.</li> <li>• Promote independence and family centred care.</li> <li>• Provide care closer to home.</li> <li>• Provide more care in the place of patients' choice.</li> <li>• Provide excellence in care of people nearing the end of their lives.</li> <li>• Ensure that services are more responsive to individual needs.</li> <li>• Reduce complaints and concerns.</li> <li>• Increase positive feedback.</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Improve clinical outcomes.</li> <li>• Learning from deaths is evidenced.</li> <li>• Learn from, and reduce, errors.</li> <li>• Prevent avoidable infection, skin damage, urinary tract infections, VTE and falls.</li> <li>• Prevent avoidable medication errors.</li> <li>• Provide a safe and supportive physical environment.</li> <li>• Continuously improved and enhanced safety culture.</li> <li>• Meet the Seven-day Services Standards.</li> <li>• Prevent abuse and neglect of children and adults at risk.</li> </ul>
Clinical Effectiveness and Efficiency	<ul style="list-style-type: none"> <li>• Improve economic outcomes in health care.</li> <li>• Improved access to services.</li> <li>• Improve patient flow and reduce delayed transfers of care.</li> <li>• Improve staff experience.</li> <li>• Continually grow and develop as an organisation.</li> <li>• Support research, development and innovation.</li> <li>• Meet cancer targets.</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Ensure the right people, with the right skills, in the right place at the right time.</li> <li>• Grow leaders with safety and quality at the heart of what they do.</li> <li>• Retain and attract excellent staff members.</li> <li>• Improve staff wellbeing and reduce stress.</li> <li>• Recognise and reward excellent practice.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Provide excellent opportunities and support for students and those in training roles.</li><li>• Support learning and personal development.</li></ul> |
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## How we will monitor patient quality and safety

We will use tools that have been tried and tested nationally or internationally to measure and monitor patient quality and safety. Where these are not available we will work to develop ways of measuring good quality and safety ourselves. These measures will provide our patients, Board, commissioners and regulators with the assurance that patients and their loved ones feel happy and safe to be cared for by the Royal Wolverhampton NHS Trust. Examples of these data sets are Summary Hospital-level Mortality Indicator (SHMI), the nursing dashboard, workforce data, the risk register, the board assurance framework, quality review visits, trust board reports, complaints analyses, the safety thermometer, surgical site infection surveillance and contractual information requirements.

Each year we will publish our quality and safety performance in the Annual Quality Account in accordance with the current guidance. This will be shared publically and also provide focus for the coming year. These will then be monitored through our milestones action plan (see appendix 1) which will be reviewed annually.

## How we will listen and feedback our progress

The Trust has published its Patient Experience and Public Involvement Strategy (2019-2022) which aims to strengthen the following areas: complaints management, community engagement, co-production, directorate and divisional ownership of the patient experience agenda, use of data to inform improvements, volunteering agenda and the role of Council of Members. The work streams from this strategy will be utilised to ensure our patients and public get the opportunity to be part of our continuous improvement journey.

Annually, we will publish our Trust Quality Account, Trust Annual Operational Plan, Trust Annual Report and Infection Prevention and Control Annual Report to mark our progress. In addition we will report an update in public at least annually to the Trust Board on progress against this strategy and utilise in house publications such as Trust Talk and Care to Share to feedback progress on specific aspects to our staff and stakeholders.

We will work continuously alongside partners including Healthwatch, patient groups and Wolverhampton City Council's Health Scrutiny Panel to understand and develop the key quality priorities that form the basis of this strategy.

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## Appendix 1 Milestones for 2019/20

The following plan outlines the key objectives and deliverables for implementing this strategy. These have been previously published in either the Trust Operational Plan or the Quality Account for 2018/19. Year one aims to establish the key elements of the strategy. These will be reviewed and rolled over in the following years. Further developments are indicated in years two and three of the implementation plan.

	Priority	High level Milestones	Outcome Measure	Target date	Lead
		<b>Year 1: 2019/20</b>			
1.	Learning From deaths	<ul style="list-style-type: none"> <li>• Effective use of the Medical Examiner (ME) role and learning from structured judgement reviews (SJR),</li> <li>• Reviews of all deaths where the person had a Learning Disability</li> <li>• Participation in multi-agency reviews in line with the Learning Disabilities Mortality Review (LeDeR) and the NHS England Learning from Deaths Guidance.</li> <li>• The launch and embedding of a Citywide End of Life Strategy will monitor milestones to ensure that people have the best possible deaths in the right environment and families are supported.</li> <li>• Early detection and escalation of deterioration will be facilitated through the use of the recently implemented NEWS2 and accompanying Sepsis Module (both installed March 2019).</li> <li>• Implementation of a detailed sepsis plan with support from the wider education, clinical, quality and informatics teams.</li> <li>• Monitoring of deaths, including deterioration and sepsis, will be through outcomes of the structured judgement reviews, specialism audits, ME findings and nursing mortality audits.</li> <li>• A continuous, structured approach to nursing audits will monitor nursing performance and provide feedback on the quality of nursing care whilst driving improvement.</li> <li>• Robust implementation of safe practices such as the International Dysphagia Diet Standardisation Initiative (IDDSI).</li> <li>• Use the mortality statistics and diagnostic groups with significantly elevated standardised mortality ratios to guide reviews of clinical pathways using the CQI programme.</li> </ul>	<p>Mortality statistics in line with expectation</p> <p>Evidence of learning from death reviews using SJR's and ME reports</p>	March 2020	Mortality Lead supported by the Governance Team.

2.	Improve cancer performance	<ul style="list-style-type: none"> <li>• Implementation of remote monitoring to support the living with and beyond objective.</li> <li>• Introduce new ways of working to support the implementation of 28 day fast diagnosis target.</li> <li>• Identify additional capacity and develop innovative recruitment campaigns in order to meet growth in demand for diagnostic services</li> <li>• Ensure every patient that breaches the long wait target (104 days) has a harm review completed and evaluation of potential learning is captured and communicated</li> <li>• Work collaboratively with all providers and GPs across the Black Country in order to ensure all patients referred on a 2-week breast pathway can be seen within standard</li> <li>• Continued recruitment of Histopathology consultants across the Black Country Partnership (BCP) to support Cancer MDTs.</li> <li>• As host Trust in BCP work with all pathology sites to improve turnaround times.</li> <li>• Development of Consultant Radiographer posts to support and increase radiotherapy capacity.</li> <li>• Introduction of template biopsy machine for patients who are on the urology pathway to reduce waiting times.</li> <li>• Support the development of Dermatology Nurse Specialists to increase capacity for skin cancer patients.</li> </ul>	<p>Achievement of 28 day faster diagnosis target</p> <p>100% of long wait patients receive a harm review</p> <p>Improvement in turnaround times in pathology to support faster diagnosis</p>	March 2020	<p>Chief Operating Officer</p> <p>Clinical Cancer Lead</p>
3.	Embed the principles of Continuous quality improvement.	<ul style="list-style-type: none"> <li>• Develop a clinically-led central continuous quality improvement (CQI) team.</li> <li>• Increase the Trust's CQI capability and capacity using a tiered approach to training.</li> <li>• Developing CQI expertise in leaders in all directorates and divisions and giving all staff a good grounding in CQI rationale, aims and theory.</li> <li>• Provide a mix of practical support, advice and guidance according to need and aligned to the Trust's Quality Strategy priorities.</li> <li>• Support divisions and directorates to take a CQI approach to action plan development and delivery.</li> <li>• Through the above measures, develop a positive and effective culture to service improvement.</li> </ul>	Accredited QSIR college. Delivery of 3 training cohorts	March 2020	CQI Team
4.	Enhance and retain the workforce	<ul style="list-style-type: none"> <li>• Recruitment and retention of staff across The Trust is a high priority.</li> <li>• Positive relationships with local universities to increase student placements.</li> <li>• Continue to review the potential of overseas recruitment, will maximise new and existing nursing roles within the Trust.</li> <li>• Progression of the Nursing Clinical Fellowship Programme.</li> <li>• Continue to progress the highly successful Clinical Fellowship Programme (sponsored by the General Medical Council) in RWT and other NHS organisations.</li> <li>• Continuation of a communication campaign, promoting an attractive and progressive working environment.</li> <li>• Introduce a new electronic system, to facilitate medical job planning &amp; revalidation and appropriate multi-professional workforce requirements will be implemented.</li> <li>• The staff benefits offer will be enhanced and a renewed process of staff recognition commenced, including long service and achievement awards, and a strengthened education strategy.</li> <li>• A culture survey undertaken in the nursing workforce in 2019/20 will offer further insights into the staff experience and resilience, providing intelligence on areas for improvement.</li> <li>• Monitoring of nursing workforce plans is through Chief Nurse sign-off of establishments, following biannual skill mix review.</li> <li>• Assessment of the quality impact of any workforce-related QIP/Cost Improvement Plans (CIP).</li> <li>• Further develop new roles such as First Contact Practitioners and Nurse Associates.</li> </ul>	<p>Vacancies are ≤ 8.5%</p> <p>Attrition rate is ≤ 3.85%</p>	March 2020	Chief Nurse, Medical Director, Director of Workforce

5.	Reduce Pressure Ulcers and moisture lesions	<ul style="list-style-type: none"> <li>• Revise the Tissue Viability Strategy aimed at the prevention of avoidable wounds and improve healing rates. The strategy will also link to the national wound strategy.</li> <li>• Review all wound care pathways as NHS supply chain contracts are confirmed for specific categories of wound products.</li> <li>• Identify sustainable pressure ulcer prevention strategies and to formulate a quality improvement plan.</li> <li>• Agree an improvement plan for moisture lesions for the first time with the Clinical Commissioning Group (CCG).</li> <li>• Analyse moisture associated skin damage incident data and ensure that areas for improvement are included in the overall improvement plan.</li> <li>• Launch all new formulary pathways.</li> <li>• Evaluate a post operation wound pathway.</li> <li>• Design a Pilonidal sinus pathway and cavity wound pathway.</li> <li>• Analyse healing rates and review chronic wound caseloads managed by Adult Community Services.</li> <li>• Work collaboratively with the CCG to design a wound care centre of excellence for planned ambulatory wound care.</li> <li>• Continue to support staff with education and training to prevent and heal wounds.</li> <li>• Deliver the third wound prevention conference.</li> </ul>	<p>Reduce the number of Pressure ulcers below the number reported in 2018/19</p> <p>Agreed improvement trajectory in place for moisture lesions</p>	March 2020	Tissue Viability Team
6.	Reduce Falls	<ul style="list-style-type: none"> <li>• A range of quality improvement projects will be evaluated to determine the next steps to a further sustainable reduction in falls. As a minimum these will include: <ul style="list-style-type: none"> <li>○ Enhanced education on teaching patient 'teach back'.</li> <li>○ Improved lower leg assessment.</li> <li>○ Improving access to walking aids.</li> <li>○ Reducing outpatient department falls.</li> <li>○ Introduction of an annual falls audit.</li> </ul> </li> </ul>	A 10% reduction in falls compared to 2018/19, No increase in falls with harm.	March 2020	Deputy Chief Nurse

7.	Reduce healthcare associated Infections	<ul style="list-style-type: none"> <li>The Trust will continue to work effectively with colleagues in primary, secondary and social care to develop work streams and individual projects that will deliver the objectives of the Trust and our Clinical Commissioning Group (CCG).</li> <li>A detailed annual programme of work has been developed which includes additional cleaning activity such as deep clean programme including a plan for reduction in gram negative bacteraemia (in particular E.coli) through a range of measures in partnership with the CCG and local authority Public Health Team.</li> <li>Health and social care systems will work jointly to identify and reduce the risk of spread of tuberculosis.</li> <li>Sepsis Team will help drive early recognition and management of sepsis at ward level and support a cultural shift across the organisation and contribute towards reducing the number of preventable deaths due to sepsis.</li> <li>Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data including surgical site infection data.</li> <li>Develop infection prevention and control systems in the wider healthcare community setting, to include care agencies and hospice settings.</li> <li>Expand research activity of the Infection Prevention and Control Team.</li> <li>Sustain the Trust's excellent reputation for Infection Prevention and Control through team members' participation in national groups and projects.</li> </ul>	<p>≤40 cases of Toxin positive <i>Clostridium difficile</i> cases.</p> <p>Zero MRSA bacteraemia.</p> <p>Reduction in Gram negative bacteremia in line with locally agreed trajectory.</p> <p>80% of front-line staff vaccinated against Influenza according to national protocol.</p>	March 2020	Director of Infection Prevention and Control and Infection Prevention Team.
8.	Reduce VTE	<ul style="list-style-type: none"> <li>During 2019/20, we will continue to focus our efforts on achieving compliance against the national standard for 95% of patients to have received a VTE risk assessment within 24 hours of admission.</li> <li>Commencing April 2019, VTE clinical prevention audits will be undertaken via the health assure system. This will provide instant audit results to individual clinical areas and allow the VTE nurse to provide immediate feedback and recommendations for any actions.</li> <li>We will continue to work towards linking VTE risk assessment to prescribing through the electronic prescribing system (EPMA).</li> <li>A review of the VTE resources is planned and we will look for additional opportunities to improve patient safety and patient experience.</li> <li>This will be underpinned by a comprehensive improvement plan which will be overseen by the VTE multi-disciplinary group.</li> </ul>	≥95% of patients assessed for VTE on admission.	June 2019	VTE Team supported by VTE Steering Group.
9.	Reduce medication errors	<ul style="list-style-type: none"> <li>The Trust will continue to monitor medication incidents and share learning during 2019/20.</li> <li>The key areas of focus will include: <ul style="list-style-type: none"> <li>Revisit Patient Safety Alerts which have previously been published and assess the Trust's current performance against the alerts, and introduce regular audits where indicated.</li> <li>Set up a 'Medication Safety Page' on the Trust's intranet to provide links to published patient safety alerts, MHRA drug safety information and medication safety initiatives.</li> <li>Aim to reduce missed or omitted doses of antimicrobial agents by audit of patient drug charts, and provision of information and learning to clinical teams.</li> </ul> </li> <li>Continue to progress the roll-out of electronic prescribing, ensuring efficient use in clinical areas.</li> </ul>	To be advised	March 2020	Medicines Safety Lead

10.	Improve the detection and treatment of sepsis	<ul style="list-style-type: none"> <li>All healthcare professionals at the Trust have a responsibility and are accountable for ensuring patients with sepsis receive high quality and timely care.</li> <li>Looking forward in 2019, aim to embed a proactive culture in sepsis education and its early diagnosis and management. We aim to achieve that with our ongoing sepsis teaching and awareness programme.</li> <li>"Sepsis module" as part of Vital PAC upgrade along with NEWS2 will deliver comprehensive functionality to identify, risk-stratify and audit the delivery of appropriate care for patients with potential sepsis, accordance with published NICE guidance. This will be used to ensure ongoing real time feedback to challenge further improvements.</li> <li>Consolidate collaborative sepsis work regionally and initiate research and innovation on early diagnosis and management of sepsis.</li> <li>Deliver local quality improvement plan to improve sepsis identification and treatment.</li> </ul>	<p>90% of eligible patients screened for sepsis in the Emergency Department and Acute Inpatient Departments</p> <p>90 % of patients with suspected sepsis directly admitted as emergencies are administered intravenous antibiotics within 1 hour.</p>	October 2019	Sepsis Team supported by Infection Prevention Team
11.	Continue to utilise GIRFT methodology and findings (incorporates cancer waiting times)	<ul style="list-style-type: none"> <li>Maintaining robust links with the regional GIRFT Team to maximise the benefits that the GIRFT programme offers the Trust.</li> <li>Further GIRFT visits planned, and the Trust will continue to support the feedback and next steps with a multi-disciplinary approach.</li> <li>Embed GIRFT as a key component of the newly established Continuous Quality Improvement Team.</li> <li>Scope opportunities to increase professional led discharge.</li> <li>Working towards expanding shared services to support sign-posting patients.</li> <li>Continued implementation of enhanced recovery pathways to support patient flow and improved outcomes.</li> </ul>	Full participation in national GIRFT visits and development of specialty specific action plans	March 2020	Operational Leads supported by CQI Team
12.	Improve transition from Paediatric to Adult Care	<ul style="list-style-type: none"> <li>Clinical specialties are required to discuss the impact that transition from children's to adult services has on their patient group and make subsequent plans to improve this to reduce the physical, emotional and psychological impact on young adults.</li> <li>The Wolverhampton City Council's Health Scrutiny Panel will take active involvement in this improvement.</li> </ul>	Evidence of decrease in did not attend (DNA) outpatient rates between 16 and 20 year olds	March 2020	Divisional Medical Director Division 3
13.	Implement Seven Day Services (7DS)	<ul style="list-style-type: none"> <li>The Trust is currently compliant with priority standards two, five and six of the 7DS clinical standards and expects to consistently meet standard eight by December 2019 through improved documentation and recruiting to consultant posts in Care of the Elderly and Urology.</li> <li>Ensuring senior nursing staff consistently available on all wards at the weekend.</li> <li>Refining data to consistently report patient flow across all wards and each day of the week.</li> <li>Understanding junior doctors experience of weekend working by rolling out the pilot survey.</li> <li>The resourcing and redesign of pharmacy working patterns so that pharmacy staff members are available in the Emergency Portals at the weekend as well as during the week.</li> </ul>	Full compliance with priority standards two, five, six and eight.	March 2020	Seven day services project lead

14.	Implement National Maternity review – Better Births Improving outcomes of maternity services in England.	<ul style="list-style-type: none"> <li>• Collaboration with the Local Maternity System (LMS) is underway to implement a local vision for improved, outcome based, services that are based on the principals outlined in Better Births.</li> <li>• Engagement with national programmes of work to towards halving the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth by 2030 and a 20% reduction by 2020.</li> <li>• A review of Community Midwifery services will inform the future service model for the Trust to ensure continuity of care with supporting pathways across the whole pathway, particularly for the most vulnerable groups of women.</li> <li>• Birth Plus review actions to address staffing deficits have been addressed and retention of midwifery staff is a key priority in order to manage predicted demand and sustain birth ratios of 1:27/28.</li> <li>• Evaluate and reform the current Midwifery structure.</li> </ul>	<p>20% reduction rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth</p> <p>Maternity shared care record implemented</p>	March 2020	Head of Maternity, Clinical Director and Group Manager
15.	Continually improve the health of patients with learning disabilities and families.	<ul style="list-style-type: none"> <li>• Clearly identify children, young people and adults with learning disabilities.</li> <li>• Make reasonable adjustments to support access to services including expansion of 'easy read' resources.</li> <li>• Develop systems to communicate with patients or their carers prior to a planned admission.</li> <li>• Support LD patients through their inpatient stay.</li> <li>• Learn from deaths in LD patients from national and local data sets.</li> <li>• Carry forward recommendations from the performance against the Learning Disability Improvement Standards benchmarking exercise</li> <li>• Increase the number of DOLs referrals.</li> <li>• Involve children, young people and adults with learning disabilities in planning and delivering services.</li> <li>• Facilitate access to all healthcare services for children, young people and adults with learning disabilities.</li> <li>• Have procedures in place to support effective and seamless transition from children's to adult services.</li> <li>• Provide accessible patient information.</li> <li>• Be compliant with the Mental Capacity Act (2005) and the Deprivation of Liberty (DoLs) Safeguards.</li> </ul>	<p>Increase DOLs referrals to over 40 per month.</p> <p>Develop written patient information resources into Easy Read.</p>	March 2020	Head of Safeguarding
16.	Enable people to age well.	<ul style="list-style-type: none"> <li>• Working for older people in our communities; from shaping community services for older people by enhancing the environment and service provision through emergency portals and ward based care. Then following the patients' journey through to rehabilitation services.</li> <li>• Continue to be a key partner in ICA collaborative on Frailty for Wolverhampton (and STP) and NHS Frailty West Midlands collaborative. Involvement in WMQRS steering group to shape quality standards.</li> <li>• Integral collaborative leads for major medical issues in older people in hospital - Falls, Delirium, Dementia, Frailty and Immobility.</li> <li>• Professionally led rehabilitation service.</li> <li>• Plan and deliver the Trust wide frailty education programme.</li> <li>• Lay the foundation for research for older people in the Trust.</li> <li>• Ageing Well/Older person Board so that new initiatives/research can be adopted and implemented.</li> </ul>	<p>Reduce attendances and admissions through emergency portals for elderly frail with long term conditions.</p> <p>Increase the number of patients accessing appropriate community services through place based care.</p> <p>Increased use of community re-ablement services.</p>	March 2020	Care of the Elderly Directorate Management Team