

Our Patient Quality and Safety Strategy

Delivering safe, high quality patient care
2019-2022



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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 enabling strategies and strategic plans exist within the Trust supporting and guiding aspects of this enabling strategy in more detail. These include mortality, end of life, risk management, people and organisational development and infection prevention and control. This enabling 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 Enabling 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.

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
- Promote equality of outcomes for all, including hard to reach groups.

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.

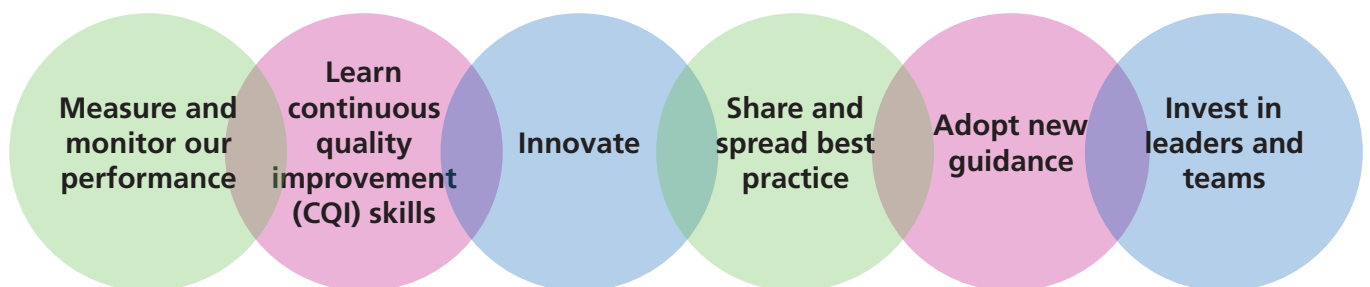
<p>Embed a culture of safety</p> <ul style="list-style-type: none"> • Human Factors • Learning and Development • Understanding culture 	<p>Facilitate innovation and deliver safe and effective quality improvement initiatives focusing on patient benefit.</p> <ul style="list-style-type: none"> • Continuous quality improvement • Research • Technology • Resource to manage issues 	<p>Protect patients from unintended or unexpected harm</p> <p>Reduction in</p> <ul style="list-style-type: none"> • Falls • Infections • Venous Thromboembolism (VTE) • Pressure Ulcers etc. 	<p>Promote equality of outcomes for all, including hard to reach groups</p> <ul style="list-style-type: none"> • Improved early booking of pregnant refugee and migrant women • Urgent care experience evaluations for Learning Disability & autism patients • 100% outpatient attendance for patients with LD & autism
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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 / Clinical Systems Framework

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. A refreshed Clinical Systems Framework will be launched early 2021 which aligns to the Patient Quality and Safety Strategy.

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) or service change. 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. CIP schemes and service change QIA's are monitored and approved by the Chief Nurse and/or 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 / 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 2021/22 are:

- Preventing the spread of Infection
- Minimising the impact of Covid-19
- Improve waiting times, patient experience and outcomes for cancer diagnostics and treatments.

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

- Promote equality of outcomes for all, including hard to reach groups
- Maternity and neonatal safety improvement programme / Saving Babies Lives V2 care bundle
- Medicines safety improvement programme
- Mental health safety improvement programme
- Older people and those with learning disabilities
- Strengthen primary care access and improve waiting times.

An accompanying action plan will set 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.

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

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, 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 accompanying document) 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.

References

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- The National Health Service (2019) The NHS Long Term Plan. Available on-line at: <https://www.longtermplan.nhs.uk> (Accessed: 04.05.2019)

Appendix 1 Objectives to June 2022

The following plan outlines the key objectives and deliverables for implementing this enabling strategy. These have been previously published in either the Trust Operational Plan or the Quality Account for 2019/20. Year one aims to establish the key elements of the enabling 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 Objectives	Outcome Measure/s	Review date	Lead
1.	Preventing the spread of Infection	<ul style="list-style-type: none"> Effectively prevent spread of Covid-19 through promotion of practices to prevent transmission Continue to develop testing of Covid-19 and patient placement though risk assessing patients on admission and admitting them to appropriate wards Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data Develop an infection prevention system in the wider healthcare community setting Maintain a zero tolerance to avoidable health care associated infections Expand research activity of the Infection Prevention Team Sustain the Trust's excellent reputation For infection prevention through team members' participation in national groups and projects Progress the plan for reducing the use of urinary catheters Continued robust prevention and management of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA) and Carbapenemase Producing Enterobacteriaceae (CPE). Ensure frontline staff are vaccinated against Covid-19. 	<ul style="list-style-type: none"> ≤40 cases of Toxin positive Clostridium difficile cases Zero MRSA bacteraemia Reduction in Gram negative bacteremia in line with locally agreed trajectory 90% of front-line staff vaccinated against Influenza according to national protocol Number of cases of Healthcare associated Covid-19 Number of deaths associated with HCAI Covid-19 	June 2022	Director of Infection Prevention and Control

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
2.	Minimising the impact of Covid-19	<ul style="list-style-type: none"> There is a culture of zero tolerance of spread of Covid-19 amongst our patients There is a culture of zero tolerance of spread of Covid-19 amongst our staff Safe systems are supported to provide access to elective care Safe systems are rapidly developed to provide access to emergency care Supporting communication channels There is a robust process of PPE supply and escalation of concerns Patient facing staff are tested twice weekly for Covid-19 to prevent asymptomatic spread Health and well-being resources are maximised for the workforce. There are no avoidable delays to Covid-19 vaccination Organisational lessons are learned for any Covid-19 transmission. 	<ul style="list-style-type: none"> Every outbreak of Covid-19 will be formally investigated Every nosocomial Covid-19 infection will be identified and systematically reviewed Elective cases cancelled as a result of Covid-19 are monitored and reported to the board Procure and implement an effective clinical communication tool Front facing staff engage in the Lateral Flow Testing / Lamp testing 	June 2022	Chief Operating Officer / Chief Nurse
3.	Improve waiting times, patient experience and outcomes for cancer diagnostics and treatments	<ul style="list-style-type: none"> Safe pathways for patients for elective and diagnostic care are assured Demand and capacity plans for diagnostic services; radiology and endoscopy are developed Additional MRI and CT capacity to support diagnostic waiting times is available Investment in additional robot to support demand for robotic surgery is made There is Trust Involvement in the development of community diagnostic hubs (CDH) and rapid diagnostic centres (RDC) There is Trust involvement in regional and STP review of specialist cancer pathways Redesign of local pathways for Dermatology cancer pathways Delivery of target operating model for Black Country Pathology to improve pathology turnaround times. 	<ul style="list-style-type: none"> Achievement of 28 day faster diagnosis target 100% of long wait patients (treated over 104 and 62 days) receive a harm review Improvement in turnaround times in pathology to support faster diagnosis Reduction in waiting times for patients awaiting robotic surgery 	June 2022	Chief Operating Officer Clinical Cancer Lead

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
4.	Learning From deaths	<ul style="list-style-type: none"> Fully implement Learning from Deaths IT platform to facilitate prompt scrutiny by Medical Examiners, death certification and support the mortality review process Establish reporting structure within the LfD IT platform enabling information to be accessed by directorate/division to facilitate learning and sharing Implement mortality review for out-of-hospital/community deaths building on the recent work involving scrutiny of community deaths during the Covid pandemic Continued focus on data quality to maintain improvements achieved by accurate recording of primary diagnosis and relevant co-morbidities through robust coding and documentation. 	<ul style="list-style-type: none"> Mortality statistics are in line with expectation Evidence of learning from death reviews using SJR's and ME reports 	June 2022	Mortality Lead supported by the Governance Team.
5.	Embed the principles of Continuous quality improvement	<ul style="list-style-type: none"> Increase the Trust's CQI capability through virtual training Launch QSIR Café to provide open access support for improvement work Provide a mix of practical support, advice and guidance to operational teams according to need and aligned to the Trust's Quality Enabling strategy priorities Support divisions and directorates to take a CQI approach to action plan development and delivery Improve executive and divisional oversight and support of improvement work through non-elective flow improvement group and patient safety improvement group Through the above measures, develop a positive and effective culture to service improvement. 	<ul style="list-style-type: none"> Number of staff completing QSIR virtual training Number of projects supported and project outcomes Non-elective flow improvement group and Development of annual team events SOP 	June 2022	CQI Team

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
6.	Enhance and retain the workforce	<p>Nursing, Midwifery and Health Visiting Workforce</p> <ul style="list-style-type: none"> Nursing, Midwifery and Health Visiting Workforce Continue to build upon our successful recruitment programme into the nursing, midwifery and health visiting posts, through our award winning Clinical Fellowship Programme and United Kingdom and international recruitment Continue to work with universities to offer an increased number of placements and attract students as our future workforce Further strengthen our focus on retaining our nursing, midwifery and health visiting workforce Focus on developing new roles and career progressions opportunities for our existing nursing, midwifery and health visiting workforce Ensure provision of attractive development programmes Continue to strengthen our governance arrangements, by further embedding our daily oversight reports via the Safe Care Module and other governance reports Ensure the Trust is fully compliant with the Developing Workforce Safeguards requirements Expand our apprenticeship offer to the diverse population and continue to work with the Prince's Trust, to widen potential future employment opportunities within healthcare for the young people in our local community. <p>Medical Workforce</p> <ul style="list-style-type: none"> Continue to build upon our successful recruitment programme into the medical workforce through the Trust's Clinical Fellowship Programme Proactively manage medical workforce needs via Medical Workforce Group 	<ul style="list-style-type: none"> Nurse Vacancies are maintained at $\leq 8.5\%$ Reduce medical locum expenditure Increase recruitment in pressurised specialties identified as nationally and locally hard to recruit AHP Attrition rate is $\leq 3.85\%$ 	June 2022	Chief Nurse, Medical Director, Director of Workforce

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
6.	Enhance and retain the workforce (continued)	<ul style="list-style-type: none"> Utilise recruitment consultants in "hard to recruit" specialties Continue to work with universities to offer an increased number of placements and attract students as our future workforce Integrate Aston Medical School students into the Trust and recognise this will be an important future source of junior and senior medical staff Continue to provide high quality training for University of Birmingham medical students <p>AHP</p> <ul style="list-style-type: none"> Implement actions required meet ambitions set out in Reducing Pre-registration Attrition and Improving Retention (RePAIR) programme Work collaboratively with the STP to develop and support increased placements of student AHP's Introduce apprenticeship training roles in AHP roles in the organisation Complete our work with the Black Country Early Outcomes Fund project with our partner organisations and enact sustainability plans for the future (SALT) Develop plans to modernise and expand services in partnership with Head & Neck and ENT (SALT) Focus on developing new roles and career progressions opportunities for our existing AHP workforce Ensure provision of attractive development programmes. 		June 2022	Chief Nurse, Medical Director, Director of Workforce

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
7.	Reduce Pressure Ulcers, moisture lesions and chronic wounds	<ul style="list-style-type: none"> To agree and launch an ambulatory wound service for patients with complex wounds such as leg ulcers, large cavity wounds and non-healing wounds To access the patients' wound care at a clinic managed by experienced wound care nurses Enact Trust plans to develop processes and will provide assurance for community leg ulcer management, in accordance with the national CQUIN guidance and NHSE/l lower leg work stream Continue pressure ulcer overarching action plans, to direct continued improvement to prevent preventable pressure ulcers and moisture associated skin damage The wound formulary and relevant pathways will be reviewed to meet the recommendation of the national wound strategy 3 work streams- Surgical wounds, lower leg wound and pressure ulcers and launched. 	<ul style="list-style-type: none"> Reduce the number of Pressure ulcers below the number reported in 2019/20 Reduce the number of moisture lesions to below the number reported in 2019/20 	June 2022	Tissue Viability Team
8.	Reduce Falls	<ul style="list-style-type: none"> 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: Identify further continuous quality improvement projects for specific aspects of care, or in specific clinical areas, and share our learning across the Trust Address concerns of audit undertaken in 2019/20 pertaining to documentation Further strengthen staff knowledge and education Undertake the annual audit and evaluate results in order to identify areas of good practice and where improvements are required Continue to hold the established accountability meetings with clinical leaders to review falls incidents, promoting shared accountability, learning and ownership. 	<ul style="list-style-type: none"> A 5% reduction in falls compared to 2020/21, No increase in falls with harm. 	June 2022	Deputy Chief Nurse

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
9.	Strengthen governance and care systems related to the care of those with ill mental health	<ul style="list-style-type: none"> Implementation of a robust governance structure for mental health from Ward to Board Embed Staff training and competence with regards to mental health, including Mental Health Act and restraint Roll out of a Mental Health Policy and other associated documents Strengthening the provision of mental health care for patients attending our Emergency Department and those admitted to inpatient wards Improve access to mental health advocacy for patients Introduction of audits to monitor compliance associated with the mental health provision Ensuring that environments are safe for mental health patients The risks associated with mental health and learning disability patients are effectively mitigated Patients with learning disabilities are receiving safe and high quality care, meeting their needs. 	<ul style="list-style-type: none"> Restraint incidents regarding patient with ill mental health are robustly monitored Twice yearly board report on the outcomes of sectioned patients Violence and aggression incidents regarding mental health patients are reduced. 	June 2022	Deputy Chief Nurse

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
10.	Reduce VTE	<ul style="list-style-type: none"> • Work on consistently meeting and exceeding the Key Performance Indicators (KPIs) for VTE assessments. An updated Quality Improvement Plan (QIP) is in place to achieve this and other aims related to VTE prevention • Undertake a full review of the Trust's VTE prevention and management policy by July 2020 • Implement the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) knowing the score for Pulmonary Embolism (PE) diagnosis and management • Implement comprehensive assessment and management of VTE prevention measures for patients in lower limb casts as per the most recent NICE guidance NG89 • The Community Anticoagulation Service will continue to provide in-reach support with the intention to roll out support across the Trust • Continue to work with the electronic prescribing team to link VTE risk assessment and prescription • Finalise a reporting system using electronic data for prescriptions and administration and trial its use in a clinical area. 	<ul style="list-style-type: none"> • ≥95% of patients assessed for VTE on admission. 	June 2022	VTE Team supported by VTE Steering Group.

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
11.	Reduce medication errors associated with harm	<ul style="list-style-type: none"> Reduce medication incidents associated with medicines with high risk of harm if used improperly, focusing on improving the safer use of insulin, low molecular weight heparin, anticoagulants and gentamicin Improve patient safety in relation to high risk time critical medicines. Focus on the recognition of time critical medications and improving practice with the aim of reducing the number of omitted or delayed doses of these medicines Reduce overall medication errors that are associated with patient harm Continue to develop the electronic prescribing and administration system to support safer prescribing and administration of medicines Utilise data and information reported for medication incidents to identify trends and potential for harm; putting in place improvement plans to address these. 	<ul style="list-style-type: none"> Omitted and delayed doses of critical medicines where no appropriate clinical reason is documented, will be reduced by 25% by December 2021 and a further 25% by December 2022. 	June 2022	Medicines Safety Lead
12.	Improve the detection and treatment of sepsis	<ul style="list-style-type: none"> Aim to embed a proactive culture in sepsis education and its early diagnosis and management Ongoing sepsis teaching and awareness programme. "Sepsis module" 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 support further improvements Consolidate collaborative sepsis work regionally and initiate research and innovation on early diagnosis and management of sepsis Undertake internal audit of both the sepsis management and sepsis data collection. 	<ul style="list-style-type: none"> 90% of eligible patients screened for sepsis in the Emergency Department and Acute Inpatient Departments 90 % of patients with suspected sepsis directly admitted as emergencies are administered intravenous antibiotics within 1 hour. 	June 2022	Sepsis Team supported by Infection Prevention Team

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
13.	Continue to utilise GIRFT methodology and findings (incorporates cancer waiting times)	<ul style="list-style-type: none"> Continue to maintain links with the regional GIRFT Team to maximise the benefits that the GIRFT programme offers Increase shared learning from other organisations utilising the network that the GIRFT programme offers Continue with the planned GIRFT visits and revisits and formulation of actions in conjunction with directorates Maintain a multi-disciplinary approach to the programme to encourage learning across teams Continue to embed GIRFT as a key component of the Continuous Quality Improvement agenda. 	<ul style="list-style-type: none"> Full participation in national GIRFT visits and development of specialty specific action plans. 	June 2022	Operational Leads supported by CQI Team
14.	Improve transition from Paediatric to Adult Care	<ul style="list-style-type: none"> Transition group to continue Business case for Transitions Nurse (funded for first 2 years by Roald Dahl charity) Transition group working with young people on a podcast to understand their issues/concerns and developing ways to improve the pathway Transition Policy development Transition Strategic Plan development. 	<ul style="list-style-type: none"> Evidence of decrease in did not attend (DNA) outpatient rates between 16 and 20 year olds. 	June 2022	Divisional Medical Director Division 3
15.	Implement National Maternity review – Better Births Improving outcomes of maternity services in England.	<ul style="list-style-type: none"> 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 Engagement with national programmes of work, such as Saving Babies Lives, to work 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 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 Birth Rate 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. 	<ul style="list-style-type: none"> 20% reduction rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth Maternity shared care record implemented. 	June 2022	Obstetrics and Gynaecology Directorate Team

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
16.	Continually improve the health of patients with learning disabilities and families	<ul style="list-style-type: none"> Expand the learning disability service, to include the provision of support for the additional needs of autistic adults Continue to make reasonable adjustments to support access to services, including expansion of 'easy read' resources and specialist care pathways Develop systems to communicate with patients or their carers, prior to a planned admission and outpatients appointments Support patients who have a learning disability and or autism through their inpatient stay Learn from deaths in learning disability patients from national and local data sets Provide assurances against the recommendations from the LeDeR Annual Report Develop an end of life improvement plan for the care of the patient with a learning disability and or autism Carry forward recommendations from the performance against the Learning Disability Improvement Standards benchmarking exercise Involve children, young people and adults with learning disabilities in planning and delivering services Facilitate access to all healthcare services for children, young people and adults with learning disabilities and or autism Identify CQI projects to further improve compliance with the Mental Capacity Act (2005) and the Deprivation of Liberty (DoLs) Safeguards Support children who have a Learning Disability with the transition into adult services. 	<ul style="list-style-type: none"> Increase DOLs referrals to over 40 per month Develop written patient information resources into Easy Read 1000% attendance at outpatient appointments for those with LD & autism Reduce the number of outpatient appointments that are not attended by patients with learning a learning disability Ensure that all DNACPR documents that are completed for patients with a Learning Disability give a specific rationale for completion and in line with the MCA Act 2005. 	June 2022	

	Priority	High level Objectives	Outcome Measure/s	Review date	Lead
17.	Enable people to age well	<ul style="list-style-type: none"> Support adult patients living with dementia and delirium through their in-patient stay Facilitate older adults in their healthcare journey from Community to the Acute Care setting, through Rehabilitation returning to the Community and their usual residence Focus on older patients with cognitive impairment in rehabilitation Supporting Advanced care planning in Older Adults. 	<ul style="list-style-type: none"> Delivery of the Complex Older Adult Service to in-patient areas Frailty team enhanced turnaround of patients in ED alongside appropriate streamlining of patients to the new Complex Older Adult Unit (West Park Ward 1) Support of patients alongside Palliative care with About Me document, Gold Standards Framework and ReSPECT. 	June 2022	



