Quality Matters - 2017 to 2020

Our quality improvement strategy
We are pleased to present our Quality Improvement Strategy for 2017 to 2020. It supports the achievement of our vision, Right First Time, Every Time, and is underpinned by our core values.

We have set out our quality priorities for the next three years, to improve patient safety, clinical outcomes and the experience of those who use our care. These are the areas where we know we can make the greatest difference. Just as importantly, however, we will equip our staff with the tools, techniques, training and support needed to deliver quality improvements in all areas, day in day out. We see great examples of this on the wards, in diagnostics and in community services wherever we go and we want to embed it further.

The Board is committed to making both the care we provide, and the experience of the staff who work in our hospitals and community services great. As Directors we will engender a culture in which our staff can make quality their priority, and will support and empower them to make changes; we will remove barriers to quality improvement and maintain an open and honest dialogue on where we need to go further for our patients. In particular, we will widen access to quality improvement training for all our staff and broaden the role of the Programme Management Office to provide top down support where it is needed.

We do not want this strategy to become a document left on the shelf. We will plan, manage and measure the improvements we make, and we will hold ourselves to account for delivering planned improvements and for facilitating a focus on quality at all levels.

We know we have challenges: in the light of recent never events, we need to strengthen our safety culture, and we need to support services with workforce challenges. But when we work together, great things happen. We’ve achieved real quality improvements in the last three years (see page 4), and, with the greater focus on quality improvement outlined above, we are confident that we can deliver even more for our patients in the next three years.

This strategy will evolve over the coming years and we will ensure that as many people as possible, particularly our staff and patients, can share their views and shape our quality plans.

Sue Jacques, Chief Executive
Jeremy Cundall, Medical Director
Noel Scanlon, Director of Nursing
OUR QUALITY IMPROVEMENT STRATEGY 2017-2020

1. OUR VISION AND VALUES
   - OUR MISSION
     - With you all the way
     - This means: A warm welcome from staff - treating patients and their relatives as we would like to be treated - respecting privacy, dignity and confidentiality - being looked after by staff who inspire confidence - always striving for excellence - standard of service, always tailored around patient and carer needs.
   - OUR VISION
     - Right first time, every time
   - OUR VALUES
     - Working together for patients
       - Patient centrist in everything we do.
     - Respect and dignity
       - We value every person as an individual.
     - Commitment to quality of care
       - We earn the trust placed in us by insisting on quality.
     - Compassion
       - We respond with humanity and kindness.
     - Improving lives
       - We strive to improve health and wellbeing.
     - Everyone counts
       - We make sure no one is discriminated against.

2. STRATEGIC AIMS
   - BEST OUTCOMES
     - To transform care pathways and develop services which deliver the best patient outcomes
   - BEST EXPERIENCE
     - To enable delivery of care by staff and in patient environments that provide the best patient experience
   - BEST EFFICIENCY
     - To maximise our resources and relationships to sustain services and deliver best efficiency
   - BEST EMPLOYER
     - To attract, support, engage and develop our staff to provide care they are proud of - best employer

3. QUALITY DIMENSIONS
   - SAFETY
   - EXPERIENCE
   - CARING
   - EFFECTIVE

4. QUALITY PRIORITIES
   - Improving Outcomes
     - Reducing Sepsis and AKI
     - Reducing Harm from Falls
     - Improving End of Life Care
     - Being Dementia-friendly
     - Improving Nutrition and Hydration
     - Reducing mortality
     - Improving Cancer Care
     - Improving Urgent and Emergency Care
     - Enabling Healthier Lives
   - Enabling Improvements
     - Strengthening our Safety Culture
     - Improving Reporting and Learning
     - Safe Invasive Procedures
     - Patient experience: Listening to Patients and Families
     - Sustaining and Improving Services
     - Improving Elderly Care

5. LETTING QUALITY FLOURISH
   - We will:
     - Programme manage quality improvement
     - Train and educate staff in quality improvement methodologies allowing all our teams and wards to access the right skills and incentives
     - Celebrate quality improvement
     - Recruit medical and nursing staff, and work with partners to sustain and enhance services where we have gaps
     - Develop a culture of empowerment for quality
     - Generate and deploy financial resources to maintain safety and improve quality, including our buildings and patient facilities
     - Embed good governance at all levels
     - Engage and listen to our patients, their families, our members and the public
     - Hold ourselves to account, and assure delivery of our strategy
Introduction

Welcome to “Quality Matters”, the Trust’s Quality Improvement Strategy for 2017 to 2020. Here we set out our quality priorities for the next three years and our plans for improvement in each area. In addition, we have set out how we will provide our staff with the tools, techniques, training and methods to help them make quality improvements in their areas of work.

Our vision is to be “Right First Time, Every Time”. It is underpinned by four strategic aims, all supported by this Quality Improvement Strategy.

<table>
<thead>
<tr>
<th>The Vision – “Right First Time, Every Time”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To transform care pathways and develop services which deliver the best patient outcomes</td>
</tr>
<tr>
<td>2. To enable delivery of care by staff and in patient environments that deliver the best patient experience</td>
</tr>
<tr>
<td>3. To maximise our resources and relationships to sustain services and deliver the best efficiency</td>
</tr>
<tr>
<td>4. To attract, support, engage and develop our staff to provide care they are proud of — as a best employer</td>
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</table>

In the last three years we have made real improvements in quality as outlined below. We are proud of these achievements.

<table>
<thead>
<tr>
<th>Achievements – Quality Matters 2013/14 to 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
</tr>
<tr>
<td>We have:</td>
</tr>
<tr>
<td>• Reduced falls in acute hospitals by 10% and improved falls prevention and treatment</td>
</tr>
<tr>
<td>• Improved sepsis screening and care, and are now screening 100% of inpatients using software which is a national exemplar</td>
</tr>
<tr>
<td>• Increasing incident reporting by 14.8%</td>
</tr>
<tr>
<td>• Embedded duty of candour</td>
</tr>
<tr>
<td>• Reduced Grade 3 and 4 pressure ulcers by 75%, to among the best in Europe</td>
</tr>
<tr>
<td>• Reduced clostridium difficile infections by 40% to among the best in the country</td>
</tr>
<tr>
<td>• Reduced cardiac arrests by 10% to among the best in the country</td>
</tr>
<tr>
<td>• Improved VTE assessment rates to 97%.</td>
</tr>
<tr>
<td>Patient Experience</td>
</tr>
<tr>
<td>We have:</td>
</tr>
<tr>
<td>• Improved PLACE scores for dementia-friendly environments by 28% and improved staff awareness and support for patients with dementia</td>
</tr>
<tr>
<td>• Improved tools for Nutrition screening and related care bundles</td>
</tr>
<tr>
<td>• Developed and started to roll out our strategy for End of Life Care, which follows national best practice.</td>
</tr>
<tr>
<td>• Introduced support and outreach for patients with learning disabilities in line with best practice.</td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
</tr>
<tr>
<td>We have:</td>
</tr>
<tr>
<td>• Maintained mortality ratios within statistical limits and reduced mortality per Hospital Standardised Mortality Ratio by 4%.</td>
</tr>
<tr>
<td>• Played a leading role in reducing smoking prevalence by over 9% and mortality relating to smoking between 8 and 54% across a range of smoking-related diseases</td>
</tr>
<tr>
<td>• Significantly reduced ambulance diverts and reduced ambulance handover times</td>
</tr>
<tr>
<td>• Implemented high levels of review by senior clinicians with:</td>
</tr>
<tr>
<td>✓ 80% of patients reviewed within 14 hours of admission</td>
</tr>
<tr>
<td>✓ 100% of patients requiring twice daily wards being reviewed routinely.</td>
</tr>
</tbody>
</table>
Of particular note is our major investment in an Acute Intervention Team, to: support patient safety by tracking and escalating signs of deterioration to senior clinicians; provide 24/7 clinical education and support on wards; and to support staff providing end of life care.

Although we have made considerable progress, there is, however, much more to do and, together, we must address our key quality challenges:

- We reported 11 Never Events in 2016/17, eight of which occurred in the year, making us a national outlier. Learning from these events points to a need to reinvigorate our quality culture, with safety at the heart, with staff empowered and supported to own quality at all levels, and with embedded clinical governance within Care Groups and specialties.
- We have some services which are stretched and locum-dependent, which must be sustained and improved.

**Strategy aims**

The aims of this strategy are:

- To define our priorities and set out the steps which will make a real difference to patients in each area. These include both priorities for improved patient outcomes, and key enablers for more widespread improvements in our safety, experience and clinical effectiveness.
- To provide staff with the tools, techniques and support necessary to drive quality improvements in all areas – not just the identified priorities - from the bottom up; and
- To embed quality improvement and governance processes, by maintaining a joined up dialogue on quality from ‘board to ward’ and a ‘whole team’ approach to delivering the quality agenda.

**How we have selected and categorised priorities**

Many of our priorities are unchanged from our previous Quality Matters strategy, because we know we have more to do to deliver the very best care in those areas; others have been identified by the Board, in consultation with senior managers, staff, governors and other stakeholders.

There are two types of priority set out in this strategy:

1. **Outcome-focused priorities** – improvements in these areas will directly improve patient outcomes or experience. We have specified quantifiable improvements for these priorities.
2. **Key Enablers** – ‘must do’ programmes of work to support improvements of safety, quality and effectiveness. We have set out broad success measures for these programmes of work.

**Links to other strategies**

Quality improvements depend upon many other factors, such as: staff resources, engagement, IT systems, how we maintain and improve our estate and facilities for patients, and how we generate and deploy our financial resources. These are the subject of other, linked strategies which have been captured and summarised on page 27.
Implementation and Monitoring

We will manage the delivery of this strategy as a programme of work, monitored through our Strategic Change Board

- Leads for each priority will produce three year plans, with deadlines for each key action and milestone dates, which will be collated into an overall project plan.
- Plans for each priority will quantify all success measures, in addition to the headline measures included in this document.
- The Strategic Change Board will receive quarterly updates on the implementation of the programme, and exception-based reports in the intervening months should there be issues requiring senior management intervention to resolve them.
- The Board’s Integrated Quality and Assurance Committee will receive a six-monthly report on the implementation of the strategy for assurance purposes.
Patient Safety

What we have achieved

We have:

- Reduced falls and improved falls prevention and treatment;
- Improved sepsis screening and care;
- Improved rates of incident reporting;
- Embedded duty of candour;
- Reduced Failure to Rescue, C-difficile and pressure ulcer prevalence to among the lowest nationally; and
- Improved and sustained high levels of screening for VTE.

What we must do now

Outcome-based priorities:

Falls remains the single most common patient safety incident faced by the Trust – we need to continue our efforts to reduce falls and the associated risk of injury.

We need to consolidate achievements to date in implementing sepsis screening and management, particularly through the use of a new screening tool within Nervecentre.

Key enablers:

Most critically we need to review and strengthen our safety culture, policies and procedures in the light of the never events experienced in 2016/17. In addition, we need to continue to improve rates of incident reporting, improve our learning from incidents and sustain compliance with the statutory duty of candour.

We need to roll out, audit and embed the use of Local Safety Standards for Invasive Procedures (LocSSIPs) to reduce risks of harm to patients and to help prevent recurrence of the never events experienced in 2016/17.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Outcome-focused Priorities and Leads</th>
<th>Key Enablers and Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Falls</td>
<td>Safety Culture</td>
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<tr>
<td></td>
<td></td>
<td>Incidents</td>
</tr>
<tr>
<td>Sepsis</td>
<td></td>
<td>LocSSIPs</td>
</tr>
<tr>
<td></td>
<td>C Beckwith</td>
<td>L Ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N Scanlon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J Todd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R Hixson</td>
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Reducing Harm from Falls

Why is this important to us?
Patient falls are the single most common safety incidents experienced by the Trust, we have not yet reduced falls in our acute hospitals within national benchmarks and we continue to see incidents of harm from falls. Reducing the incidence of falls and mitigating the risk of injury are therefore integral to minimising harm.

What do we want to achieve?
To reduce patient falls to within national benchmarks in both acute and community settings; to reduce incidents of injury from falls year on year and to fully implement national best practice as per the National Falls and Fragility Audit.

How will we achieve this?
We will:
• Continue to provide sensory training to relevant staff groups through staff education programmes.
• Thematically analyse falls, and produce and implement tailored action plans to address themes identified.
• Implement best practice based on the National Falls and Fragility Audit reports each year.
• Develop a post falls management tool to be deployed in the community.
• Ensure that those most at risk of harm from falls receive 1 to 1 monitoring.

How will we know if we have succeeded?
We will see year on year reductions in falls, and in incidents of injury, to below national benchmarks, and positive performance compared to peers evidenced through the National Falls and Fragility audit. All wards will demonstrate high levels of compliance with our procedures.

<table>
<thead>
<tr>
<th>Headline measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
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</thead>
<tbody>
<tr>
<td>Falls in Acute Hospitals per 1,000 bed days</td>
<td>5.6</td>
<td>5.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Compliance with Falls Protocols</td>
<td>All wards blue or green per ward audits*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls &amp; Fragility Audit</td>
<td>No outliers</td>
<td>Top 50%</td>
<td>Top quartile</td>
</tr>
</tbody>
</table>

* Compliance with falls procedures is audited every month for every ward. A 'blue' assessment indicates compliance of 95% or more, with green indicating over 90% compliance.
Reducing Harm from Sepsis and AKI

Why is this important to us?
Nationally, there are estimated to be 12,000 preventable deaths from sepsis every year. Improving screening, understanding our entire sepsis population and delivering focused teaching to improve time to antibiotics is necessary to minimise mortality from sepsis in our own Trust. Similarly, failure to identify and act on the symptoms of AKI can lead to avoidable deaths or harm.

What do we want to achieve?
To build on the foundations of the last three years and continue to improve the identification and treatment of patients with sepsis in our care. To develop and embed tools to identify and effectively treat patients with Acute Kidney Injury (AKI).

How will we achieve this?
We will:
• Embed our new sepsis screening tool and bundle, which has been built into our Nervecentre patient observations system, and rigorously monitor and improve compliance with a sharp focus on the time taken to administer antibiotics.
• Monitor and direct work to strengthen compliance through a Sepsis Screening Group.
• Complete and embed the post-hour sepsis pathway.
• Continue to collaborate with regional colleagues and build public awareness of the signs of sepsis.
• Develop and roll out screening tools and care bundles for AKI.

How will we know if we have succeeded?
Our patients will receive their antibiotics within one hour, we will have no failure to rescue cases related to sepsis and we will see a positive impact on our mortality indicators. We will reduce failure to rescue cases related to AKI.

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
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</thead>
<tbody>
<tr>
<td>Patients screened for Sepsis</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Patients flagged by screening given Antibiotics within one hour</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Embedding Our Safety Culture

Why is this important to us?
Despite performing well against many quality markers, we experienced eight never events in 2016/17 and some serious incidents highlighting deficiencies in our culture and processes which could expose patients to harm, contrary to the Trust’s purpose and vision.

What do we want to achieve?
To develop our safety culture, processes and procedures in line with those of highly reliable organisations, enabling us to learn rapidly and effectively from all near misses and incidents, eliminating never events and preventing recurrence of serious incidents.

How will we achieve this?
We will:
• Embed a quality-focused culture, by providing our staff with the tools, techniques and training to improve quality in their areas, and empowering them to do so (see page 26)
• Reinforce our safety culture and core safety procedures such as the World Health Organisation (WHO) checklist through training, awareness raising and audit.
• Audit the leadership and culture at specialty-level, reinforce professional and managerial responsibility and provide support as necessary to strengthen them.
• Learn from the experience of other Trusts, and from highly reliable organisations within and outside the NHS.
• Review and strengthen our clinical governance and safety procedures in particular specialties through peer review by high-performing organisations.
• Address enablers for high reliability including workforce stability and engagement, time to contribute to quality and governance, ability to access training, and empowerment of staff to improve safety and quality (see pages 26 and 27).

How will we know if we have succeeded?
We will see substantial reductions in never events and recurrent serious incidents, year on year, reducing to zero never events by 2019/20. Our processes and culture will measure up to those of recognised high reliability organisations, demonstrated through audit.
Improving How We Learn From Incidents

Why is this important to us?
It is important that patient safety incidents that could have caused, or did cause, harm to a patient are reported so we can learn from them and take action to prevent similar incidents from occurring in the future.

What do we want to achieve?
We will inform patients, families and staff when we make mistakes. We will investigate and share any lessons we learn, and will implement change to prevent recurrence, where possible.

How will we achieve this?
We will:
• Embed the Clinical Quality and Safety Panel as a vehicle for rapid learning and action re serious incidents.
• Complete a full review of processes for investigating and learning from serious incidents, including root cause analysis.
• Embed excellence reporting as a means of identifying and sharing good practice
• Roll out and embed a Patient Safety Training Programme covering: Root Cause Analysis: Duty of Candour; effective report writing, and Human Factors training.
• Monitor actions taken to reduce harm, both in response to RCA investigations and following thematic analysis of incidents.
• Develop and roll out thematic action plans covering patient falls, medication issues and avoidable pressure ulcers to reduce the number of incidents resulting in serious harm
• Continue to monitor compliance with the statutory Duty of Candour.

How will we know if we have succeeded?
We will see year on year increases in incident reporting coupled with reductions in incidents giving rise to serious harm. We will see far fewer recurring incidents, reductions in avoidable falls and medication incidents and no avoidable pressure ulcers. We will see increases in excellence reporting and full compliance with the Duty of Candour.
Embedding Safety in Invasive Procedures

Why is this important to us?
Existing processes, built upon the Surgical Safety Checklist, only capture invasive procedures in theatres, whereas never events associated with such procedures can arise in many other clinical areas. Without reviewing, updating and embedding Local Safety Standards in all relevant clinical areas, the risk of further never events will persist.

What do we want to achieve?
Full implementation of national guidance embedding Local Safety Standards into all areas conducting invasive procedures trust-wide.

How will we achieve this?
We will:
• Embed the work of the LocSSIP Implementation and Governance Group in bringing together Corporate and Care Group representatives to oversee development of LocSSIPs
• Work with procedural teams to roll out agreed LocSSIPs, ensuring that all individuals understand why the programme is required and how the additional safety steps are to be conducted.
• Implement quantitative and qualitative audit to ensure that procedural LocSSIPs are being conducted to a high standard and report to the Board.

How will we know if we have succeeded?
We will see:
• Quantitative and qualitative (observational) audit evidence of successful implementation.
• Elimination of never events and a reduction in patient safety incidents related to the invasive procedures covered by the LocSSIP programme.
• Development of LocSSIPs across a range of areas where never events have not occurred, but where the “LocSSIP approach” is of clinical benefit.
Patient Experience

Strategic aim:
To enable delivery of care by staff and in patient environments that provide the best patient experience

What we have achieved

We have:

- Improved dementia-friendly environments and staff awareness of, and support for, dementia
- Improved nutrition screening and care bundles
- Strengthened leadership of End of Life Care, working with partners and commissioners, and a developed a strategy in line with national best practice.
- Reduced response times to complaints.
- Improved our thematic understanding of patient feedback.
- Improved our handling of patient complaints based on feedback from CQC and HealthWatch.

What we must do now

Outcome-focused priorities:

We must: consolidate the above improvements, rolling out improvements in End of Life care to meet the ambitions within the End of Life Care strategy; jointly seeing through the improvements in nutrition between our dieticians and our nursing staff, and continuing to focus on our priorities for dementia care.

Key enablers:

We must build on how we listen and respond to our patients, their families and the public and, working with our partners, take forward our plans to transform care for the elderly patient.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Outcome –focused Priorities and leads</th>
<th>Key Enablers and Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
<td>End of Life Care</td>
<td>Dementia Care</td>
</tr>
<tr>
<td>Lead</td>
<td>D Oxenham</td>
<td>J Mortimer</td>
</tr>
</tbody>
</table>
Improving End of Life Care

Why is this important to us?
Patients, their carers and families deserve to be made comfortable and to be helped through the last stage of their lives with dignity and compassion, making that stage of their lives as good as possible. We see increasing numbers of patients needing End of Life Care, but not everyone gets the experience they wish for. National audit data shows us where we can improve.

What do we want to achieve?
To deliver our End of Life Care Strategy 2016-2019, fulfilling our six key ambitions for End of Life Care and helping to make the last stage of our patients’ lives as good as possible (see below).

How will we achieve this?
We will implement the actions in our strategy under each of the eight foundations for success:

- Personalised care planning
- Shared records
- Education and training
- 24/7 access
- Evidence and inform
- Involving supporting and caring for those important to the dying person
- Co-design
- Leadership

How will we know if we have succeeded?
We will see year on year improvements in the numbers dying in their preferred place, in measures in the National Care of the Dying Audit, in our CQC assessment and in the VOICES (national) survey.

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in patients preferred place being met (year on year)</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Improvement on VOICES (national survey) benchmarking</td>
<td>5%</td>
<td>50% actions complete</td>
<td>100% actions complete</td>
</tr>
</tbody>
</table>
Being Dementia-Friendly

Why is this important to us?
We want to be recognised as a Dementia Friendly Organisation and ensure our services users with dementia have the best experience possible. Dementia is prevalent in the Trust’s patient population; helping those with Dementia is integral to their care.

What do we want to achieve?
To deliver on our six identified priorities (see panel) building on the work undertaken in the last three years, and in line with current research and best practice.

How will we achieve this?
We will:
• Continue to make our patient environments dementia-friendly.
• Develop education, data collection and monitoring programmes to support dementia screening rates that exceed national standards and to raise awareness of the needs of patients with dementia for all staff
• Participate in, and implement best practice from national audits, local and national research programmes and from a survey of carers views.
• Implement best practice audit tools for services for those living with dementia.

How will we know if we have succeeded?
We will exceed national targets for screening, demonstrate change in line with best practice identified from national audits, receive strong positive feedback from carers and show year on year improvements in PLACE scores relating to dementia-friendly environments.

<table>
<thead>
<tr>
<th>Headline</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia Environment – PLACE Score Increase</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>To be determined by patient survey and audit</td>
</tr>
</tbody>
</table>

Our Six Priorities for Dementia
1. Deliver excellent patient-care supporting those with dementia and their carers, diagnosing dementia and delirium promptly and providing the right support at the right time.
2. Become a dementia friendly organisation, creating truly dementia friendly hospital sites with secure, safe, comfortable, social and therapeutic environments, that facilitates all types of functioning.
3. Develop a highly skilled, dementia aware workforce, who provide compassionate care and are confident in their roles.
4. Champion improvements in dementia care at all levels within the organisation.
5. Work in collaboration with partner organisations and always involve, support and engage carers as partners in care, where carers are actively welcomed and invited into this role and their changing needs are actively addressed.
6. Actively participate in research and audit to maintain and improve standards.
Improving Nutrition and Hydration

Why is this important to us?
Nutrition is a fundamental element of the care of any patient and should be seen as a core treatment or right for every patient. Effective nutrition leads to increased wellbeing, decreased length of stay, improved wound-healing and response to medical treatments, and lower readmission rates. We have not yet achieved the levels of screening and care for nutrition that we aspire to, despite improvements year on year.

What do we want to achieve?
To implement effective screening of patients for their nutritional needs and implement the right nutritional care bundle to meet them. Screening rates and compliance with care bundles will be among the best regionally and nationally. Our dieticians and nursing staff will jointly own this vision.

How will we achieve this?
We will:
• Embed compliance with nutritional screening tools (MUST), using Nervecentre;
• Provide on-going support and education for wards in implementing nutritional care bundles.
• Identify a registered nurse and healthcare assistant in each team to be ‘Nutrition Champions’, and to shine a spotlight on, and share, excellent practice.
• Review and improve training for all staff
• Implement a root cause analysis approach and learning map to support training.

How will we know if we have succeeded?
All targets for nutritional screening and care within annual Quality Accounts will be exceeded and Quality Matters ward audits demonstrate high levels of compliance with procedures (‘blue or green’). We will see a reduction in incidents involving poor nutrition.

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<thead>
<tr>
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<th>2017/18</th>
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<th>2019/20</th>
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</thead>
<tbody>
<tr>
<td>Patients screened (MUST &lt; 4hrs) via Nerve Centre</td>
<td>Develop</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Compliance with Protocols</td>
<td>All wards blue or green per ward audits*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Compliance with nutrition procedures is audited every month for every ward. A ‘blue’ assessment indicates compliance of 95% or more, with green indicating over 90% compliance.
Listening to Patients and Families

**Why is this important to us?**
If the Trust is to deliver care from staff and in environments that provide the best patient experience, it is essential that it is able to listen to, and learn from, patients, their carers and families. We exist to provide care which is effective and which is valued by our patients and their families. The patient, and those closest to them are the experts in their needs.

**What do we want to achieve?**
To implement our Patient Experience Strategy and thereby:

- Create and develop a positive approach to patient experience for those we serve, in which we strive to consistently exceed their expectations.
- Create an environment within which “delivering excellence” in patient experience is seen as essential to the management and delivery of health services.
- Ensure that all our service users and staff feel valued.

**How will we achieve this?**
We will implement our Patient Experience Strategy which concentrates on creating the overall conditions under which excellent service delivery can be achieved. The different elements of the strategy that need to be considered are:

- Defining our service users;
- Defining good service;
- Allocating responsibilities;
- Planning implementation; and
- Monitoring Effectiveness.

**How will we know if we have succeeded?**
We will see significant improvements in patient feedback in local and national surveys and in the Friends and Family Test, coupled with positive patient advocacy in social and traditional media. We will see frequent, meaningful patient and public engagement helping to shape our services.
Improving Care for the Elderly

Why is this important to us?
The Trust, like the NHS as a whole, is treating growing numbers of frail, elderly patients. This is a trend which is set to continue. For such patients here is evidence that elongated lengths of stay in an acute environment can accelerate deterioration of health and shorten life.

What do we want to achieve?
To implement care for the frail elderly within centres of excellence and an environment that supports rehabilitation and return to home, without the need for unnecessary acute admissions.

How will we achieve this?
We will:
• Move to an integrated MDT approach, based on ‘assess to admit’ principles, with smooth transition from hospital to home or a place of care, early supported discharge and specialist intervention at home; and
• Develop and roll out, with our commissioners and partners in the health economy and third sector, alternatives to acute hospital admission in settings designed to provide diagnostics, planned care, rehabilitation and support for returning to home.

How will we know if we have succeeded?
We will see:
• Reductions in acute length of stay and earlier return to home, or to a place of care, for patients who do not need to be, and will be disadvantaged in, acute hospitals.
• Reductions in unnecessary admissions and readmissions.
• Positive patient feedback on their quality of life.
Clinical Effectiveness

Strategic aim:
To transform care pathways and develop services which deliver the best patient outcomes

What we have achieved

• Mortality has remained within statistical limits for most of the period.
• Reductions in smoking and alcohol abuse among the best in England.
• Leadership and performance in unscheduled care pathways has been strengthened.
• Development of plans to enable us to offer services which are ‘Right First Time, Every Time’.
• Performance indicators for Stroke and Fractured Neck of Femur and from PROMS have improved.

What we must do now

Outcome-focused priorities:

We must:

• Reduce mortality, develop our mortality review and learning processes in line with national requirements and continue to investigate, understand and learn from our mortality trends, widening the participation from our clinicians.
• Consolidate and drive through further health improvement gains for the public in County Durham and Darlington and for our staff.
• Implement our plans to improve our infrastructure and deliver our ambitions for urgent and emergency care.
• Deliver on both seven day service standards and the national cancer strategy.

Key enablers:

We must sustain, develop and improve services under pressure and, both internally and as part of the health economy, transform services to meet best practice clinical standards.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Mortality</th>
<th>Health Improvement</th>
<th>Cancer</th>
<th>Urgent and Emergency Care</th>
<th>Seven Day Services</th>
<th>Sustaining &amp; Improving services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>R Hixson</td>
<td>L Mack</td>
<td>S Perkins</td>
<td>P Peter</td>
<td>C Langrick</td>
<td>J Cundall</td>
</tr>
</tbody>
</table>
Reducing Mortality

Why is this important to us?
NHS organisations must give priority to analysing deaths in order to capture valuable opportunities to learn, and take actions to reduce mortality. In addition, our strategy needs to engage families and carers, recognising their insights as a valuable source of learning, and to present a clear process as to how this will occur. Whilst, overall, the Trust’s mortality is ‘as expected’, there may be areas where we can better understand our mortality trends and improve clinical practice as a result.

What do we want to achieve?
To develop and implement a robust framework for identifying, reporting, promptly investigating and learning from deaths in care.

How will we achieve this?
We will:
• Re-launch the Mortality Reduction Committee with new terms of reference, new membership and expanded clinical attendance from both senior medics and nurses. The Committee will receive both internal and external mortality data, make decisions relating to areas requiring focused attention and monitor action and progress in relation to these key focus areas.
• Develop a strategy for increasing mortality reviews, with a focus on supporting the development of specialty team reviews, underpinned by cross-specialty mortality review groups and an effective ICT solution. To be developed by September and fully in place by December 2017.
• Facilitate the involvement of carers and families in mortality review.
• Implement an ICT solution to facilitate internal/external peer reviews and data sharing.
• Communicate identified outputs from individual and thematic reviews through governance and clinical channels with a clear mandate to effect change through both ‘corporate’ and specialty/ward based teams.

How will we know if we have succeeded?
We will see an increase in the number of case reviews undertaken within the Trust capturing all patients who die within specific groups (such as patients with learning difficulties, having had elective surgery) or with family concerns and a defined minimum percentage of all other deaths.

We will see prompt and effective communication of results from mortality reviews, supporting learning and providing assurance. Our mortality rates will reduce and we will respond promptly to results which deviate from what is expected.

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in SHMI</td>
<td>1%</td>
<td>1%</td>
<td>To national average</td>
</tr>
<tr>
<td>Reduction in HSMR</td>
<td>1%</td>
<td>1%</td>
<td>To national average</td>
</tr>
</tbody>
</table>
Enabling Healthier Lives

Why is this important to us?
The North East Commission for Health and Social Care Integration has urged “leaders in local government, the NHS, the business community and voluntary sector to work together with local people to achieve better health and wellbeing outcomes.” Both Sustainability and Transformation Plans for the North East identify increasing self-care, improving health and wellbeing and preventing ill health as priorities. As specialists in health improvement the Trust has a key role to play in helping to implement these plans.

What do we want to achieve?
To effectively support public health initiatives aimed at reducing childhood obesity and alcohol harm, and to support improvements in tobacco control, community health and wellbeing and access to talking therapies. To look after the health and wellbeing of our staff.

How will we achieve this?
We will:
- Collaborate with regional paediatric colleagues linking with CCGs and the Active Durham Partnership to bring forward research on childhood obesity and fasting and to support increased daily activity in schools e.g. “Durham Active Minutes”.
- Take action through “Fresh” in support of a Smoke Free NHS, to increase screening, give brief advice and offer patients stop smoking medication and referral to stop smoking services.
- Work with local authorities, alcohol and drug treatment services, Durham Constabulary and Balance to reduce alcohol harm (including injury), and to increase alcohol screening, including the numbers of patients given brief advice and offered specialist referral.
- Increase access to community based wellbeing programmes e.g. Wellbeing for Life.
- Integrate talking therapies for common mental health problems into physical health pathways via the Talking Changes Improving Access to Psychological Therapies programme.
- Deliver on the Trust’s Staff Health and Wellbeing Strategy.

How will we know if we have succeeded?
The Trust will have made progress in extending life expectancy, enhancing quality of life and tackling health inequalities – in short: “longer, better, fairer lives.”

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adult patients screened for smoking</td>
<td>90%</td>
<td>90%*</td>
<td>90%*</td>
</tr>
<tr>
<td>(community wards)</td>
<td></td>
<td>(acute wards)</td>
<td>(all wards)</td>
</tr>
<tr>
<td>% of adult patients screened for drinking risk levels</td>
<td>50%</td>
<td>50%*</td>
<td>50%*</td>
</tr>
<tr>
<td>(community wards)</td>
<td></td>
<td>(acute wards)</td>
<td>(all wards)</td>
</tr>
</tbody>
</table>

* Subject to national review in the light of learning from 2017/18
Improving Cancer Care

Why is this important to us?
The prevalence of cancer and associated death rates are well-publicised. It remains one of the main causes of death and referrals continue to increase year on year. Despite this, the Trust, along with its partners in the North East, struggles to attract and retain specialist resources needed to deliver high quality care. Support for those living within and beyond cancer is under-developed.

What do we want to achieve?
In line with the national strategy, we aim to diagnose cancer sooner, provide more effective treatment and support those living with and beyond cancer.

How will we achieve this?
We will:
• Work with our partners across the North East health economy, through the North East Cancer Alliance to develop a regional cancer services strategy, to extract the maximum benefit from available resources for all our patients across the region;
• Develop and roll out our own response to the national strategy, with a focus on reducing waiting times for diagnostics, improving leadership of cancer services and developing awareness, and a culture of, support for those living with and beyond cancer.
• Implement actions from peer reviews to ensure that cancer treatments are in line with best practice, and remain so.
• Review and improve the environments in which cancer services are provided.
• Listen to our patients’ views and improve services in response to them.

How will we know if we have succeeded?
We will see year on year improvements in survival rates and improvements in peer review results. We will reduce our waiting times for diagnostics and measure improvements through quantitative and qualitative patient feedback.

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer waiting times standard (62 days), representing a real terms improvement given expected annual rises in referrals</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Transforming Urgent & Emergency Care

Why is this important to us?
We have performed well in the face of increasing demand on our unscheduled care services, but have not been able to sustain excellent performance consistently.

A&E waiting times and ambulance handover times are, on average, longer than we want them to be and the pressure on services, combined with the small size of the departments which can result in over-crowding, can undermine patients' experience of our services.

What do we want to achieve?
To see year on year improvements in the delivery of unscheduled care, resulting, over the life of the strategy, in sustainable delivery of the A&E waiting times target and associated clinical targets, and substantial progression towards zero ambulance handover delays. We want every patient attending our Emergency Departments to have a positive experience, which is reflected in their feedback.

How will we achieve this?
We will:
• Work with our partners, through the Local Area Delivery Board, to implement our Emergency Care Improvement Programme within the Trust and across the system including primary care.
• Develop and embed the use of the SAFER bundle on all wards and primary care streaming.
• Better utilise technology to help us manage patient flow.
• Develop and roll out early supported discharge and discharge to assess models.
• Improve our infrastructure and increase capacity, particularly in our A&E at UHND.

How will we know if we have succeeded?
We will see sustained performance above the 95% target for A&E four hour waits, and substantive year on year improvements in times to assessment and treatment and time lost to ambulance handover delays. We will see year on year improvements in patient satisfaction measured through the Friends and Family Test (FFT).

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Times (4 hour performance – average over the year)</td>
<td>92%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Reduction in time lost (ambulance handover)</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Increase in % recommending the Trust (FFT)</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Seven Day Services

**Why is this important to us?**
NHS England has developed standards for seven day services in response to learning from incidents of poor care and recommendations from Royal Colleges. These 10 standards have been specifically designed to improve the care and safety of those patients requiring admission to hospital for emergency care.

Whilst all Trusts are required to meet all the standards, there are four standards that have been identified as a priority to be achieved by 2020 (see panel). These priorities as those considered to have the most impact on patient outcomes.

**What do we want to achieve?**
We want to:
- Continue to improve the care and experience of patients who use our emergency care services, working in partnership with wider health and social care providers and agencies.
- Achieve the four priority standards by 2020.
- Develop and progress towards a timetable to meet the remaining six standards.

**How will we achieve this?**
We will:
- Develop and roll out improvement plans where gaps have been identified, to increase access to diagnostics and consultant-directed interventions and to reduce unnecessary delays for patients.
- Work with our health and social care partners to agree networked solutions for access to services that cannot be provided locally.
- Draw up and begin implementing plans, with timetables, to meet the remaining standards.

**How will we know if we have succeeded?**
Our patients will have access to services which meet the four priority standards, evidenced through audit and patient surveys.

<table>
<thead>
<tr>
<th>Headline Measure</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of the four priority standards</td>
<td>Decision on participation in Phase 2 (requiring roll out of the priority standards by 2018) pending. Phasing of delivery to be finalised once decision made.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sustaining and Improving Services

Why is this important?
The Trust, in keeping with all providers in the North East, is unable to secure sufficient numbers of specialist staff to provide a full range of clinical services in line with best practice standards, particularly in relation to patient access. Some of our services have workforce challenges, and we are working hard through recruitment and collaboration with partners to make these services resilient and sustainable.

What do we want to achieve?
To enable our patients to access services which meet best-practice clinical standards, whenever and wherever they use our services. This will entail strengthening of some services and transformation of others in collaboration with our partners in the local health economy, both within the Sustainability and Transformation Plans (STPs) and more widely. It will also build upon other improvements set out above in elderly care, cancer care, end of life care and unscheduled care.

How will we achieve this?
We will:

• Implement our medical workforce strategy and plans for hard to recruit posts, and work with partners where we need to sustain individual services.
• Deliver the improvements in our elderly care, end of life care, unscheduled care and cancer care services outlined above.
• Implement a new model for adult community services wrapped around local populations and aligned to primary care services, designed to reduce unnecessary admissions and facilitate earlier discharge.
• Continue to improve and utilise our theatre capacity to ring-fence elective care from emergency care pressures, building on the opening of our Orthopaedic Centre of Excellence at BAH; and
• Transform services, in collaboration with our partners in the local health economy through the STPs and wider collaborative working.

How will we know if we have succeeded?
We will see reductions in avoidable admissions, fewer cancellations and improvements in discharge. We will see year on year increases in services provided in line with best practice clinical standards.
The Board is committed to making the care provided by our hospitals and community services teams great, so that our staff can enjoy and feel rewarded by their work.

Whilst the quality priorities and enablers identified in this document are those which we must focus on to make the biggest difference for our patients, we want to see quality flourish in all aspects of our care and services, day in day out. We have some great examples of staff-led, bottom up, quality improvements over the last three years; we need to provide the infrastructure and support to build on this great work, and to empower all staff to own and deliver quality improvements in their own areas.

To achieve this, we will:

- Provide Programme Management Office support for quality improvement, so that we can enable delivery of changes that benefit patients and staff, and monitor and measure the benefits.
- Train and educate staff in quality improvement techniques, building on the staff already in place with these skills, to provide a core number of staff able to support and deliver change over a wide number of areas.
- Facilitate a culture in which our staff can make quality their priority, with support and empowerment to make changes, removing barriers to quality improvement and maintaining an honest, open dialogue on where we need to go further for our patients.
- Embed good clinical governance at all levels.
- Listen to our patients, their families, our members and the public.
- Hold ourselves to account for the delivery of the improvements in this strategy, including the increased support for, and emphasis on, quality improvement set out above.
The Building Blocks – enabling strategies

This strategy cannot be delivered in isolation. It will only succeed if the aims and objectives of the related, enabling strategies on which it depends are also realised. These include, in particular:

❖ **Staff Matter**, our Workforce and Organisation Development Strategy, which has also been refreshed for the period 2017/18 – 2019/20 and which includes objectives for:

- Workforce recruitment and retention;
- Engagement of all staff groups;
- Staff Health and Wellbeing; and
- Improvements in staff training.

“Staff Matters” is the vehicle through which the Trust will set and maintain a supportive culture for staff, and will look to secure the workforce needed now and in the future, both of which, we recognise are necessary precursors for quality.

❖ **Our Medical Workforce Strategy** led by the Medical Director, which underpins Staff Matter and has further objectives to create a sustainable medical workforce that is able to provide strong and consistent clinical leadership and governance, and to ensure the delivery of high quality services and excellent clinical standards.

❖ **The Health Informatics Strategy** is another key enabler. Plans are being developed to implement an EPR system by 2020, which will improve access to data for decision-making, audit and patient care, and release time for quality improvement.

❖ **Estates and Financial Strategies** which are in development, with some dependency on STP outcomes. These strategies will also be key enablers, by identifying and maximising the physical and financial resources available (where needed) to support the quality improvements in this strategy. Some key estates works are underway, including the STEM project, which will provide a new and expanded suite of state of the art theatres to Darlington Memorial Hospital, and a new Mortuary.
This strategy has noted Trust’s quality achievements in the last three years. Much has been achieved, despite the financial and workforce challenges faced in that time. These, and other key challenges will remain.

Quality is ‘everyone’s’ responsibility and it is only by building upon the skills and commitment of all our staff and partners that we will achieve our aims. The Board is committed to creating the environment in which everyone can contribute fully to the achievement of our quality goals.

As we implement this strategy and achieve our quality goals, we can look forward to exciting improvements which will benefit our patients, our staff and all of our stakeholders. We ask all our staff and stakeholders to join us in this journey.