

Quality Strategy 2018-21

Not just good care, but the best care that can be provided

1	A Positive Patient Experience	Changing behaviours and the way care is delivered to impact positively on how is experienced by those who use and depend upon the services we provide	<ul style="list-style-type: none"> By 2021 service developments and plans of care are co-designed with patients and service users By 2021 patient stories and diaries are used across pathways to identify touchpoints and 'Always Events'
2	Care is safer	Focussing on frailty and learning disability we will adapt to meet the healthcare needs of an increasingly elderly patient population and, by delivering 'better basics', reduce exposure to harm or complications of care	<ul style="list-style-type: none"> By 2021 have the lowest number of serious incidents of any East Midlands NHS acute care provider By 2021, achieve 12 consecutive months or more without a Never Event
3	Care is clinically effective	Patient care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.	<ul style="list-style-type: none"> By 2021 remain at or below expected levels on all mortality indices By 2021 we aim to benchmark in the top quartile for lowest Length of Stay By 2021 we aim to benchmark in the top quartile for lowest number of readmissions within 28-days of discharge for the same HRG
4	We stand out	Being a leader and striving for excellence on our journey to outstanding.	<ul style="list-style-type: none"> By 2021 we aim to be rated outstanding by the Care Quality Commission By 2021 we aim - at a system level - to keep patients with long term conditions well, as independent as possible and avoid foreseeable crisis points which often result in hospital admission

Dedicated to *Outstanding* care

Measures of Success

Campaign	KPI	2018/19	2019/20	2020/21
A positive patient experience	Patient satisfaction: care was explained in an understandable way	≥90%	≥95%	≥98%
	Patient satisfaction: involved in planning their care	≥85%	≥90%	≥95%
Care is safer	Falls risk: assessment and implementation of care plans for people at risk	≥92%	≥95%	≥98%
	Pressure sore risk: assessment and implementation of care plans for people at risk	≥92%	≥95%	≥98%
	Safer surgery: compliance with WHO checks and 'stop the line'	100%	100%	100%
	Fluid balance monitoring: completion and calculation of fluid balance daily	≥90%	≥95%	≥98%
	Reducing severe post-partum haemorrhage ≥1.5L in Maternity Services	≤3.2%	≤2.5%	≤1.8%
	Delivering harm-free care	≥95%	≥97%	≥98.5%
	Safe staffing levels: fill rates	≥95%	≥95%	≥95%
Care is clinically effective	Reduce overall length of stay	Top 25%	Top 20%	Top 15%
	Reduce exposure to harm for those who are learning disabled	Baseline	5% Lower	5% lower
	Patient's preferred venue for care at the end of their life: alignment with their choice	≥85%	≥90%	≥95%
	Mortality ratio: proximity to expected range	Within 1%	Within 1%	Within 1%
	Avoidable factors associated with mortality	≤3%	≤2%	≤1%
	Patient satisfaction: involved in planning their discharge	≥85%	≥90%	≥95%
	Patient satisfaction: complaints concerning discharge quality	Baseline	5% Lower	5% Lower
	Reduce exposure to serious incidents	10% below 17/18	10% below 18/19	10% below 19/20
	Assessment of compliance with NICE guidelines: assessment at specialty level	≥75%	≥90%	≥95%
	Every patient is reviewed by senior doctor within 14 hours of admission	≥95%	≥98%	≥100%
Staff satisfaction: able to contribute to improvements at work	≥70%	≥75%	≥80%	
We stand out	Staff satisfaction: recommendation as a place to work (KF1)	≥3.95%	≥4.0%	≥4.5%
	Staff satisfaction: the quality of their work and care they are able to deliver (KF2)	≥4.15%	≥4.20%	≥4.25%
	Openness and learning: level of incident reporting (NRLS benchmarks)	Top 25%	Top 20%	Top 15%
	Rapid review of potentially serious incidents: scoping within 72 hours	≥75%	≥80%	≥90%
	Reduce harmful instances of high-risk medicines, falls and pressure sores	5% below 17/18	5% below 18/19	5% below 19/20

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Potential Risk	How the risk might arise	How the risk is being mitigated
Catastrophic failures in standards of safety and care	<i>This may arise if safety-critical controls are not complied with, there are shortfalls in staffing to meet patient need, demand exceeds capacity for a prolonged period, or there is a loss of organisational focus on safety and quality within the governance of Sherwood Forest Hospitals</i>	Maintaining a strong emphasis and focus on safety, clinical outcomes and patient experience as part of the Trust's governance and performance management framework; striving for excellence and challenging unsatisfactory performance regarding organisational control; delivering training, complying with safety-critical organisation policies and procedures, and learning from adverse events are ways we are currently mitigating this risk
Demand for care overwhelms our capacity to deliver care safely and effectively	<i>This risk may arise if growth in demand for care exceeds planning assumptions and capacity in secondary care; primary care is unable to provide the service required or there is a significant failure of a neighbouring acute provider. The risk may also arise if there are unexpected surges in demand, such as those created by pandemic disease</i>	Managing patient flow, developing and maintaining effective working relationships with primary and social care teams, working collaboratively across the wider health system to reduce avoidable admissions to hospital are some of the risk treatment strategies that will feature in how we mitigate this risk going forward
A critical shortage of workforce capacity and capability	<i>Due to the number of clinical staff eligible for retirement, the availability of newly qualified practitioners, and increasing competition for the clinical workforce, we anticipate the staffing challenges to be significant</i>	The <i>Maximising our Potential</i> Strategy is specifically designed to help mitigate this risk. By focussing on attracting and retaining high calibre practitioners, building and sustaining high-performing teams, by engaging and developing clinical teams, and adapting to meet the needs of a changing workforce - we aim to make Sherwood Forest Hospitals the employer of choice
A failure to maintain financial sustainability	<i>The delivery of high quality care helps to mitigate financial risk by reducing avoidable expenditure, minimising harmful care that extends length of stay or requires additional treatment. This risk may arise if the trust is not able secure sufficient funds to meet planned expenditure, maintain or replace vital assets, and/or is not able to reduce expenditure in line with system-wide control totals</i>	A local and system-wide Financial Improvement Plan is specifically designed to address the financial challenge and deliver financial outturn in accordance with agreed control totals, gradually progressing towards break-even (no surplus or deficit at the year-end). To safeguard quality, proposals to reduce expenditure are subject to Quality Impact Assessment – overseen by the Executive Medical Director and Chief Nurse.

Governance Arrangements



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