

# Patient Safety and Quality Strategy 2014-2017



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## 1. Introduction

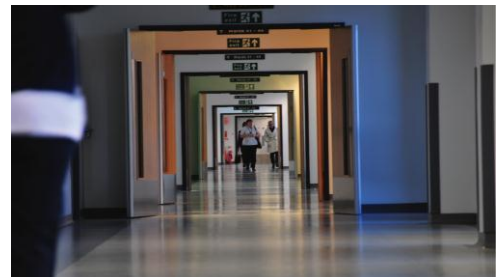
The quality of our care is our most important characteristic for our patients, their families and carers. At the heart of everything we do is our dedication to giving the best possible care for our patients, safely, respectfully and efficiently. The 2013 Francis, Keogh and Berwick reports have highlighted the need for NHS organisations to refocus on quality and improvement through learning, and on nurturing the cultural features which facilitate this. This is consonant with the ambition that NHS care providers achieve world-class healthcare outcomes.

This strategy has been designed to establish a framework for the delivery of high quality, safe care that the Trust provides. It will support continual compliance with the Care Quality Commission (CQC) registration requirements.

Sherwood Forest Hospitals NHS Foundation Trust has much to be proud of. First and foremost we are tremendously proud of the dedication of our staff, and of the high quality care they individually and collectively provide each and every day to our patients and their families, carers and visitors. The Trust is now demonstrating sustained improvements in many aspects of patient care and experience. This strategy builds on the progress we have made over the past twelve months but recognises there is much still to do. Our 'Quality for all' strategy maps out how we want to develop our Trust; Our *Patient Experience and Involvement Strategy* describes our plans to improve patient experience and our *Organisational Development Strategy* focuses on the work we will do to ensure our staff are passionate about working for our organisation, proud of the difference we make for people and inspired to continuously improve all we do. Our *Quality and Safety Strategy* will ensure our patients are first and foremost in what we do every day and to make quality everyone's business. The implementation of our Quality and Safety Strategy will strengthen confidence and pride in our Trust and our patients will be assured that we are working towards being the best in our class.

**Quality**  
*for all*

Communicating and working together  
Aspiring and improving  
Respectful and caring  
Efficient and safe



## 2. What are we trying to achieve?

Quality and safety are our top priorities in this Trust, with board level direction and support. We can only deliver on this agenda through our staff and stakeholders and this strategy will help provide focus to everyone on what is required.

The Trust has delivered many successes over the past 12 months including:

- A reduction in mortality rates from 120 (above average) to 102 (within range)
- Zero Grade 4 pressure ulcers for 12 months across the Trust
- 25% reduction in Grade 3 avoidable pressure ulcers across the Trust
- 30% reduction in Grade 2 avoidable pressure ulcers across the Trust
- 95% of our patients are screened for Venous Thromboembolism (VTE)
- Zero Trust acquired MRSA bacteraemias for 6 months
- A 15 % reduction in cardiac arrest calls
- Consistently good scores in our friends and family test (upper quartile)
- Improvements in dementia care, which includes 95% of emergency admission patients aged 75 and over screened, assessed and referred onto specialist services within 72 hours

It is from this solid foundation we will drive further improvements. We will build upon these successes so that the Trust is recognised nationally as an organisation which delivers high quality, clinically excellent care. The NHS has a plethora of targets but performance is not just about targets, it is about people and individual needs. The focus on quality and safety is vital if we are to understand and meet those needs.

Our Trust strategic objectives are what will drive this quality strategy, underpinned by our values:

- Communicating and working together
- Aspiring and improving
- Respectful and caring
- Efficient and safe

This strategy supports and complements our overall Trust Strategic Plan. Moving forward we will focus on a number of key supporting initiatives that complement the quality and safety strategy, these include:

- Implementing our clinical strategy, pursuing significant clinical service developments which contribute to our overall business strategy.
- Embracing community integration and focusing on the patient pathway redesign; through collaborative working, coordinated through the 'Better Together' Programme, we will

continue to develop and implement a range of clinical pathways and innovative ways of working fit for future challenges.

- Getting the essentials (Brilliant Basics) right all of the time for all patients in our care. We will continue to promote, support and provide compassionate care for our patients, with a particular focus on the care of patients with, or at risk of, dementia and delirium.
- Building upon our commitment to strengthening clinical leadership.

This strategy sits alongside and fully interlinks with other strategies, namely the clinical, workforce, Information Technology, patient experience and organisational development strategies.





### 3.0 Our Framework

All our efforts shall be directed towards ensuring that improvement is measured and achieved within the 5 domains of the NHS outcomes framework:

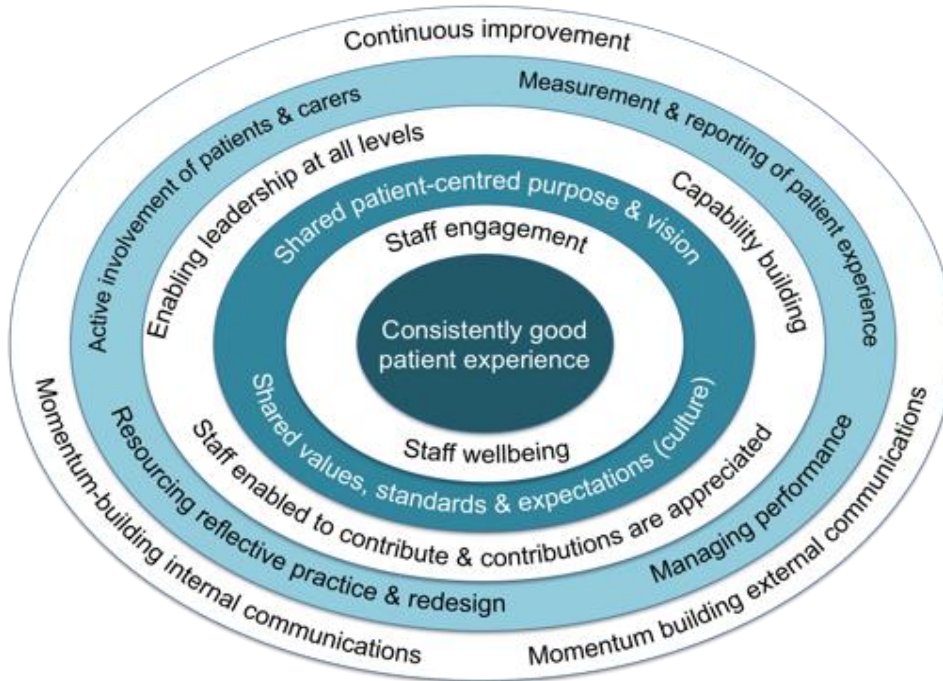
1. Preventing people from dying prematurely;
2. Enhancing quality of life for people with long term conditions;
3. Ensuring that people have a positive experience of care;
4. Helping people to recover from episodes of ill health or following injury;
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Domains 1-3 include outcomes that relate to the effectiveness of care, domain 4 includes outcomes that relate to the quality of the healthcare experience from the patient's point of view, and domain 5 relates specifically to patient safety. The framework also aligns well with the overall Sherwood Forest Hospitals' objectives.

*High Quality Care for all* defined quality as having three dimensions: [Our framework](#) for patient safety and quality is modelled on these 3 dimensions

- **Patient Safety**
- **Clinical Effectiveness**
- **Patient Experience**

A good patient experience is shown to link to improvements in patient safety and clinical effectiveness. The diagram below summarises the interdependent organisational factors required to consistently deliver good patient experience. Synchronizing these factors is the subject of our *Patient Experience and Involvement Strategy* and *Organisational Development Strategy*, in conjunction with our *Patient Safety and Quality Strategy*; *Health and Well-being Strategy*; *Training and Education Strategy*; *Workforce Strategy*; *Nursing and Midwifery Strategy* and *Clinical Strategy*.



Our aim is to be a learning organisation in which every member of staff understands their role in delivering clinical quality and working towards that goal every single day in a reliable, consistent and efficient manner.

We will continue to ensure our systems are fit for purpose, work towards excellence in clinical systems, and engage all our employees in improving quality, safety and patient experience in all aspects of our patient care. Through the strategy we will build on our strengths and ensure our governance and safety infrastructure is enhanced.

**Quality** *for all*



## 4.0 Our Core Principles

Within this overall framework and context, we have engaged with patients, community representatives and staff to develop a set of local guiding principles that reflect our particular circumstances.

Our core principles are those ideas and visions which members of a community are expected to share and adhere to.

The enduring purpose of Sherwood Forest NHS foundation Trust is **to champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve.**

### 4.1 Our guiding principles in relation to quality and patient safety are:

**Principle 1:** We will build on our strengths and previous successes on quality initiatives already in place, and on our clinical governance infrastructure

**Principle 2:** We will aim to eliminate all avoidable patient deaths and avoidable harm events

**Principle 3:** We recognise the benefits of community integration, and will ensure our safety and experience systems follow the patient's journey

**Principle 4:** We will ensure every member of staff is aware of their individual role and contribution in achieving our quality objectives, aligning to our 'Quality for All' values and behaviours

**Principle 5:** We will implement a proactive safety and learning culture, integrating risk management activity into our day to day practice.

**Principle 6:** We will listen and involve patients to ensure the care we provide reflects our vision for patient experience **"I want to go there because I know it's the best place to be cared for"** because:

- We deliver the best possible outcomes
- Providing safe, efficient, timely care – in a caring, respectful way
- Delivered as close to home as possible
- By professional staff who listen and involve patients, carers and colleagues as part of the team
- Anticipate and understand patient and carer needs and tailoring services to best meet them
- Involving patients and internal customers in continuous improvement and innovation

## 5.0 Our Patient Safety & Quality Framework

*High Quality Care for all* defined quality as having three dimensions: Our framework for patient safety and quality is modelled on these 3 dimensions

- Patient Safety
- Clinical Effectiveness
- Patient Experience



### 5.1 Patient Safety

The safety of patient care should come before all other considerations in the leadership and conduct of the Trust and is the keystone dimension of quality.

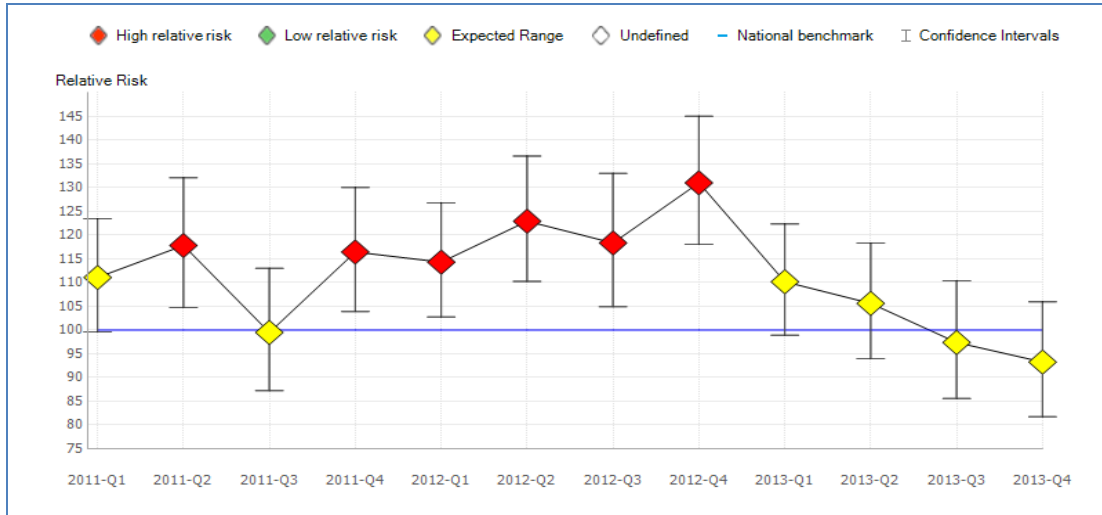
We aim to be one of the safest organisations in the NHS. To achieve this we will work on a portfolio of work programmes that improve the safety of the care that we give to patients, and will be reliable and grounded in the foundations of evidence based care.

While “Zero Harm” is a bold and worthy aspiration, the scientifically correct goal is “continual reduction”. **Our aim is to eliminate all avoidable deaths and avoidable harm events**

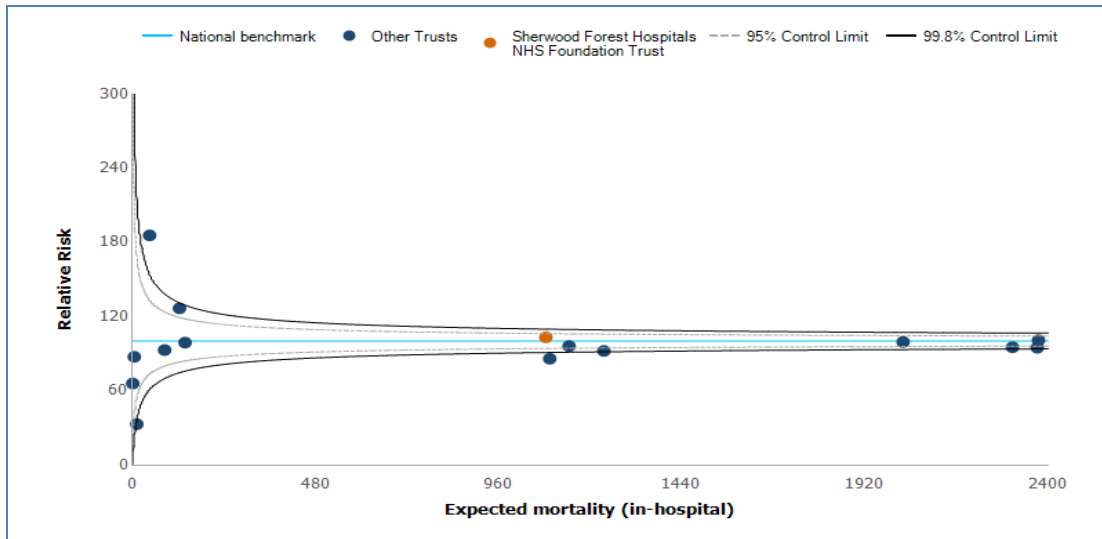
#### 5.1.1 Patient Safety: Reducing Mortality

Hospital Standardised Mortality Ratio (HSMR) describes whether death rates are higher or lower than in other hospital. Mortality rates are one of the key indicators of safety of care. If the observed death rate matches the expected rate, given the characteristics of the patients who died, the hospital's HSMR is 100. If the death rate is higher or lower than expected, the HSMR will be higher or lower than 100.

In December 2012 the Trust launched its mortality reduction programme to improve the care and safety of patients. The run chart below shows that SFH HSMR per quarter since the start of 2011

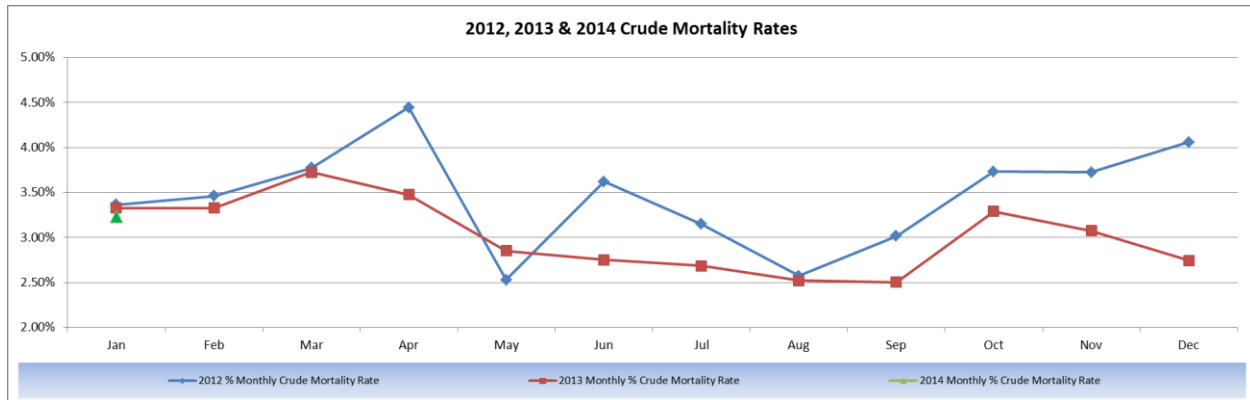


The data for the 4 quarters of 2013 show SFH within the expected range throughout, with a reassuring decrease quarter on quarter keeping us below the national benchmark for the last two quarters of 2013.



Our headline position is therefore on track with an HSMR of 102 and within range reflecting the improvements made in 2013.

The crude mortality rates for 2013 are consistently improved compared to 2012 and the rates for November and December are encouraging suggesting that the Quarter 4 2013 position should be no worse than demonstrated and may improve.



Our mortality programme will continue to review the leading causes of inpatient deaths contributing to the higher than expected HSMR. Our individual work projects which will ensure our patients are safer through addressing our areas of concern are included within Appendix 1

The recruitment of a Patient Safety Fellow is an important appointment and she will lead the delivery of programmes of work relating to a reduction in mortality rates, in partnership with our Patient Safety Lead and our clinicians and staff.

- Our overall HSMR has come down significantly and our aim for mortality is to maintain this position close to the benchmark HSMR, and in line with our peers. This whilst sustaining improvement and continuing robust monitoring system

The mortality work programme is monitored by the Patient Safety Steering Group. The progress of this priority will be monitored by the Trust Board through the monthly Quality and Safety Report.



Photo showing a member of staff assembling a sepsis box. These are now located in every ward and department and contain all the equipment/medication needed to treat a patient with sepsis quickly.

### 5.1.2 Patient Safety: Reducing Harm

This means taking action to reduce harm to patients in our care and protecting the most vulnerable. It means ensuring the Trust's workforce receives the right education and training to deliver care in a competent and caring fashion. Harm free care is the national programme for the roll out of the Safety Express (a national safety programme). The key principles include: Stop dealing with safety issues in silos, think about complications from the patient's perspective and aim for the absence of all four harms to each and every patient. This programme was introduced by the National Quality, Innovation, Productivity and Prevention (QIPP) Safe Care Coalition and helps NHS teams in their aim to eliminate harm in patients from four common conditions:

- Pressure ulcers
- Falls
- Urinary tract infections in patients with a catheter
- New venous thromboembolism (VTE).

These conditions affect over 200,000 people each year in England alone, leading to avoidable suffering and additional treatment for patients. Our goals in relation to reducing these four specific harms are:

- **Reducing Harm from Pressure ulcers**

Elimination of avoidable pressure ulcers is a national goal that we believe is right for patients. We chose pressure ulcers as a key priority for 2013 / 14 due to our failure to make a marked difference last year. The management of pressure ulcers is an indicative measure of the quality and efficacy of care provided to our patients. During 2013/14 we saw a substantial reduction in hospital acquired pressure ulcers:

Table1: 2013/14 SFH Avoidable Pressure Ulcer Reduction Trajectory

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Totals
<b>GRADE 4</b>													
2012 -13	0	0	1	0	0	0	0	0	1	0	0	0	2
2013-14	0	0	0	0	0	0	0	0	0	0	0		
Target No for 13/14.	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>GRADE 3</b>													
2012 -13	0	0	0	0	4	5	1	3	2	4	1	4	24
2013-14	5	4	2	0	1	0	2	1	1	2	0		(18)
Target No for 13/14	3	3	2	2	2	2	2	1	1	1	1	0	20
<b>GRADE 2</b>													
2012 -13	12	12	10	4	7	11	8	10	12	16	15	23	140
2013-14	14	13	16	8	7	5	9	6	7	9	5		(99)
Target No for 13/14.	15	20	10	7	7	6	6	7	7	4	3	3	95

To date in 2013/14, there have been 112 avoidable pressures ulcers against a target of 115.

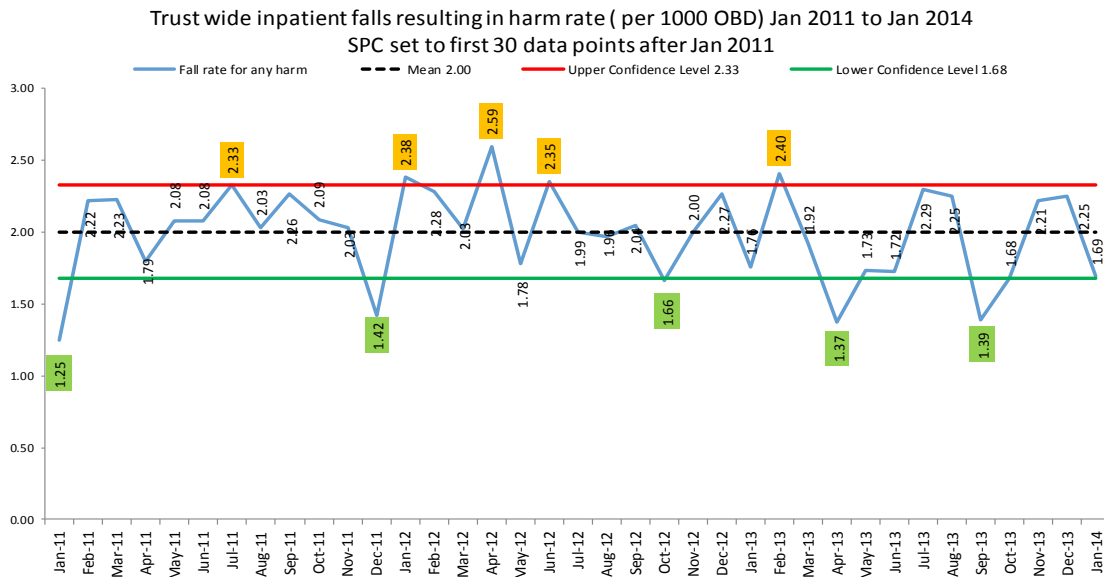
For 2014/15 we will continue to drive pressure ulcer reduction via our pressure ulcer reduction strategy. We aim to reduce our pressure ulcers by 50% by April 2015 as measured by the safety thermometer.

The Pressure Ulcer Strategy Group will continue to drive the actions and monitor the Pressure Ulcer Reduction Strategy. Progress will be reported to the Trust Board via the Monthly Integrated Performance Report and the Quarterly Quality and Safety Report.

▪ **Reducing Harm from Falls**

Falls cause significant harm. Around 170 falls are reported per month. The recommended approach for calculating your organisations fall rate is per 1000 occupied bed days (OBD). The Trust wide inpatient falls resulting in harm rate (per 1000 OBD) has remained at a consistent position with no obvious deterioration or improvement.





The actual number of falls has also remained consistent. Falls are interrogated as part of the monthly ward assurance matrix. The intelligence received (although currently unable to quantify) is that repeat falls in the same patient is contributing to our failure to show a marked improvement in fall numbers. Repeated falls in the same patient can be considered a failure of assessment and/or intervention (although some falls may be unpreventable without over-intrusive supervision or restriction). This is expressed as the ratio of falls /fallers. Overall the falls risk assessment and care plan composite is demonstrating that we have 95% compliance in our process measures, which indicates we require further scrutiny to understand why we are not seeing a reduction in the number of falls and the severity of harm they cause.

As a consequence of the above we feel we need to revisit our falls prevention strategy and action plan and undertake a falls prevention campaign during 2014/15. Our campaign has the aim of reducing harm from falls by promoting understanding of and compliance with good practice in falls prevention across the Trust

Our targets for 2014/15 are to:

- Capture the number of fallers (non elective admissions via the Emergency Admissions Unit) in the age group 65 years and over, to enable the whole health community to understand the extent of the work required going forward
- Reduce the number of patients falling more than twice during their inpatient stay (baseline to be recorded in Q1)

The Inpatient Falls Committee will lead the reduction strategy. The progress against this priority will be monitored by the Trust Board through the monthly Quality and Safety Report.

- **Reducing Harm from Urinary Tract Infections in patients with a catheter**

As part of our reducing harm programme we are developing a programme of work to reduce harm from urinary tract infections. Since 2013 we have implemented a number of actions to reduce the incidence rate of Trust apportioned urethral catheter associated bacteraemias (blood borne infections) to less than 40 cases per year. This target was been achieved with the number of Trust apportioned urethral catheter associated bacteraemias has reduced from 40 in 2010/11 to three in 2012/13.

Ensuring sustainability of these improvements is vital. The catheter care group reviews any infection incidents with a full root cause analysis. They have implemented training across all wards, not only on insertion of catheters, but also on effective catheter care. There is a dynamic process of review of practice on wards and further training as and when required. Our number of inpatient, catheter related infections has fallen as noted above, and remains very infrequent.

The Mortality Steering group and the infection control operational groups will drive the actions. Progress will be reported to the Trust Board via the Quarterly Quality and Safety Report.

- **Reducing harm from Venous Thrombo Embolism (VTE)**

We have continued to reach our targets of ensuring that 95% of adult patients are risk assessed for VTE on admission. We also ensure that all hospital acquired VTE's are investigated fully and undertake a route cause analysis. During 2014/15 we will implement an electronic monitoring system which will enable us to move from manual data collection to a less labour intensive electronic system. This will give us real time information and enable us to identify improvements that are required.

- **Reducing ham by improving medicine safety**

Medicines remain one of the principle treatment interventions for all patients receiving care in hospital and on discharge. Whilst the vast majority of this use is safe and effective, the potential for direct and indirect harm from medicines remains, and the Trust is committed to ensuring that effective, multidisciplinary medicines management will provide safe, harm free care that will bring significant benefits in terms of patient care and the management of risk.

Our Drug and Therapeutics/Medicines Management Committee (DT/MMC) regularly reviews and updates relevant policies and procedures on how the Trust handles, stores, prescribes, dispenses, administers and monitors medication to ensure this is done as safely as possible. The group also ensures that medicines available for prescription within the Trust are appropriately safe, efficacious and cost-effective.

The safe and cost-effective use of medicines is essential and, for example following the visit by Professor Dearden (National Infection Control Expert) the Trust prescription chart is being substantially redesigned to ensure (amongst other changes) that antibiotics are now prescribed on a dedicated section of the chart to facilitate adherence to best practice.

Alongside this, the Trust Medicines Safety Group works to raise awareness around medicines safety, by the analysis of incident reporting data relating to medicines, in order to identify trends and 'hotspots'. This enables the development and implementation of actions to reduce medicines-related harm, and provides all Trust staff with information and learning relating to incidents, near-misses and risks associated with high-risk medicines and processes. Trust-wide medication incident data are reviewed quarterly to look for trends and actions, reporting into the Medicines Management Committee. These forums will drive and monitor the actions. Progress will be reported to the Trust Board via the Quarterly Quality and Safety Report.

Topics relating to medicines safety and the importance of reporting incidents and near-misses are now routinely included in induction programmes (e.g. new nurses), mandatory training (e.g. nurses mandatory updates), and general education (e.g. 'Incident-of-the-Week' programme at the Grand Round). Incident reporting rates relating to medicines are increasing, and this reflects a greater awareness of the need to report and to learn from such events, demonstrating a strong medicines safety culture at the Trust. The open sharing of learning from the root cause analysis after major incidents (e.g. methotrexate never event) also underpins this culture.

We are aiming to deliver safe, harm-free use of medicines. A well-recognised source of medicines-related risk is the omission or delay of medicine doses, particularly of critical medicines (e.g. IV antibiotics). We are undertaking a project designed to reduce the number of such omissions/delays by at least 50% in 2014/15 and by 95% by April 2016. We will be looking at ways of introducing similar processes to those adopted by other Trusts who do continual snapshot audits of missed doses.

Other medicines safety-related goals:

- Improve the quality and safety of prescribing to minimise risk and improve patient outcomes (through ongoing input to undergraduate medical education, and strong multidisciplinary working at ward level)
- Maximise potential safety gains with the introduction of a Trustwide e-prescribing (an electronic prescribing and medicines administration) system (EPMA)
- Achieve 95% reconciliation of medicines within 24 hours by end-2014
- Minimise risk to patients by ensuring medicines are stored securely throughout the Trust
- Minimise number of patients sent home without discharge medicines
- Optimise the response to and concordance with the requirements of medicines-related patient safety alerts from NHS England (the requirement for all Trusts to identify a nominated Medicines Safety Officer (who will be a member of a proposed National Medication Safety Network) is likely during 2014).

## 5.2 Clinical effectiveness

### 5.2.1 Provision of Reliable Care - rationale

Reliable Care is based on systematic care delivery of 3-5 evidence based practices that when performed, collectively and reliably, are proven to improve patient outcomes.

To ensure reliable care has the desired impact on patient outcomes, the evidence has to be applied consistently and uniformly, with the package of interventions being followed for every patient, every time. These series of interventions are known as care 'bundles'.



The Institute of Healthcare Improvement developed the concept of bundles to help healthcare providers to reliably deliver the best possible care for patients undergoing particular treatments with inherent risk.

It is widely acknowledged that aspects of healthcare do not perform as well as they should. Studies have shown inconsistency in the delivery of high quality care, and that patients often receive only a fraction of that care. Reliability science can support healthcare providers in making sure patients receive all the elements of care they need. Traditionally healthcare has monitored care given to patients looking at individual aspects of that care. An example of this is the number of patients given aspirin within 24 hours of having a stroke. We know that there are a series of interventions that should be given to patients within 24 hours of a stroke and that unless the patient receives all of them then their chance of the best possible recovery is reduced.

### 5.2.2 Provision of Reliable Care – our priorities

Over the next three years we will use the principles of reliability science to maintain high performance, improve care where needed and improve processes in the following areas:

- Reductions in Surgical Site Infections
- Care and Comfort Rounds (Hourly Rounding)
- Care bundles
  - Myocardial Infarction
  - Heart Failure
  - Stroke
  - Chronic Obstructive Pulmonary Disease (COPD)

The AIM is to achieve 95% reliability of the foregoing by ensuring the application of evidence based care through the use of Care Bundles.

▪ **Surgical Site Infections**

Studies have shown that surgical site infections account for up to 20% of all hospital acquired infections. Approximately 5% of all patients who undergo a surgical procedure develop a surgical site infection (NICE 2008). A surgical site infection ranges from a spontaneously limited wound discharge 7-10 days following an operation to a life threatening postoperative complication. Most surgical site infections are caused by contamination of an incision with microorganisms from a patient's own body that are released during surgery. Infections caused by microorganisms from an external source are less common. Many surgical site infections are preventable and measures can be taken before, during and after surgery to reduce the risk of infection. Many of these infections present following discharge from hospital, placing a burden on community care providers and district nurses.

We will work with theatre staff, recovery staff, surgeons and surgical wards to implement the surgical site infection bundle.

Our aim is for 95% compliance of the surgical site infection bundle, which include:

- Hair removal with clippers
- Prophylactic antibiotics
- Maintaining normal body temperature
- Glucose control

The Surgical Divisional Governance Group will drive the actions and monitor for 95% compliance. Progress will be reported to the Clinical Effectiveness Group. Assessment against this priority will be reported as part of this strategy update to the Quality Committee.

▪ **Care & Comfort Rounds**

Care and Comfort rounds have been implemented across the Trust during 2013/14. This is a nationally endorsed approach in which nursing staff proactively assess their patients every hour, using an agreed assessment framework. Leadership rounding forms part of this approach and is carried out daily by the ward sister, charge nurse or nurse in charge to ensure rounding is being undertaken and patients and their relatives are able to feedback to a senior nurse.

The implementation of Care and Comfort rounds at Sherwood Forest Hospitals (SFH) is aimed at creating a safer hospital environment and also aims to reduce patient harm by proactively checking patients. Care and Comfort rounds take place for all patients.

### Rounding checklist – The 4 P's

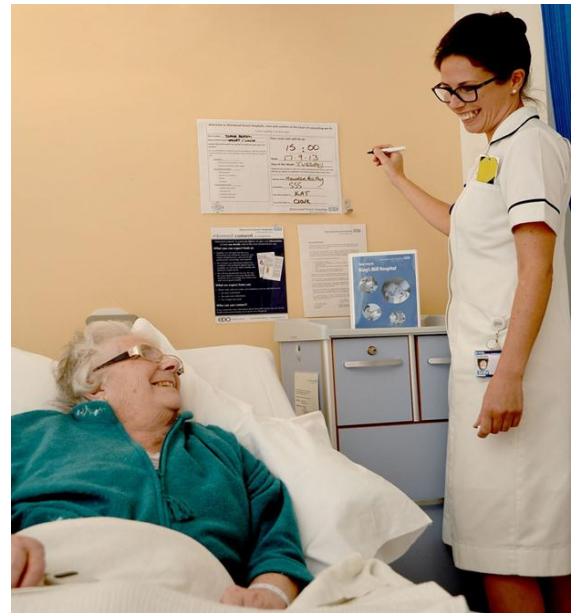
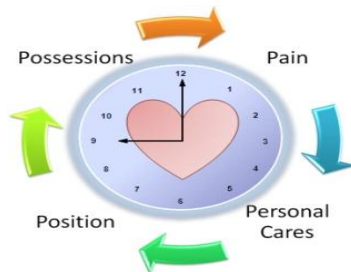
- Pain assessment
- Personal care: Assistance to use toilet, assistance with nutrition
- Position: Assistance to alter position or encourage movement
- Possessions: Assistance with hydration: ensure all essential items are within reach

### Environment scan

- Check for falls hazards – Check the need for bed rails - Keep the area clutter free

Care and comfort rounding provides an opportunity to reward, recognise and connect good practice and offers opportunities for better patient safety, clinical quality and releases time to care. In doing this we have seen:

- Reduction in falls
- Reduction in pressure ulcer prevalence
- Increase in hydration / nutrition standards
- Improved patient experience
- Reduction in call bell usage
- Increase in coaching and leadership
- Increase in pain assessments
- More compliments rather than complaints



### Nursing Handover

The Accountability Handover project is aimed at promoting individual accountability for the care of patients through twice daily peer review and challenge of registered nurses and midwives looking after patients.

Nurses and midwives are the only profession whose presence is continuous over the twenty four hour period and there is no doubt that the standard of their communication and handover



will impact on the care our patients receive. There should be clear nursing accountability for each patient's care and a clear dual responsibility at the point of handover.

The Francis Report (2013) mentions on numerous occasions the need for constructive handover processes and *demonstrable* accountability of staff. Families told Robert Francis (QC) that they did not believe that nursing staff were undertaking a sufficient handover between shifts, as staff coming onto a shift appeared to have little knowledge of their relative or of the significant events of the day.

Communication with patients and those closest to them requires staff to have ready access to the relevant information, and the time to impart it. It is an essential part of the care of any patient that adequate information is handed over from shift to shift (as well as between different clinical teams and departments). This requires good record keeping, appropriate handovers and a caring attitude, promoting the easy recall of particular patients and their treatment and care needs.

Accountability Handover addresses these issues. The new Handover Process will require both registered staff to sign an 'Accountability Sheet' at the point of handover (change of shift). The signature is confirmation that all documentation and charts have been completed fully. Both staff are required to check the documentation together. If any omissions are identified then the trained member of staff that has been looking after the patient is required to rectify the situation prior to handing over care.

The outline of the process followed is:

1. Handover of all patients to the on-coming shift (15-20 minutes) – usually taped to maintain focus and reduce the amount of time
  - a. Basic information about patient demographics
  - b. Confidential information about diagnosis, and treatment plans/updates
2. 1:1 handover from registered nurse to registered nurse at the patient bedside (10-15 minutes), using patient documentation and interaction with the patient, wherever possible and if appropriate

Impact of the new way of working:

- Enhanced involvement of patients and carers at handover, raising awareness of progress and plans for care and treatment
- Improved support for, and identification of, sick patients by formalising the opportunity for two registered nurses to discuss and evaluate a patient's condition whilst the patient is clearly visible to both.
- Improved support for our more junior and newly-qualified nurses in caring for very sick patients. Offers the opportunity to support and share experience between inexperienced and experienced staff in a more formal way.

- Improvement in metrics performance, and completion of documentation.

The Nursing Care Forum will drive the actions and monitor compliance. This will be reported to The Trust Board via the quality and safety reports at least six monthly.

- **Care Bundle Implementation**

The Institute of Healthcare Improvement developed the concept of care bundles to assist healthcare providers in developing the best possible care for patients undergoing specific treatments with inherent risks. A bundle is a structured way of improving the process of care and patient outcomes through using a small number of evidence based practices, that when taken together create much improved outcomes of care for patients. We will work with work stream leads and clinical staff to implement the specific care bundles identified in the strategy:

- Myocardial Infarction
- Heart Failure
- Stroke
- Chronic Obstructive Pulmonary Disease

As a consequence of this we expect:

- Consistent application of evidenced based care
- Improved outcomes for patients – PROMs
- Reduced length of stay

### 5.3 Patient Experience



A growing body of evidence shows that patient experience is not only an important outcome in its own right, it also influences patient safety and clinical effectiveness, for example:

- Good communication and compassionate care results in reduced anxiety, improved compliance and more active self-management of long-term chronic conditions.
- Compassion and empathy makes patients more forthcoming about their symptoms and concerns, enabling more accurate diagnosis, better care and faster recovery
- Patients who are less anxious and more involved recover more quickly. Less anxious patients heal twice as fast as those most stressed. Greater levels of stress result in a slower, more painful and poorer recovery.
- More attentive care, with hourly rounding, reduces patient slips, trips and falls by 33%, and reduces hospital-acquired pressure ulcer cases by 56% (it also increases patient satisfaction by 71 percentile points).

- Patient-centred care is associated with: decreased mortality, less hospital-acquired infection, fewer surgical complications<sup>1</sup>, and improved patient functional status.

In addition to being central to high quality care, evidence shows that delivering good patient experience is linked to improving productivity and increasing revenue, for example:

- Research in the US has shown that high quality patient experience is linked with lower overhead costs, lower costs per case and shorter lengths of stay.
- Research in the UK has shown that by providing the right care the first time patient experience in the NHS can be improved and unnecessary expenditure avoided.
- In the NHS money follows the patient and patients can choose which hospital they go to. Personal experience is the top reason why people choose a hospital and 91% of patient satisfaction is driven by how they are treated as people.

So the NHS knows how important good patient experience is, and from increasingly listening to patients, has a good idea about what makes a good experience for them:

### 5.3.1 Our patient experience strategy

In the autumn of 2013 we established a 'Quality for All' Campaign, starting with an analysis of patient compliments, highlighting the difference we make to others when we are at our best, to create positive momentum and frame the quality challenge as one of consistency. We undertook further analysis, whilst also actively involving patients, carers, staff, governors and leaders in co developing: (i) a shared patient-centred purpose and vision; (ii) shared values, standards and expectations; (iii) priorities for improvement; and (iv) priority enablers for individuals and teams (covered in the *Organisational Development Strategy*).

From this our Trust Board used the distilled outputs from all the events to develop our *Strategic Bridge*- a high level summary of the ambition and activities that will guide our work to improve patients and staff experience over the next three years

### 5.3.2 Our Patient and Staff Experience Strategic Bridge



### 5.3.3 Our shared purpose and vision for patient experience

**The enduring purpose of Sherwood Forest NHS Foundation Trust is to champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve.**

**Our vision for patient experience is for each of the 420,000 people we serve to say “I want to go there because I know it’s the best place to be cared for” because:**

- We deliver the best outcomes possible.
- Providing safe, efficient, timely care - in a caring, respectful way.
- Delivered as close to home as possible.
- By professional staff who listen and involve patients, carers and colleagues as part of the team.
- Anticipating and understanding patient and carer needs and tailoring services to best meet them.

- Involving patients and internal customers in continuous improvement and innovation.

**Our *Patient and Staff Experience Strategic Bridge* (above) summarises the interdependent organisational conditions that need to be achieved to deliver that vision consistently, including:**

- For each of our staff to say **“I want to work here because I love it. My efforts are recognised and so are the achievements of our team. I can do my best and make a difference”**.
- About an organisation that is passionate about patients’ wellbeing and focused on delivering the best care.
- With inspirational leaders who engage, encourage and enable people & teams to do their best and continue to improve.

#### **5.3.4 Our priorities for improvement**

With our patients, carers and staff we co-developed our patient experience improvement programme. Our priorities for improvement are under 3 headings with 7 themes

##### 1) Communicate and work together

- Involve me (and my carer) in my care
- Provide Clear Information

##### 2) Respectful and Caring

- Help me to feel cared for
- Welcome me and put me at ease
- Treat me as an individual

##### 3) Efficient and Safe

- Reduce waiting times and delays
- Organise systems and processes

Using the Trust wide action plan as a framework, each service line will identify their own top three priorities (based on scale and severity of impact on patients and ease of implementation) from the list of priorities within the Patient Experience and Involvement Strategy 2014-2017.

The Divisional Governance Forums will monitor progress against the priorities and report quarterly to the Patient Experience Steering Group



(Please refer to our Patient Experience and Involvement Strategy 2014-1017 for more comprehensive information)

### 5.3.5 Our dementia strategy

During 2013, we set a goal to improve the quality of care and outcomes for patients with dementia. More and more patients are being diagnosed with dementia and are accessing our services and it is vital we are responsive and proactive in meeting their needs. Improving dementia care requires a sustained improvement in finding, assessing, investigating and referring patients and this was a focus for us. 95% of our patients over the age of 75 are now screened for dementia upon admission to hospital and we aim to sustain this during 2014/15.

Many projects are planned for improving dementia services at Sherwood Forest Hospitals. We hope that 2014 will be the year that we put our Trust on the map for excellence in dementia care.

- An ambitious scheme to make all of our inpatient wards more dementia friendly
- Further development of our Dementia Link staff to roll out improvements across the Trust
- Partnership working with local education providers and third sector organisations to develop innovative staff training and carer support
- Continue to support and build our team of dementia befriending volunteers
- Trust sign-up to the national Carers Call to Action
- Public engagement event to review of our Dementia Strategy for which we have gained funding for external facilitation
- Ward based, targeted training for staff to develop their skills in caring for people with dementia

We will also be reviewing and re-launching our dementia strategy which will link closely with the overarching work we are doing to improve patient experience and involvement across our organisation.



## 6.0 Leadership for Patient Safety & Quality

As Berwick has said, we know we will only become a learning organisation and one of the safest organisations in the NHS if our workforce is capable of delivering improvement. It is therefore essential that all staff employed within our trust are able to put continuous quality improvement at the forefront of their work. In practice this means staff must be able to respond to change and embrace initiatives with openness to new ideas. Importantly they must take ownership of the necessity for their own development and continuous learning.

Critical to supporting the workforce to deliver high quality care are some key components which are/will be embedded in trust strategies:

- 79% of all staff having an appraisal, providing clarity on staff objectives, priorities and development needs. The appraisal process being aligned to the trust values and behaviours.
- 80% achievement of mandatory training to ensure essential skills of the workforce are refreshed and up to date
- Enhanced clinical leadership to support devolved clinical decision making to improve patient care
- Employment of a patient safety fellow
- Development of Clinical Directors to incentivise high standards of performance, quality of care and patient safety
- Implementation of our Organisational Development Strategy to embed values and behaviours to support the delivery of high quality patient care
- A Royal College of Nursing accredited nursing leadership programme to equip ward managers with higher level skills to enhance change management skills, continuous service improvement and patient safety, in an ever changing NHS landscape
- A bespoke medical leadership programme designed to equip medical leaders` with essential skills necessary to manage services effectively and safely, lead and manage change, ultimately delivering high quality care through high performing multi-disciplinary teams.
- A robust communication programme to ensure that staff have ownership of the quality and safety priorities and understand their own role in delivering service improvement
- Instituting a continuous review process of staffing levels through ward metrics so that we can staff wards appropriately to meet the acuity needs of patients and ensure a focus on the quality and safety of patient care
- Robust plans to determine models of alternative provision where staff shortages exist; emergency medicine, neurology, interventional radiologists and acute physicians
- A training programme for support workers and healthcare assistants to attain a ‘ certificate of fundamental care ‘ and an opportunity for them to complete a ‘ higher certificate of fundamental care ‘

## 7.0 Organisational Culture and supporting structures

Our 'Quality For All' values are at the heart of our Organisational Development (OD) Strategy which sets the tone of how people will experience our Trust. Our values are central to how we plan, organise and deliver services. Setting this out in this way means that staff that work with us, or are thinking of joining us, will be clear about our values and goals and what we expect from them. It also means our patients; their families and carers, our partners and our commissioners will be clear what they can expect from us in the future.



Our ambition is to ensure our culture is focused on delivering 'Quality for All' to everyone we serve. We want a culture where staff feel valued and empowered to do an excellent job and proud to work for our Trust. This means each of us being empowered to make the right decisions for patients at a local level, and held accountable for those decisions and our individual performance and delivery. We want to ensure an open and inclusive culture at all levels, one in which we communicate well, work together to achieve our goals and care for each other as we do so. Safety, innovation and efficiency will underpin everything we do.

We know that there is a direct relationship between staff happiness and patient satisfaction. Recent work from the Picker Institute shows that trusts with higher staff satisfaction, report better patient experience. Organisational culture can be defined as the assumed understandings between the workforce of an organisation. In practice it means staff share views on the way they should work both independently and together in teams, and treat each other and their patients. We have an ambition to be an organisation that has a safety culture. This means that we must embed the principle of 'first do no harm' (Hippocratic Oath) into every level of the organisation.

Our OD strategy supports the main elements of a safety culture including:

- High functioning individuals and multi-disciplinary teams
- Just culture (understanding of system v individual errors)
- Robust incidents/error reporting systems that close the loop
- Open and honest frequent communication
- Positive leadership. This includes willingness to address poor/bad behaviour, focus on never events and accountability for safety and improvement at all levels
- Learning and measurement for improvement

Berwick (2013) urges us to focus on the culture that we want to nurture: buoyant, curious, sharing, open minded and ambitious, to do even better for patients, carers and communities, and for staff pride and joy. Over the next 3 years the Trust will undertake a series of work programmes aimed at fostering a culture of safety. These initiatives include:

- training and coaching in teamwork
- risk management training
- patient safety walk rounds
- integration of quality improvement in to the day to day business and workings of the Divisions.

### **7.1 Whistle Blowing Policy – engagement / quality / safety**

Every member of staff has a duty to identify and help to reduce risks to the safety of patients, and to acquire the skills necessary to do so in relation to their own job, team and adjacent teams. Leaders of health care provider organisations, managers and clinical leaders have a duty to provide the environment, resources and time to enable staff to acquire these skills.

The Keogh report identified that the Whistle Blowing Policy appeared to imply that staff that blew the whistle would be personally monitored and also contained no approval or review date. The policy has therefore been amended to address these concerns.

The Trust has revised the policy in light of Keogh and also Francis; it was considered timely to undertake a wider formal review of the policy prior to the next specified review date. The revised policy provides a supportive framework for staff who raise concerns and will be supported by a series of training events, a dedicated intranet site and extensive communications. The Trust is also working in partnership with Public Concern at Work who provide a confidential helpline.

### **7.2 Clinical leadership**

The Trust requires and expects all leaders, clinical and managerial, to place quality of care and patient safety at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support. To this end we will provide support for the development of clinical leaders in their roles as well as all other staff within the organisation.

During 2013/14 we will ensure that a named and recognised clinician, known to the patient, is responsible for the coordination of care for every patient at every phase of treatment regardless of setting.

Clinical staff will establish effective relationships with patients and their carers at every stage of their care, regardless of setting. We will ensure that there is clear information about who is working on the ward and who will be each patient's primary nurse that day and night.

Leadership requires presence and visibility. Leaders need first-hand knowledge of the reality of the system at the front line, and they need to learn directly from and remain connected with those for whom they are responsible. Culture change and continual improvement come from what leaders do, through their commitment, encouragement, compassion and modelling of appropriate behaviours.

### **7.3 Strengthening Clinical Leadership in Divisions**

The Frances report says that in order for its recommendations to be implemented effectively, “every single person” serving patients must contribute to a safer, committed, compassionate and caring service. Good governance is essential to a healthcare system that puts patients first. The Care Quality Commission judges providers according to whether the care is: safe, effective, caring, responsive to people’s needs and well-led. A requirement of the assessment is to demonstrate that governance systems work in practice and are being used to good effect.

Divisional Clinical Directors are the responsible officers within our divisions to provide an enhanced focus on the quality, safety and leadership of services. Our Clinical Directors have a clear role definition which emphasises their responsibility and accountability in relation to quality and governance. Our Divisions will be held accountable for ensuring quality is on their agenda, and that they report progress against the quality strategy to their managers and leaders through divisional governance and produce mitigation plans for any shortfalls. Divisional Clinical Directors, Divisional General Managers and Divisional Matrons will be responsible for providing assurance that their plans are sound and will not fail. They will be responsible for meeting all quality and safety targets that have been agreed.

The standardised agendas across the divisions will support the ability of service teams to identify themes and trends requiring action or areas of shared learning for the organization in order to improve the patient experience.

We are currently implementing a development programme to support Clinical Directors and clinical leaders in the organisation.

### **7.4 Medical and nursing staffing levels and nursing skill mix**

There is a growing evidence base which shows that nurse staffing levels and skill mix are a key contributory factor to the delivery of patient outcomes, experience, quality, safety and mortality. NHS Trusts in England must provide adequate staffing in order to meet the pledge of the NHS Constitution and to maintain registration with the Care Quality Commission (CQC), which mandates the need to ensure patients are treated with a professional standard of care, in a safe and dignified environment.

There is significant research to demonstrate that; patient satisfaction with care, nurse satisfaction with care delivered or health related outcomes improve with richer staffing levels. A number of academic studies referenced by the RCN (2010) make explicit positive associations



between better staffing and better patient outcomes. Studies in the past ten years have shown strong associations between patient mortality and low staffing levels. A study by Rafferty et al (2007) shows that in the UK 'patients and nurses in the quartile of hospitals with the most favourable staffing levels (the lowest patient to nurse ratios) had consistently better outcomes', and that there was a 31% difference in mortality between hospitals where staff care for eight patients (1:8) compared to those who care for four (1:4).

In June 2013, the Keogh team (Review into the Quality of Care & Treatment provided by 14 Trusts in England) highlighted three key concerns in relation to nurse staffing and handover at Sherwood Forest Hospitals Foundation Trust. The Trust responded to these concerns immediately by increasing the numbers of registered nurses on night duty, but more importantly agreeing to a substantial investment of up to £4 million to improve registered nurse: patient ratio's and a higher registered nurse skill mix overall

The Trust has already undertaken a number of actions to strengthen the nursing workforce without cost implications. There are further actions that are being implemented e.g. more efficient rostering and improved sickness and absence management.

For 2014/16 we will implement the nursing investment strategy to strengthen our nursing workforce. This will be monitored by the Organisational Development and Workforce Committee at least 6 monthly, reporting to the Trust Board.





## 8.0 Quality Governance

Quality Governance is a fundamental building block in enabling the delivery of a patient safety and quality strategy. An essential feature of high performing boards is robust arrangements for Quality Governance. Sherwood Forest FT has significantly improved its oversight of quality and intends to continue that improvement with support from the following areas:

- Quality Performance Reporting
- Measurement
  - Safety Thermometer
  - Global Trigger Tool
- Data Quality and Intelligent Information
- National reporting
  - Quality Account
- Local reporting
  - CQUIN
  - Real time patient information / Line of sight – ward to board
- Benchmarking
  - Clinical Audit Programme
- Robust Risk Management Processes
- National Patient Safety Alerts (NPSA)

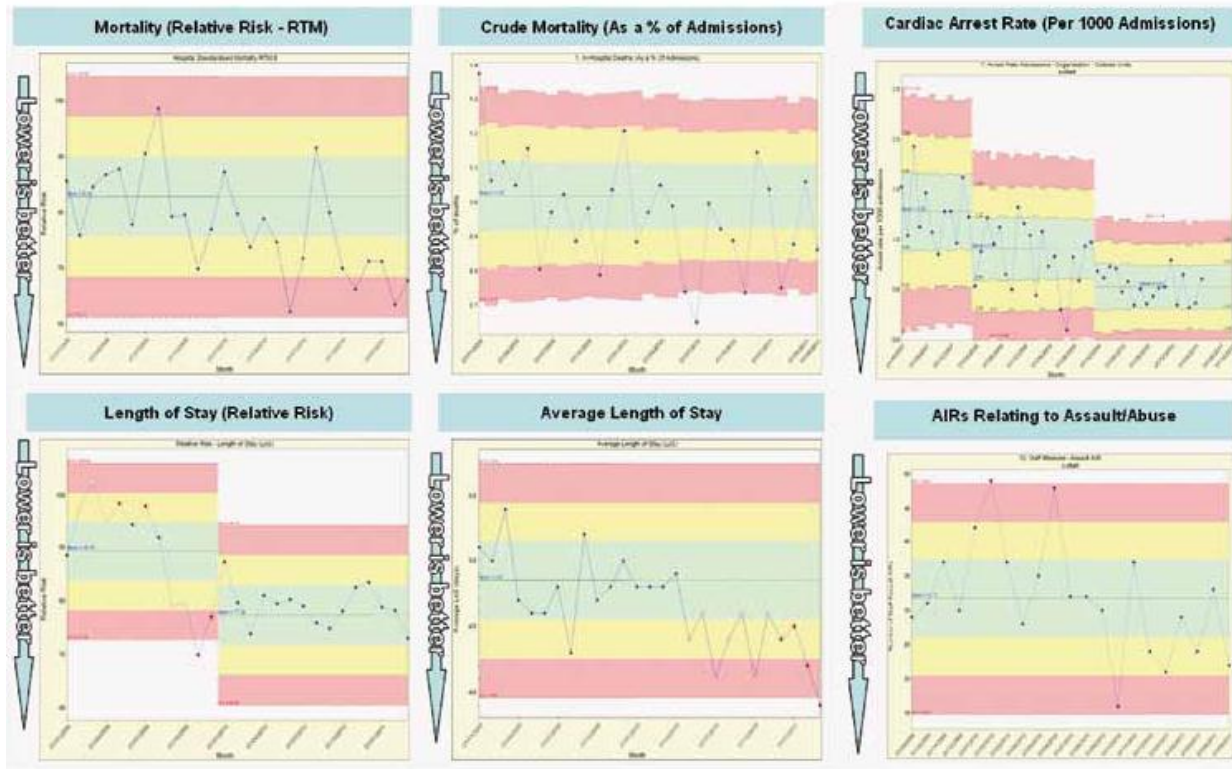
Our strategy is to ensure work is completed on all the areas identified in 2013-2014. The strategy for 2014 onwards is to ensure a work programme of internal and external validation exists for quality governance arrangements. This will provide evidence to assure ourselves, commissioners and regulators that our quality governance arrangements are contemporary and fit for purpose.

### 8.1 Quality Performance Reporting (2013-16)

Measuring and valuing what matters most to patients, the public and staff is the best way we can make progress towards high quality healthcare. This transparency will facilitate meaningful discussions between managers, individuals and teams about how they can continuously improve clinical outcomes, care and productivity, whilst continuously improving the experience of both the patient receiving care and the staff who deliver it. Information is crucial if we are to truly understand our progress in the delivery of this quality strategy. Reviewing what we currently measure and agreeing a set of succinct quality metrics will be part of this strategy. This will help us understand the impact we are having.

We will focus effort and resources into the alignment of key quality and safety measures for services, divisions and the Trust Board. Templates will ensure consistency, with the requirement to produce monthly and quarterly scoreboards against an annual target, showing cumulative achievements, year to date and year to year. The reports will provide a narrative to promote better understanding and scrutiny of performance.

These reporting mechanisms are expected to provide trend improvements as well as early warning of worsening positions so that early action can be taken to mitigate impact on patients and address actions necessary for improvement. An example of an extract from the Board Quality dashboard is shown below:



We will utilise the Foundations of Good Governance - FTN compendium of best practice to shape our reporting framework.

## 8.2 Measurement

Measurement is a vital part of improvement. It provides evidence of whether the intended improvements that we have identified have had the desired impact on the quality, safety and experience of patient care. It is also a critical element of the safety culture. The Trust Board of Directors receive a quarterly quality performance dashboard which enables them to review a number of quality indicators which assists them in understanding whether the care provided to our patients is as good as it can be or should be. Amongst the indicators that the Board of Directors reviews are mortality rates, length of stay, readmission rates and the incidence of certain types of harm.

During the next three years we will continue to develop the Quality Performance Dashboard by including data on additional harm measures. This year we have developed a reporting

mechanism to enable a line of sight from ward to board members, who can be alerted to any potential concerns in the provision of patient care on our wards.

Over the next three years reporting on care bundles will focus on the 3-5 evidence based measures, that when performed collectively and reliably to every patient with a specific condition, will improve patient outcomes. In 2015/2016 attention will be focused on ensuring reliable data capture of these interventions. This year, 2014/2015, will see baselines being established. The newly implemented electronic patient record will assist us to capture this data reliably.

### **8.2.1 The Safety Thermometer**

We will use a method of harm detection that does not rely on voluntary reporting but a method that requires the harm to be actively searched for. We have decided, together with our partners in the community, to use a tool developed by the Department of Health in order to detect and track harm over time, known as the Safety Thermometer.

Use of the tool requires senior nursing staff to undertake monthly audits of defined patients. Audits are also conducted in community settings such as care homes or on patients allocated to a district nursing team. Specific harms will be monitored as part of the audit, these are pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism. By searching for harm in this way we will be able to apply a consistent approach to measuring harm across the local healthcare economy and importantly providing an opportunity to improve care, educate staff whilst maintaining a senior nurse visible presence on the wards.

The Safety Thermometer measures the percentage of patients unharmed and we aim to have 95% of patients harm free from pressure ulcers, catheter associated urinary tract infection, venous thromboembolism, and harm from falls, across our health economy by March 2015.

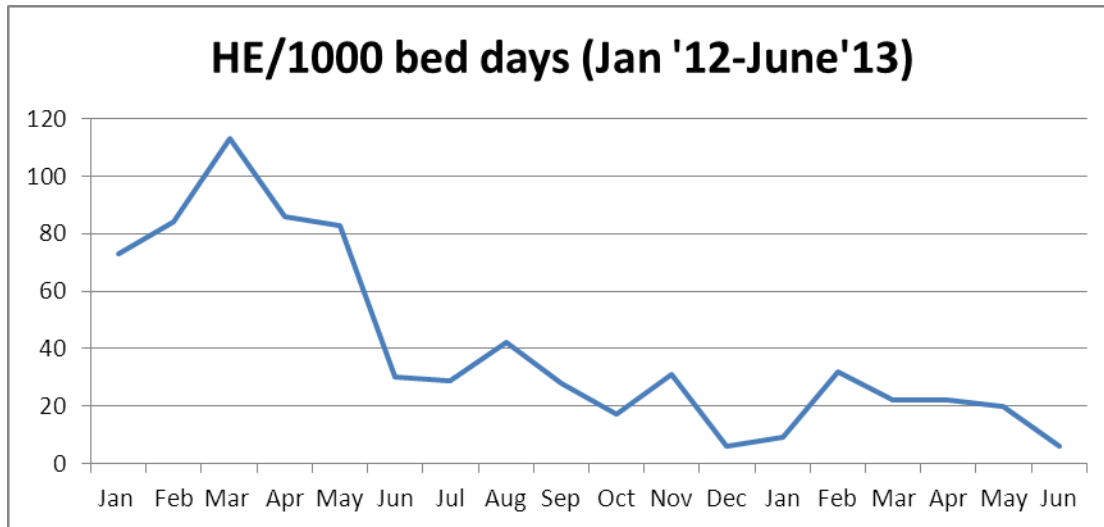
### **8.2.2 The Global Trigger Tool (GTT)**

Developed by the American Institute Health Improvement and validated for use in the UK by the NHS Institute for Innovation and Improvement, the Global Trigger Tool (GTT) audit involves a rapid review of randomly selected case notes to detect and measure harm that may or may not have been identified by the traditional approach (voluntary incident reporting). Its high sensitivity arguably detects a greater proportion of actual harm to patients than staff reports alone. Findings are reported in standard format as harm events per 1000 bed days and this allows comparison with other trending Trust-wide issues. The tool focuses on errors or near misses, but also detects outcomes, that is, actual harm caused by healthcare (Institute for Improvement, 2005; Griffin and Resar, 2007; 2009). Following completion of the national *Leading in Patient Safety* (LIPS) course, a multi-professional team of senior staff commenced retrospective data collection in April 2012.

A random sample of 20 case notes was retrospectively reviewed every month for evidence of patient harm using a standardised trigger tool and an international scoring system.

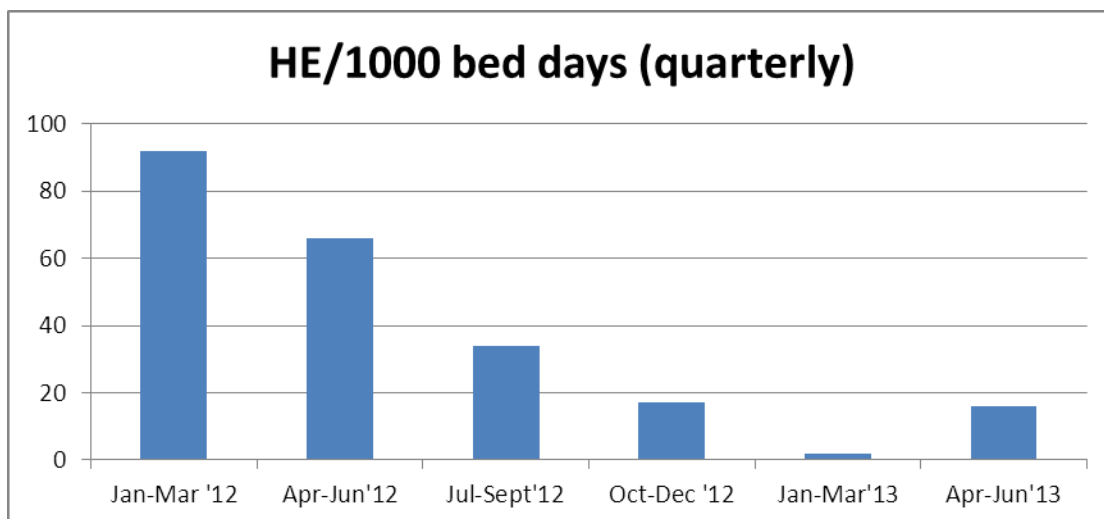
Over 18 months (January 2012 – June 2013) 361 patient case notes were reviewed (21 cases were reviewed in May 2012). The run chart below illustrates how the number of harm events per 1000 bed days has decreased over time.

Run Chart 1.



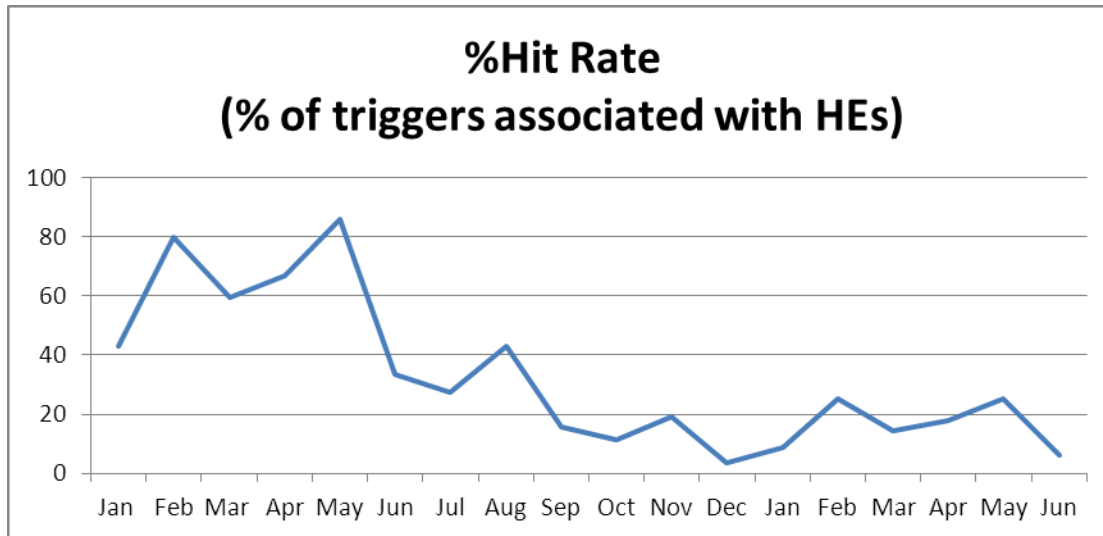
When the data is presented in six quarterly periods, the pattern of decrease (improvement) is clear, as illustrated in the bar chart below. Quarter 4 in 2013 was particularly good. Raw data calculations can be found in Appendix 2.

Bar chart 1.



Over time, the 'hit rate' (where discovery of a trigger resulted in the discovery of harm) gradually reduced over the 18 months of the audit, as illustrated in the run chart below.

Run chart 3.



This on-going audit has highlighted that there has been an overall improvement and a reduction in the occurrence of harm events across the Trust over 18 months (January 2012-June 2013).

There has been a plethora of work undertaken at the Trust that has contributed to this improvement, including, pressure ulcer care, venous thrombo-embolic disorders, patient falls, acute kidney injury, sepsis and the deteriorating patient. The work to support the care of the deteriorating patient alone has instigated a number of service improvement initiatives, any one of which could have contributed to the improvement in harm events. The introduction of the national early warning score (NEWS) and associated colour coded observation chart in February 2013 may have contributed to the improvement in documentation of the physiological track and trigger score (G1), as well as early recognition of shock (G5). With early intervention, following recognition, this may have contributed to the reduction in cardiac arrest rates, despite a month on month increase in numbers of acutely ill patients.

### 8.3 Data Quality and Intelligent Information (2013-16)

Critical to utilising performance information to support change and quality improvement is data accuracy, validity and comprehensiveness. Data with these characteristics will enable the provision of intelligent information to support effective decision making from Ward to Board.

Data generated in-house by staff and service users will be systematically gathered and analysed to enable both rapid care improvement and also drive fuller risk assessment to feed the robust risk management processes [see below].

We will continue to assure data quality by engaging external data quality audits on an annual basis, implementing findings and recommendations from the external audits to ensure data accuracy, validity and comprehensiveness. The results of the external audits will be shared with the Board as part of its assurance programme on improving the quality and safety of patient services.

## **8.4 National Reporting**

The Trust will continue to meet and report the National measures of quality in relation to the Department of Health and the Care Quality Commission. We will continue to participate and report the outcomes of the national patient survey programme and national staff survey programme. We will demonstrate that we have developed robust action plans to ensure that we continue to improve our performance year on year.

The Trust has a process to receive, distribute and monitor NICE guidance and NPSA alerts. This process will be strengthened during 2014/15

### **8.4.1 Quality Account**

All Trusts have a responsibility to publish an annual Quality Account regarding the quality of their services. The quality account demonstrates our performance against agreed priorities and importantly highlights areas for improvement for the coming year. It also clearly sets out our progress against national, commissioner and local targets, whilst acknowledging any issues in quality of services provided through our CQC Registration.

This year's (2014/15) priorities are:

- Priority 1 - To improving the effectiveness of care we deliver by achieving a reduction in mortality (HSMR, SHMI and crude mortality)
- Priority 2 – To reduce the incidence of frequent fallers (patients who have more than one fall in a hospital stay)
- Priority 3 – To improve our patient experience – measured by Family and Friends test results

Detailed plans on how these will be delivered and monitored can be found within our quality account



## 8.5 Local Measurement

### 8.5.1 CQUIN's

In agreement with our local commissioners we have a programme for commissioning and innovation (CQUIN's). We have worked with our commissioners to agree our CQUIN framework for this year. The framework makes a proportion of our income conditional on achieving quality goals and outcomes. We worked closely with the commissioners and our clinical and management teams to ensure the CQUIN's reflect our local aspirations and ambitions to improve quality. We have a monthly and quarterly monitoring process in place with our commissioners and report to the Trust Board via our quarterly quality and safety report.

### 8.5.2 Real time patient information / Line of sight – ward to board

We cannot assure or improve patient safety and quality without being able to interrogate information that is generated primarily for learning and improvement and is readily available at the front line. The Trust generates and captures significant quantities of data and we will ensure that intelligent information is available to all staff involved in the delivery of care to patients. If we are to be a truly effective organisation we cannot judge our performance solely on external and national requirements and assessments. It is vital that we drive strong internal performance and have strong and robust systems to measure and report on our performance throughout the year. Internally sources of information are wide but we will use this plethora of measurements to measure quality and safety within our organisation. These include

- Incident reporting
- Safety Audits
- Staff attitudes, awareness and feedback
- Information on practices that encourage the monitoring of safety on a day to day basis
- Feedback from patients and their families
- Complaints from patients and carers
- Peer review visits and observations of care

The management of patient and carer complaints / feedback, enquiries made via the PALS office will be changed to ensure that issues raised / identified are dealt with in a timely manner, patients and carers are kept fully apprised of findings and that any lessons learned are shared across the Trust and implemented.

These are not exhaustive but reflect some of the more patient focussed monitoring that is undertaken. We need to ensure that follow up mechanisms are robust and that we have strong evidence of action being taken to address issues.

We will focus effort and resources into the alignment of key quality and safety measures for services, divisions and the Trust Board. Templates will ensure consistency, with the requirement to produce monthly and quarterly scoreboards against

All clinical services / departments will be provided with intelligent information in order that they can learn from feedback and incidents and continuously improve the safety and quality of care they provide. This investment in resource and human development is considered to be necessary if staff are to have the knowhow to diagnose and fix issues.

## **8.6 Benchmarking**

Benchmarking is an invaluable tool in allowing us to identify how we are performing against the best in class. Benchmarking gives us the ability to reduce our variation between teams of staff within the trust and provides assurance to our patients that our care is safe and effective.

Current mechanisms for benchmarking include:

- Clinical Audit programme
- Internal Assurance Visits
- Patient Safety Audits and reporting
- Ward Assurance Matrix
- Patient experience feedback mechanisms
- National benchmarking for example Dr Foster Data analysis
- Regional and national nurse staffing levels data

### **8.6.1 Clinical Audit Programmes**

Of the above we have identified we need to align the clinical audit plan to the quality and safety priorities for the Trust as developed from both internal and external sources. Clinical audits will be developed in line with best practice and the Trust Board will seek assurance on the implementation of clinical audit recommendations. Further assurance will be provided by internal audit overview of the work programme on an annual basis.

## **8.7 Robust Risk Management Processes**

To support our divisions in strengthening their governance structures and processes we have identified we need to strengthen our risk management processes. We have introduced a systematic methodology for the identification, assessment and recording of risks. A training programme will be rolled out to staff within wards and services as a priority. Every ward and service area will have a risk register which will be overseen by the divisional clinical leaders to ensure consistency in the identification, assessment and recording of risks.

Actions to mitigate risk will be shared with the Executive management team who will additionally identify potential trust-wide risks and plan their management. Clear escalation processes have

been developed to ensure ward to Board sighting of emerging risks and assurance on controls. We are clear that the dimensions of risk for the organisation now include clinical, financial and reputational risk. A revised risk management strategy, corporate risk register and newly populated Board Assurance Framework are part of the work programme for 2014/2015.

### **8.8 National Patient Safety Alerts (NPSA)**

We will ensure that the process for receiving, implementing and reporting of all NPSA alerts is robust and fit-for-purpose. A monthly status report will be issued to the Clinical Governance and Quality Committee (CGQC) detailing new alerts and progress against all alerts. The CGQC will assure the Board that the Trust is responding effectively to these alerts unless we can demonstrate that implementation is not in the interests of a specific patient group.

Each Division will be responsible for the delivery of Patient Safety & Quality Strategy and will work in partnership with the work stream leads and programme management office to ensure the Trust achieves its goals. Each Division will have a quality improvement strategy that details each division's contribution to achieving the key patient safety and quality strategy goals. Divisions will have responsibility for implementing the work streams outlined in this strategy.

## 9.0 Overarching implementation

If we are to succeed in delivering our patient safety and quality strategy we need to be specific with both our staff, and what we expect of them, and our patients in the outcomes they can expect to see. We intend to implement work streams by using the most appropriate quality improvement methods for each of the work streams. These will involve:

- Use of the **Breakthrough Series Collaborative Model**, where emphasis is on bringing teams together with recognised experts on a particular focused set of objectives
- **Lean Methodology** which is a set of tools to assist in the identification and steady elimination of waste. An example of this work is that all stakeholders come together and map out the current process of a patient pathway, the group redesign the process in to a 'future state' with testing and refinement until it can be implemented
- Working at the level of the smallest replicable unit (a ward or department) in addressing areas for improvement by focusing on the needs of the patients, through utilising proven frameworks for data collection, tools and techniques.

## 9.1 Delivering the Strategy, a Programme of Work Streams and Projects

### Patient Safety

#### Mortality Reduction

#### Harm Free Care

- Pressure Ulcers
- Falls
- Catheter Associated UT Infections
- VTE
- Medication Safety

#### (Clinical Effectiveness)

- Surgical Site Infections
- Care and Comfort Rounds
- Myocardial Infarction
- Heart Failure
- Stroke
- Chronic Obstructive Pulmonary Disease

#### Improved Patient Experience of Care (through workforce development)

- Patient Experience and Involvement Strategy
- Organisational Development Strategy
- Workforce Strategy

### Quality Governance

- Data Quality Review and Accreditation
- Development Programme for Clinical Directors and Clinical Leaders
- Realignment of Clinical Audit Plan to Quality and Patient Safety Priorities

- Training programme on Risk Management
- Robust Risk Management Systems and Processes

## 9.2 Communications

We want to create an environment where our goals of reducing harm and avoidable mortality and creating a better patient experience become part of the work focus of every member of staff.

Critical to success is the importance of providing staff with a clear understanding of the need to change, whilst recognising that everyone comes to work with the intention of doing a good job.

The Patient Safety and Quality Strategy will be promoted using existing internal and external communication channels.

To start the process a series of stakeholder events will be held between clinical staff and the executive team to determine and agree the strategic direction of patient safety and quality for Sherwood Forest FT and to promote ownership by clinical teams.

It is the organisations intention to hold a number of development sessions, including quality improvement and patient safety training and to engage staff in quality improvement work streams. The content of the work programmes will become part of the everyday working life within the organisation.

**Susan Bowler**

**Executive Director of Nursing and Quality**

**Appendix One**

REDUCING HSMR	<b>Mortality Reviews - HSMR alerts</b>	<b>Coding</b>	<b>AKI Group</b>	<b>Managing Sepsis</b>		
IDENTIFICATION OF DETERIORATING PATIENT	<b>Vital PAC</b>	<b>NEWS</b>	<b>Cardiac Arrest</b>	<b>Patient Oxygenation</b>	<b>Fluid Management</b>	
REDUCING HARM	<b>Pressure Ulcer reduction Tissue Viability</b>	<b>DVT/VTE</b>	<b>Slips, Trips &amp; Falls</b>	<b>UTI Group</b>	<b>Hydration &amp; Nutrition (Mealtime Matters)</b>	<b>Intentional Rounding (Care &amp; Comfort Rounds)</b>
SAFER EMERGENCY ADMISSIONS	<b>EAU Length of Stay Effective Care pathways</b>	<b>Timely investigations</b>	<b>Medical &amp; Nurse staffing ratios</b>	<b>EAU Medical Handovers</b>		
MEDICATION SAFETY	<b>Medicines Reconciliation</b>	<b>Safe prescribing practice High risk medication</b>	<b>Safe administration of medicine</b>	<b>Missed Doses</b>	<b>Self Administration</b>	<b>TTOs</b>
SURGICAL PATHWAY	<b>Enhanced recovery</b>	<b>WHO Theatre Checklist</b>	<b>#NOF Pathway</b>	<b>Safe Management of emergency admissions</b>	<b>Peri-transfer preparation &amp; Pre-op assessment</b>	
COMMUNICATION	<b>Positive Patient Identification</b>	<b>Medics Handovers</b>	<b>Accountability &amp; handover in nursing</b>	<b>Safety Huddles</b>	<b>Ward Round checklist</b>	<b>Board Rounds (MDT)</b>



Appendix 2 - QUALITY AND SAFETY PRIORITIES TO DRIVE CONTINUOUS IMPROVEMENT (14- 17)

	2014/15	2015/16	2016/17
<b>PATIENT SAFETY</b>			
<b>Mortality</b>	Mortality Reduction Plan as measured by HSMR	Mortality Reduction Plan as measured by HSMR	Mortality Reduction Plan as measured by HSMR
<b>Harm Free Care</b>	Pressure Ulcers Falls Urinary Tract Infection VTE Medication Safety	Pressure Ulcers Falls Urinary Tract Infection VTE Medication Safety	
<b>CLINICAL EFFECTIVENESS</b>			
<b>Reliable Care</b>	Surgical Site Infections Care and Comfort Rounding Myocardial Infarction Heart failure	Care and Comfort Rounding Stroke COPD	
<b>IMPROVED PATIENT EXPERIENCE OF CARE</b>			
<b>(through workforce development)</b>	Workforce Strategy	Workforce Strategy	Workforce Strategy
	Organisational Development Strategy	Medical Leadership Programme	
	Nursing & Midwifery Strategy	Nursing & Midwifery Strategy	
	Patient Experience and Involvement Strategy	Patient Experience and Involvement Strategy	Patient Experience and Involvement Strategy
	Dementia Strategy	Dementia Strategy	Dementia Strategy
	Nursing Leadership Programme	Nursing Leadership Programme	Nursing Leadership Programme
		Training Programme for HCAs and support workers	Training Programme for HCAs and support workers

	2014/15	2015/16	2016/17
QUALITY GOVERNANCE			
	Data Quality Review and Accreditation	Data Quality Review and Accreditation	Data Quality Review and Accreditation
	Risk Management Training		
	Robust Risk Management Systems and Processes		
	Development Programme for Clinical Directors and Clinical Leaders	Development Programme for Clinical Directors and Clinical Leaders	Development Programme for Clinical Directors and Clinical Leaders
	Realignment of Clinical Audit Plan to Patient Safety & Quality Priorities	Realignment of Clinical Audit Plan to Patient Safety & Quality Priorities	Realignment of Clinical Audit Plan to Patient Safety & Quality Priorities
	Revised risk management strategy		
	Communications Plan and Engagement Strategy		
	Implement Corporate Risk Register		
	Board Assurance Framework development		