

Quality and Safety Strategy

2017 - 2020

Vision statement

“ESHT combines community and hospital services to provide safe, compassionate, and high quality care to improve the health and wellbeing of the people of East Sussex.”

Our East Sussex Healthcare NHS Trust Quality and Strategy provides us with a framework through which improvements in the services we offer to patients can be focused and measured. We have taken time to listen to our patients, public and staff about the things that really matter to them and within this strategy, address those issues through clear objectives over a four year period. The Quality and Safety strategy is supported by a strong organisational philosophy of changing culture and improving services to meet our patient’s needs, thus continuing to make our Trust, the healthcare provider of choice both for commissioners and the patients and communities we serve.

1. Purpose of this Quality and Safety Strategy

The aim of this strategy is to detail the quality and safety plans for the next 3 years to ensure the achievement of the trust ambition to become an outstanding organisation by 2020. This strategy will cover the 3 years (2017 – 2020) but will be reviewed on an annual basis. This will be implemented across all the Divisions which are Out of Hospital, Medicine, Diagnostics Anaesthetics and Surgery, Women Children and Sexual Health.

To be rated as an outstanding organisation by the Care Quality Commission we need to continually improve our quality of care and safety for our service users. Lord Darzi defined quality within the NHS as having three domains which are:

- Safety (avoiding harm from the care that is intended to help);
- Effectiveness (aligning care with science and ensuring efficiency);
- Patient-experience (including patient-centeredness, timeliness and equity).

This strategy will detail specific aims and objectives along with plans to improve quality and safety for each of the domains.



Figure 1 – Quality is made up of three components: Safety, Patient Experience and Effectiveness

2. Strategic Objectives

To support the Trust vision there are 5 Key Strategic Objectives (KSO's):

1. Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients.

2. All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfill their roles.
3. We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.
4. We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.
5. We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.

Although aspects of all the Key Strategic Objectives will be supported through this strategy, the specific safety and quality area identified within the 2020 Strategy (see diagram below) will be addressed. This strategy will detail actions and ensure they are measured in order to drive forward the delivery of quality and safety. Other strategies will cover the four other areas but there will be some crossover between them.



Figure 2 - Five key areas to support delivery of ESHT 2020

3. Safety principles to deliver this strategy and improve quality and safety

The aims and subsequent actions for the domains will require investment from the following approach as outlined within the Don Berwick report “A promise to learn – a commitment to act”:

Safety Principle	Trust Actions
Learning	We need to be a listening and learning organisation to act on findings swiftly to reduce potential for harm and therefore improve quality and safety. We will learn from incidents, complaints, claims external reviews, audits, service changes and clinical reviews and act on findings.
Leadership	Investment in the trust values and development for trust leaders
Patient and Public Involvement	Development of an effective Public Engagement and patient experience Strategy that involves patients and public with strategy and ongoing service delivery from the floor to Board.
Staff investment and training	Ensuring recruitment and retention effective and provides the right number of staff to deliver safe care. Develop staff across the organisation and embed a positive culture through listening and engagement. Provide staff with improvement skills and support to embed a culture of continuous improvement across the organisation.
Measuring progress	Establish robust measuring of quantitative and qualitative data and act on findings.
Structures and monitoring	<ul style="list-style-type: none"> • Trust Integrated Performance Dashboard that incorporates key performance indicators within each of the five key areas. These are reported to the Trust Board; • Within the Quality and Safety area the dashboard monitors the same indicators at ward/department, Division and Trust level providing the opportunity to analyse progress and identify hot spots. This is known as the Floor to Board Dashboard; • An effective committee structure with regular progress reports for all aspects of quality and safety (see the Risk and Quality delivery strategy) • Each Division has Risk and Governance meetings with a monthly performance review with the Executive Team to review all their performance data including their quality KPIs; • Collaborative work with our Clinical Commissioning Groups with performance and quality groups in place to review and test quality. • Tracking and reporting progress through the Quality account priorities and the 2020 high level metrics

4. Delivery of the Strategy

This section describes the core aims and the deliverables to achieve outstanding Quality and Safety by 2020. This has been split into Safety, Patient Experience and Effectiveness.

4.1 Safety

Strategic Ambition
<ol style="list-style-type: none"> 1. No preventable deaths 2. Continuously recognise and reduce harm
High Level Key Deliverables
<ol style="list-style-type: none"> 1. Reduction in Trust preventable infections 2. Reduction in complications e.g. Sepsis, Acute Kidney Infection, pressure sores, VTE. 3. Improve Patient Flow (developing the Red2Green programme) (QA Priority) 4. Achieve 7 day working standards 5. Improve identification and management of deteriorating patients 6. Implement safety huddles (QA Priority) 7. Full compliance with medication reviews and controlled drug checks 8. Continue to create open culture for incident reporting and Duty of Candour 9. Clinical reviews conducted by Consultant for all new admissions within 14 hours 10. Improved incident reporting for Junior Doctors and Consultants 11. Improved learning from death reviews (QA Priority) 12. Reduction in harm (Sign up to safety) 13. Develop Quality Improvement Hub 14. Leadership and management training and support

4.2 Patient Experience

Strategic Ambition
<ol style="list-style-type: none"> 1. Work in partnership with patient and public to develop and improve services 2. Learn and respond from feedback with patients and public
High Level Key Deliverables
<ol style="list-style-type: none"> 1. Reduction in patient complaints through learning from previous experiences 2. Respond to timescales for patient complaints within 30 and 45 days (QA Priority) 3. No mixed sex breaches or privacy and dignity complaints 4. Minimised number of patients transferred from ward to ward 5. Increase Friends and Family Response rates for all areas 6. Increase Friends and Family score for all areas 7. Empower women to remain independent, active partners in their maternity care 8. Deliver End of Life Care Strategy to ensure compliance with “Priorities for care of the dying person” (QA Priority) 9. Develop and enhance public and patient engagement strategy 10. Establish patient feedback forums (QA Priority) 11. Patients receive senior review 7 days per week (Red2Green)

4.3 Effectiveness

Strategic Ambition
<ol style="list-style-type: none"> 1. Outcome measures developed for each specialty and used for clinical improvement 2. Establish and embed clear improvement and tracking programme for clinical departments 3. Listen and learn from incidents and complaints
High Level Key Deliverables
<ol style="list-style-type: none"> 1. Monitoring of clinical performance 2. Service based job planning 3. Deliver consistent high evidence based quality care 4. Establish a department accreditation programme (QA Priority) 5. Develop outcome measures for each specialty 6. Review appropriateness of local clinical audit programme and link to ESHT accreditation 7. Ensure compliance with NICE guidance appropriate to ESHT 8. Learning from Incidents and complaints

5. Where does the Quality and Safety Strategy sit in the Trust's quality structures?

The Quality and Safety Strategy needs to be understood and embraced by everyone within the organisation. The table below demonstrates the relationship between this strategy and the other related quality documents within the Trust. The key feature of the Quality Strategy is that it is the high level plan of how ESHT is going to improve the quality of services it provides to its population.

ESHT 2020 Strategy	Sets out the direction for clinical services provided by ESHT
ESHT Trust Objectives	Set the overall strategic direction of the Trust
Quality Strategy	Sets out the strategic patient safety, clinical effectiveness and patient experience aims for the Trust
Divisional, service, team and individual staff quality objectives	Sets out the annual quality objectives throughout the Division down to individual staff level
Quality Account	Evaluates progress made against annual objectives and defines the annual quality objectives for the year ahead
Risk and Quality Delivery Strategy	This will describe the Trust governance processes that will support the delivery of the programme
Workforce Strategy	This will ensure we commission training to develop staff who are skilled to deliver new models of care, and we have enough staff with the right skills
Leadership and OD strategies	This will ensure Quality and Safety underpins the values and culture of ESHT

6. Roles and Responsibilities to deliver the Strategy

Role	Responsibility
Chief Executive	The Chief Executive has overall responsibility for Quality Governance, continuous quality improvement and the delivery of high quality care for all. The Chief Executive has delegated this responsibility to two Executive Leads for Quality, risk and patient safety; the Director of Nursing and the Medical Director. Both Executives are responsible for reporting to the Board of Directors on the progress of quality, safety and quality improvements and for ensuring the Quality Strategy is implemented and evaluated effectively. The Deputy Medical Directors, Associate Director of Governance, Deputy Directors of Nursing and their teams, support the Executive leads for Quality.
Medical Director	The Medical Director is the joint Executive Lead for Safety and Risk. The Medical Director leads on the delivery of domain one, two and three of the NHS outcomes framework, preventing preventable death and enhancing quality of life, helping people recover from illness. The medical director chairs the trusts Clinical Outcomes Group which contributes to the development of the quality strategy and achievement of the quality improvement plan.
Director of Nursing	The Director of Nursing is the joint Executive Lead for Safety, Risk and Patient Experience and is the trust Director for Infection Prevention and Control (DIPC). The Director of Nursing leads on the delivery of domain four and five of the NHS Outcomes Framework; ensuring a positive experience of care and providing a safe environment and protect from harm.
Executive and Non-Executive Directors	The Executive Directors are responsible and accountable for ensuring that the Directorates are implementing the Quality Strategy and related policies to provide assurance via key reports and indicators to the Quality and Safety Committee and Integrated Performance Review via the performance management process.
Non-Executive Directors	Non-Executive Directors have a responsibility as part of the Board of Directors to ensure the Quality Strategy, supporting structures and processes are providing them with adequate and appropriate information and assurances related to quality, safety and risks against the Trust's objectives
Executive Directors	Executive Directors provide leadership for the Performance management of the systems in place for assuring the effective governance of quality and safety.

Role	Responsibility
Directorate Teams	<p>Clinical and Non Clinical Directors, Service and General Managers and Matrons are accountable and responsible for ensuring appropriate quality governance processes are implemented within their clinical areas.</p> <p>Each is required to:</p> <ul style="list-style-type: none"> • Lead and implement the Quality Strategy and annual quality report priorities, Risk Management Strategy and related policies. • Ensure activity is compliant with Care Quality Commission regulations and that services are; safe, effective, caring, well led and responsive to people's needs. • Develop a clear vision for service development and quality improvement which reflect the quality priorities of the trust and improves the management of risk and safety. • Maintain a Directorate risk register and escalate significant risks to the Executive team as per the Risk Management strategy and related policies. • Ensure a Directorate workforce, education & training, supervision, leadership development plan and appraisal system is in place and reviewed regularly. • Ensure the Directorate participates in the annual clinical audit plan to provide evidence of good patient outcomes and good practice. • Ensure all related policies, protocols and guidance are up to date in line with the Trusts document control procedure. • Report and monitor progress through the use of key quality indicators and performance measures which are reviewed and challenged at the performance meetings with the Executive team. • Ensure all patients receive a Friends and Family test (FFT) tool is completed on discharge, and demonstrate that they are actively seeking patient feedback through a variety of means, and listening and responding to this feedback.

Role	Responsibility
Matrons/Clinical leads and ward/departmental managers	<p>Matrons/Clinical leads and ward/departmental managers are responsible for providing effective leadership and ensuring patients receive safe, effective, compassionate and dignified care in line with the CQC standards, the ESHT values and behaviours within the clinical area.</p> <ul style="list-style-type: none"> • Develop good multidisciplinary team working and networks to ensure patients receive good quality care. • Progress will be monitored through meetings with line manager, accreditation, performance meetings and Executive Safety and Quality walkabouts • Lead and/ or implement ward and departmental accreditation quality development plans using information to analyse the quality of service provision acting upon this analysis to make improvements and learning from patient feedback.
Individual staff	<ul style="list-style-type: none"> • Our values are fundamental to how we undertake our work. They shape our beliefs and our behaviours and were developed by members of staff, and all staff are expected to work to them. • All staff are responsible for ensuring they provide high quality care to all patients and treat them with respect, dignity and compassion working in compliance with professional registration requirements and local standards of practice and in line with CQC standards, the ESHT values and behaviours within their area of responsibility • Work as part of a multidisciplinary team to ensure patients receive good quality care. • Contribute to the progress of the quality priorities, service development plans and comply with related policies to ensure patients receive good quality care reporting risks to quality and safety to the line manager. • Undertake mandatory training and education appropriate to role and have an annual appraisal and development plan meeting with the line manager. • Comply with Trust policies, procedures and guidelines to protect the safety and wellbeing of patients and contribute to the related audit programmes. • Understand key quality indicators, performance measures and patient feedback for their area and be involved in quality improvement initiatives and where appropriate clinical audit and research programmes.