## Title
Quality Strategy Update

## Summary of paper
The Trust commissioned ‘Deloitte’ to conduct an independent Governance Review. The resulting report was received in July 2016 and made a number of recommendations, including work to ensure that key strategies clearly demonstrate links between the Trust strategic objectives, priorities and values.

This report sets out an addendum to the Trust’s Quality Strategy to address the recommendation above, while also using the opportunity to refresh the priorities and objectives in line with the changing context within which the Trust is now working.

The Quality Improvement Strategy core document remains relevant and is attached at Appendix 1. The addendum adopts the existing domains and adds an eighth, Quality Services across Systems.

## Consultation / other committee views
Patient Quality Committee considered and supported the addendum. Individual leads have engaged in the development of objective and target setting. The update has also been endorsed by the Governance Committee.

## Assurances

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<tr>
<th>Recommendations/ decisions required</th>
<th>(a) that Trust Board endorse the Quality Improvement Strategy addendum</th>
<th>(b) that Trust Board agrees to receive progress updates on a 6 monthly basis</th>
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## Link to Trust Priorities

| (a) | (1) Safety (staffing, falls, never events, handover, SI, safeguarding, infection control, environment, medicines, equipment) |
| (b) | (2) Effectiveness (HMSR, SHMI, Mortality, Clinical audits, care bundles, deteriorating patient) |
| (c) | (3) Caring (patient experience, patient surveys, friends and family test, patient stories, response to call bells) |
| (d) | (4) Responsiveness (complaints, waiting times, cancelled operations, ambulance stays, translation services, comfort factors – TV and seating) |
|      | (5) Well led (staff survey, staffing levels, sickness rates, flu vaccinations rates, board/ward interactions, staff reports, governance and reporting, risk management, financial control) |

## Risk issues

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<th>Risk</th>
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## Resource Implications

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## Regulations and legal considerations

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## Quality consideration and impact on patient and carers

The addendum to the Quality Improvement Strategy sets out to drive improvements in safety and quality for patient care.

## Risk Register Ref No.

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## Risk Score

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## Report Sign Off

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<th>Operational</th>
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## Confidentiality
This report does not contain any confidential information.
This report contains confidential information, publicity of which would be prejudicial to the public interest.

## Equality Impact Assessment
Great Western Hospitals NHS Foundation wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are no
Proposals or matters which affect any persons with protected characteristics.

<table>
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<tr>
<th>Name of Lead Executive Director</th>
<th>Hilary Walker, Chief Nurse</th>
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<tr>
<td>Report Author</td>
<td>Hilary Walker, Chief Nurse</td>
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**Introduction**

The Trusts Quality Improvement Strategy was published in 2014 and while the overarching quality ambitions for the Trust have not changed, many of its initial objectives have been achieved. The services being delivered at GWH have undergone changes; community services across Wiltshire are now provided by the joint venture, Wiltshire Health & Care and currently we are providing a caretaking role for Swindon Community Services with a plan to provide the services substantively from February 2017. Across the wider health and social care economy the evolution of ‘sustainability and transformation plans’ is expected to impact all NHS organisations, GWH included. With these factors in mind it seems timely to refresh the Trusts Quality Improvement Strategy in the form of this addendum. It aims to ensure the context within which we work is reflected in our ambitions for the future and our objectives for the next year and beyond.

**Alignment with Trust’s strategic objectives**

The Quality Improvement Strategy recognises that quality is pivotal to the Trust’s 5 year vision. This remains the case; however it is worth noting explicitly how the Strategy aligns with the Trust’s strategic objectives.

**Trust Strategic Objectives:**

1. **To deliver consistently high quality, safe services which deliver desired patient outcomes**
   The Quality Improvement Strategy sets out a priority to deliver safe and effective care, to deliver excellence. The Trusts ‘500 extra lives’ campaign and strengthened clinical governance arrangements embedded since 2014 demonstrates our commitment to the objective to date.

2. **To improve patient and carer experience for every aspect of care we deliver**
   The Quality Improvement Strategy identifies a priority to lead the best patient experience and an ambition that all service users will rate their experience as good or excellent. Since 2014 significant amounts of work have been undertaken to ensure the patients voice is heard from ‘Ward to Board’. Friends and Family Test results have been largely positive and an improvement plan has been developed following the publication of national inpatient survey results.

3. **To ensure staff are proud to work at the Trust and would recommend the Trust as a place to work or receive treatment**
   A number of ambitions included within the Quality Improvement Strategy clearly align to this strategic objective. Releasing time to care so that patients and front line staff feel they have time for the things that matter most has an important contribution to make. ‘Right Patient, Right Bed’ and development of enhanced clinical pathways such as ‘Enhanced Recovery’ are good examples of work that has made a difference. Clinical leadership for quality improvement work has been strengthened since 2014 with an increasing number of visible leaders acting as role models and championing quality improvement. This has undoubtedly helped staff in understanding their contribution to the organisation and supported them in achieving their own ambitions for quality of care.

4. **To secure the long term financial health of the organisation**
   It is well understood across the NHS that high quality, safe care is cost effective. Service redesign and process efficiencies are a fundamental tenet of quality improvement work, such that patients receive the right care from the right professional at the right time. The Quality Improvement Strategy ambition to deliver safe and effective care captures this along with the need to improve reliability of care and avoid costs associated with avoidable harms such as pressure ulcers, falls, hospital acquired infections and venous thromboembolism.
5. **To adopt new approaches and innovation so that we improve services as healthcare changes, whilst continuing to become more efficient.**

The Quality Improvement Strategy sets out an ambition to nurture a culture of innovation and embrace continuous quality improvement. Technological advances such as the introduction of electronic white boards and service developments such as the 23 hour day surgery unit provide good examples of innovations that have benefited patient care while enhancing efficiency.

6. **To work in partnership with others so that we provide seamless care for patients.**

A number of the ambitions within the Quality Improvement Strategy either explicitly or implicitly recognise the imperative to work in partnership to deliver safe, high quality pathways of care and provide the best patient experience. That said, the pace of transformation needed across health and social care economies has escalated considerably over the past 12 months, reflecting the need to deliver significant efficiencies to return the NHS to financial stability. With this in mind the refreshed Quality Improvement Strategy has included an additional domain; Quality Services across Systems.

**Addendum to the Quality Improvement Strategy - October 2016**

The Quality Improvement Strategy core document remains relevant and is attached at Appendix 1. This addendum adopts the existing domains and adds an eighth, Quality Services across Systems. For each domain the objectives for the next year and beyond are refreshed, ensuring there are measurable outcomes in order to evaluate progress. Other quality measures will continue to be important but the objectives reflect areas where we expect to drive improvements. The approaches adopted to deliver the objectives will align absolutely with the Trust’s STAR values:

**Service:** Quality Improvement work will focus on service to patients as well as service to other customers, both external and internal

**Teamwork:** Collaborative approaches within and across teams will be used to ensure quality improvement work delivers the best outcomes possible across the whole patient pathway. Feedback from patients and their families will inform our plans.

**Ambition:** Quality Improvement work will be deliberately ambitious, while allowing realistic timescales to achieve and embed consistency. Opportunities to celebrate success will be built into our processes.

**Respect:** Quality Improvement work requires openness and honesty if it is to succeed. Everyone’s contribution is important – more heads are better than one!

**Domain 1 – Delivering safe, effective care; delivering excellence.**

Ambition: All patients will receive harm free care

**Focus for improvement until March 2018 includes:**
- Saving an extra 500 lives
- Sepsis 6
- AKI
- Rescue & respond (measures include NEWS compliance)
- WHO checklist

**Domain 2 – Leading the best patient experience**

Ambition: All service users will rate their experience as good or excellent (measure FFT result)

**Focus for improvement until March 2018 includes:**
- Consultant review within 14 hours for urgent care patients
- Access targets (Cancer, RTT and ED)
- Reduction in complaints and incidents about poor clinical hand over
Domain 3 – Releasing time to care
Ambition: Patients and front line staff will feel they have time for the things that matter most

Focus for improvement until March 2018 includes:
- Right patient right bed KPIs
- Electronic observations implementation

Domain 4 – Visible inspirational leadership
Ambition: Leaders will be highly visible and demonstrable role models championing quality improvements

Focus for improvement until March 2018 includes:
- Patient Safety walk abouts
- Ward to Board quality measures
- Training and development in achieving consistent standards and QI methodology
- QIA process for service developments and cost improvement schemes
- Ward Accreditation

Domain 5 – Culture of innovation and continuous quality improvement
Ambition: To empower staff to demonstrate continuous and sustained improvements in safety and quality of care

Focus for improvement until March 2018 includes:
- Approaches to sharing and learning from incidents, complaints and staff concerns incl SWARM
- Quality dashboards
- Working with AHSNs
- Learning from Never Events & Serious incidents

Domain 6 – Measurement of essential quality standards, providing assurance of patient safety and clinical effectiveness
Ambition: Measurement leads to improvement and has a positive impact for patients and staff.

Focus for improvement until March 2018 includes:
- Standardised quality dashboards
- Effective clinical governance measures across Divisions
- Patients feel safe
- Complaints – new quality measures

Domain 7 - Staff will understand their contribution to the organisation
Ambition: Staff will feel involved and proud to be part of the care and treatment delivered across the Trust

Focus for improvement until March 2018 includes:
- Incident reporting rates
- Staff recommend the Trust as a good place to work / receive care
- Applications / nominations for care / practice awards
- Clear organisational structures and clinical governance framework

NEW Domain 8 - Quality Services across Systems
Ambition: Patients will experience seamless pathways of care
- Delayed Transfers of Care
- EDS
- Quality measures across Swindon Adult Community Services

Reporting and monitoring progress against the strategy

- Divisional Management Teams will conduct an annual assessment against the strategy objectives to inform their business planning
- The Strategy objectives will inform Patient Quality Committee agendas, both standing and rolling
- 6 monthly summary assessments, led by the Deputy Director for Quality Governance will report to Patient Quality Committee, Governance Committee and Trust Board