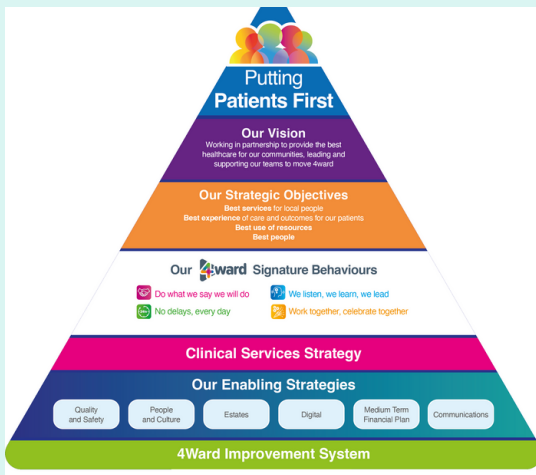


# QUALITY AND PATIENT SAFETY PLAN 2022 - 2025

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# EXECUTIVE SUMMARY

Our quality and patient safety plan will improve the quality and safety of care provided to our patients. It aims to focus our improvement on the key outcomes that will achieve our vision:

**Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward.**

Our quality priorities have been identified through our "Big Quality Conversation", robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

Our quality priorities have been identified as:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a positive experience for patients and their carers

These quality & safety priorities align with our People and Culture Strategy, Digital Strategy and Annual Plan.

The key to achieving our priorities and our outcomes, is to make sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust. We will do this through our single improvement methodology, the 4ward Improvement System, learning from deaths, serious incident reviews and patient feedback by implementing a real time feedback system.

Our quality and patient safety plan puts our patients at the centre of our service; our Big Quality Conversation had an overall completion rate of 59%. There were a total of 585 responses to the survey; which is an increase of 23% on the 2021 survey.

We will also continue to roll out the Path to Platinum scheme. The Path to Platinum scheme will provide wards and departments with a very clear roadmap of the standards required to deliver outstanding 'platinum' care for our patients. It will give us a shared vision of what outstanding care looks like in our hospitals and set out, very clearly, the quality, safety and patient experience standards that are required to get us there. It has been created to recognise teams that distinguish themselves by improving every element of patient care activity.

Our quality and patient safety plan is based on the CQC updated strategy, which aims to ensure flexible, responsive and proportionate regulation. The strategy outlines regulatory focus across four key themes, which aim to support improvements in care.

The quality and patient safety plan aligns with the integrated care board (ICB) priorities. NHS Herefordshire and Worcestershire Integrated Care Board (HW ICB) was formally established as a statutory body on 1 July 2022. ICB Boards are unitary boards with all board members collectively accountable for all decisions made. In addition the Herefordshire and Worcestershire Integrated Care Partnership (HW ICP) was established as a statutory committee, jointly formed between Herefordshire Council, Worcestershire County Council and NHS Herefordshire and Worcestershire ICB.

The ICP will bring together a broad alliance of partners who are focused on improving the care, health and wellbeing of the local population, with membership determined locally. The ICP has statutory responsibility for producing an integrated care strategy on how to meet the health and wellbeing needs of the population of Herefordshire and Worcestershire. The ICP will have an intrinsic relationship with the two Health and Wellbeing Boards, working collaboratively to formulate an Integrated Care Strategy and subsequently monitor and oversee its implementation.

**Immediate operational priorities for the ICB are:**

- Reduce long waits for elective care, including eliminating 104+ week waits by the end of July 2022 and 78+ week waits by the end of March 2023.
- Improve access to diagnostic services through investing in new Community Diagnostic Centres.
- Reduce waiting times and improve access to urgent care services, specifically aiming to reduce ambulance handover delays.
- Continue to invest in mental health services by meeting the national investment standard.
- Improve access to primary care, particularly extended hours and recruitment to a wider range of staffing roles in areas such as mental health, physiotherapy and care navigation.
- Develop a strategy and delivery plan for addressing our immediate and longer-term workforce challenges across health and social care.
- Improve the financial sustainability of our system through delivering the best use of resources programme

## QUALITY AND PATIENT SAFETY PLAN 2022 - 2025

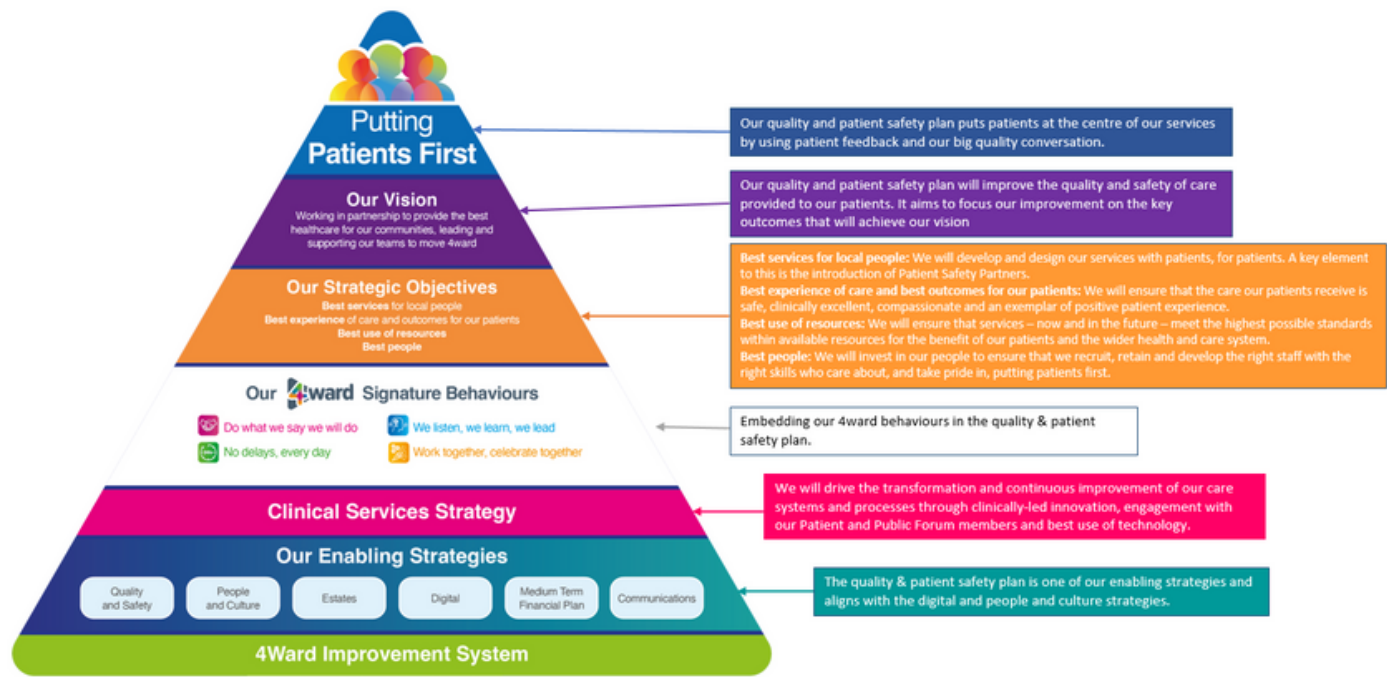


Figure 1: Quality and Patient Safety plan aligned to our Trust Strategic Priorities

## SCOPE

Our quality and patient safety plan will utilise our 4ward improvement system and aims to support our clinical services strategy to deliver our strategic objectives to putting patients first.

The quality and patient safety plan will provide:

1. A Roadmap of our key quality targets to improve patient experience and safety
2. This plan will be an integral part of our 3-year plan to develop our services and improve patient care
3. Ensure we continue to use patient feedback to drive service improvements
4. Align with national patient safety strategy & the expectations of our regulatory and oversight bodies

Our quality priorities have been identified through our “Big Quality Conversation”, robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

Our quality priorities have been identified as:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a positive experience for patients and their carers

The expected outcomes of this plan are:

1. The avoidance of unintended or unexpected harm through embedding into practice a safer culture and safer systems
2. Improve and maintain positive experiences for patients that is personal to each individual, their families and carers
3. Facilitate innovation in delivering safe and effective continuous quality improvements with a focus on patient and carer benefit
4. Promote equality in health outcomes and access to services for all, including underserved groups

These priorities and outcomes will be monitored through our governance procedures and external reporting.

Robust trajectories will be determined annually through our annual planning process.

# 4WARD IMPROVEMENT SYSTEM

Our 4ward Improvement System is the system by which we will implement our quality and safety plan. The 4ward Improvement System is a systemic approach to training, coaching and empowering all of our people, to develop the skills and mind set to make improvement, part of their everyday work. The 4ward Improvement System will equip all of our staff with the tools they need to embed a culture of continuous improvement, where 'better never stops' to fulfil our purpose of Putting Patients First, and ensure we provide high-quality, safe and effective care, with the best experiences for our patients and staff.

We will do this by:

- Enabling our people to access Improvement training so that:
  - our people who do the work are equipped with the tools so that they can undertake improvement work
  - our leaders practice new leadership skills; to engage and coach their team members in problem framing, and create a safe process-focused environment for accountability, teamwork and actionable improvement.



Fig 2: Training pathways

- Enabling the patients' voice to be heard, by ensuring that the patient public forum are actively engaged on all service improvement work that we undertake
- Celebrating together, where our staff deliver improvements, however small or large scale they may be
- Implementing Rapid Process Improvement Workshops across four key priorities, over the next three years: Recruitment, Patient Flow, Theatres and Outpatients, with high level metrics focusing on quality, service, delivery, morale & cost.

Both the 4ward improvement system and our quality & patient safety plan ensures that our organisation continues to 'Put Patients First'

# QUALITY PRIORITIES

We will continue to ensure delivery against our regulated and mandatory quality standards whilst improving upon those that have been identified as priorities by the Trust.

Our priorities have been identified through our risk assessment process, engagement with stakeholders, partners and forums, in particular our "Big Quality Conversation" online survey.

To ensure our priorities align to what is important to people in our community and to support continuous learning, we asked our patients and their families what is important to them in ensuring they receive safe, effective and high quality care, ensuring a positive experience.

These priorities are embedded into a 'house' to allow for clear communication with the clinical teams. This is shown below.

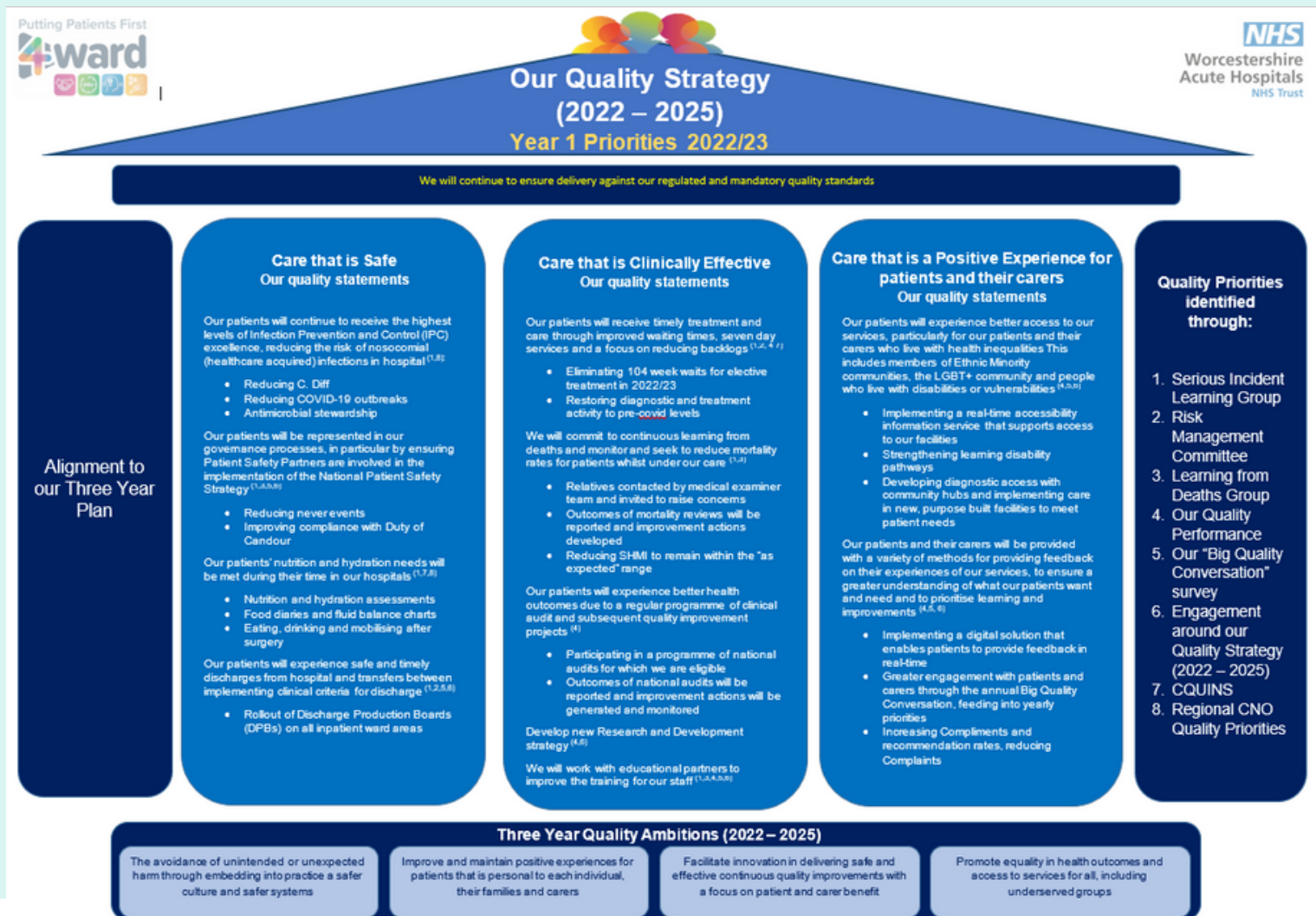


Fig 3: Communication tool for the Quality Priorities



# PRIORITY 1: CARE THAT IS SAFE

Our Patients say: 30.4% of our patients said they feel extremely safe in our hospitals; 40.09% said they feel very safe with only 3.08% stating they did not feel safe at all.

33% of patients said that Infection, Prevention & Control is most important in making sure you/ people you care for are safe in our hospitals.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 8 & 10)

## 1.1 Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital

What are we aiming to do?

- 1.1.1 Reduce C. Diff *to 61 in year 1 and reduction of 10% for years 2 & 3*
- 1.1.2 Reduce COVID-19 outbreaks *by following national guidance on testing / isolation*
- 1.1.3 Antimicrobial stewardship by a *reduction of 4.5% for prescribing of antibiotics and 6.5% in year 2*

We will do this by:

- Continue to treat patients with COVID effectively, ensuring access to the latest treatments including access to clinical trials
- Deliver our IPC guidelines and monitor compliance through audit at ward level
- Deliver our Antimicrobial stewardship action plans
- Ensure actions from nosocomial infection investigations are completed and effectiveness reviewed

## 1.2 Our patients will be represented in our governance processes, in particular by ensuring Patient Safety Partners are involved in the implementation of the National Patient Safety Strategy

What are we aiming to do?

- 1.2.1 Transition to the Patient Safety Incident Response Framework (PSIRF)
- 1.2.2 Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards

We will do this by:

- Introduce new Patient safety incident response framework, enhancing the organisational opportunities for system wide learning
- Introduce Patient safety investigator posts
- Ensure that all our staff have the training and development they need and are empowered and enabled to continuously improve the quality of their services
- Working with our recruitment teams; improve recruitment of Medics, Nursing and Allied Health Professionals to support the development and restoration of services

## 1.3 Our patients' nutrition and hydration needs will be met during their time in our hospitals

What are we aiming to do?

- 1.3.1 Complete Nutrition and Hydration assessments: *100% of patients will have an assessment and documentation of their nutritional and hydration needs*
- 1.3.2 Food diaries and fluid balance charts: *>90% of patients, who in their care plans are identified as requiring this to meet their care needs, will have a fluid balance chart and food diary*
- 1.3.3 Eating, drinking and mobilising after surgery; *70% in under 24 hours*

We will do this by:

- Ward Manager Quality Checks and Matron Deep Dive Audits.

## 1.4 Our patients will experience safe and timely discharges from hospital and transfers between implementing clinical criteria for discharge

What are we aiming to do?

- 1.4.1 Embed the use of Discharge Production Boards (DPBs) on all inpatient ward areas, Golden Discharges and Criteria Led Discharge

We will do this by:

- Empower staff, utilising 4ward Improvement System, to implement and sustain quality improvements
- As part of the National Patient Safety Strategy (NPSS) and aligned with the respect and civility work-stream, introduce a new "Just Culture" guide

# PRIORITY 2: CARE THAT IS CLINICALLY EFFECTIVE

Our Patients say: 29.9% of patients described the quality of care they received as outstanding; 45% said it was good. 25% of patients said it required improvement or was inadequate.

11% of patients said that Effective Treatment (Including high standard of care & quick treatment was most important to them when they came into hospital.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 12 & 21)

## 2.1 Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing backlogs

*What are we aiming to do?*

- 2.1.1 Reduce the number of patients who spend more than 6 hours in ED which will reduce 30-day mortality *to zero*
- 2.1.2 Eliminate Ambulance Offload delays *to zero*
- 2.1.3 Eliminate 104 week waits for elective treatment in 2022/23 *to zero*
- 2.1.4 Restore diagnostic and treatment activity to pre-covid levels; *target of 104%*

*We will do this by:*

- Delivery of the HomeFirst Board action plan
- Work with partner organisations to develop alternative pathways for admission prevention
- Work with partner organisations to improve access to Mental Health Services across the ICS
- Improve the care of older patients by providing frailty SDEC and integrating our frailty services with the community frailty hubs
- Restore and recover our non-covid services reducing the number of patients waiting for planned treatments – ensuring that inequalities are not increased as we recover services
- Ensure patients waiting for treatment are routinely reviewed to ensure no harm is being caused
- Utilise benchmarking and audited outcomes to continuously improve the effectiveness of our services (including, GIRFT, PIFU & virtual wards)
- Separate elective from emergency care as far as possible to ensure that elective care is not compromised at times of high acute demand
- Work with partner organisations to improve the effectiveness and resilience of our services e.g. imaging networks, robotic surgery,

## 2.2 We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care

*What are we aiming to do?*

- 2.2.1 Relatives of patients who have died will be contacted by the medical examiner team and invited to raise concerns; *target for year 1 of 90%*
- 2.2.2 Outcomes of mortality reviews will be reported and improvement actions developed. *Target for year 1: 90%*
- 2.2.3 Reducing SHMI to remain within the “as expected” range

*We will do this by:*

- Ensure that all deaths are scrutinised by a medical examiner
- Mortality reviews and actions required monitored through learning from deaths and Clinical Governance Group
- SHMI and HSMR to be included in Trust Integrated Performance Report and actions taken if negative variance occurs



## QUALITY AND PATIENT SAFETY PLAN 2022 - 2025

### 2.3 Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects

*What are we aiming to do?*

2.3.1 Participate in a programme of national audits for which we are eligible: *Target >95% of national audits for which we are eligible*

2.3.2 Develop new Research and Innovation strategy

*We will do this by:*

- Participation in all eligible national audits
- Use the results of local and national clinical audits as an opportunity for continuous improvement and promote the use of quality improvement methodology to deliver sustainable improvements.
- Complete an annual programme of clinical audit
- Routinely monitor the impact of the NPSS and our quality metrics, including elimination of inappropriate Patient Safety Incident and Serious incident, patient safety reporting and performance measures, and adapt as needed to ever changing clinical priorities
- Agree CQINs which are relevant to our patients and will result in measurable improvements in quality
- Increase the number of patients recruited into clinical research and increase the number of departments that are research-active
- Increase the number of patients recruited into clinical research and increase the number of departments that are research-active
- Remain committed to the importance and value of quality data and strive to ensure all data is accurate, valid, reliable, timely, relevant and complete

### 2.4 We will work with educational partners to improve the training for our staff

*We will do this by:*

- Develop a local Patient safety training programme, aligned to the national patient safety Syllabus, delivered by the Trust training academy
- Ensure all staff receive support to complete training in the foundations of Patient Safety
- Continue our programme of 4ward Quality Improvement System training, available to all staff
- Coach staff in the use of 4ward Quality Improvement system tools and techniques.
- Develop, align and embed our Academy's Educational Faculties to support education and training, for example, Medical, Nursing and Midwifery, Allied Health Professionals, Health Scientists
- Develop a bidding process for Divisional Teams to request medical training / education to enhance their services

# PRIORITY 3: CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS

Our Patients say: 27.9% said they always felt our hospitals are a welcoming environment for carers; 55.6% stated they sometimes felt this.

42% of patients said that Communication (Including clear communication, keeping in touch with family & being kept informed) was most important to them when they came into hospital.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 16 & 21)

## **3.1 Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities This includes members of Ethnic Minority communities, the LGBT+ community and people who live with disabilities or vulnerabilities**

*What are we aiming to do?*

3.1.1 In line with our Digital Strategy we will be implementing a real-time accessibility information service that supports access to our facilities. *Target for year 1: 95%*

3.1.2 Strengthening learning disability pathways

3.1.3 Developing diagnostic access with community hubs and implementing care in new, purpose built facilities to meet patient needs. *Target to open one new diagnostic hub in year 1.*

*We will do this by:*

- Ensure that transition from the National Reporting and Learning System (NRLS) to the new electronic system is implemented
- Support our Digital Strategy, to enable the deployment of a new patient administration system and the Sunrise Digital Care Record
- Work with Patient Experience team and Learning Disabilities leads to identify inequalities of access and areas for improvement for patients with learning disabilities

## **3.2 Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure a greater understanding of what our patients want and need and to prioritise learning and improvements**

*What are we aiming to do?*

3.2.1 In line with our Digital Strategy, implement a digital solution that enables patients to provide feedback in real-time; *Target for year 1: 4 star rating*

3.2.2 Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities: *Year 1 target 720 patients and carers will complete the survey (increase by 20%)*

3.2.3 Increasing Compliments and recommendation rates, reducing complaints. *Year 1 target: Increase compliments by 15%*

*We will do this by:*

- We will recruit a minimum of 2 Patient Safety Partners (PSP) and work towards, including these positions on patient safety committees
- Maximise the use of technology & innovation in the way we deliver services, including virtual wards, patient initiated follow up (PIFU) and digital outpatients
- Ensure that Learning Disability Standards are applied to all NHS funded care from 2023/24

# CONCLUSION

The quality priorities within this plan have been identified through our “Big Quality Conversation”, robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

The key to achieving our priorities and our desired outcomes, is to make sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust. We will do this through our 4ward Improvement System, learning from deaths, serious incident reviews and patient feedback by implementing a real time feedback system.

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4. NHS England and NHS Improvement (2019) The NHS Patient Safety Strategy. Available at: <https://improvement.nhs.uk/resources/patient-safety-strategy/> (Accessed: 21st May 2021).

# APPENDICES

Appendix 1: 2022/2023 Annual Priority Trajectories

Appendix 2: Quality Improvement Priorities Communication Tool 2022-2023

Appendix 3: Big Quality Conversation Results