

Improving Patient Outcomes Strategy

2015 - 2018





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1. Executive Summary

This strategy outlines the priorities and their associated workstreams that will be addressed to improve quality from now until 2018. It provides a framework within our existing governance infrastructure and outlines the enabling conditions required to deliver the strategy.

Our overarching priorities are to:

- Provide safe care
- Provide clinically effective care
- Provide reliable care

We are responsible for delivering care that is safe and which results in the best outcomes for patients. The workstreams associated with these priorities are given in the report and encompass both corporate initiatives involving everyone; and more specific workstreams to be delivered by relevant clinical teams. The delivery of this strategy requires the involvement of all Trust staff building on their dedication to deliver the best care. This strategy also outlines how staff can be supported to do this.

The strategy will be delivered alongside the Patient and Carer Experience Strategy thus ensuring all components of clinical quality are addressed. A one page summary of the strategy is shown on the back page of this document.

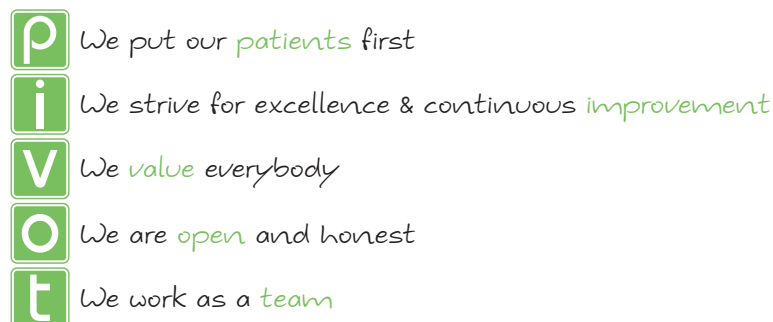


2. Introduction

During the last few years Trust staff have been involved with significant organisational change resulting in up to date facilities, revised care pathways and more efficient ways of working. Improvements in outcomes are evident, for example the reduction in Clostridium difficile infections; the reduction in mortality rates and the successes associated with the management of fractured hips and heart attacks. We have a history of achievement and a history of improvement.

In preparing this strategy a number of national documents have been reviewed. These set out the national direction which we should follow both to ensure a coordinated approach across all NHS organisations and to meet the standards required of us. Strategies from other exemplar NHS trusts have also been reviewed to learn from the best. This strategy follows on from the previous Patient Safety Strategy (2011-14) and the Improving Patient Outcomes Strategy 2014/15. It recognises the groundwork already undertaken and builds upon the achievements resulting from those strategies.

We are responsible for delivering care that is safe and results in the best outcomes for patients. It is our vision “to be amongst the best” and to this end we have an established set of Trust values which will underpin the successful delivery of the strategy.



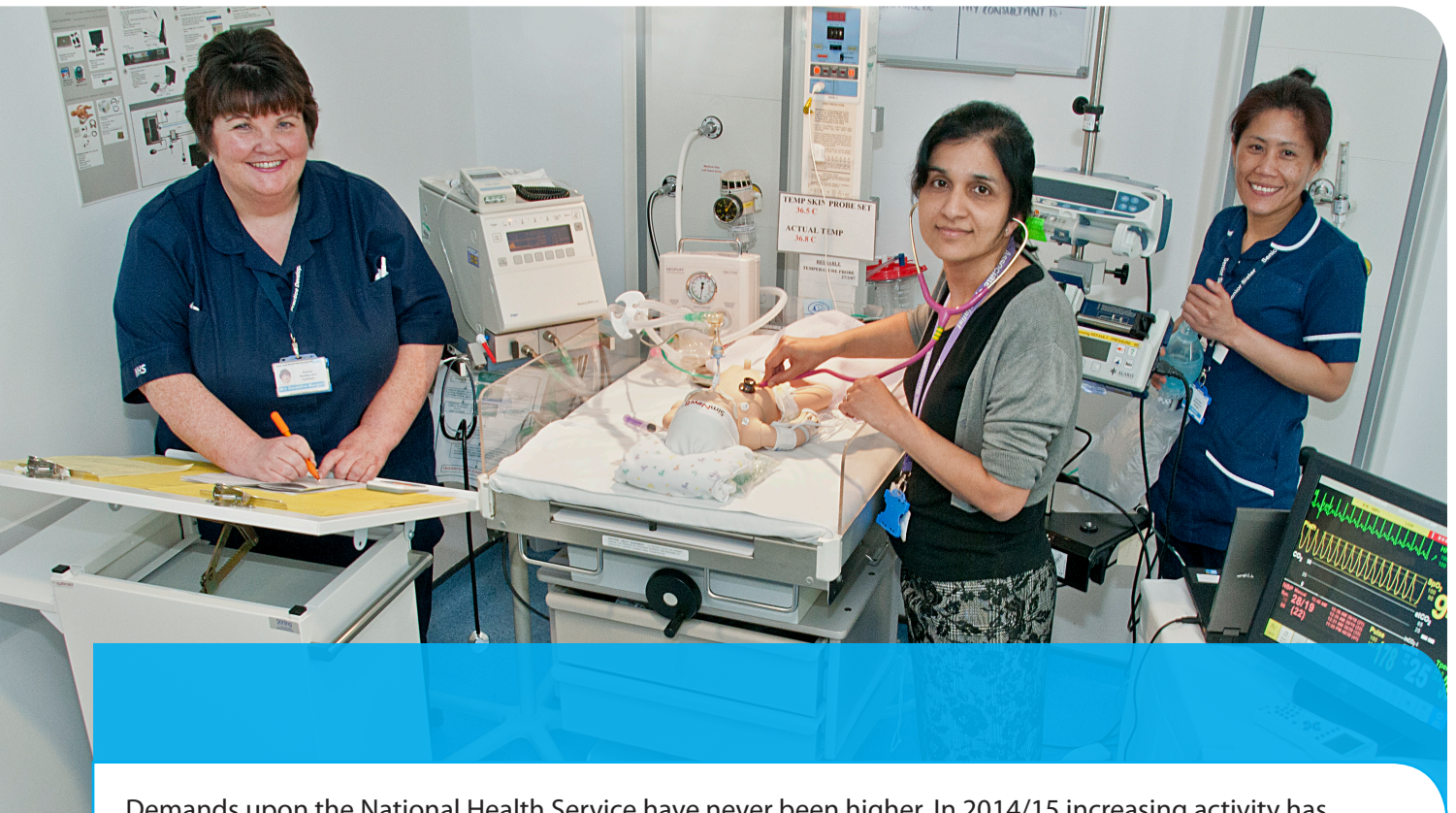
The 'I' for improvement implies learning. The Health Foundation in its “Framework for the measurement and monitoring of safety” (2013)¹ recognises the need to learn from past events and to use historic data against which to plan and measure improvements. It also asks the question “will it be safe tomorrow?” which moves us forward towards anticipating any potential for poor performance and preparing mitigating factors. The Strategy follows the principles identified within the Health Foundation Framework.

This strategy outlines our priorities for improvement over the next three years by providing a framework within which our existing governance infrastructures focus on outcomes rather than processes. It outlines the enabling conditions required including building capability and optimising the environment, and identifies the workstreams, both corporate and Division-related, to deliver our overarching priorities which are to:

- Provide safe care
- Provide clinically effective care
- Provide reliable care

We aim to create a culture of continuous quality improvement, to become a learning organisation where every member of staff understands their role in delivering this strategy and works towards that aim.

3. National Context



Demands upon the National Health Service have never been higher. In 2014/15 increasing activity has been apparent with a 12% increase in GP referrals and emergency activity at 9% higher than the expected and planned levels.²

The national population is increasing and people are living longer. Treatment and management of conditions are improving but the costs associated with such treatment, for example new drugs and techniques, are rising. Long term conditions currently account for 70% of the health budget and more than a quarter of hospital inpatients have dementia.^{3,4,5}

At the same time the methods and locations where care is delivered is evolving with a shift towards care nearer to home and increasing use of digital technologies to help monitor and manage medical conditions. We know that people want to receive greater information and to be more involved in their healthcare options, particularly opportunities for supported self-care.

The Five Year Forward View³ sets out a clear direction for the NHS –

“unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then patients’ changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will exist” (p 7).

A changing landscape and tighter financial constraints means working differently. Care and treatment must be delivered as a patient-focused service, one that meets the desires and lifestyles of the public, rather than being restrained by the boundaries of existing healthcare providers. As such, transitional care where people move from one healthcare setting to another to continue care has to be streamlined. The impact of a shift towards offering more day to day services at a local level supported by centres of expertise offering more specialist services must not be underestimated.

Some of the key points in the Forward View together with the NHS England Mandate⁶ help to shape future care provision, namely:

- Breaking down barriers between care providers and the provision of primary and acute care systems
- Improving health technology
- Applying innovation and embracing research opportunities
- Progressing with the NHS Outcome Framework, in particular:
 - Preventing people from dying prematurely
 - Enhancing quality of life for people with long-term conditions
 - Helping people to recover from episodes of ill health or following injury
 - Treating and caring for people in a safe environment and protecting them from avoidable harm

The Francis Report⁷ and the Berwick Review⁸ have had a profound effect upon Trusts in driving a process of continuous scrutiny. More recently the findings of the Kirkup Inquiry⁹ have presented further opportunity for review.

The development of Academic Health Science Networks and the Patient Safety Collaborative are harnessing the expertise from healthcare, academic and business institutions to work together and produce cost effective innovative solutions to healthcare problems.

The Sign up to Safety Campaign promotes a joint ambition to save 6,000 lives over the next three years by aligning organisational safety programmes to its common aim. A national drive on improving safety in key topics is shown below.

Topic Area	Patient Safety Topic							
The 'essentials'	Leadership				Measurement			
NHS Outcomes Framework improvement areas	Venous Thrombo-embolism	Healthcare Associated Infections		Pressure Ulcers	Maternity	Medication Errors		Deterioration in children
Other major sources of death and severe harm	Falls	Handover and Discharge	Nutrition and hydration	Acute Kidney Injury	Missed and delayed diagnosis	Deterioration of patients	Medical Device Errors	Sepsis
Vulnerable groups for whom improving safety is a priority	People with Mental Health Needs	People with Learning Disabilities		Children	Offenders	Acutely ill older people		Transition between paediatric and adult care

Initiatives relating to all topics, with the exception of offenders, are covered by the strategy and its annual plan of objectives.

It is important that the Trust aligns its priorities when delivering national requirements to maximise efficiency and minimise duplication of effort. To this end this strategy will align with the Trust's operating plan, quality account and commitments outlined within the Sign up to Safety campaign.

4. Local Context

The Trust has established mechanisms as outlined in the Quality Governance Strategy for monitoring quality through its governance arrangements. These include a managerial and committee framework; production of dashboards for monitoring progress and performance reviews for discussion, praise and challenge. Assurance processes such as mortality reviews, quality / safety inspection visits, the clinical audit programme and clinical effectiveness implementation facilitate the assessment of service quality.

Various workstreams, such as the transforming in-patient management and transforming out-patient management programmes, are already in place and delivering improvements. Project groups, for example the Sepsis Working Group, oversee initiatives for improving the management of particular conditions; and clinical divisions have their clinical strategies with action plans for quality improvement and service development.

We know how we are performing – what we are doing well and where improvements are required. We know how we are performing compared to other organisations in a number of areas. We also know what our patients think of the services provided. Such rich information is only of value if we use it to drive further improvements. However, much of this knowledge is gained through review of what has already happened and we also need to look towards how we can develop to measure how safe we are today and to predict how safe we will be tomorrow.

Given the current restrictions in funding there will be no additional resource to implement the strategy so the knowledge and expertise of existing staff will be utilised.

The NHS aims to be paperless. There are plethora of electronic systems in use across organisations which do and do not communicate with each other. We will look towards streamlining our IT solutions to reduce duplication; to interface with community systems where possible and to ensure we make sensible purchasing decisions with scarce funding which take account of information governance principles.

Such an approach means we should be able to care for our patients seamlessly wherever they receive care and treatment; minimising duplication and preventing omissions. We will endeavour to maximise the number of people with long term conditions to stay at home while being monitored remotely.

We recognise that clinicians will increasingly use smart technology and must ensure our IT systems evolve to facilitate this.

5. Trust Quality Improvement Framework

We have identified five aims - three directly relating to improving outcomes and two relating to the enablers required to achieve continuous improvement. Ambitious targets will be set for each of these against which to measure progress and therefore success in achieving this strategy.

A number of initiatives have been developed and are outlined in the sections on the following page. Specific detail however will be agreed and identified on an annual basis to ensure progress is made whilst taking account of the changing local and national landscape. This will provide an opportunity to consider the work undertaken and review the initiatives and measures.

The diagram below helps to conceptualize the strategy by identifying connections and interdependencies of what will drive and influence change.

Priority	Aim	Initiatives	Measures	Links
Safer care	Seek out and reduce harms	<ul style="list-style-type: none"> deteriorating patient inc. eObs rollout falls prevention pressure ulcer prevention infection prevention VTE prevention medicines management inc electronic prescribing & safety thermometer safe staffing readmission prevention 	<ul style="list-style-type: none"> observation audits inc CQUIN failure to rescue (admission to CC & no of cardiac arrests) safety thermometer scores incident rates HAT numbers medication omissions medication thermometer safer staffing levels readmissions 	<p>Outcomes Framework 5</p> <p>Sign up to Safety</p> <p>Quality Account priority 1</p> <p>Operating Plan strategic aim 1</p> <p>People Strategy ambition 2</p>
Effective care	Progressive reduction in preventable deaths	<ul style="list-style-type: none"> care pathways mortality review process best practice standards 7 day services never events sepsis management 	<ul style="list-style-type: none"> risk-adjusted mortality indicators national mortality alerts specialty specific outcome measures time to consultant review time to antibiotics 	<p>Keogh 10 clinical standards</p> <p>Outcomes Framework 1-3</p> <p>CQUIN</p> <p>Operating Plan strategic aim 1</p> <p>Quality Account priority 2</p> <p>People Strategy ambitions 1 & 2</p>
Reliable care	Achieve the highest level of care reliability	<ul style="list-style-type: none"> care bundles consistency in coding standardise practices (handover, ward rounds, checklists) SBAR promotion safety briefings best practices eg NICE IT systems for automated information management and to support decision making 	<ul style="list-style-type: none"> compliance with care bundles weekend mortality compliance with handover standards no. of SIs related to lack of information transfer adherence to national guidelines (clinical audits) no. of outliers 	<p>Keogh 10 clinical standards</p> <p>CQUIN</p> <p>Operating Plan strategic aim 1</p> <p>People Strategy ambitions 1 & 3</p>
Provision of enabling factors	Improve capability within the workforce for continuous improvement	<ul style="list-style-type: none"> safety / compliance inspection visits (walkabouts) 15 steps challenge staff culture survey improvement methodology teaching packages human factors training new consultant leadership mentoring 	<ul style="list-style-type: none"> no. of staff involved in inspection visits survey results delivery of training no. of patient safety officers / champions no. of board members attending the EAHSN board level patient safety workshop 	<p>Operating Plan strategic aim 1</p> <p>People Strategy ambition 3</p> <p>Leadership and Talent Strategy</p>
	Work in partnership with staff, patients and stakeholders to improve outcomes	<ul style="list-style-type: none"> EAHSN Patient Safety Collaborative mortality review with CCG (note priority 2) involvement with patients Sign up to Safety patient survey (involvement in decisions) staff survey (improvements) transitional care IT across boundaries 	<ul style="list-style-type: none"> EAHSN milestones PSC milestones survey scores discharge summaries shared systems 	<p>Sign up to Safety</p> <p>Operating Plan strategic aim 3</p> <p>People Strategy ambition 1</p>

Priority 1: Provide Safe Care

We are committed to ensuring that patients are cared for in a safe environment by staff who are caring and competent. We will continue to work towards preventing harm by learning from mistakes and from being pro-active in dealing with potential harm. This priority links with the following national programmes:

- Sign up to Safety campaign
- Patient Safety Collaborative
- NHS Outcomes framework outcome 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
- Quality Account (priority 1)

We will continue to ensure that all our cost improvement schemes do not compromise safety and that there are sufficient numbers of staff to care for the volume and acuity of our patients.

Aim 1: Seek out and reduce harms

To achieve this we will:

- Detect deterioration earlier by recording observations on admission; improving observation and escalation compliance and rolling out e-Observations throughout the organisation
- Progress existing workstreams, eg. falls prevention, infection prevention, venous thrombosis prevention to make further reductions in harms
- Improve medicines management through targeted efforts to reduce omissions or delays, in particular antibiotics and by working towards electronic prescribing and administration
- Ensure our wards and departments have safe staffing levels
- Further extend work to prevent readmissions

As measured by:

- Compliance with observation audits
- Assessment of failure to rescue
- % of patients receiving harm free care as measured by the safety thermometer (inc medication safety and maternity)
- Reduction in the number of incidents (falls, pressure ulcers, infection, VTE, medication omission and delays)
- Safer staffing levels
- Readmission rates

Priority 2: Provide Clinically Effective Care

We are committed to providing care that utilises national best practice; that maximises our resources and offers value for money. We aim for our outcomes to be amongst the best and acknowledge that we need to improve access to services first. We welcome the national drive towards offering more effective 7 day services¹⁰ and recognise the need to work more closely with healthcare partners to deliver healthcare more suitable to the desires and lifestyle of the public.

This priority links with the following national programmes:

- Patient Safety Collaborative
- Keogh's 10 clinical standards
- CQUIN framework
- NHS Outcomes framework outcomes 1-3:
- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury

Aim 2: Progressive reduction in preventable deaths

To achieve this we will:

- Further develop pathways of care, working in collaboration with community partners, to streamline and maximise the care and treatment of specific high risk conditions
- Embed the mortality review process to continue the relentless understanding and learning from identified failures
- Apply best practice standards within all clinical specialties, including prevention of never events
- Implement 7-day services to facilitate early review of patients; to improve decision making and expedite assessment and treatment
- Improve implementation of Sepsis 6

As measured by:

- Risk adjusted mortality indicators
- National mortality alerts
- Specialty specific outcome measures
- Time to consultant review
- Time to antibiotics

The outputs from these work streams will be delivered and embedded across all areas of clinical practice. Over time, we will continue to review key mortality indicators and develop new streams of work to improve clinical quality and reduce avoidable mortality.

Wards using electronic observation recording

1

Target

All

VTE safety thermometer harms per 1000

13

Target

Within Best Quartile

Mortality (HSMR)

95.5

Target

<=95

Priority 3: Provide Reliable Care

Provision of reliable care means the provision of care and treatment that delivers the same high quality outcomes at all times. Achievement of this can largely be realised through standardisation of practices. It is also about ensuring 'continuity of care as the norm'¹¹ so that changes in teams or location would not alter how care is delivered. The Institute for Healthcare Improvement has developed the concept of "bundles" to help health care providers to reliably deliver the best possible care for patients undergoing particular treatments. We will extend the number of care bundles used to cover more conditions.

Data capture needs to be robust for accurate measurement. We will endeavour to gather data by automatic electronic means where possible to maximise efficiency and accuracy. We will ensure our coding systems are consistent.

We will continuously work towards appropriate standardisation of care. Where standards of care do not diverge there is little variation and patient outcomes are better. A further matter in reliable care is that of communication. Poor communication can result in poor outcomes, examples being failure to hand over important matters and reliance upon verbal communication. We will continue to work on communication tools around handover and ward rounds, further promoting the use of SBAR and safety briefings. We will review how we document in the health records whilst working towards electronic solutions.

Aim 3: Achieve the highest level of care reliability

To achieve this we will:

- Increase the number of care bundles¹² for managing common conditions and those with higher than expected mortality, and measure compliance against these to minimise variation in practices
- Standardise practices such as structured ward rounds and handovers; and checklists for transfers to reduce variation and ensure all key information is captured and shared
- Deliver care according to best practices as outlined in national standards such as NICE guidance and confidential enquiries
- Realise the commitments towards delivering 7 day services
- Develop improved electronic systems for automated / real-time data capture
- Develop a way of measuring how safe we are today and to predict how safe we will be tomorrow

As measured by:

- Compliance with care bundles (where there is a common understanding)
- Weekend mortality
- Compliance with handover standards
- Number of serious incidents where failure of information transfer is a contributory factor
- Adherence to national guidance via clinical audit compliance
- Reduction in number of outliers

6. Enabling Factors

The improvements will not happen in isolation. The portfolio of workstreams and objectives require dedicated and knowledgeable staff together with the assurance of safe staffing levels (as per priority 1). This section describes the conditions required to support staff in delivering this strategy.

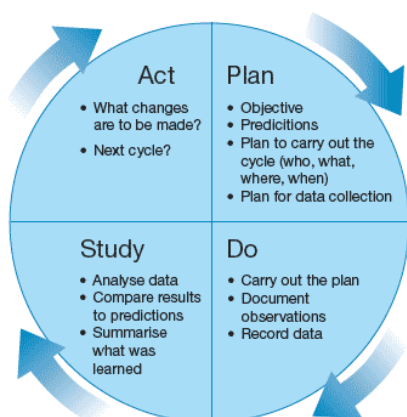
6.1 Developing Capacity and Capability

This strategy will only be of limited success unless we focus on developing continuous improvement capability in our workforce. The Trust's 'People Strategy' and 'Leadership Development and Talent Management Strategy' details the aspirations to develop individuals and leadership within the organisation. We will build on existing organisational structures and expertise to develop skills, build capacity and create opportunities for shared learning across the wider multi-disciplinary team. Where we can we will work with a range of improvement organisations including NHS Improving Quality and academic partners to extend the skills of staff. As we develop we will be realistic about what we can achieve given the complement of staff available.

a) Improvement methodologies

The evidence base is growing for organisations to apply human factors, systems thinking and quality improvement methodologies to healthcare. In addition staff are becoming increasingly involved with improvement activities. Poor outcomes are rarely associated with lapses in individual performance but are linked to processes, conditions, the environment and other constraints. Improvement methodologies which identify and rectify these problems can only contribute to improving outcomes and reliability. The development of an improvement culture together with a knowledgeable and skilled workforce will help staff in leading improvements.

The Trust will continue to use root cause analysis to identify the causes of errors and will extend its briefing / debriefing initiatives; introduce human factors and implement the NHS Model for Improvement eg PDSA (plan, do, study, act), for identifying and managing change.



Model for Improvement

High reliability organisations – those that work in situations where large scale harm is possible – demonstrate 'collective mindfulness'. This is indicated by a commitment to resilience; deference to expertise; a preoccupation with failure and reluctance to simplify concerns or risks.

Aim:

Number of additional care bundles

Target

10

Aim:

Reduction in number of outliers

Target

30%

Completion of NICE guidance action plans

75%

Target

>90%

Aim:

Number of serious incidents where handover is a factor

Target

0

This means that such organisations are open-minded about sub-optimal practices, aiming to seek out the potential for harm or inefficiencies and are concerned with the detail. In the NHS we tend to look for trends rather than the detail. The Trust must build this mindfulness into its improvement culture.

Designing reliable healthcare allows us to prevent failure, by means such as standardisation, checklists and awareness raising; identifying and mitigating failure by error proofing systems or preventing harm by proactively identifying failure; and redesigning the process by identifying the failure modes using for example failure mode and effects analysis.

Alongside the Model for Improvement we will aim to use the Breakthrough Series collaborative model to provide a framework for improvement efforts. This is a proven intervention through which wards and departments learn from each other and from recognized experts around a focussed set of objectives. Experts work with teams to identify a concern, something felt to be 'unacceptable', and work together to address it, making small changes and testing the outcome using the PDSA cycle. As different teams share their methods and outputs the good practices spread.

There is overwhelming evidence that the integration of Human Factors into clinical care is a vital aspect of improving patient safety, and we are committed to eliminating error prone systems and processes by developing human factors awareness within Trust staff. Human Factors are the interrelationships between humans, the tools they use, and the environment in which they live and work. Its aims are twofold:

- To review organisational systems and processes to eliminate conditions that can lead to harm eg. review of incident reporting systems
- Helping clinical teams to work together safely and effectively by training them about leadership, communication, situational awareness, problem solving and decision making.

We will develop a network of staff across the Trust who possess the knowledge, skills and commitment to deliver ongoing transformational change. This network will take time to develop and require a structured educational programme alongside a practical programme to implement the theory. To facilitate this we will build guidance and support in the following areas:

- Models for Improvement and small-scale rapid tests of change
- Concepts and practices of high-reliability organisations
- Concepts and practices of scale-up and spread of improvements
- Understanding human factors

Each clinical ward and department will have a designated Patient Safety Officer to take a lead role in implementing a culture of safety on their individual wards and departments and support the delivery of quality improvements.

The Trust will identify Patient Safety Champions at senior levels to provide leadership for quality improvement projects, promoting a culture where patient safety is a first priority at all times.

b) Culture of continuous improvement

We want to create a culture within the Trust where improving patient outcomes are central to everyday practice. This includes the further development of an environment to learn from errors or sub-optimal practices and where staff know that their concerns will be listened to and acted upon fairly.

We want to build on our achievements for celebrating success and offer opportunities for showcasing achievements and outcomes; thereby generating momentum for further improvement.

We will continue to promote our Trust values and embed their principles in everyday working practices. We will undertake culture surveys but also measure proxy indicators such as those available via the staff surveys to test staff views. We will also offer, via the education structures, a range of opportunities for learning about improvement methodologies.

A programme of safety / compliance inspection visits is routinely delivered by the Trust. Such events aim to identify good practices for sharing and poor practices for improvement. We will increase the attendance of a wider range of staff on the walkabout programme to promote best practices and shared learning, but also to identify where improvement methodologies could be applied.

Number of staff with formal improvement methodology training

5

Target

>60

Aim 4: Improve capability within the workforce for continuous improvement

To achieve this we will:

- Incorporate the safety / compliance inspection visits into staff development programmes and extending invitations to all staff to complete the '15 steps challenge'
- Undertake annual surveys of staff to measure the safety and quality culture
- Develop an improvement methodology teaching package and tools, based on international guidance, for bespoke teaching and incorporation into existing training programmes
- Support staff / teams to attend national learning events / courses to develop skills in human factors, ultimately aiming to deliver such training in-house
- Strengthen Board engagement and leadership through the attendance at Patient Safety Workshops / events
- Generate further engagement through opportunities for shared learning within the Trust

As measured by:

- Number of staff undertaking formal inspection visits coordinated by the safety / compliance team
- Result of annual safety culture survey
- Delivery of training package/ tools to staff
- Number of Patient Safety Champions involved in improvement projects

Aim:

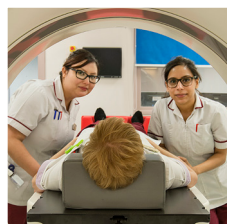
Improve safety culture survey overall score

Staff completing inspection visits

15

Target

>80





6.2 Partnership Working and Collaboration

We have a vast wealth of insight from our staff, who are also our customers, from which to gather ideas for improvement and to design quality improvement schemes. With the help of the engagement team we will look for ways to hear staff views, enabling them to contribute to our quality improvement plans.

We will hold staff to account for their performance and will celebrate success via the existing award schemes and by developing an award system to recognise patient safety eg ward accreditation. We will showcase excellent practices at regular achievement events. This approach will demonstrate the collaborative work being delivered, and engage the hearts and minds of staff by sharing real patient stories and successful initiatives.

From an external stakeholder perspective we will maximise the opportunities to learn with and from other NHS Trusts and organisations to bring about measurable improvement. We will actively promote good practice across the Trust by learning from high performing organisations.

We will create and extend partnerships with community partners to develop more streamlined care around patient convenience; to reduce hospital admissions by creating capacity and using technology to keep people at home. This care will be available 7 days per week and will aim to ensure that transfer of care is effective when people move between care providers. We will progress initiatives towards creating specialisations whilst contributing to the delivery of networks. Academic partnerships will help us to innovate and develop new ways of working. We will continue to seek opportunities for scrutiny from local community groups and partners.

a) Involving patients

Involving patients, families and the public in quality improvement has largely been linked with service redesign and in the learning following something going wrong, eg complaints or patient stories.

We will, via the patient experience committee and action plan, look for ways to increase patient involvement tapping into existing measurement tools. We recognise the value that further involvement can bring to service improvement and via the engagement team will identify further opportunities where we can strive to develop services from the public's perception. We will actively encourage patients to question or challenge staff about safety practices.

Aim 5: Work in partnership with staff, patients and stakeholders to improve outcomes

To achieve this we will:

- Contribute to the Academic Health Science Network (AHSN), delivering on commitments agreed for the clinical conditions
- Contribute to the Patient Safety Collaborative (PSC) and its relevant workstreams, delivering on agreed commitments
- Further develop the joint Mortality Review Group with the CCG
- Increase the involvement of patients in the management of their safety whilst in hospital
- Deliver the initiatives set out in the Sign up to Safety Campaign three year plan

As measured by:

- Achievement of milestones towards completion of AHSN and PSC projects
- Survey scores from patient feedback eg involvement in decisions about care and treatment
- Survey scores from staff feedback eg staff reporting contribution towards improvements
- Improvements in discharge summaries

Score for patients involved in decisions about care

7.3

Target

7.7

Aim:

Increase number of specialties using telehealth



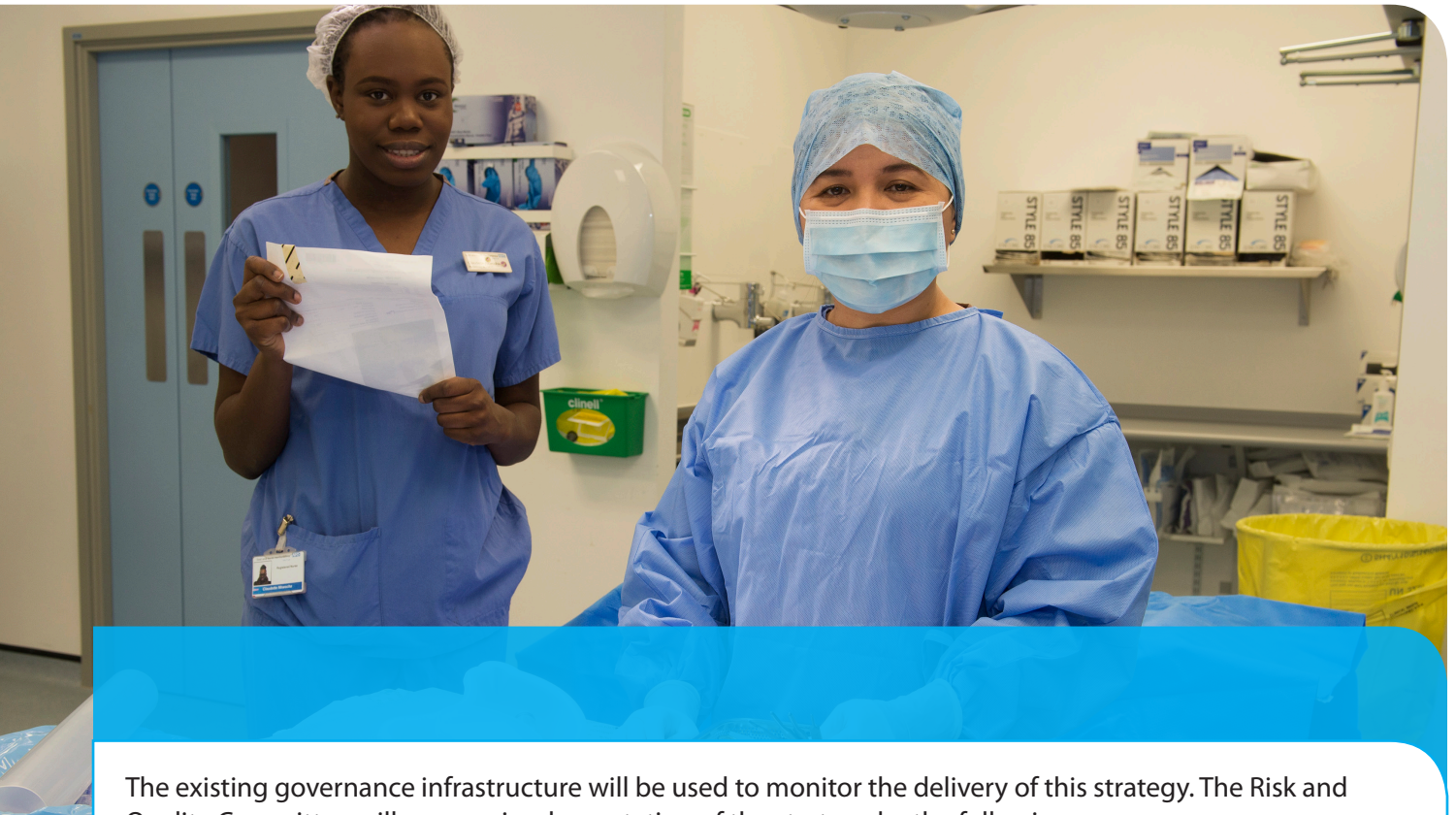
% staff reporting contribution towards improvements

63%

Target

>68%

7. Monitoring and Reporting



The existing governance infrastructure will be used to monitor the delivery of this strategy. The Risk and Quality Committee will oversee implementation of the strategy by the following means:

- Scheduled reports from executive directors
- Escalation reports from relevant committees
- Information supplied on various dashboards
- Information received by proxy from other assurance sources

The day-to-day evaluation work will be undertaken through various sub-committees and via the performance review process where clinical and managerial leads are held to account for service improvement.

In addition, through our Quality Account we will report on performance and progress against the priorities outlined in this strategy.

Where possible compliance with this strategy will be measured using existing systems rather than introducing new or additional means. For example assurance on progress will be measured via proxy measures including:

- Delivery of the clinical audit and effectiveness programme
- Intelligent monitoring using the CQC tool
- Performance against CQUINs
- Performance against national quality indicators
- Inspection reports inc. peer review
- Benchmarking against CQC inspection reports
- Review of incidents and complaints
- Findings from quality / safety inspection visit

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- ¹²A bundle is a small set of evidence-based practices that, when performed together and reliably, have been proven to improve patient outcomes.
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- Salford Royal NHS Foundation Trust Quality Improvement Strategies (2008/11, 2011/14, 2015/18)

Our vision is *to be amongst the best*

2015-18
IMPROVING PATIENT OUTCOMES STRATEGY

AIM	KPI	2015 – 2018 INITIATIVES
Seek out and Reduce Harms	Observation compliance > 99.5%	<ul style="list-style-type: none"> • Reducing deterioration: <ul style="list-style-type: none"> • eObs roll-out • Reducing harms: <ul style="list-style-type: none"> • Falls • Pressure ulcers • VTE • Infection • Medication • Safe staffing • Readmission prevention
Progressive Reduction in Preventable Deaths	HSMR <=95	<ul style="list-style-type: none"> • Care pathways • Mortality reviews • Implementing best practice standards • Progress 7 day services • Zero never events • Sepsis management
Achieve Highest Levels of Care Reliability	10 care bundles	<ul style="list-style-type: none"> • Standardisation: <ul style="list-style-type: none"> • Care bundles • Safety briefings • Handover and ward rounds • SBAR promotion • Coding consistency • Achieve Best practice tariff • IT supported decision making • Reducing outliers
Improve Continuous Improvement Capability	Improve safety culture survey score	<ul style="list-style-type: none"> • Staff involvement: <ul style="list-style-type: none"> • Quality inspections • 15 steps challenge • Safety culture survey • Training opportunities: <ul style="list-style-type: none"> • Improvement methodology teaching • Human factors training • Consultant leadership mentoring
Work in Partnership to Improve Outcomes	Score 7.7 patients involved in decisions	<ul style="list-style-type: none"> • Collaboration: <ul style="list-style-type: none"> • Eastern Academic Science Network • Patient Safety Collaborative • Sign up to Safety • Mortality reviews • Patient survey • Staff survey • Transitional care • IT across boundaries

People Strategy - Leadership & Talent Strategy - Trust Operating Plan - Quality Account
 NHS Outcomes Framework - Sign up to Safety Campaign - Keogh 10 Clinical Standards - CQUIN