

## Executive Summary

### Report to the Board of Directors

Being Held on 28 March 2023

<b>Subject</b>	Quality Strategy 2023-28
<b>Supporting TEG Member</b>	Jennifer Hill, Medical Director (Operations)
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<b>Status<sup>1</sup></b>	A

### PURPOSE OF THE REPORT

To present the Trust's Quality Strategy 2023-28 for approval.

### KEY POINTS

The Trust's Quality Strategy (2023-28) sets out our approach, direction and priorities for quality improvement over the next five years. It supports the corporate strategy, Making a Difference: The next chapter (2022-27), in particular the strategic aims to Deliver the best clinical outcomes and Provide patient centred services. It also complements other supporting strategies, including the People Strategy, and forms part of a much broader programme of quality improvement work.

The strategy has been informed by the views of our patients and staff along with themes from insight data including incidents, complaints and audit. It has also taken into account the latest national thinking and guidance, including the National Patient Safety Strategy (2019, 2021), and the findings from our CQC inspection in October and November 2021 and re-inspection in September 2022.

We have consulted on the strategy internally with staff, including governance leads and triumvirates, and externally with stakeholders including the Integrated Care Board, Health Scrutiny Sub-Committee, Healthwatch Sheffield, and Maternity Voices Partnership. Feedback has been positive and suggestions for strengthening or improving the strategy have been considered and incorporated as appropriate.

The framework adopted for the strategy is based on the CQC Regulatory Framework and the Darzi-based definition of healthcare quality with the three domains of Safe, Effective, and Experience. Priorities outlined in the strategy include:

#### Safe:

- Implementing the National Patient Safety Strategy, including the Patient Safety Incident Response Framework (PSIRF)

#### Effective:

- Streamlining structures and processes for clinical audit to ensure timely reporting and actioning of results, including risk assessment and escalation of any issues of concern.

#### Experience:

- Expanding the breadth and depth of our engagement programme, ensuring representation from diverse and seldom heard communities and alignment with the health inequalities agenda.

The priorities outlined in each of the domains will be supported by implementation plans, including specific measures of success, and will be overseen and monitored through our governance structures.

Implementation of the Experience domain will require a review of resource to look at options for the range and depth of engagement in comparison to resource requirement.

Through implementation of the strategy, we aim to ensure a focus on priorities which lead to tangible and lasting improvements to the quality of services for our patients.

## IMPLICATIONS<sup>2</sup>

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Create a Sustainable Organisation	
6	Deliver Excellent Research, Education and Innovation	

## RECOMMENDATIONS

The Board of Directors are asked to approve the Quality Strategy 2023-28.

## APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	22/02/23	Y
Quality Committee	20/03/23	
Board of Directors	28/03/23	

<sup>1</sup> Status: A = Approval  
D = Debate  
N = Note

<sup>2</sup> Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'



# Quality Strategy 2023-28

**PROUD  
TO MAKE A  
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



## Foreword

I am pleased to introduce you to our new Quality Strategy 2023-28.

The strategy supports delivery of the Trust's corporate strategy Making a Difference: The next chapter (2022-27), in particular the strategic aims to:

- Deliver the best clinical outcomes
- Provide patient centred services.

It also complements other Trust supporting strategies, including the People Strategy, which sets out our intent to create a brilliant, personal place to work and to promote a healthy and engaged workforce to deliver high quality care.

The strategy is being published during a programme of recovery following the most challenging of times. Our staff have faced huge challenges in delivering high quality, safe care to patients during the coronavirus (COVID-19) pandemic. They continue to go above and beyond as we manage the operational impact of the pandemic, with significant numbers of planned appointments and procedures delayed.

Our Quality Strategy aims to ensure that we continue to drive quality improvements following this unprecedented period, by setting our direction and priorities for the next five years. This is our second Quality Strategy, which builds on the progress achieved and the framework established in our first strategy. We continue to align our approach with the CQC's regulatory framework, and to place the Trust's PROUD values at the heart of our ambitions.

Our priorities and ambitions for quality improvement have been developed taking into account the views of our patients and staff along with insight data including incidents, complaints and audit. In addition, our strategy has been informed by the findings from our CQC inspection in October and November 2021 and our re-inspection in September 2022.

Our strategy has also been influenced by the first National Patient Safety Strategy published in July 2019 and updated in February 2021. Our Quality Strategy incorporates plans to implement the requirements of the National Patient Safety Strategy including expanding the role of Patient Safety Partners to support safety improvement programmes, strengthening how we manage and learn from incidents through implementing the new Patient Safety Incident Response Framework (PSIRF), and continuing to strengthen our safety culture.

We have a range of improvement programmes in place, including a Maternity Improvement Programme, which we aim to continue and build upon over the coming years. Whilst much work has already been done to deliver improvements across our highest priority areas, we recognise that we have more work to do to ensure that our services are of the quality that we aspire to achieve.

Our strategy sets out how we will continue to improve the experience of our patients, families, and carers by seeking and responding to patient feedback and involving patients in developing and improving our services.

## Our Values

**Patient first** - Ensure that the people we serve are at the heart of all that we do

**Respectful** - Be kind, respectful, fair and value diversity

**Ownership** - Celebrate our successes, learn continuously and ensure we improve

**Unity** - Work in partnership with others

**Deliver** - Be efficient, effective and accountable for our actions

Over the past two years we have begun, through our Engagement Network, to work more closely with the people and communities we serve to make sure that the care they receive is centred on their needs. We plan to support this work with new ways of engaging with patients and understanding their experience. These include developing digital patient stories as a powerful way of reflecting patient experience first-hand and using 'deep dives' to better understand the experience of patients across specific services or groups.

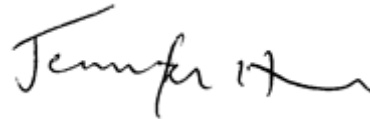
Providing clinically excellent services remains central to our ambitions. Clinical audit is a key tool in continuous quality improvement, driving and measuring improvement over time. By fully participating in national clinical audit programmes, and by analysing comparative data from sources including Getting it Right First Time (GIRFT), we can benchmark our performance against peers and ensure the care we provide is evidence-based. Our programme of clinical audit is agreed annually and will continue to include priority audits identified through themes from data, including incidents.

Our strategy should be seen as part of a much wider programme of quality improvement, both within the Trust and across our Integrated Care System (ICS). The Trust plays an important role, working with other healthcare and social care providers through the ICS. This increased partnership working presents a significant opportunity to improve quality. Working collaboratively across systems will also form the basis of the CQC's regulatory approach in the future.

It is also important to recognise the well-established quality improvement training delivered through our Microsystems and Flow Coaching Academies, helping us to build improvement capability into our workforce. We have a strong and innovative quality improvement programme which promotes a culture of continuous improvement which will, in turn,

support us in achieving the ambitions set out in this strategy.

We hope our commitment to improvement and our determination to get things right for our patients, their families and carers is evident in this strategy.



Dr Jennifer Hill  
**Medical Director (Operations)**

## 1. Introduction

Our Trust Corporate Strategy Making a difference: The next chapter (2022-27), sets out a strategic framework with six overarching aims:



Whilst our Quality Strategy supports delivery of all of the strategic aims, it will particularly enhance the delivery of two strategic aims: Deliver the best clinical outcomes and Provide patient centred services.

The Quality Strategy is one of a number of supporting strategies and part of a broader programme of quality improvement work. This includes:

- **Quality Objectives:** each year we select Quality Objectives based on our insight data and in consultation with key stakeholders including Healthwatch Sheffield and Trust governors.
- **Thematic Workstreams:** improvement workstreams identified from thematic review of data including serious incidents, complaints, and inquests to ensure a Trust-wide approach.



## 1.1 Purpose of the strategy

The purpose of the strategy is to set out our approach and provide direction for driving improvements in quality over the next five years. The strategy outlines the guiding principles that will shape our work, and the steps we will take to put these into practice.

## 1.2 Framework for the strategy

The framework we have adopted is based on the CQC Regulatory Framework and the Darzi-based definition of healthcare quality, with the three domains of Safe, Effective, and Positive Experience at its heart. The diagram below illustrates the three domains, each of which is influenced by leadership (Well-led) and Resources (Sustainable use of resources).

Figure 1: Quality Strategy Framework



In practice, this means that our staff will deliver care that is:

<b>Safe</b>	Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk; empowers, supports, and enables people to make safe choices; protects people from harm, neglect, abuse and breaches of their human rights; and ensures learning and improvements when things go wrong.
<b>Effective</b>	Informed by consistent, up to date, high-quality training, guidelines and evidence; enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
<b>Positive experience</b>	Responsive: shaped by what matters to people and their preferences; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. Caring: delivered with compassion, dignity, and respect.

## 1.3 Factors which have informed our strategy

### 1.3.1 Feedback and insight

Our Quality Strategy has been developed through listening to our patients and staff and consulting with stakeholders including Healthwatch Sheffield, Maternity Voices Partnership and South Yorkshire Integrated Care Board. In addition, our insight and performance data, including benchmark data and patient feedback, has informed our approach.

The strategy ensures that we build on existing programmes of work and that we continually identify and address priorities for improvement across the three domains.

### 1.3.2 National strategies

National guidance and strategy has shaped our priorities. In particular, the National Patient Safety Strategy (NPSS) is a key driver for our safety priorities. Areas where we have already made good progress or have fully implemented requirements of the NPSS include:

- Six Patient Safety Specialists (PSSs) are leading our work to implement the NPSS requirements. Our PSSs are actively participating in the national PSS network, attending national briefings and events.
- The Trust has robust processes in place for the management of National Patient Safety Alerts (NPSAs). Our next step is to complete a review against the new national Enduring Standards to check that our actions in relation to previous NPSAs are systematically embedded.
- Our first Patient Safety Partners (PSPs) commenced in September 2022, and we are currently planning the expansion and roll out of this role.
- Work has commenced to implement the new Patient Safety Incident Response Framework (PSIRF)

### 1.3.3. CQC Inspection



Following the CQC inspection in October and November 2021, a number of areas were highlighted where improvement was required. These include:

- Appropriate completion of risk assessments including mental health, mental capacity, and falls
- Managing medicines safely
- Prompt and appropriate management of deteriorating patients
- Reporting of and learning from incidents
- Provision of staff training in key areas including physical restraint and dementia.

We have made significant progress in delivering improvements, as evidenced in the outcome of our re-inspection in September 2022. The plans outlined within our Quality Strategy aim to support continued and sustained improvement.

## 1.4 Delivering the strategy

To ensure delivery of the strategy, the principles and priorities outlined within each of the three domains in the strategy (Safe, Effective Positive Patient Experience) will be supported by more detailed implementation plans which will be overseen and monitored through our governance structures. These implementation plans will include specific measures of success.

At Executive level, responsibility for Safety and Effectiveness sits with the Medical Director (Operations) and responsibility for Patient Experience and Engagement sits with the Chief Nurse. These three areas of responsibility are integrated within the Quality Director role.

The Trust's Quality Committee is the Board Committee with responsibility for seeking assurance regarding quality. This committee therefore has responsibility for oversight of progress in implementing the Quality Strategy.



## 1.5 Continuous Quality Improvement

A culture of continuous quality improvement (QI) is essential in ensuring that we not only achieve the ambitions outlined in our strategy, but that ongoing improvement is a core part of our everyday work.

Through our Microsystems and Flow Coaching Academies we provide a comprehensive approach to training our staff in proven QI techniques to equip them with the skills to support and drive continuous improvement. This training ranges from introductory courses to pathway redesign. In addition, QI is a core part of our Patient Care Recovery Plan and forms a key

element of our leadership development programmes.

We will ensure that our QI workstreams are aligned with our Quality Strategy through:

- review and mapping of themes from insight data to current QI programmes of work and identification of gaps.
- QI representation on key groups and committees including the Patient Experience and Engagement Sub-Committee and the Quality and Safety Sub-Committee.
- Specific QI support for priority workstreams including Human Factors.

## 2. Patient Safety

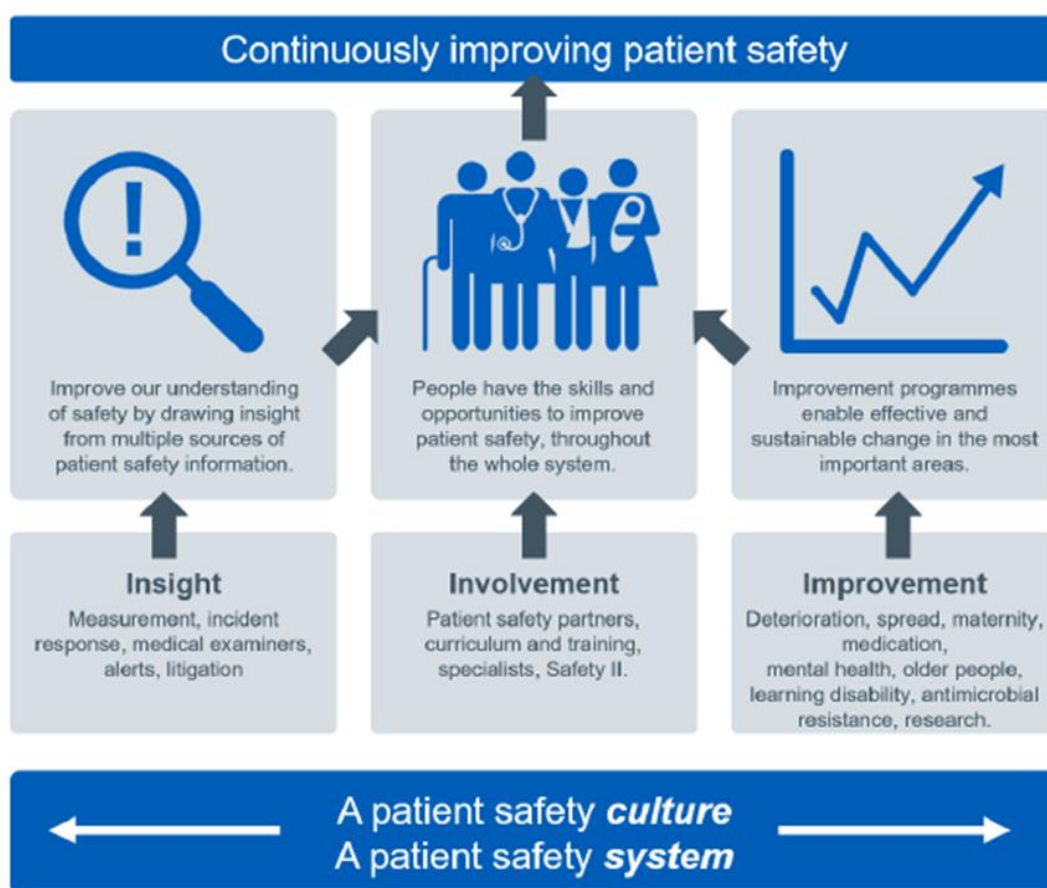
### 2.1 Strategic priorities

We want to transform the way that we deliver the safety agenda, to ensure that we:

- take steps to continuously improve the safety of services provided to our patients
- embed a safety culture by which we create psychological safety for our staff to ensure they feel able to openly engage
- truly involve patients and their families in undertaking patient-focussed investigations and improvements
- proactively recognise and mitigate risks
- respond appropriately when things go wrong, to make effective and sustained changes

Our approach to improving patient safety will align with the principles set out in the National Patient Safety Strategy: Insight, Involvement, and Improvement, summarised in Figure 2 below.

Figure 2: National Patient Safety Strategy Principles



Over the next 5 years, we will build on our existing patient safety foundations and our work to date to deliver the priorities summarised below:

#### 2.1.1 Insight

We are committed to increasing our understanding of the safety of our services by developing and improving the information we have and how we use this. Through ensuring that our understanding of safety

is informed by multiple sources of information and that we triangulate this information, we can ensure that we focus our efforts on areas where the greatest impacts can be made.

We will:

- Undertake a scoping exercise of our local safety profile to identify key priorities for patient safety improvements. This will inform our patient safety incident response plan (PSIRP) which will provide a focus for activity and enable us to track progress.
- Engage in a wide-reaching stakeholder exercise and work collaboratively with our partners to ensure incident response plans are representative of the key safety issues and will inform improvements.
- Implement the Patient Safety Incident Response Framework to increase our understanding of how and why incidents happen so that we can identify and implement appropriate system changes to minimise the risk of recurrence.
- Continue to proactively identify and review patient harm caused by delays as a result of the COVID-19 pandemic.
- Continue to develop our Safety, Risk and Quality dashboard to ensure that there is automated access to a range of safety data to inform decision making and quality improvement priorities.

### 2.1.2 Involvement

We are committed to supporting and working with our patients, staff and partners to improve patient safety throughout the system.

We will:

- Ensure level 1 Patient Safety Training is received by all staff in the organisation regardless of their role or grade. This will ensure that staff recognise safety as both a collective responsibility and key priority.
- Work in line with the national patient safety syllabus to provide higher levels of patient safety training for appropriate staff to equip them to learn from what goes

well (Safety II) as well as learning when things go wrong.

- Roll out and embed the role of Patient Safety Partners, including representation on appropriate decision-making committees.
- Ensure that the voice of those affected by patient safety incidents, including patients, families and staff are an integral part of incident responses to maximise learning.
- Continue to develop and embed a just culture, providing psychological safety for staff.
- Increase organisational understanding of Human Factors through the delivery of team-based education.
- Work collaboratively with partners across the system using data and intelligence to identify priorities for quality improvement.

### 2.1.3 Improvement

We are committed to effectively addressing the most important issues through the provision of effective improvement programmes that deliver sustainable change.

We will:

- Complete our Patient Safety Incident Response Plan to identify and deliver improvements that reduce the risk of harm to our patients.
- Engage with national patient safety improvement programmes concentrating on those that will help address local safety concerns and priorities.
- Continue to equip our staff with quality improvement skills and to embed the microsystems quality improvement approach.
- Ensure that we have structures and processes in place to develop and implement new quality improvement programmes in response to existing and emerging themes and trends.

- Use data from a range of sources to monitor improvements to ensure they are embedded and sustained.
- Apply system-based approaches to learning and improvement to ensure that we identify and implement changes which have the greatest impact.
- Implement and embed a new, fully integrated Electronic Patient Record (EPR) and maximise opportunities for the system to enhance patient safety.
- Share learning and best practice across the organisation in ways that are effective and meaningful.
- Embed new learning into staff training programmes, policies, procedures and guidelines to ensure that we equip our staff to deliver care safely.

### 3. Patient Experience and Engagement

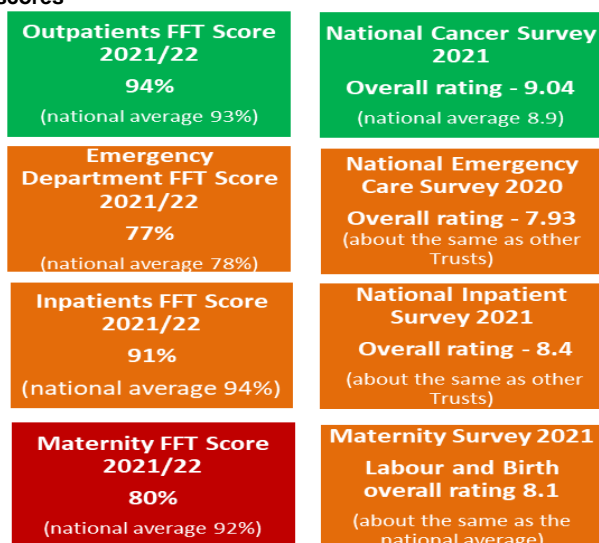
We believe listening, talking, and responding to our patients, their families and carers should be part of our everyday work. We want to be sure that their views are at the heart of planning and improving our services to ensure we meet people's individual needs.

#### 3.1 Building on our work so far

We seek and act on feedback from our patients, their families and carers through a range of mechanisms:

- **Friends and Family Test** - our patients are given the opportunity to rate their experience of care and provide us with comments to explain their score.
- **Local Surveys** – the Trust runs a programme of local surveys to provide more in-depth information regarding a specific service or pathway
- **National Surveys** – the Trust participates in the national survey programme overseen by the Care Quality Commission. Not only does this give us feedback on our services, it also allows us to compare ourselves with other organisations.

Figure 3: STH 2021/22 FFT and latest National Survey scores



The Trust also engages with patients and members of our wider community through:

- **Engagement Network** - linking with local communities through community groups and organisations. By reaching out in this way we are able to engage with different groups at the places they meet in the community, to listen to their views.
- **Patient First Group** - established in July 2021 to ensure a strong patient voice to influence improvement work being undertaken across the Trust. The Patient First Group is chaired by a patient and members are predominantly patients, governors and carers. A small number of our staff attend to ensure that the views of the group can be fed into programmes of improvement work.
- **Complaints, concerns and compliments** – we provide a range of ways in which patients, families and carers can raise concerns, make complaints or provide positive feedback. During the second half of 2021/22, there was an increased focus on resolving concerns informally where possible as this gives a quicker result for patients and staff. In the first half of 2021/22 (Apr 21 - Sep 21) 60% of concerns were resolved informally; this increased to 70% of concerns during the second half of the year (Oct 21 - Mar 22). Complaints are an important source of feedback and represent an opportunity to learn and improve. When viewed together with other sources of feedback, including compliments, complaints help to provide a rounded picture of patient experience.
- **Healthwatch Sheffield** - we work with Healthwatch Sheffield to draw upon the feedback that our patients share with them, and the insights gained from consultations that they undertake. This provides an independent source of feedback which we can triangulate with our own data.

## 3.2 Strategic Priorities

**We want to ensure that we work with past, current and future patients, their families and carers to ensure that our organisation considers the effects on the health and wellbeing of our population.**

Whilst there is a positive attitude to patient feedback and a clear desire to make things better for patients and service users, we need to better understand the experience of our patients so that we can make meaningful changes and improvements as a result of feedback. In addition, we want to ensure that the voice of patients and members of the public is heard at all levels of the organisations, shaping the way that we design and deliver services.

Our approach to involving, listening, and responding to patients will reflect the principles outlined in the diagram below:

**Figure 4: Working in Partnership with People and Communities**



<sup>1</sup>NHS England/Department of Health and Social Care (July 2022). Working in Partnership with People and Communities: Statutory Guidance

Over the next 5 years we aim to build on our current work to deliver the following:

### 3.2.1 Consult

We have a huge impact on people's lives through the services we provide and therefore we will ensure that the key decisions we take and the plans and strategies we develop are fully informed by the views and experiences of our patients. We will utilise their insight to add important context and challenge which, in turn, will promote innovative thinking and new solutions. We are focused on being able to identify what is important to our patients and their families, by gaining a deeper understanding of patient experience and building that into both improvements and wider plans for the future.

We will:

- Ensure that there is “ward to board” oversight of patient experience providing assurance that we take account of patient views in our decision making.
- At a Trust level, identify key priorities for improving patient experience and commission and oversee workstreams to deliver improvements as a result of patient feedback.
- Ensure that the views of patients are reflected in business plans and service developments and that the level of patient engagement is considered in all key decisions.
- Seek the views of patients and the community on developments and work in the organisation and take these views into account
- Work with our partners, including voluntary and community groups such as Healthwatch to ensure that patient voices are heard throughout the system and respond to the intelligence they share.
- Focus on the experience of our patients as they move through and between services and work with our partners across the ICS to improve this.

### 3.2.2. Engage

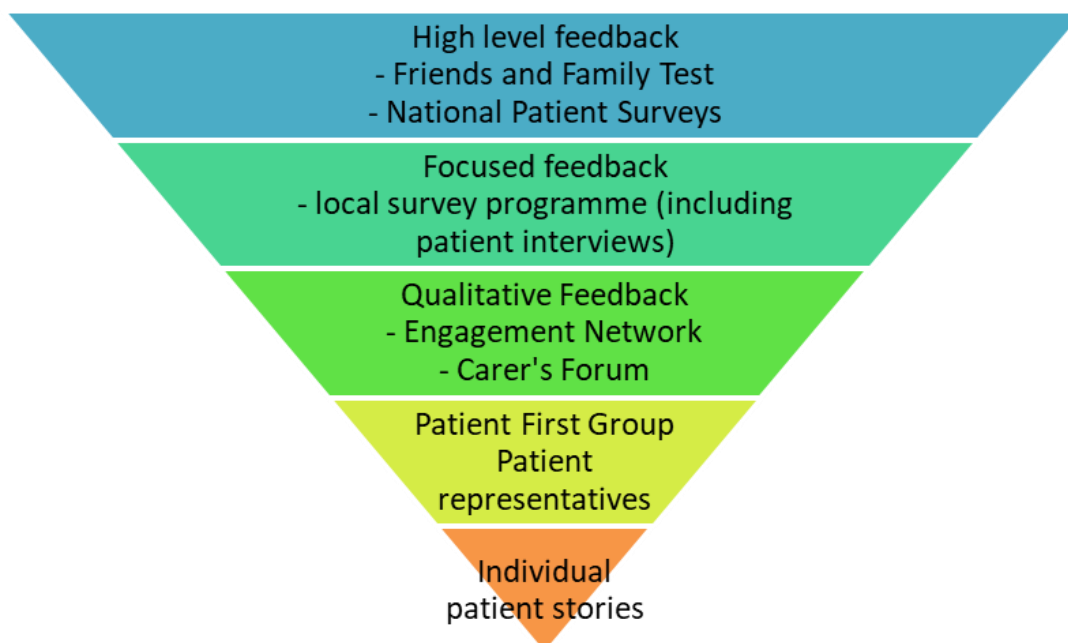
We are committed to gathering a broad range of patient experience, data and information to monitor the quality of our services. This includes seeking the views of as many of our patients and service users as possible and then using that information to monitor and improve the quality of the services we provide. This will enable us to both identify opportunities for improvement within individual services and identify cross-cutting themes to drive improvements in these areas.

We will:

- Continue to use all of our current approaches to gather feedback to ensure breadth of coverage.

- Seek to understand the barriers to engagement and involvement from a patient perspective and work with system partners to reduce these.
- Develop a wider range of approaches to ensure accessibility of feedback mechanisms and gain information which helps us to understand the experience of our patients.
- Increase the opportunities for patient and public representation on working groups and committees.
- Continue to proactively identify new appropriate community groups to involve in consultation and respond to their views
- Actively engage with seldom heard groups, to ensure that feedback reflects diverse perspectives and benefits from different ideas.
- Ensure the alignment of our work with the health inequalities agenda, seeking to improve the experience of those who have the poorest experience of care.
- Further develop our data collection and analysis to better understand the patient experience and to drive improvement.
- Undertake deep dives focusing on specific patient groups, pathways, or topics to provide more granular qualitative data to better inform improvement activities
- Involve our governors and volunteers in seeking and feeding back the views of our patients.
- Ensure that the voices and experiences of our patients are represented as we educate and develop our staff.
- Ensure the engagement of our staff in improving patient experience and the alignment of staff experience with patient experience.
- Listen to how other organisations across the system hear from the community to bring in new ideas and good practice.

Figure 5: Methods of seeking patient feedback



### 3.2.3 Co-Design

We recognise that people with ‘lived experience’ of a particular condition or care pathway are often best placed to advise on what support and services will make a positive difference to their lives. By listening and responding to what patients say, we can ensure that we design services which truly reflect people’s needs.

We will:

- Involve patients (current and prospective) in service changes in a timely and meaningful way, supporting them to contribute ideas and provide challenge to plans. Initially this will focus on a small number of larger scale changes.
- Develop a cross-organisational approach to patient engagement in the planning of service changes, to ensure that this happens routinely and is built into business planning.
- Look to have a range of ways in which people and communities can be involved in service co-design.
- Develop our approach to Patient Safety Partners to ensure that there is active engagement in governance and management processes for patient safety.

- Develop Patient Engagement expertise across the organisation enabling involvement of patients in Care Group and directorate work.
- Ensure that for larger scale changes there is capacity to support patient engagement centrally and for smaller changes this is led locally.
- Use patient stories to bring experiences to life and identify how we can improve the services we provide.
- Support staff at a local level to use the data collected to identify improvements and promote the use of “You said, We did” to feed these back to patients.
- Promote the sharing of learning and best practice across the organisation.
- Promote the sharing of positive feedback as this enhances staff morale and encourages focus on further positive patient experience developments.

### 3.2.4 Co-Production

We recognise the value in our patients and staff working together to develop and shape our services to enable the best hospital provision for the future, because those people with lived



experience of a particular condition is often best placed to advise on the services which will make a positive difference to their lives.

We will:

- Aim to involve patients in co-production with curiosity about their experiences and a desire to work collaboratively.
- Aim to work in partnership with patients and those with lived experience to develop our services of the future.
- Seek to ensure co-production takes place in a culture of openness and honesty.
- Ensure that information and communication produced for co-production is done in plain English or accessible formats. Seek to make any reasonable adjustments to facilitate the involvement of patients who are giving their time voluntarily to work with us.
- Ensure co-production is undertaken in line with our PROUD values and behaviours, with the patient view at the centre, respectful, with mutual ownership of the work and unity, enabling the work to be delivered.

- Seek to use community groups to inform the public about the work of the Trust.
- Ensure patients can access information about the hospital, processes and information about their condition in a format they can understand.
- Help people access support to improve their digital access.

### 3.2.5 Inform

We recognise that people can only be involved as partners in their healthcare when they are fully informed about the service, as well as their condition and treatment options.

We will:

- Provide clear and accessible public information which meets the Accessible Information Standard (NHSE, 2017)
- Seek to understand our communities to enable us to share information in formats and languages our communities are most likely to understand.
- Continue to engage with patient representatives on the quality of the public information.
- Use a variety of channels to inform the public, using direct mail but also seeking to use social media and other technological routes.

## 4. Clinical Effectiveness

We believe that that our patients' care and treatment should be based on the best available evidence drawn from sources such as the National Institute for Care and Health Excellence (NICE), National Confidential Enquiries and national audits. We will ensure that we use robust data to demonstrate clinical effectiveness and support continuous quality improvement.

### 4.1 Building on our work so far

We have mechanisms in place to measure our performance and evidence improvement in the quality and clinical effectiveness of the care we provide to our patients. These include clinical audit, structured judgement review, healthcare variation analysis, and clinical benchmarking systems.

These mechanisms support us in ensuring that the care we provide is based on evidence-based best practice and that we continually seek to make improvements.

Clinical audit can lead to direct improvement in patient care through measurement of actual clinical practice against evidence-based standards, thus providing a focus for change where necessary. Our annual programme of clinical audit is based on:

- **National clinical audit for improvement programme** - each year a prioritised and comprehensive Trust Clinical Audit Programme is agreed which includes audits from the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and the Quality Accounts audit list. National audit enables us to not only compare our performance with peers but to also compare with our own previous performance as we seek to build on our culture of continuous quality improvement.

- **National Institute for Health and Care Excellence (NICE) guidance implementation** - the Trust has a proactive approach to the implementation of NICE guidance and audits relating to NICE are considered high priority for the Trust.
- **Local clinical audit for improvement programme** – the inclusion of Trust, directorate, and commissioner priorities in our annual audit programme ensures a focus on the most important topics. Trust priorities are identified in a number of ways including the triangulation of data across incidents, inquests, claims, and complaints. At directorate level, each directorate has a Clinical Audit Lead to steer the direction of the clinical audit programme, based on local priorities. Working together, there is a shared responsibility for ensuring that the annual programme is delivered.

There is individual and organisational learning from the Medical Examiner scrutiny of every death and referral of cases for Structured Judgement Review (SJR) or review through the Learning Disability Mortality Review (LeDeR) process. This process enables us to learn and to act on potential issues which could result in harm to other patients. Triangulating data with information from other sources, including incidents, inquests and complaints, enables us to maximise learning.

The review of clinical effectiveness benchmarking data from sources including Getting it Right First Time (GIRFT), also provides data to focus quality improvement interventions. Healthcare variation analysis tools enable the Trust to monitor and review mortality statistics such as the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) and delve into the reasons behind any variation.

### 4.2 Improvement Priorities

Over the next 5 years we aim to build on our current work to deliver the following:

### 4.2.1 Continuous measurement and improvement of the effectiveness of our services

We are committed to delivery of the national clinical audit for improvement programme and to our annual Trust Clinical Audit Programme, which is informed by national priorities and Trust data including serious incidents, inquests, complaints, and claims. Through this, we are able to measure our performance against our peers, provide assurance that we are providing high quality clinical care, and identify opportunities for improvement.

We will:

- Provide high quality, evidence based and multi-professional clinical audit which drives learning and improvement.
- Ensure our processes for clinical audit are streamlined to provide timely reporting and actioning of results, including risk assessment or escalation of any issues of concern.
- Strengthen the links between audit and quality improvement, ensuring that audit data inform new and existing QI programmes.
- Demonstrate compliance with NICE Technology Appraisal guidance and evidence implementation of NICE Guidelines, Quality Standards and Medical Technology Guidance in support of clinical excellence.
- Work collaboratively to identify new priority themes or issues for clinical audit and deliver audits which lead to improvement.
- Strive to improve national Patient Reported Outcome Measures (PROMs) participation rates and be able to demonstrate improved health gains.
- Focus on achieving timely Structured Judgement Review and reporting processes. Work with clinical directorates to receive high quality contextual information in response to reviews that score 2 or 1 (poor or very poor care).

- Expand the Medical Examiner service to cover child and community deaths in line with the aims of the national roll-out.

### 4.2.1 Triangulation of available data sources

We are committed to triangulating audit data with other sources of clinical effectiveness information to maximise opportunities for learning and to demonstrate continuous improvement over time.

We will:

- Continue to use existing and develop new approaches to gathering and reviewing clinical effectiveness information, including data available from the Model Health System.
- Use clinical experts to inform the interpretation of data and potential solutions to improvement.
- Ensure the timely review of all available clinical effectiveness information by appropriate stakeholders to support informed decision making.
- Support the concept of continuous quality improvement by not accepting alignment with national averages is good enough, but always seeking to be better than the national average and to improve on last year's performance.
- Ensure a Structured Judgement Review, or equivalent neonatal screening, takes place whenever a Medical Examiner refers a patient who has died in our care. Medical Examiner review of every death that occurs in our hospitals enables us to learn from any errors and pick up quickly on potential issues which could result in harm to other patients.
- Continue to monitor and review key mortality metrics (Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio). Focus on working to improve data quality and then maintain this as part of business as usual.
- Continue to develop the Mortality Governance Committee as a Trust forum

for the oversight and review of activities in relation to mortality, and as a mechanism for driving improvement and sharing learning.

- Actively participate in National Confidential Enquiries which support a culture of safety, continuous learning, and sustainable improvement across the healthcare system.

#### 4.2.2 Learning and sharing of learning

We are committed to continually learning and sharing learning to optimise patient outcomes and reduce avoidable harm. Learning can be transferred between specialities, organisations and across the wider health service. We believe in the importance of keeping up to date with the latest evidence, innovation and research and employing effective mechanisms and processes for implementing these safely, with continuous monitoring.

We will:

- In line with development of all of our quality reporting, further develop our reporting of Learning from Deaths to include deeper thematic analysis. Whilst we have a robust process for supporting learning from individual Structured Judgement Reviews, we need to develop our reporting of learning themes identified through these reviews following Medical Examiner review of every hospital death.
- Develop a wider range of approaches to promote the sharing of learning from Structured Judgement Reviews between clinical specialities in the Trust and with our regional partners via the Academic Health Sciences Network.
- Support clinicians to develop realistic SMART action plans.
- Provide training to help equip Trust staff with the necessary competency and support to participate in clinical audit, or confidently choose an alternative quality improvement method to obtain information

and assurances on local performance and clinical care.

- Link organisational improvement routes where applicable.
- Work more closely with Academic Health Sciences Network and clinical teams to make sure our patients have access to NICE Mandated Medical Technologies and appropriate new treatments and techniques. Keeping abreast of innovation and research, with the correct governance processes in place, ensures we are able to provide treatment and care based on the best available evidence. We will use clinical audit methodology for testing the achievement of best practice guidance implementation.

## 5. Conclusion

Our Quality Strategy sets out our approach and direction across the three quality domains over the next five years. We believe that through implementation of the strategy, we will ensure a focus on priorities for improvement which will have a tangible impact on the quality of services for our patients.

We are committed and determined to make changes which are lasting, and which ensure that the needs of individual patients are central to all that we do

We look forward to working with our patients, our staff, and our stakeholders to deliver the ambitions set out in our strategy.

