QUALITY STRATEGY
2013-2018

Our Mission “To provide the very best care to each patient on every occasion”
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1 INTRODUCTION

Pennine Acute Hospitals NHS Trust is the largest non teaching NHS Trust in the United Kingdom. We provide an extensive range of acute secondary care, some tertiary healthcare and we offer services to a population of 820,000. We operate from four hospital sites; North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary. In addition we provide an increasing range of out of hospital and community services. The Trust provides services under contracts with a number of Clinical and Specialised Commissioning Groups.

The Board, in consultation, developed a vision statement “to provide the very best care to each patient on every occasion” and as such It is our responsibility to continue to develop and deliver increasingly high quality care around the needs of our patients and communities.

The Quality Strategy provides the means by which we can deliver on our mission statement and also plans for quality improvement over the next 5 years. If we are to succeed in our overall business strategy, which sees the transfer of services to the community and further consolidation of hospital care, our services need to be of the highest quality in order to be competitive and sustainable. Currently we are not perceived by the local health economy as a provider of the highest quality services. This strategy has been the result of a systematic stakeholder engagement with staff, patients and carers and takes into account commissioners intentions and expectations in a shared desire to deliver this ambitious strategy. This strategy needs to be viewed in the context of other linked enabling strategies including those for; Workforce, Organisational and Clinical Services Development.

Our Trust Strategies will focus on the transformation of services and the aspiration of our staff, patients and commissioners to place the patient first and foremost in everything we do. They will ensure that whilst plans for transformation are progressed at pace and scale these are only with assurance of continuous improvement in the quality, efficiency and delivery of appropriate and sustainable services. Our Quality Strategy makes explicit our commitments through the adoption of stretching goals that will demonstrate our ambition to be a provider of first choice. It is only by assuring and improving the safety and effectiveness of our services, together with the experience of our patients and customers that we will achieve and sustain this ambition.

The Board is committed to leading from the front in the implementation of its Quality Strategy and will ensure that Quality is given the highest priority.
2 THE NATIONAL CONTEXT

While developing our strategy we have taken into account the national drivers for quality improvement.

- The Francis Inquiry with the emphasis on clinical leadership and culture
- The Outcomes Framework which set out the high-level outcomes the NHS should improve
- Financial Imperatives to improve efficiency and effectiveness
- Public and media attention to quality

We will also take account of the findings of the review\(^1\) of the quality of care and treatment provided in 14 hospital trusts in England as we implement our Strategy.

The NHS Next Stage Review\(^2\) has made care quality a central organising principle for the new NHS across the three dimensions of Patient Safety, Clinical Effectiveness and Patient Experience.

The National Quality Board\(^3\) has set out how quality will be maintained and improved in the new health system in its report and likewise the NHS Outcomes Framework below 2013/14\(^4\) coalesces with its three domains of quality. However, as has been made clear from recent and significant lapses in the quality of care provided by both health and care organisations\(^5\), the Trust recognises its fundamental responsibility to make Quality first and foremost its guiding principle in the way it delivers and transforms its services.

**NHS Outcomes Framework – at a glance**

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury.
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protect them from avoidable harm.

The Trusts Quality Strategy recognises that high quality care is not achieved by focusing on one or two aspects of Lord Darzi’s definition. This Strategy seeks to build on plans within its previous Quality Improvement planning documents and continues to encompass all three aspects with equal and collective importance being placed on each.

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\(^1\) Review into the quality of care and treatment provided in 14 hospital trusts in England: overview report, Professor Sir Bruce Keogh KBE 2013

\(^2\) High Quality Care For All, NHS Next Stage Review Final Report, Department of Health, June 2008

\(^3\) Quality in the new health system – Maintaining and improving quality from 2013, Draft report from the National Quality Board


\(^5\) Final report into the care provided by Mid Staffordshire NHS Foundation Trust, Robert Francis QC 2013
Quality is at the forefront of the NHS, it is increasingly at the heart of regulation and at the heart of patient expectations and our local plans will reflect that quality of care is at the cornerstone of everything we do and everything the Trust and our staff believe in. The Trust recognises that it is in the local delivery of high quality that is clearly defined, measured, published, rewarded and safeguarded that our services will be transformed, sustainable and delivered to the high standards rightfully expected by those who commission, deliver and receive our care.

Our patients and their carers and their outcomes and experience of care are the ultimate arbiter of our quality. We recognise the specific needs of our local communities and the commissioner roles in ensuring services are provided which provide the very best of both.

We also recognise the context of our strategy for quality improvement is set within an unprecedented scale of forecast reduction in health, care and public sector spending whilst at the same time there are increasing, demands expectations and drivers behind our quality imperative.

There are multiple drivers behind the quality imperative …

<table>
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<th>Richard Francis QC’s report on Mid Staffordshire NHS Foundation Trust</th>
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<td>Quality as a source of income (e.g. CQUIN5)</td>
<td>Quality concerns for the Trust (e.g. mortality, consultant specific data)</td>
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<td>Revalidation: tests agreed standards for all consultants; demands evidence of individuals’ effectiveness; requires colleague and patient input</td>
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3 OUR LOCAL CONTEXT

Locally we will need to manage this challenge, whilst transforming and delivering services of the highest quality. The Trust has a long history of championing quality and quality improvement. It has successfully reduced mortality and is planning further improvements to make our ward sisters supervisory in those areas caring for those who need care most. However we recognise that there is significant work to do in the following areas:-

- Leadership, culture & behaviours – including individual responsibility and accountability
- Issues around productivity and organisational efficiency giving clear scope to improve
- Communication with a diverse population to ensure timely access of services
- Demand for acute hospital care and the consultation re Healthier Together
- A financial position that is also driving the efficiency/effectiveness agenda

Whilst the national imperatives for quality, as central to the NHS, are clear we too are clear that maintaining and continuously improving quality must be central to the Trusts business. We recognise that where organisations fail to improve and safeguard quality they will no longer be viable.

Our population is spread across both urban and rural landscapes, is demographically diverse and faces some of the greatest challenges, including significant areas of deprivation, health inequality and chronic disease. We must ensure that our communication with all or patients leads to timely access of the services they need in order to secure the best outcome..

The Healthier Together programme aims to develop a model of care that will help the NHS and other care providers in Greater Manchester provide quality services that are safe, accessible and sustainable for future generations. It will consider how best to provide the right service, at the right time, in the right place to achieve the best outcomes within the resources available. Recognising this, we are committed to playing an active part in this programme and contributing to the inevitable changes and challenges ahead.

The successful delivery of the above is wholly dependent on an organisational culture that is adaptable to change and able to meet the challenges ahead. We recognise that in this regard we have a significant organisational challenge. The Trust’s Workforce Strategy will focus on the development of the necessary leadership, culture and behaviours to manage and sustain these changes.
4 OUR ASPIRATION FOR QUALITY IMPROVEMENT

“The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark”
- Michelangelo

4.1 Our Vision

Our vision for Pennine Acute Hospitals NHS Trust is for an organisation where everyone, from the frontline to the Board, puts quality first and makes the quality of care everyone’s concern. Our vision is driven by three key values:

Patient care is at the centre of everything we do. We work together to deliver a high quality service to provide the best possible outcome for our patients.

Accountability, honesty and integrity are keys to our success both individually and across the Trust.

Treating everyone with respect and promoting good working relationships will support individuals in reaching their full potential.

4.2 Our Five Year Goals

The engagement that has taken place as we have developed this strategy has resulted in the determination of the goals to be achieved by 2018:-

- We will have no Never Events
- There will be no cases of C Difficile or MRSA
- There will be no Trust acquired harm in relation to pressure sores, falls, VTE or catheter acquired infections
- There will be no harm resulting from medication errors and patients who have unplanned returns to theatre
- We will have a Trust wide HSMR of 80
- We will communicate with our patients so that their expectations of their treatment are absolutely clear
- The Friends and Family Test will demonstrate that patients would recommend our hospitals
- We will be in the top 10 percentile for all indicators of clinical efficiency
- Our staff will want to work here and be treated here if necessary

4.3 The things we must get right

In order to ensure delivery of this Strategy and our 5 year goals we must :-

- All be held to account, consistently, for the work that we do
- Demonstrate that we will not tolerate breaches in standards of care
- Accept that radical redesign is necessary for clinical effectiveness
• Raise the Quality Agenda to be equal if not more important than finance knowing that right treatment, right place, right time will save money

The purpose of the Quality Strategy is to set out how the Vision and the transformation of the Trust into a top performing organisation will be achieved. Focussing on Patient Safety, Patient Experience and Clinical Effectiveness the Trust will drive up performance; deliver on the financial imperative; and, improve the quality of care our patients receive.

4.4 Patient Safety

Our first obligation is to ensure that, by coming into our care, patients are not harmed and we make every effort to keep them safe. This is measured in two main ways – the Trust’s Hospital Standardised Mortality Ratio (HSMR) and incidents of harm as measured by the number of patient safety incidents. The HSMR is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

The driver diagram below was developed by the Trust following participation in the Leading Improvement in Patient Safety Programme at the NHS Institute of Improvement and Innovation.
Having identified the drivers for patient safety the Trust continues to focus on the following areas which are known, through evidence both nationally and internationally to reduce mortality and adverse events:

- The delivery of harm free care
- Improvement in the management of the acutely ill patient
- Increased utilisation of the World Health Organisation Surgical Safety Checklist
- A reduction in medication errors
- A reduction in infection rates
- Improved safeguarding of children and vulnerable adults
- Improved nutrition underpinning health recovery

We have already achieved a significant improvement in, for example, our HSMR (Hospital Standardised Mortality Ratio) and from our present ratio of 95.7 have set a 5 year goal of 80. We will continue to improve through the implementation of the Mortality Reduction Project Plan which is now entering its second phase. The plan will take account of the 8 ambitions set within the Keogh review\(^6\) and the desire for quality improvement and reducing avoidable hospital deaths.

We will ensure that the staff we employ are recruited and trained to the highest standard and will expect staff to show self awareness in terms of their own competence and capability.

We will ensure that the environment within which we treat our patients is continuously improved. The fabric of our estate is varied and the Estates Strategy will focus on the need to provide the appropriate clinical environment within which to deliver care safely.

We will ensure that patients and their families and carers are increasing participants in their own care as this will reduce clinical risk. Indeed, we must explicitly adopt the principle of "no decision about me without me".

The Executive Team of the Trust will undertake Patient Safety Walkrounds to identify areas of improvement, spend time with frontline staff discussing patient safety issues and encourage and empower staff to find solutions for themselves.

When things do go wrong, it is the duty of all staff to report incidents, and concerns, as soon as they occur to prevent further occurrences and to ensure they are thoroughly investigated and lessons learned. This learning, along with that from complaints and proactive risk assessments, will be translated into robust action plans that will be swiftly implemented to protect patients from harm. We will ensure that the risk management processes of the Trust are robust ensuring in that risk to patient care is minimised.

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\(^6\) Review into the quality of care and treatment provided in 14 hospital trusts in England: overview report, Professor Sir Bruce Keogh KBE 2013
4.5 Patient Experience

We will deliver care that puts the patient’s needs first, is free from harm, enhances the patient recovery and provides excellent palliative care at the end of life. Our services will be accessible, as close to home as is possible, integrated and seamless. To achieve this we will work closely with our commissioners and other providers of health and social care.

We engaged with patients and carers in the development of this strategy and based on what they said we will focus on the following to ensure the patient experience is as it should be:-

- Improved communication with patients and their carers
- Caring for patients and carers as individuals and treating them with dignity and respect at all times
- Getting patients the right treatment at the right time in the right place
- The cleanliness of our wards and departments
- The provision of food and nutrition that meets patient’s and expectations and enables patients to recover quickly

4.6 Clinical Effectiveness

Clinical effectiveness involves ensuring that patients receive treatments that are both clinically and cost effective. We will no longer be commissioned to provide services for which there is no clear evidence of benefit. Clinical effectiveness involves a range of quality improvement activities, eg using evidence to ensure best practice (NICE guidance), clinical audit to ensure clinicians are meeting defined standards and asking patients about their outcomes (PROMs). It also involves benchmarking to identify areas of inefficiency and high reference costs for which there is much to work to do in rectifying the current position.

We will continue with our Transforming for Excellence programmes. Whilst maintaining a positive experience for those who work in and use our services. These will be key to ensuring that as we transform how and where we deliver services in the future they will remain safe, sustainable and the first choice of our patients, staff and commissioners.

As with the previous two domains there are a number of specific work streams within the Trust:-

- Reduction in hospital readmissions and length of stay
- Compliance with the AQ(Advancing Quality) programmes for Acute Myocardial Infarction, Pneumonia, Hip and Knee Replacement Surgery and Stroke
- Mortality reduction programme

We will assess our clinical effectiveness as an organisation by the increasing use of clinical outcome measures and improvements in the quality of our data.
We will develop an increasing range of dashboards that will allow us to assess the efficiency and effectiveness of our services internally and we will benchmark ourselves against other organisations to ensure we perform alongside the best in the country.

We will ensure the treatment we provide is based on national and international evidence based practice through adherence to NICE guidance. Our Policy on Implementing NICE Guidance and National Service Framework’s provides assurance to our patients, the public and our commissioners that we follow best practice, give information to patients to enable them to make informed choices and gives the public and patients the confidence that we put their needs first.

We will assess the effectiveness of our care through Patient Reported Outcomes (PROMs) which are measures of a patient’s health status or health related quality of life. As perceived by patient’s themselves. The reported outcomes allow us to compare our local performance with our peers.

We recognise the vital role we play in ensuring that health inequalities are identified and eliminated and equity and fairness are core qualities and values to be embedded within the Trust. Equality impact assessments are key to achieving fair and equal access to the healthcare services and employment opportunities we provide and demonstrates our commitment to advancing equality and eliminating discrimination. Using our equality impact assessment processes we will continue to systematically analyse any proposed service, strategy, policy, function or similar directive to identify what effect or likely effect it may have on the people who come into contact with the organisation as service users or employees.
5 IMPROVING QUALITY

This Strategy sets out how our approach to quality improvement will be systematic and central to everything we do and how this will be everyone’s responsibility from ‘ward to board’. It also sets how we aim to make our quality governance arrangements into our organisations ‘lines of defence’ in maintaining quality of care.

The Strategy is highly dependent on the necessary culture, leadership and behaviours within the Trust that will manage and maintain the required changes. We have expanded and will need to build on the foundation of positive staff engagement to do this. Clinicians and staff have been involved in developing this strategy and our committed to working with us in its delivery. Embedding this engagement is essential to successful implementation of this Strategy and ultimately to the Trusts ambition to be a self determining and autonomous Trust that successfully collaborates, competes and participates in the Manchester and Greater Manchester service transformation.

We recognise that only culture can reach all parts of the system, only culture can exert a consistent influence on change. We will build a culture where each and every person executes their own personal responsibility in the delivery of quality aspirations within a system that both recognises and holds to account. This will mean we can be a sustainable Trust that culturally and practically succeeds in performing highly, delivering on our ambitions for quality and playing an active part in the transformation of services.

We recognise we must embed throughout the Trust a systematic approach to improving quality. We will therefore adopt the national framework for quality outlined in the report High Quality Care for All, the NHS Next Stage Review. In adopting the seven steps within the national framework we will be mindful that whilst the national agenda is changing our Strategy must be robustly implemented and yet flexible enough to respond to local and national changes and the requirements of our customers. The national framework for improving quality presents these seven steps;

1. Bringing clarity to quality
2. Measure quality
3. Publish quality performance
4. Recognise and reward quality
5. Raise standards
6. Safeguard quality
7. Stay ahead

7 Preparing for the Francis Report: How to assure quality in the NHS, Kings Fund, July 2012
8 High Quality Care For All, NHS Next Stage Review Final Report, Department of Health, June 2008
To provide the very best care for each patient on every occasion

Patient Safety
- Mortality reduction
  - Never events
  - HSMR of 80

Patient Experience
- Harm Free Care
  - Patient Communication
    - CDiff/MRSA
    - Pressure ulcers, falls, VTE
    - Friends and Family test

Clinical Effectiveness
- Reduce Readmissions
  - Top 10 percentile for all efficiency indicators
  - Staff satisfaction

Quality Improvement
- Clarify-Measure-Publish-Reward-Raise standards-Safeguard-Stay ahead

Culture, Leadership, Behaviours
5.1 Bringing clarity to quality

Whilst High Quality Care For All, NHS Next Stage Review defined quality as: clinically effective, personal and safe it is important for us all that there is further clarity about what we mean and what we aim to improve. It is only with this clarity that we will go on to achieve our aspirations for quality improvement. This is not always easy as clinician and patient perceptions can differ as to what quality looks like. We need to continue to develop a shared understanding of what is important to each party so that the quality improvements we deliver are welcomed by all.

We have taken seriously the need to listen to our staff and stakeholders and we have held a number of varied engagement events including highly successful Clinical Congress’s. These have both informed our aspirations and our plans for the year ahead and have affirmed the part that each and every person has to play in achieving them.

We will build on this over the year ahead in order to deliver demonstrable improvements in quality that set stretching targets for our services locally.

5.2 Measure quality

We can only be sure to improve what we can actually measure\(^9\). By careful definition of our aspirations and objectives we will ensure we have suitable metrics in place.

Our services have a range of associated performance measures. The measurement of outcome and quality measures will be of equal importance and our quality governance processes will take account of this. We will review and amend our performance and quality governance systems accordingly.

We recognise our measurement of quality needs to be varied in order to triangulate measurement of the safety, effectiveness and experience users have of our services.

We will conduct local patient surveys so we improve our understanding of what matters to patients and to respond to this in new ways, making sure that every contact with a patient counts towards delivering the highest quality service. All surveys whether local or the National Patient Surveys are opportunities to triangulate information and identify areas for improvement.

The new national Friends and Family Test aims to provide a simple measure by which the opinions of friends and families opinions can be used to drive improvements in the quality of NHS care. All acute Trusts are expected to ask inpatients and Accident and Emergency attendees from April 1\(^{st}\) 2013 ‘How likely are you to recommend our ward/Accident and Emergency to friends and family if they needed similar care or treatment?’ We will survey patients, on each ward, on discharge and we will use the responses to drive our quality

\(^9\) High Quality Care For All, NHS Next Stage Review Final Report, Department of Health, June 2008 p50
improvements. These will be reported at ward, Divisional, Trust level and nationally via NHS Choices.

We have developed and will continue to use and strengthen our ward based indicators which ask the question of our staff “would you like a relative of yours to be treated on this ward?”

We will continue to monitor at the Board and its subcommittees:-

- Patient complaints including extracts from individual complaints as well as themes
- Nursing metrics – indicators of the provision of nursing care on our wards
- Patient Reported Outcome Measures (PROMs) which measure from the patient perspective the health gain following certain surgical procedures.

The Mid Staffordshire Report highlighted a disconnect between the ward and the Board. We have developed a Non Executive Director programme providing an opportunity for Board to Ward and Board to patient interactions that can enhance the Trusts understanding of patient’s experiences of our services. This scheduled programme provides opportunities for patient experience activities to be undertaken by Non-executive directors of the Trust Board each quarter, with the results and activities reported back to the board. This will continue to form part of quality reporting.

The Trust Board will continue to be presented with a patient story each time it meets which will allow an in depth view of patients experiences when accessing the Trust.

5.3 Publish Quality Performance

We will publish our annual Quality Accounts which will report to the public a review of our quality performance and also our improvement priorities for the year ahead. We recognise the importance of enhancing public accountability by listening to and involving the public and partner agencies. We will continue to act on their feedback as we develop our reports and also following their publication. We have broadened our potential to engage through the use of the media of film to enhance our publication of our Quality Accounts. We will review the effectiveness of this approach

Publication of the status of our compliance with our regulators standards for registration will be ongoing along with transparency of publication of any visits, assessments and any subsequent recommendations for improvement. We want to make clear those areas where we do well and also our commitment to respond to areas where we need to improve.

We will use a variety of acceptable methods and then collect and publish information on our quality. This will enable our patients and stakeholders to make better informed choices, our staff to benchmark, compare and improve
We will continue to use both national and local clinical and performance dashboards and develop them further to improve their usefulness.

We recognise the need to innovate with methods of publication. Whilst there are mandated requirements and methods to do so we will work within the culture and aspirations of our stakeholders. We will, with the appropriate safeguards, continue to use social media to communicate, engage with and publish our performance and aspirations. For example @PAT_quality on Twitter.

5.4 Recognise and reward quality

We fundamentally agree with the need to recognise and reward quality improvement. This will include ensuring the right incentives are in place to achieve high quality care and that this is embedded within the organisational culture, behaviours and leadership.

We will continue to work with our commissioners on defining and delivery of commissioning for quality and innovation frameworks (CQUINs).

Through effective application of our revised personal development review processes we will be better able to define measure and recognise the personal contributions of our staff to quality improvement.

The Trust has an established communication framework of daily, weekly and monthly reporting and acknowledgment of reporting and recognition of improvements and developments. The annual staff awards are focussed on the staff contribution to demonstrating their enhancement of quality in care.

We will continue to build on the success of our Listening into Action programme. This is a systematic approach to engage and empower all staff in an open and transparent way. It is able to leverage the full potential of our workforce and recognised their contribution to improving service outcomes. In addition our ‘You made a Difference’ certificates are given to staff by their managers as reward for demonstrating the continued commitment required to achieve excellence and success.

We have large and active research and learning and development departments which are increasingly enabling our staff to be recognised both nationally and locally for their achievements and innovations.

5.5 Raise standards

The Trust has high aspirations for quality. It recognises that it is only by demonstrably providing high quality care that it will meet the aspirations of those that use and commission its services. Therefore we must be bold and affirmative in our quality aspirations.
We recognise that change in this respect is ‘most effective only when it responds to patient needs but also when it is driven by clinicians based on their expert knowledge of conditions and care pathways’\textsuperscript{10}

Compassion in clinical practice is recognised as applicable to all professions in our care settings and will help drive our quality aspirations. We have invested in our ‘front line’ in order to provide additional capacity to embed this.

Strong leadership within our medical, nursing and clinical professional’s workforce is committed to raising and maintaining standards of care, compassion, competence, communication, courage and commitment within the Trust’s clinical workforce. Whilst pivotal to the national and local strategy for nursing and midwifery the Trust has also adopted these aims for all care groups. Indeed the role of Clinical Directors in particular is essential to delivery of the Strategy and we must ensure that they have the capacity and capability to deliver.

Effective leadership within our clinical workforce will be enhanced by ongoing recognition and expectations of the contribution of all our staff. This will be detailed in the Workforce Strategy.

We recognise the need to maintain a cultural shift to ongoing quality improvement. We have, and will agree annually, a commitment to receive a proportion of income conditional on achieving quality and innovation targets. This will continue to be a driver for raising quality standards. However we will ensure this is within our programme of quality improvement that also takes account of stakeholder feedback, research and innovation and evidence base service redesign.

To help successfully embed this within our organisational culture we will continue to work with the Advancing Quality Alliance. We will, for example, deliver an in house improvement programme from Autumn 2013 which will develop 40 key clinical staff at a time to ensure spread of quality improvement methodologies.

5.6 Safeguard quality

The delivery of the Quality Strategy is overseen by the Trust Board which has delegated detailed scrutiny to the Quality Committee. Appendix A shows the organogram and relationships with other Trust’s groups/committees.

The diagram below depicts the reporting structure of the Trust. The level of detail decreases as reporting ascends and the Trust reports by exception where the work streams identified in section 4 are not on trajectory. A standard exception report and action plan is used. In addition, the Trust’s corporate objectives are reviewed at the Trust Board on a quarterly basis.

\textsuperscript{10} High Quality Care For All, NHS Next Stage Review Final Report, Department of Health, June 2008 p52
We will embed a newly defined assurance and escalation framework to further safeguard quality.

As regards the reporting structure, at Directorate level there is a clear expectation that meetings will be multidisciplinary involving professions outside the managerial hierarchy eg Allied Health Professionals where this is required to deliver improvements within and across specialities. Directorates will also be required to clarify the roles and responsibilities of quality and governance leads.

In addition to achieving compliance with external standards set by our regulatory bodies we will also set out and challenge ourselves to safeguard quality.

The Trust is currently assessing itself against the Compliance Framework for Foundation Trust applicants and, in particular, against the new guidance issued in July 2010 in respect of quality. This will inform the development of performance management of quality moving forward.

The Trust will maintain its process of maintaining compliance with the requirement of the Care Quality Commission. We will continue to maintain our ongoing cycle of audit in this regard.

5.7 Stay Ahead

“The needs of the patients come first” will continue to be woven into the fabric of our organisation and culture. We recognise the secret to sustaining this is not a course, a training programme, a strategic goal or a scorecard.

It is the service systems and procedures, the design of clinical and public space, clinicians, and teams all being able to provide compelling manifestations of its value. To do this our strategic plans and all the significant
operational strategies as well as the operational tactics must revolve around “the needs of the patient come first”.

We will embed this from recruitment and induction of our staff and it will be constantly reinforced by the ‘way we do things around here’. We will foster a culture where our staff are clear of our quality ambitions, are able to execute methods for improvement and ultimately feel they have power and moral authority to act in unique situations so that they see that explicit permission is not needed when a patient need is seen that requires attention. We recognise that exceptional service frequently results when employees invoke values-based authority.

We do not underestimate the shift of culture this requires. Our focus must be on how we can create a culture where every member of staff provides the best, most compassionate care for every patient, every time, and delivers services we would be happy to receive ourselves or for our family and friends. To do this we will protect the frontline and will provide them with:-

- the opportunity to improve the way the team works
- the resources they need to deliver quality care
- the support they need to do a good job
- a worthwhile role with the chance to develop

The 6C’s were launched in 2013 following a period of consultation as a new compassionate caring vision for nurses and midwives. However the vision of ‘compassion in practice’ is regarded by the Trust as not something just for nurses but applicable to all professions in all health and social care settings.

Care is our core business and that of our organisation and the care we deliver helps the individual person and improves the health of the whole community. Care defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as an intelligent kindness, and is central to how people perceive their care.

Competence means all those in caring roles must have the ability to understand an individual’s health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for “no decision about me without me”. Communication is the key to a good workplace with benefits for those in our care and staff alike.

11 Compassion in Practice, Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser, December 2012
**Courage** enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and embrace new ways of working.

**Commitment** to our patients and our population is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

“It might be that the difference people make individually is a mere ripple on the surface of our care system, but each of those ripples added together create a wave, a social movement, and if this makes life better for some – then it has to be worthwhile”.

We know that clinical practice is constantly improving, offering new opportunities to improve the quality of care. This means that if quality really is at the heart of everything we do then accepting, embracing, leading change is an imperative and not an option.

The Trust does not work in isolation and much of its work, particularly in relation to patient safety, is through participation in these local and national collaboratives. The Trust will continue to be actively involved in these initiatives as they relate to its quality aspirations and objectives. It will continue to encourage research and innovation and aim to both learn from its own and others good practice.

In conjunction with our lifelong learning strategy the Trust has implemented an education governance framework. This will facilitate a strong learning culture to support iterative cycles of learning around quality improvement methodologies. It will ensure the drive to embed this within its wider workforce and organisation development strategy in order to sustain the change. Learning and development activities which are controlled, in terms of quality and relevance, engender an environment of accountability, transparency and continuous improvement into the organisation’s culture. The development of a highly skilled workforce and increased capability of staff in alignment with organisational objectives, values and service user needs will support delivery of the Trusts Quality Strategy.
6 OUR PRIORITIES FOR IMPROVEMENT

6.1 Our 5 Year Goals

Our 5 Year Goals developed during the engagement events to develop this strategy were stated in Section 4.2. At Appendix B can be found the Trust’s existing objectives for which milestones for the 5 years have been developed.

6.2 Annual Plan Improvement Priorities 2013/14

Each year we agree our objectives for the coming year and identify improvement priorities for inclusion in the annual plan. To do this we will continue to consider the national and local priorities as set by the Government and our commissioners and engage with our patients and the public to ascertain what really matters to them. Progress against these priorities will be reviewed on a quarterly basis by the Trust Board, will be overseen by the Quality Committee and will be performance managed as per the Trust’s assurance and escalation framework.

Each year the objectives are cascaded throughout the organisation and a number of objectives are prescribed for all staff. For example, all staff no matter what their role must have a specific patient safety objective.

The annual plan improvement priorities for 2013/14 are:-

- an improvement in mortality to above average performance as measured by HSMR(99.9 or less) on March 2013 baseline of 103

- maintain 95% Harm Free Care as per the Safety Thermometer Standard

- reduce readmissions to bring the Trust within the top 25th percentile
7 CONCLUSIONS

Our vision for Pennine Acute Hospitals NHS Trust is for an organisation where everyone, from the frontline to the Board, puts quality first and makes the quality of care everyone's concern. The purpose of this strategy has been to set out how that Vision will be delivered.

It sets this in the national and local context of financial challenge, service transformation and the risks these present to delivery of high quality care. Most importantly it emphasises the aspirations of the organisation to place quality first, not because we have to, but because we want to.

The Quality Strategy will inform Trust staff; the Trust’s patients and their carers; and the Trust’s partner organisations and commissioners of the seriousness with which the Trust takes its responsibilities “to provide the very best care to each patient on every occasion”.

Appendix B

Corporate Objective 1. Quality Improvement – Patient Safety

The Corporate Objective is to Reduce Mortality

<table>
<thead>
<tr>
<th>Supporting objective</th>
<th>Contribution to strategy</th>
<th>Quarterly Monitoring Milestones</th>
<th>RAG</th>
<th>2013/14 milestone</th>
<th>2014/15 milestone</th>
<th>2015/16 milestone</th>
<th>2016/17 milestone</th>
<th>2017/18 milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve improvement in Mortality to above average performance as measured by HSMR (99.9 or less) on March 2013 baseline of 103</td>
<td>Drive up the quality of care our patients receive in order to deliver personal, caring, compassionate quality care</td>
<td>Twice yearly (end of Q1 and Q3) internal random audit of deaths using a pre-determined template</td>
<td>G</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>EOY Proj</td>
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<tr>
<td></td>
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<td>All deaths to be reviewed by a consultant</td>
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<td>The 5 consultants with the highest monthly mortality rates will have reviewed all deaths within 4 weeks</td>
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<td>HSMR will be monitored, with report to the Board, monthly with a target ratio of 99.9</td>
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<tr>
<td>To roll out 3 care bundles to all relevant specialties by the end of the year and achieve 90% compliance in 90% of relevant patients</td>
<td></td>
<td>Q1. Identify care bundles and relevant areas.</td>
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<td>Q2. Roll out agreed care bundles to relevant areas</td>
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<td>Q3. Establish concurrent audit to monitor / measure compliance</td>
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<td>Q4. Achieve agreed target by end of Q4</td>
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<tr>
<td>Implement Data Quality recommendations arising from audit as part of</td>
<td></td>
<td>Q1: Weekly audits undertaken to identify areas of weakness / non-compliance</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Quality Accounts</th>
<th>Q2: Implementation of set of local KPI’s, % improvement to be derived from Q1 audit Monthly monitoring reports circulated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4. Achieve target improvement</td>
<td>Q1. Implementation of liaison process between Data quality and Clinical coding Weekly monitoring process of KPI’s to be implemented</td>
<td>G</td>
</tr>
<tr>
<td>Monthly monitoring reports circulated</td>
<td>Q4. Achieve target improvement</td>
<td></td>
</tr>
</tbody>
</table>
Corporate Objective 2. Quality Improvement – Patient Experience

The Corporate Objective is to Deliver Personal Compassionate Care

<table>
<thead>
<tr>
<th>Supporting objective</th>
<th>Contribution to strategy</th>
<th>Quarterly Monitoring Milestones</th>
<th>RAG</th>
<th>2013/14 milestone</th>
<th>2014/15 milestone</th>
<th>2015/16 milestone</th>
<th>2016/17 milestone</th>
<th>2017/18 milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain 95% Harm free Care as per the Safety Thermometer Standard</td>
<td>Drive up the quality of care our patients receive in order to deliver personal, caring, compassionate quality care</td>
<td>By 30.03.14</td>
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<td>Reduce the incidence of hospital acquired pressure ulcers by 30%</td>
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<td>Reduce the number of falls which cause harm by 30%</td>
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<td></td>
<td></td>
<td>Reduce hospital acquired venous thromboembolism (VTE) by 30%</td>
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<td></td>
<td></td>
<td>Reduce the number of hospital acquired UTI’s by 30%</td>
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<tr>
<td>Exceed the national improvement trajectory for CDI by 10% to ensure the Trust remains within the top 10 performing Trusts</td>
<td>Drive up the quality of care our patients receive in order to deliver personal, caring, compassionate quality care</td>
<td>&lt;69 cases across the Trust</td>
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<td>Q1: 15 in quarter</td>
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<td>Q2: 15 in quarter (30 cumulative) Re-profiled target: 13 (36 cumulative)</td>
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<td>Q3: 18 in quarter (48 cumulative) Re-profiled target: 14 (50 cumulative)</td>
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<td></td>
<td>Q4: 21 in quarter (69 cumulative) Re-profiled target: 19 (69 cumulative)</td>
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</tr>
<tr>
<td>Begin implementation of 70% of the actions set out in ‘Compassion in Practice’ by April 2014 (From NHS England Annual Plan)</td>
<td>Hold LiA event to engage nurses and midwives in the development of the Trust’s nursing and midwifery strategy</td>
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<td></td>
<td></td>
<td>Q2: Board approve N&amp;M strategy</td>
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<td>Q3: Strategy communicated across the Trust and Divisional action plans developed.</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Create time for personal compassionate care by implementing the E rostering system</th>
<th>To improve efficiency productivity and reduce variation of services the Trust provides to provide high quality care to our patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 implementation plans for 70% of actions from Care and compassion in practice are in place.</td>
<td></td>
</tr>
</tbody>
</table>

| Q1 50% of wards implemented |
| Q2 70% of wards implemented |
| Q3 80% wards implemented |
| Q4 100% wards implemented |

<table>
<thead>
<tr>
<th>Deliver improvements in Patient Experience measured through the Friends and Family Test and national inpatient survey</th>
<th>We will listen to and respond quickly to improve the quality of care we provide and meet the aspirations of our patients and staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 Deliver improvements in Patient Experience measured through the Friends and Family Test and national inpatient survey</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friends and Family Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Disseminate initial results to Divisions / Departments to develop improvement plans. Develop and implement a monitoring / feedback mechanism</td>
</tr>
<tr>
<td>Q2: Investigate poorly performing areas through additional surveys and develop improvement plans</td>
</tr>
<tr>
<td>Q3: All improvement plans milestones achieved</td>
</tr>
<tr>
<td>Q4: Achieve an above average rate when compared to peers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Inpatient Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: Review 2012 In-Patient survey results Identify 4/5 high impact areas Develop and implement improvement plans</td>
</tr>
<tr>
<td>Q4: Improvement noted in 2013 survey results</td>
</tr>
<tr>
<td>Develop and implement the Long Term Quality Plan which includes Francis recommendations</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
| | | **Q3**: Report on actions taken arising from the Francis report by December 2013  
Demonstrate Clinical ownership by Clinical sign off of the LTQP by inclusion in divisional plans and objectives. |  
| | | **Q4**: LTQP milestones to be achieved  
Clinicians to develop / implement / own the quality agenda / strategy by inclusion in divisional plans and objectives. |  
| Improve the identification and care of patients with Dementia | Drive up the quality of care our patients receive in order to deliver personal, caring, compassionate quality care |  
| | | 90% emergency admissions over the age of 75 will be asked the single question used to identify Dementia |  
| | | Of those patients 90% will undergo a further assessment |  
| | | Of those 90% will be referred on to specialty services |  
| | | • Achieve National / Local commissioner targets for Monthly audits of carers of people with dementia. |  
| | | • 50% of relevant consultants |
will have completed mandatory dementia training by 31/03/2014

• Review and act on national tools and resources aimed at supporting the nursing contribution to the dementia challenge. (Resources due to be published between April and July 2013) (NHS England Annual Plan Objective)

<table>
<thead>
<tr>
<th>Corporate Objective 3. Quality Improvement – Clinical Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Corporate Objective is to Reduce Hospital Re-Admissions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting objective</th>
<th>Contribution to strategy</th>
<th>Quarterly Monitoring Milestones</th>
<th>RAG</th>
<th>2013/14 milestone</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>EOY Proj</td>
</tr>
</tbody>
</table>

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| Reduce readmissions to bring the Trust within the top 25th percentile | Drive up the quality of care our patients receive in order to deliver personal, caring, compassionate quality care | **Q1:** Establish re-admission forum Identify clinical leads for all specialty sub groups
Achieve target reduction of 7% | **G**

**Q2:** Specialty sub groups action plans developed indicating target reductions / trajectories
Achieve target reduction of 6.25%

**Q3:** Monthly monitoring / variance tracking and remedial action plans in place
Achieve target reduction of 6.25%

**Q4:** Achieve target reduction of 6.25%

| Implement Data Quality recommendations arising from audit as part of Quality Accounts | **Q1.** Weekly audits undertaken to identify areas of weakness / non-compliance | **G**

**Q2.** Implementation of set of local KPI’s, % improvement to be derived from Q1 audit
Monthly monitoring reports circulated

**Q4.** Achieve target improvement

**Q1.** Implementation of liaison process between Data quality and Clinical coding
Weekly monitoring process of KPI’s to be implemented
Monthly monitoring reports circulated |
| Q4. Achieve target improvement |  |  |  |  |  |  |  |  |  |  |  |