NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality Strategy 2019–2024

Executive Summary

Our collective intent is to create a culture of continuous improvement to develop the safety, experience and our responsiveness to the people we serve by delivering outstanding care everyday. To make this happen we will be implementing some exciting digital solutions and establishing principles and expectations for the involvement of patients, families, carers and the public in our improvement work.

We want our patients to be confident that the Trust is among the best in the world.

Respecting diversity, promoting equality and ensuring human rights helps to ensure that everyone using our services receives safe and quality care. Our commitment to quality improvement and our determination to get things right for our patients is clear in this strategy. As we gain more understanding of the different ways we can improve, we are in a better position than ever before to look critically at what we can do better, and test and apply improvements. Therefore, our quality strategy has 3 main aims.

We aim to:

1. Improve our understanding of quality by drawing insight from multiple sources (Insight)

2. Equip patients, colleagues and partners with the opportunity to co-design with us to improve (Involvement)

3. Design and support programmes that deliver effective and sustainable change (Improvement)

To achieve this, we are continuing our roll out of our programme of quality improvement training with the Gloucestershire Safety and Quality Improvement Academy (GSQIA) to build an organisation-wide culture of continuous improvement with our Quality Model and Quality Framework.

At the same time, our patients will have a stronger voice than ever before, and we will continue working closely with the people and communities we serve to make sure that the care they receive is centred on their needs – person-centred care.

We have delivered some inspiring improvement work across our hospital sites and want to build on the significant improvements led by colleagues across the Trust.

We want people working within and alongside the Trust to know that they are providing the best service they can – Best Care for Everyone – and that what they do is important and valued.

This five year strategy is the plan by which we will continue our journey to achieve our ambitions and an outstanding rating in subsequent Care Quality Commission inspections as continuous quality improvement becomes our business as usual.

Director of Quality and Chief Nurse: Steve Hams

Medical Director: Prof. Mark Pietroni

Chief Operating Officer: Dr. Rachael De Caux

Our approach

Outstanding care – we are recognised for the excellence of care and treatment we deliver to our patients.

Our quality strategy aims to:

- Improve our understanding of quality by drawing insight from multiple sources (Insight)
- Equip patients, colleagues and partners with the opportunity to co-design with us to improve (Involvement)
- Design and support programmes that deliver effective and sustainable change (Improvement).

Continuously improving quality

Quality improvement is at the heart of everything we do

Improve our understanding of quality by drawing insight from multiple sources.

People have the skills and opportunities to improve quality throughout the whole system.

Improvement programmes enable effective and sustainable change in the most important areas

Insight

Key to improving quality is the ability to understand the complexities and measure it.

Involvement

Patients and colleagues as our engaged partners co-designing services and improvements.

Improvement

Quality improvement is at the heart of everything we do; our colleagues feel empowered and equipped to do the very best for their patients and each other.

Our quality improvement culture
Our quality improvement systems

Caring for our community

Our Quality Strategy has been developed through conversations with our colleagues; by listening and reviewing feedback from our community; by listening to our key stakeholders and by reviewing insight, indicators, data, feedback and intelligence.

Insight

The NHS Long Term Plan sets out key ambitions for us for the next 10 years and as an organisation we will move into putting that plan into practice locally. We know from reviewing our insight data that if we focus on this plan and our own local priorities that we will make a real difference to the quality of our care. We have created this enabling Quality Strategy to deliver our Trust strategic objectives (Appendix one). We have developed six programmes of work (five are based on the CQC quality Domains) and we believe that if we meet our goals (described in the table opposite) we will see significantly improved outcomes for our patients.

Involvement

Health care is a people business and so together we have been defining how we want to deliver services to our community. The quality of care that patients receive depends first and foremost on the skill and dedication of our colleagues as we know that engaged colleagues really do deliver better health outcomes. We also want our patients to be involved in improving our services and want them to co-design our improvements with us.

Improvement

Within each programme, we have key initiatives (primary and secondary drivers) which are designed to help us reach our desired outcome of excelling as an organisation. Along our journey, we have highlighted the milestones that we will achieve over the 5-year period. We are going to use metrics to measure and assess our improvement journey to drive our improvements in the right direction. Each programme has key indicators which we will report on in our Quality Account (Appendix 3).

Programmes

Be Well Led	**Goal:** Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
Improve Equality, Inclusion, Diversity and Human Rights	**Goal:** We have a proactive human rights approach to understanding the needs and preferences of people in our care that promotes access and equality.
Improve Experience: Caring	**Goal:** People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
Improve Safety	**Goal:** People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
Improve Effectiveness	**Goal:** Outcomes for people who use services are consistently better than expected when compared with other similar services.
Improve Responsiveness	**Goal:** Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

Where we are

Our regulator

We are recognised for our great care and treatment and this is evidenced by our CQC rating overall as "Good" by CQC.

However, in the Responsive Domain we have been rated as Requires Improvement as we are not delivering all the NHS Constitution standards and pledges reliably and consistently.

Our service areas

Our ward and service areas are being rated by our Nursing Assessment and Accreditation Scheme (NAAS) and care standards are improving.

Our patients' feedback

We receive feedback from our patients and they rate us on average as 8.0/10 within our National Survey programmes and we benchmark as "about the same" as other Trusts in most sections and most questions.

Our Gloucestershire Improvement Academy (GSQIA)

We have trained colleagues in improvement methodologies so that they can improve our services

- Colleagues trained First Level Bronze: 1804
- Quality Improvement Project Silver: 126
- Gold Quality Improvement Coach: 8

Our colleagues

Our Staff Survey engagement score is 6.8/10 (best Trust score 7.8/10).

Where we want to get to

Our patients' feedback

We want our patients to provide us feedback that shows that we are making improvements to their experience as when we benchmark against our peers as we will obtain more "Better" scores in our National Survey Programme scores.

Our Gloucestershire Improvement Academy (GSQIA)

"The Gloucestershire GSQIA way" – we will have trained our colleagues so that they know that they can improve services.

Every speciality and every specialist/ improvement committee has a recognised improvement programme.

We have Gold QI Coaches in every speciality.

Our regulator

We want CQC to rate us overall as "Outstanding" when they next come and inspect us.

In the Responsive Domain, we want to be delivering all the NHS Constitution standards and pledges reliably and consistently (top 20% of Trusts).

Our service areas

We want 50% of our ward and service areas to be rated by our Nursing Assessment and Accreditation Scheme (NAAS) as "Blue": Areas of Outstanding Care.

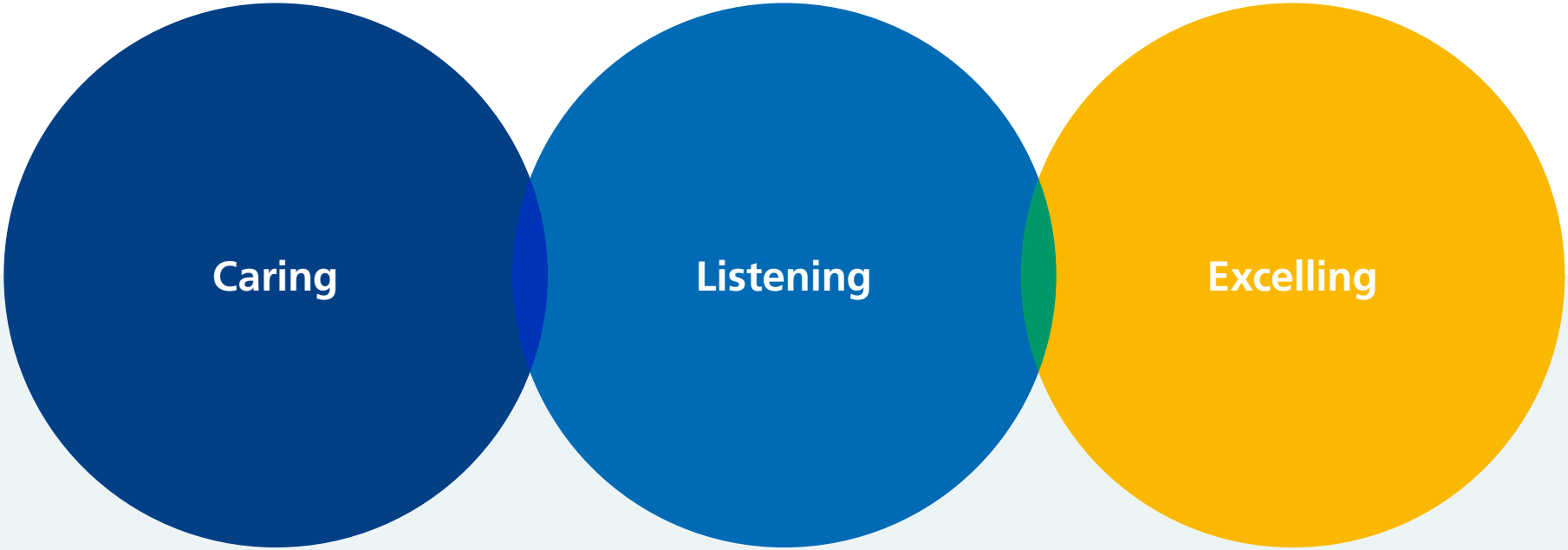
Our colleagues

We will improve our engagement score so that we are in the top 10% of Trusts (Our score 2018: 6.8/10. Best Trust score, 7.8/10).

Our programmes metrics

Programmes	Goal	Measure in 2024
Be Well Led	Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.	▷ All relevant data presented longitudinally and in SPC. ▷ 100% of all relevant quality improvement programmes will have patient, carer or family involvement and we will be co-designing our improvements ▷ Our colleagues are proud of the organisation and would recommend our organisation as a place to work (best Trust score 2018 Staff Friends and Family Test 81% our score 55.9%)
Improve Equality, Inclusion, Diversity and Human Rights	We have a proactive human rights approach to understanding the needs and preferences of people in our care that promotes access and equality.	▷ Our Equality Delivery Assessment will be completed with 25% increase in "achieving" outcomes for the two patient goals across the protected characteristics. ▷ Improved Staff Survey score for equality diversity and inclusion (best score in 2018 9.6/10 our score 9.2/10).
Improve Experience: Caring	People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.	▷ 10% increase in our "Better" scores in the CQC National Survey Programme (NSP) questions when benchmarked nationally.
Improve Safety	People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.	▷ Our Staff Survey questions relating to our safety culture will improve so that we are in the top 10% of Trusts (2018: Our score, 6.5. Best Trust score 7.2)
Improve Effectiveness	Outcomes for people who use services are consistently better than expected when compared with other similar services (better care for major health conditions: cancer, cardiovascular disease, stroke care, diabetes and respiratory disease).	▷ Our outcomes for key clinical conditions are in the upper quartile when benchmarked with other Trusts. ▷ We are in the top 20% of Trusts across the breadth of NHS Constitutional standards
Improve Responsiveness	Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.	▷ Inspected and rated by the CQC as 'Good' in the responsive domain ▷ We are in the top 20% of Trusts across the breadth of the NHS Constitution Standards

Values



We care for our patients and colleagues by showing respect and compassion.

Our ambition is to continue to develop how we recruit and retain colleagues who recognise the importance of caring, understanding the needs of others and responding to these with kindness, dignity and professionalism.

We listen actively to better meet the needs of our patients and colleagues.

We value the diversity of our colleagues and aspire to be inclusive and recognise everyone's contributions. We believe we can do this by acknowledging one another, actively listening and responding appropriately and clearly.

We are a learning organisation and we strive to excel. We encourage a culture of improvement in the Trust and we expect our colleagues to be and do the very best they can.

Our Journey to Outstanding will enable us to excel in our patient care and colleague services to fulfil our purpose to improve the health, wellbeing and experience of the people we serve.

Drivers of the strategy: Well Led

Our Goal: Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

Key metric for delivery of the goal

- **100% of relevant quality improvement programmes will have patient, carer or family involvement and we will be co-designing our improvements**
- **Our colleagues are proud of the organisation and would recommend us as a place to work (best Trust score 2018 Staff Friends and Family Test 81% our score 59%)**

Programme: Well led

Aim

Improvement programme

Well led

Our Goal: Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.

Primary driver

Programme: Well Led
Transforming our quality management and improvement systems

Secondary drivers
our key initiatives

Insight
Building an expectation and organisational capability to use evidence and patient data from all sources to support high quality person-centred care and deliver improvement

Involvement
Building a person-centred culture of improvement with an expectation of co-design with patients and colleagues

Improvement
Creating a systematic approach to improvement and assurance based on the Quality Framework Model

What our patients say when we get it right…

Person-centred care

"Thank you all from the bottom of my heart. I had no idea what to expect. I was very nervous and had sleepless nights before I came in. You all made such an effort to make me feel safe. I shall never forget you all and I am so grateful. You are all very special people."

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Insight: Building an expectation and organisational capability to use evidence and patient data from all sources to support high quality person-centred care and deliver improvement	**1.** Identified Trust level quality initiatives have a clear evidence base **2.** Data in formal reports is always displayed in longitudinal format in reports and dashboards **3.** GSQIA establish a flow coach faculty to effective use data for system improvement **4.** Our Quality and Performance Report will be connected to improvement programmes	**1.** Data is managed through digital/ electronic means and available from Ward to Board **2.** Programmes of improvement at all levels have referenced evidence	**1.** Outcomes for key clinical pathways/ condition are in the upper quartile benchmark	**Where we will be 2024** Increased number of evidence based searches from Library services All Trust level reports presented with longitudinal data
Involvement: Building a patient centred culture of improvement with an expectation of codesign with patients and colleagues	**1.** Patients, Carers and colleagues are visibly involved in improvement **2.** There is an established Patient Experience Faculty as part of GSQIA **3.** Executives each sponsor a key strategic project using QI methodology supported by GSQIA	**1.** Colleagues can describe multiple projects using co-design **2.** There is a rolling programme of Executive led QI projects **3.** There is a visible programme of cross boundary pathway projects with the ICS and partners	**1.** 100% of relevant QI projects have active patient involvement or patient feedback **2.** The Trust is recognised as outstanding for improvement across all areas of the Trust **3.** The Trust is recognised for codesign as outstanding practice by the CQC	Increased numbers of QI projects have active patient involvement or patient feedback QI projects are aligned with long term strategic objectives

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement (systems): Creating a systematic approach to improvement and assurance based on the Quality Framework model	**1. 50% of specialties and departments have:** a. An active improvement programme b. Gold QI coach c. Identified local quality assurance indicators. **2. Expert committees have** a. An active improvement programme b. Gold QI coach c. Identified local quality assurance indicators. **3. Divisions** a. Create a monthly standardised assurance report identifying areas for enhanced surveillance based on their quality data. b. Monitor progress in relation to the well-led framework (via inspections published) c. Publish a definitive guide to who does what in relation to quality (reviewed annually) **4. Speaking Up** a. Continue to develop our resolution model for "speaking up". b. Share learning across in the organisation to demonstrate responsiveness. c. Monitor themes and trends of speaking up. d. Recruit more Freedom to Speak Up Guardians so that our colleagues have choice in who they see. e. Embed our Trust values and define our associated behaviours. f. Launch 'Civility Saves Lives' and integrate with defined organisational behaviours.	**1. 95% specialties and departments have** a. An active improvement programme b. Gold QI coach c. Identified local quality assurance indicators **Speaking up** a. Completion of a staff survey. b. Measure our success using feedback mechanisms such as the Staff Survey.	All specialties and Committees have rolling programmes of improvement with clear measurement indicators **Speaking up** Civility Saves Lives campaign embedded in our culture.	Proportion of specialities & departments that have Gold improvement coaches. Number of Specialties with improvement programmes & dashboards Expert committees and improvement steering groups with improvement programmes & dashboards Standardised divisional assurance and improvement structures and processes are embedded. Improved speaking up survey results and Staff Survey results (staff environment - bullying and harassment score 8.0/10 now and 8.5/10 by 2024) Established programmes for the Quality Account (Appendix 3).

Drivers of the strategy: Equality, Diversity, Inclusion and Human Rights

Our goal: We have a proactive human rights approach to understanding the needs and preferences of people in our care that promotes access and equality

Key metric for delivery of the goal

- **Our Equality Delivery Assessment will be completed with 25% increase in "achieving" outcomes for the two patient goals across the protected characteristics**
- **Improved Staff Survey score for equality diversity and inclusion (best score 2018 9.6/10 our score 9.2/10)**

Programme: Equality, Diversity, Inclusion and Human Rights

Aim

Improvement programme

Equality

Our Goal: We have a proactive human rights approach to understanding the needs and preferences of people in our care that promotes access and equality.

Primary driver

Overarching approach:
Equality, Diversity, Inclusion
Best Care For Everyone – person-centred care

Secondary drivers
our key initiatives

- **Due regard to peoples' protected characteristics**
- **Safeguarding people from abuse and improper treatment**
- **Delivering person-centred care by making reasonable adjustments**

What our patients say when we get it right…

Person-centred care

"I have been treated fairly and my difference is valued here"

"I see care, kindness and courtesy equally to everyone every time"

"I am respected and supported with my disability"

"Everything for me is spot on a made to measure service"

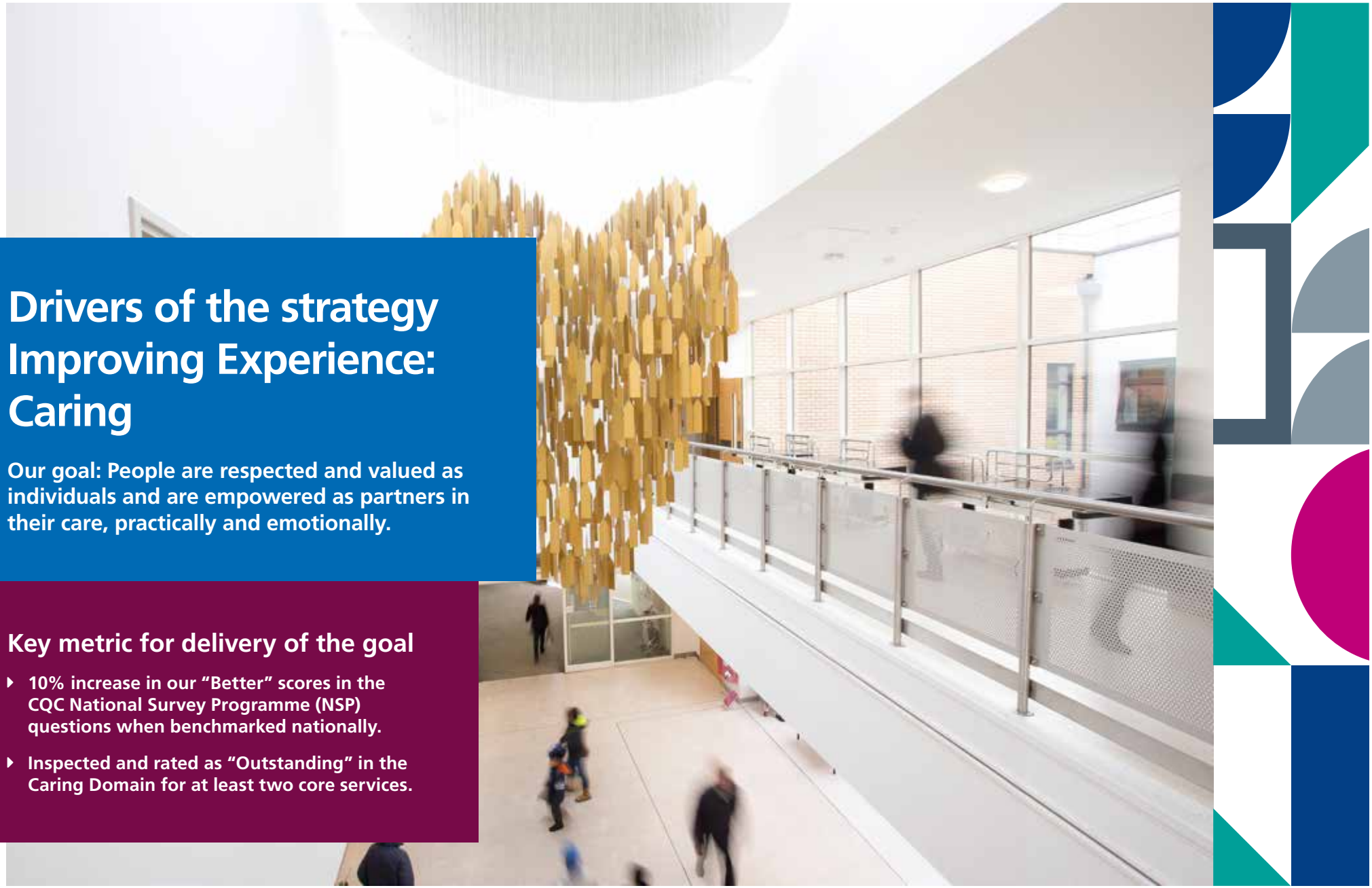
"My dignity has been respected and I have received exceptional personalised service – with the bonus that everyone was always so polite"

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Due regard for protected characteristics **NHS Constitution** You have the right to be treated with dignity and respect in accordance with your human rights (right). **NHS Constitution** That if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution (pledge)	**Insight** **1.** Strengthen our **protected characteristics data collection.** Complete our annual protected characteristics data review and plan our improvements where the need is greatest. **2.** Work with our system partners to review health outcomes data across the protected characteristics and develop a **plan to improve equity of access and health outcomes** (NHS Plan 2019). **3.** Review our National Survey Data as each survey is published in relation to the specific questions related to kindness and respect; privacy and dignity; and emotional support. **4.** Complete **Quality and Equality Impact Assessments (EIA)** for all our service change and transformation projects. **5.** Regular review of **Mixed Sex Accommodation** breach data and develop our improvement plan. **Involvement** **6.** Recruit and train **QI Volunteers from all protected characteristics** to be involved in our improvement work. **7.** Deliver our two patient experience equality objectives derived from our review of the **Equality Delivery System (EDS) toolkit.** ▷ Deliver open engagement sessions with our community ▷ Develop a Person-Centred Care Charter	**1.** Commence our review of the Equality Delivery System. **2.** Complete an annual review of protected characteristic data and plan improvements. **3.** Improve our ability to identify equality and human rights risks and issues from information received from colleagues and people who use services, using new technology and consistent groupings of data. **4.** Regular review of Mixed Sex Accommodation data with improvement plan.	**1.** New patient experience EDS2 objectives being delivered. **2.** Annual protected characteristics data review. **3.** Continue to work with Experts by Experience to gather the views of people who use services on equality and human rights issues. **4.** Continue to develop and evaluate insight/ indicators relating to equality and human rights **5.** We meet the learning disability improvement standards by 2023/24	**Where we will be 2024** Our Equality Delivery Assessment will be completed with 25% more "achieving" outcomes for the two patient goals Continued high performance in our **CQC National Survey Programme** questions scores (kindness and respect; privacy and dignity; and emotional support). We will have improved mixed sex accommodation breaches so that we will be reporting this rarely. We will meet all of the NHSI learning disability and autism standards (NHSI 2018). We will have improved position and will be meeting the eight dementia care standards to high levels (NHSI 2017). Care for people with mental health issues accessing care in an acute Trust will be improved (metrics to be developed). We will be able to measure, monitor and reduce the cost of one-to-one care with our Enhanced Care Improvement programme.

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Due regard for protected characteristics *(cont)*	**Improvement** **8.** Include "equality and human rights awareness" training within GSQIA. **9.** Complete benchmarking exercise for delivering of the NHSI Learning Disability and Autism standards and then deliver our improvement plan to include STOMP and STAMP STOMP = stopping the overmedication of people with a learning disability, autism or both STAMP = Supporting Treatment and Appropriate Medication in Paediatrics **10. Develop an Enhanced observation and care improvement programme** Aims ▷ to improve the quality, safety and patient experience of one-to-one care ▷ to deliver an improved experience for the most vulnerable hospital in-patients ▷ to measure, monitor and reduce the cost of one-to-one care **11.** Continue to complete the improvement work to deliver the eight standards within the **Dementia** Assessment and Improvement Framework (NHSI 2017). **12.** Develop an improvement plan for people with **mental health** issues accessing Acute Care (to include our suicide prevention plans to ensure a reduction in suicide rates of 10% by 2020/21(Long Term Plan 2019)).			

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Safeguarding people from abuse and improper treatment **NHS Constitution** You have the right to be protected from abuse and neglect, and care and treatment that is degrading (right).	**Insight** **1.** Review current safeguarding metrics and develop an exception reporting approach. **2.** Develop a safeguarding reporting framework and safeguarding dashboard. **3.** Vigilantly monitor and audit any restrictions or deprivations of liberty associated with the delivery of care and treatment to people (with learning disabilities, autism or both). **Involvement** **4.** Review with our teams the current safeguarding team staffing model. Review of organisational safeguarding policies and processes to ensure they are streamlined. **5.** Continued delivery of training programmes and updating for colleagues on the Mental Capacity Act. **Improvement** **6.** Develop a governance assurance framework for safeguarding. **7.** Develop and embed an adult/ child safeguarding hub. **8.** Monitor the Adverse Childhood Experiences (ACES) programme pilot data.	**1.** Embedding of merging adults and children's safeguarding hub **2.** Joint education and learning events. **3.** Trust wide safeguarding conference for children / adults. **4.** Embedding of safeguarding Liberty protection safeguarding team. **5.** Implementation of information sharing community by our Electronic Patient Record	**1.** Safeguarding is embedded in corporate and service strategies across the Trust.	**Where we will be 2024** ▷ Improvement in level 2 safeguarding training numbers ▷ Improvement in level 3 safeguarding training numbers

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Delivering person-centred care by making reasonable adjustments so that people with a disability can access and use our services on an equal basis to others	**Insight** **1.** Audit of provision of services for people who use our services and have information or communication needs because of a: ▷ disability ▷ impairment ▷ sensory loss by reviewing our use of the digital flagging for reasonable adjustments. **2.** Review disabled access across the hospital (access and egress audits). **Involvement** **3.** Review and improve how we involve disabled people in our service improvement work **Improvement** **4.** Continue to make improvements to how we deliver the Accessible Information Standard via the Outpatient Improvement Work.	**1.** Involve people with disabilities and learning disabilities in checking the quality of services. **2.** Deliver our plan of improvement for the NHSI National Learning Disability Improvement Standards for NHS Trusts.	**1.** Involve people with disabilities and learning disabilities in checking the quality of services.	**Where we will be 2024** ▷ Meet all of the Accessible Information Standards ▷ Meet all of the NHSI (2018) National Learning Disability Improvement Standards for NHS Trusts.



Drivers of the strategy Improving Experience: Caring

Our goal: People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.

Key metric for delivery of the goal

- **10% increase in our "Better" scores in the CQC National Survey Programme (NSP) questions when benchmarked nationally.**
- **Inspected and rated as "Outstanding" in the Caring Domain for at least two core services.**

Programme: Improve experience

Aim

Improvement programme

Caring

Our Goal: People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.

Primary driver

Programme:
Improve experience
Delivering and improving care by being people centred

Secondary drivers
our key initiatives

INSIGHT
Making experience and insight data count to drive improvement and learning by using patient experience QI methodologies and rapid process improvement techniques

INVOLVEMENT
Embedding an organisation wide approach to using behavioural insight to shape service redesign and prompt behaviour change

IMPROVEMENT
Setting clear priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest

What our patients say when we get it right…

Person-centred care

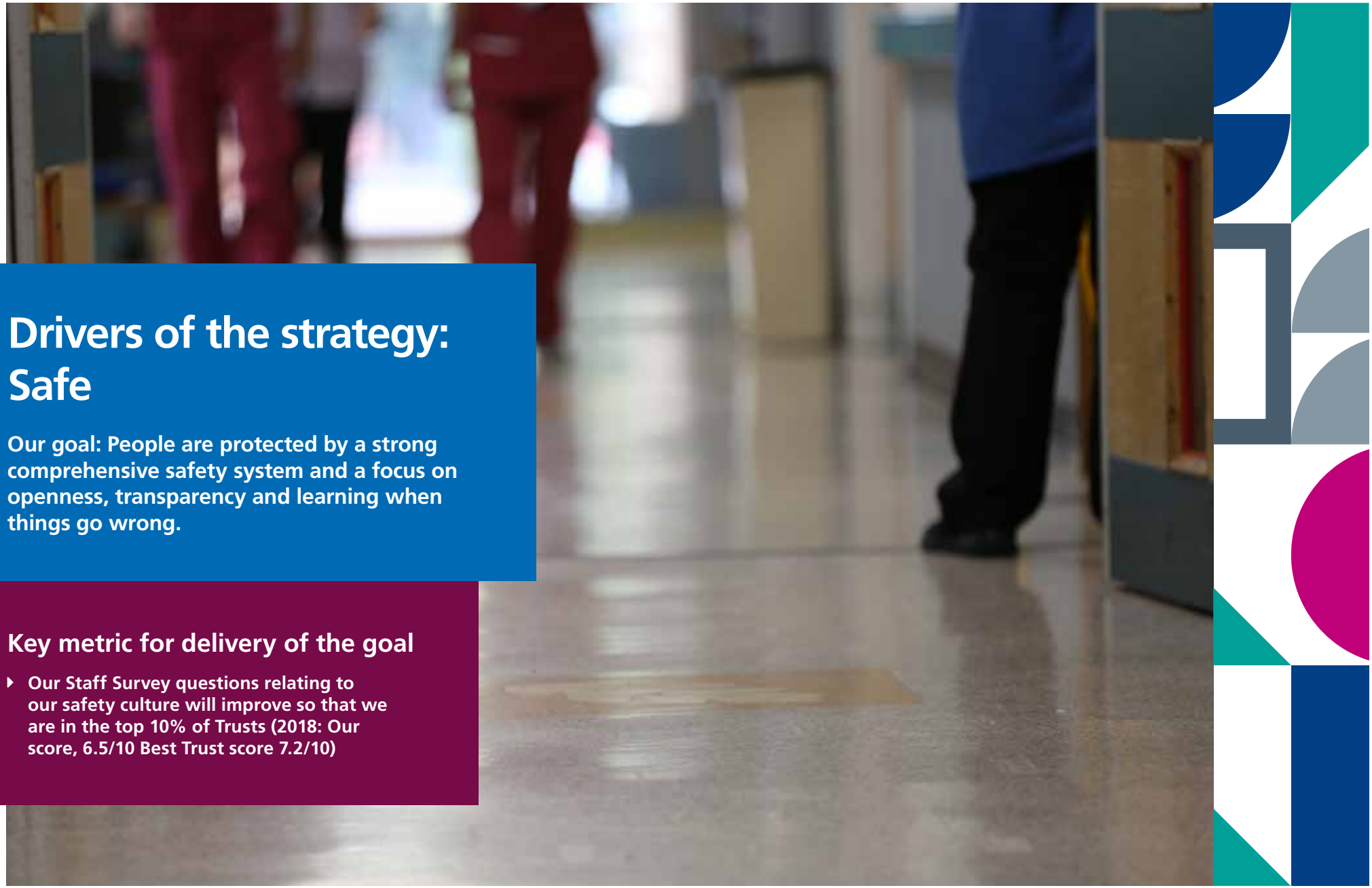
"Having spent many hours in this hospital over the last few years, both for joyous and devastating reasons alike, I cannot fault the place or the staff we have met. I have just returned home from having an operation today and the staff made it seem like nothing was too much trouble for them. From the anaesthetist to the porters - great, friendly and helpful staff with a smile for each and every patient. Thank you"

"My father was admitted as an emergency, and ended up on a ward. I cannot fault his care, it was exceptional. All the staff involved were so caring, kind and conscientious in the face of huge pressure, and I could ever thank them enough for all they did for him and us. All the staff should be proud of the extremely high standard of care they provide"

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Insight Making experience and insight data count to drive improvement and learning by using patient experience QI methodologies and rapid process improvement techniques	**1.** Roll out of real time survey data across all core services. **2.** Patient Experience Dashboards developed for Divisions to access their feedback data. **3.** Patient Experience Improvement Faculty established within the GSQIA to assist colleagues with their data and developing tools to collect and respond to it. **4.** Develop systems to map patient experience improvement across the Trust so that other teams can adopt ideas rapidly (roll out of the IHI "7 spreadly sins") **5.** Adapt GSQIA training to include more patient experience measures, tools and techniques.	**1.** Patient Experience Improvement Faculty within the GSQIA further established with Divisional Leads. **2.** The patient is at the heart of all our integrated pathways.	**1.** Improved Staff Survey results across patient experience themes to meet best in class peers.	**Where we will be 2024** 10% increase in our "Better" scores in our National Survey Programme (NSP) scores when benchmarked nationally.

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Involvement Embedding an organisation wide approach to using behavioural insight to shape service redesign and prompt behaviour change (kindness, respect and compassion; privacy and dignity; involvement in decisions) **NHS Constitution** You have the right to be treated with dignity and respect in accordance with your human rights (right).	**1.** Co-production introduced as our tool of choice and includes colleagues and patients when we redesign services. **2.** Best Care for Everyone Programme – our continuous improvement patient experience collaborative developed and rolled out. **3.** Person-centred Care Charter (EDS2 equality objective) being developed with colleagues. **4.** Programme of Always Events® started with involvement from colleagues and patients. **5.** Community engagement and listening events held (EDS2 equality objective). **6.** Roll out of the work to embed our values and define associated behaviours for colleagues. **7.** Launch of the 'Civility Saves Lives' programme of work. **8.** Deliver an improved Patient Advice and Liaison Service (PALs) by having a more responsive model with PALs staff visiting wards and service areas. **9.** Update of our policies and processes for using our volunteers to help to measurably improve outcomes for people within our services.	**1.** Programme set up, delivered and then incorporated into the GSQIA. **2.** Community engagement and listening events held (EDS2 equality objective). **3.** Person-centred Care Charter (EDS2 equality objective) in progress.	**1.** Always Events® programmes established in every Division. **2.** Improve experience indicators as measured by National Survey Programme questions in all five surveys.	**Where we will be 2024** Inspected and rated as Outstanding in the Caring Domain for at least two core services. Improvement to Staff Survey questions related to using patient feedback to improve services 22c Staff survey question using patient feedback scores in the upper quartile of all Trusts (72.5%)

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement Setting clear priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest (to be reported in the Quality Account)	**1.** Deliver our priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest (to be reported in the Quality Account) ▷ Improve **inpatient** experience (year 1 programme - discharge experience). ▷ Improve **cancer** patient experience (year 1 programme -lung and prostate cancer). ▷ Improve **mental health care** within acute care setting (year 1 programme - wait times for mental health review and introduction of the triage tool for mental health assessment). ▷ Improve **outpatient** experience (neurology, endocrinology, dermatology and rheumatology).	**1.** Review and then deliver our priorities for patient experience quality improvement priorities.	**1.** Review and then deliver our priorities for patient experience quality improvement priorities.	**Where we will be 2024** Established programmes for the Quality Account (Appendix 3).



Drivers of the strategy: Safe

Our goal: People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong.

Key metric for delivery of the goal

- **Our Staff Survey questions relating to our safety culture will improve so that we are in the top 10% of Trusts (2018: Our score, 6.5/10 Best Trust score 7.2/10)**

Programme: Improve safety

Aim

Improvement programme

Safe

Our Goal: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

Primary driver

Programme:
Improve safety
Listening, learning and improving

Secondary drivers
our key initiatives

INSIGHT
A safety system that provides insight by continuous safety learning and improvement with compliance and assurance

INVOLVEMENT
A just safety culture that is open and transparent enabling colleagues to raise concerns

IMPROVEMENT
Setting clear priorities that are aligned and where the need for improvement is greatest

What our patients say when we get it right…

Person-centred care

"All the nursing and medical staff who dealt with me and kept me safe were outstanding. The Nurses patience staggered me and the overall professionalism from the Consultant Surgeon/ Consultant Neurologist and all their staff were truly impressive. I cannot express adequately my gratitude"

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Insight and involvement Create and maintain a Just Culture	**1.** Key safety systems and management behaviours developed that support a positive safety culture. **2.** Establish Safety Culture survey approach. **3.** Adoption of the NHS Improvement a Just Culture Guide. **4.** Understand the reasons, themes and trends for staff suspensions **5.** Review our data from anonymous incident reporting.	**1.** Proactives safety campaigns linked to safety data. **2.** Routinely provide safety management system training. **3.** Routinely measure safety culture pre- and post-major programmes. **4.** Two patient safety partners on safety related clinical governance committees are in place by April 2022.	**1.** A safety management system that uses data proactively and reactively is in place.	**Where we will be 2024** Improved scores for our Staff Survey questions - 17a treats people fairly 2018 (our Trust score 2018 59.4% best Trust 69.5%) - 17d provide feedback in response to incidents changes (2018 our Trust score 52.9%, best Trust 72%) - 18b feel secure raising concerns (2018 our Trust score 69.7%, best Trust 76.7%) Overview of the incidents reported anonymously.
Improvement Continuous safety Improvement	**Patient safety training and education** **1.** Develop a Human Factors (HF) Faculty that improves: a. the technical assessment of serious incidents. b. system redesign and testing with simulation. c. human factors understanding across the Trust.	**1.** Annual programmes of HF education based on data analysis of causal factors from incidents. **2.** Simulation testing on designs of new clinical systems. **3.** Fatigue management approaches adopted to reduce error. **4.** Routine use of Threat and Error approach in practice	**1.** Evaluation of the programme to identify next steps.	

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement Priorities for Safety Improvement	**1.** Improvement Programmes established for 2019/20 with key lead and reporting through to the Quality Delivery Group and the People and OD Delivery Group. a. Review and align stress management policy/ assessments b. Reduce the severity of musculoskeletal disorders, using our data to establish the predominant causes and identify remedial measures c. Fully embed the Trust's Safer Sharps improvement plan. d. Create a suite of good quality risk assessments and develop a shared site for all risk assessments. e. Improve the quality of our investigations through a training and competency assessment. f. Develop Datix to achieve a more timely response to adverse events and late RIDDOR reports. **2.** Examine and report on overdue investigations with recommendations for reducing them. **3.** Develop the health and safety capability across the Trust: Invest in health and safety resources. **4.** Standardise our health and safety processes.	**1.** Embed the Stress Management Standards into the Trust. **2.** Integrate manual handling advice on physical health and exercise within the 2020 Staff Advice and Support Hub. **3.** Fully embed an effective risk assessment review process. **4.** Fully embed a quality approach to investigations.	Evaluation of the improvements to identify next steps.	Annual Quality Account priorities (see Appendix 3).

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement Priorities for Safety Improvement (cont)	**5.** The following safety programmes are established, with an improvement plan and identified measures: a. Medication safety improvement programme (MSIP) High Risk medicines improvement programme (First project – insulin safety) b. Delayed care: Safety of delayed care for our patients c. Prevention of harms a. Pressure Ulcer prevention programme (Stop the Pressure) b. Patient Falls prevention (CQUIN) **6.** Prevention of deterioration ▷ Sepsis recognition and management of the deteriorating patient **7.** Maternal and neonatal safety improvement programme (MNSIP) ▷ Reduce the rate of stillbirths, neonatal deaths and asphyxial brain injury by 50% by 2020 **8.** Reduction and control of hospital acquired infections			

Drivers of the strategy: Effective

Our goal: Outcomes for people who use services are consistently better than expected when compared with other similar services.

Key metric for delivery of the goal

- **Our outcomes for key clinical conditions are in the upper quartile when benchmarked with other Trusts (cancer, cardiovascular disease, stroke care, diabetes and respiratory disease)**

Programme: Improve effectiveness

Aim

Improvement programme

Effective

Our Goal: Outcomes for people who use services are consistently better than expected when compared with other similar services

Primary driver

Programme:
Improve outcomes and effectiveness

Secondary drivers
our key initiatives

Insight
Colleagues routinely draw on internal and external evidence from all sources to achieve best clinical outcomes promoting quality of care.

Involvement
Clinical effectiveness data is regularly reviewed by colleagues and patients and used to drive improvement where the need is greatest.

Improvement
Quality Improvement methodology is used to implement evidence based practice from audit, research, patient feedback in innovative and efficient ways

What our patients say when we get it right…

Person-centred care

"After my surgery, I was brought back to the Ward from recovery by two staff members (who kindly checked on me twice to make sure I was ok). I was feeling quite unwell and the ward was very busy that day but that did not stop the care and compassion for me and others within the ward. Fantastic health care assistants who not only looked after me but my husband as well by making sure he had something to eat and drink. Nothing was too much trouble for them."

Key initiatives, milestones and metrics

We want health outcomes for people who use our services to be positive, consistent and regularly exceed expectations for our community. We will:

- Proactively participate in benchmarking, peer review activities and approved accreditation schemes as we want our high performance to be recognised by credible external bodies.
- Proactively support our colleagues to encourage them to share best practice.
- Commit to teams working collaboratively to find innovative and efficient ways to deliver more joined up care for people using our services.

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Insight Colleagues routinely draw on internal and external evidence from all sources to achieve best clinical outcomes promoting quality of care	**1.** Internal data reports are standardised with each specialty identifying key local measures in 50% of Specialties and Committees (What's Important to your patient / service). **2.** Specialties conduct gap analysis and evidence searches on all new relevant NICE guidance, NCEPOD and other national reports and data sources to inform their improvement programmes.	**1.** Data reporting is managed through electronic paperless systems.	**1.** Electronic Data provided from safety, patient experience, audit and BI sources are routinely used to inform Specialty and Committee Improvement programmes. **2.** External data sources from NICE, GIRFT, evidence searches and other benchmarking data are used to inform specialty Improvement programmes.	**Where we will be 2024** **1.** A Standardised suite of internal clinical data reports are provided to 95% of Specialties and Committees with timely and relevant information **2.** 50% of projects in Specialty Improvement programmes are bringing or improving evidence into practice (referenced) **3.** 90% of QPR metrics are referenced from Specialty or Trust programmes

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Involvement Clinical effectiveness data is regularly reviewed by colleagues and patients and used to drive improvement where the need is greatest. **NHS Constitution pledge** To identify and share best practice in quality of care and treatments (pledge). **NHS Constitution** You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your Dr says they are clinically appropriate for you (right).	**1.** Trust identified programmes e.g. Falls, GIRFT, care of people with learning disabilities etc. are routinely set up with a formal QI structure from diagnosis to system change and monitored by a formal Governance structure with support from GSQIA. **2.** There is an executive sponsor on each key QI programme and Executive level reporting of progress **3.** Improvement programmes routinely partner with the ICS	**1.** An electronic system supports improvement and assurance system from Ward to Board **2.** There are visible and planned improvement programmes for the ICS		**Where we will be 2024** **1.** Each Specialty and Committee has metrics that have been locally identified ("What's important to your patients") **2.** Trust QI programmes with Exec Leads. **3.** ICS programmes reported through Trust Quality governance process

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement Quality Improvement methodology is used to implement evidence based practice from audit, research, patient feedback in innovative and efficient ways **NHS Constitution pledge** To ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively (pledge).	1. Establish the Quality Framework to identify priorities based on specialty and expert committee led identification through their data sources. 2. **Deliver National Patient Safety Improvement Priorities (NPSIP)** **Emergency laparotomy:** 87% patients benefitting from the care bundle by Q4 2019/20 **PReCePT:** 33% increase in eligible mothers to whom MgSO4 is given by Q4 2019/20 **COPD discharge bundle:** 50% increase in sites that use the care bundle over baseline by Q4 2019/20 3. **Deliver our CQUINs for 19/20** ▷ Antimicrobial resistance (lower UTI, antibiotic prophylaxis in colorectal surgery) ▷ Staff flu vaccinations ▷ Alcohol and tobacco screening and brief advice ▷ Three high impacts actions to prevent falls ▷ Same Day Emergency Care (Pulmonary Embolism, tachycardia, community acquired pneumonia) ▷ Delivery of the Armed Forces Covenant ▷ Delivery of the specialised commissioning CQUINs	1. Review and evaluate the impact of the framework 2. **Deliver our CQUINs as published** 3. Review Quality Account priorities on an annual basis	3. **Deliver our CQUINs as published** Review Quality Account priorities on an annual basis	**Where we will be 2024** QI programmes identified by Specialties or Committees Established programmes for the Quality Account (Appendix 3).

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement Quality Improvement methodology is used to implement evidence based practice from audit, research, patient feedback in innovative and efficient ways (cont)	**1. Deliver year 1 programmes for our Quality Account** a. Learning into Action Learning from our investigations (deaths, complaints, DoC, Serious Incidents and claims) b. Clinical effectiveness/responsiveness ▷ Improve diabetes care ▷ Improve dementia care ▷ Improve Transition care from Children to Adult Services ▷ Deliver Better Births programme c. **Nursing Standards improvement** Incorporating a series of fundamental standards below which standards of care should never fall below – Nursing Assessment and Accreditation Scheme (NAAS) d. **Infection prevention and control** Reduce our gram-negative blood stream infections e. **Reduce unwarranted variation** Meet our GIRFT standards and recommendations			

Drivers of the strategy: Responsive

Our goal: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

Key metric for delivery of the goal

- **Inspected and rated by CQC as 'Good' in the Responsive Domain**
- **We are in the top 20% of Trusts across the breadth of NHS Constitutional Standards**

Programme: Improve our responsiveness

Aim

Improvement programme

Responsive

Our Goal: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care

Primary driver

Programme:
Improve Responsiveness:
Meeting peoples' needs

Secondary drivers
our key initiatives

Insight
Improve our understanding of our performance and equality data at service/ speciality level by drawing insight from multiple sources

Involvement
Our services are co-designed to support people (start of life, during referral, transfer between services, discharge and at the end of life)

Improvement
People can access services and appointments in a timely way and in line with NHS Constition pledges with services that are designed and improved to meet the needs of patients.

What our patients say when we get it right…

"Discovered spinal cancer at an operation last Sunday. MRI on Monday. CT scan Tuesday. Operation to stabilise spine on Thursday. X-rays – Friday – then home!!"

"Unbelievable professionalism and dedication from all staff – neurologist, surgeon, anaesthetic staff and nursing staff!"

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Insight Improve our understanding of our performance and equality data at service/ speciality level by drawing insight from multiple sources **NHS Constitution Pledge** To provide convenient, easy access to services within the waiting times set out in the Handbook (pledge)	**1.** Internal data reports are standardised with each specialty identifying key national and local measures in all specialties. **2.** Established the use of the NHS Model for Improvement when working with teams **3.** Monitor and report service delivery progress against national and local Key Performance Indicators (KPI's) as set by Government, regulators, commissioners or internally **4.** Patients get treated at the right time according to their clinical priority. ▷ waiting times for elective procedures with capacity plans showing how elective treatment volumes will increase so that the waiting list number decreases ▷ plans for the improvement of delivery of referral to treatment and waiting times. ▷ plans to continue to deliver reductions in the delayed transfers of care rate ▷ reduction in the number of patients being cared for outside their area of speciality ▷ Record Same Day Emergency Care (SDEC) activity via the Emergency Care Data Set ▷ Deliver NHS Constitution cancer access standards	**1.** Electronic Data provided from performance, safety, patient experience, complaints, audit and BI sources are routinely triangulated and used to inform specialty and committee Improvement programmes. **2.** Delivery of the Planned Care Improvement programme **3.** Delivery of the Unplanned Care Improvement programme **4.** Delivery of the Quality Improvement programme **5.** Delivery of the Cancer Improvement programme	Electronic Data provided from performance, safety, patient experience, audit and BI sources are routinely used to inform Specialty and Committee Improvement programmes. Develop new priorities.	**Where we will be 2024** Inspected and rated by CQC as "Outstanding" in the Responsive Domain We will be meeting all our national waiting time standards and pledges consistently and reliably Our patients feel that they waited the right amount of time on the waiting list before being admitted score (Adult Inpatient Survey score 2018 8.2/10) Our patients will not have their admission date changed (Adult Inpatient Survey score 2018 9.4/10) Our patients feel that they did not have to wait a long time to get to a bed on a ward 7.7/10 (Adult Inpatient Survey score 2018 7.7/10) Reduction in the number of patients being cared for outside their area of speciality

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Involvement Our services are co-designed to support people (start of life, during referral, transfer between services, discharge and at the end of life). **NHS Constitution Pledges** ▷ To provide convenient, easy access to services within the waiting times set out in the Handbook (pledge) ▷ To make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge)	**1.** Work with families to develop a focused programme of improvement for **transition** from Children's to Adult services for children with complex needs. **2.** Continued delivery of involvement within **Better Births** with our support of the Maternity Voices Partnership. **3.** Colleague engagement programmes are delivered in the review of **flow** through our hospitals. **4.** Improvement programme for the experience of **discharge** from inpatient services continues with the involvement of our patients and colleagues with **positive risk taking** workshops are delivered to staff to support a change in behaviours. **5.** Commence the co-design work for the next ICS **End of Life strategy**.	**1.** Continued delivery of our programmes with involvement of colleagues and patients, families, carers and stakeholders. **2.** Continue to work with midwives, mothers and their families to implement continuity of carer so that, by March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally		**Where we will be 2024** Staff Survey engagement scores improved. ▷ Transition metrics developed ▷ National Maternity Survey improvement with overall scores with more "better" scores. ▷ Adult Inpatient Survey question scores around discharge improved scores. ▷ Improvement with our overall score for our National Cancer Experience Survey

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients. **NHS Constitution Pledges** ▷ To provide convenient, easy access to services within the waiting times set out in the Handbook (pledge) ▷ To provide screening programmes as recommended by the UK National Screening Committee (pledge)	**1. Outpatient improvement programme** ▷ Start the redesign of services to reduce the need for face to face outpatient visits. ▷ Develop systems to ensure patients have more direct access to Musculoskeletal (MSK) services ▷ Improve the delivery of our referral to treatment pathways. ▷ Improved appointment systems ▷ Reduction of delayed appointments ▷ Reduction of delayed clinic letters ▷ Reduction in rates of patients who 'Did not attend' (DNA) appointments **2. Maternity** ▷ Continued delivery of Better Births programme. ▷ Start to implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies ▷ Offer all women who smoke during their pregnancy, specialist smoking cessation support to help them quit ▷ Support work to achieve 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 ▷ Be part of the National Maternal and Neonatal Health Safety Collaborative, supported by Local Learning Systems ▷ Roll out the Saving Babies Lives Care Bundle during 2019	**1.** Be nationally recognised for our screening programmes.	**1.** Deliver the right for patients to start consultant-led non emergency treatment within a maximum of 18 weeks of a GP referral within all specialities. Deliver the right to be seen by a specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected.	**Where we will be 2024** ▷ We have established Centres of Excellence that provide urgent, planned and specialist care to the highest standards, and ensure as many Gloucestershire residents as possible receive care within the county ▷ QI programmes identified by Specialties ▷ Established programmes for the Quality Account (Appendix 3).

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement (cont) People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients. **NHS Constitution Pledges** ▷ To provide convenient, easy access to services within the waiting times set out in the Handbook (pledge) ▷ To provide screening programmes as recommended by the UK National Screening Committee (pledge)	**2. Maternity (cont)** ▷ Continue to support access to specialist perinatal mental health services ▷ Continue to meet accredited, evidence based infant feeding programme standards (UNICEF Baby Friendly) **3. Diagnostics improvement programme** ▷ Continue and improve the delivery of our diagnostics standards. **4. Cancer Strategy** ▷ Continue and improve the delivery of our cancer standards. ▷ Monitoring of cancelled cancer operations **5. Screening programmes** ▷ Continue to deliver access to our screening programmes. **6. Responsive Patient Experience Improvement programmes** ▷ Interpretation and translation services ▷ Signage ▷ Improved complaint response times so that we meet our response time standards (80% of the time)			

Key initiatives	Year 1–2 milestones	Year 3–4 milestones	Year 5	Key metrics
Improvement (cont) People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients. **NHS Constitution Pledge** ▷ To provide convenient, easy access to services within the waiting times set out in the Handbook (pledge) ▷ To provide screening programmes as recommended by the UK National Screening Committee (pledge)	**7. Unplanned care improvement programme** ▷ Streaming ▷ CINAPSIS ▷ GP direct admission programme ▷ Pathways in the community ▷ Same Day Emergency Care ▷ Ambulatory care ▷ Hot Clinics ▷ GP provision front door **8. Patient flow improvement programme** ▷ Criteria led discharge ▷ Board round standards ▷ Length of stay reviews and monitoring. **9. Emergency response improvement programme** ▷ Emergency Preparedness, Resilience and Response (EPRR) plans. ▷ Winter planning **10. Supporting the delivery of the Enabling Clinical Service Strategy (Transformation of services)** ▷ Centres of Excellence business case approved.			

Appendix 1: Trust Strategic Objectives

Outstanding care

We are recognised for the excellence of care and treatment we deliver to our patients, evidenced by our CQC Outstanding rating and delivery of all NHS Constitution standards and pledges.

Compassionate workforce

We have a compassionate, skilful and sustainable workforce, organised around the patient, that describes us as an outstanding employer who attracts, develops and retains the very best people.

Quality improvement

Quality improvement is at the heart of everything we do; our staff feel empowered and equipped to do the very best for their patients and each other.

Care without boundaries

We put patients, families and carers first to ensure that, in partnership with our local health and social care partners, care is delivered and experienced in an integrated way 'without boundaries'.

Involved people

Patients, the public and staff tell us that they feel involved in the planning, design and evaluation of our services.

Our Strategic Objectives: 2019 to 2024

The objectives have been derived from a process of combining national, regional and local context and how we plan to respond, our strategic analyses, and the messages we heard from our engagement programme. They have been tested with members of staff from across the Trust, and other stakeholders, who have confirmed they articulate the scale and pace of our collective ambition.

Centres of Excellence

We have established Centres of Excellence on our hospital sites that provide urgent, planned and specialist care to the highest standards, and ensure as many Gloucestershire residents as possible receive care within the county.

Financial balance

We are a Trust in financial balance, with a sustainable financial footing evidenced by our NHSI Outstanding rating for Use of Resources.

Effective estate

We have developed our estate and are working with our local health and social care partners, to ensure services are accessible and delivered from the best possible facilities that minimise our environmental impact.

Digital future

We use our electronic patient record system and other technology to drive safe, reliable and responsive care, and link to our partners in the health and social care system to ensure joined up care.

Driving research

We are a research active Trust providing innovative and ground breaking treatments; staff from all disciplines contribute to tomorrows evidence base enabling the Trust to be one of the best University Hospitals in the UK.

Appendix 2: Our Quality Management Framework and Structure

Our Quality Management Framework and Structure

Our structure to deliver our "Journey to Outstanding" for quality management is important and so we are taking a step changed approach to our current system based on best evidence and the approach of outstanding Trusts.
End result = embedded quality and rated as an "Outstanding" Trust.

Appendix 3: Improvement priorities to be reported within our Quality Account Year 1 2019/20

Priority quality indicator goals 2019/2020		Why we have chosen this indicator
WELL LED: continuous improvement	**Continuous quality improvement with the GSQIA** To further enhance our quality improvement systems with support from the Quality Improvement by our Gloucestershire Safety and Quality Improvement Academy (GSQIA)	▷ To further embed our QI approach to enable us to be rated as an outstanding organisation by CQC. ▷ CQC were impressed with our overall QI approach.
	To continue to develop our speaking up systems and processes through **Freedom to Speak Up**	▷ This is an area that staff have indicated that they would like us to improve ▷ National driver to improve after the Gosport Independent Enquiry. ▷ Staff Survey results
EXPERIENCE: enhancing the way colleagues and patient feedback is used to influence care and service development	To improve patient experience of our **discharge processes**	▷ Continuation of the safe and proactive discharge programme which was a Commissioning for Quality Improvement (CQUIN 19/20). ▷ Our Adult Inpatient Survey data indicates this as an area of improvement.
	To improve **cancer patients' experience**	▷ In order to achieve an Outstanding rating for Cancer Services we want to co-ordinate our improvement work to where it is most needed. ▷ Local data from our Cancer Survey.
	To improve **outpatient experience**	▷ Our local data supports that this is an area for improvement.
	To improve **mental health care** for our patients coming to our acute hospital	▷ Our CQC feedback from our most recent inspection advises us that we can make improvements in this area. Our local data and The Long Term Plan supports that this is an area for improvement.
	To develop a **real time patient experience survey programme**	▷ Our staff would like access to more real time patient experience data (Staff Survey) ▷ Our patients would like to provide us with feedback on how we could improve.

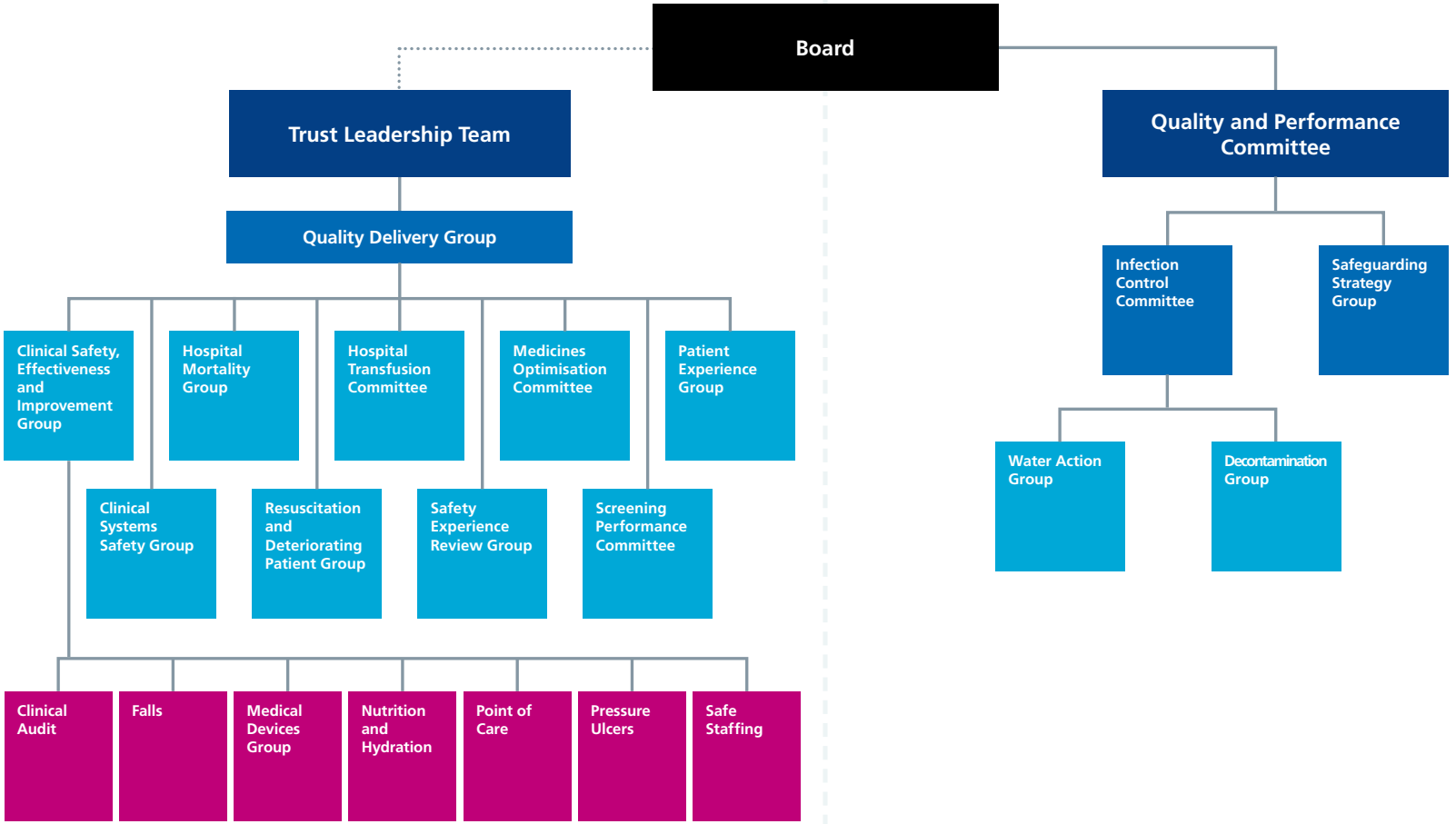
Priority quality indicator goals 2019/2020		Why we have chosen this indicator
SAFETY	To enhance and improve our **safety culture**	▷ National driver with the consultation for the national patient safety strategy and also the CQC Never Events report. ▷ Our Staff Survey results
	To improve our patients beginning their **first treatment for cancer within 62 days** following an urgent GP referral for suspected cancer.	▷ National NHS Constitution target
	To improve the issue of patients being lost to follow up	▷ Local data supports this as an area of focus
	To improve our prevention of pressure ulcers	▷ The national Stop the Pressure programme led by NHS Improvement.
	To prevent hospital falls	▷ Implementing the three high impact actions ▷ CQUIN 2019/20
	To improve the **learning from our investigations into our serious medication errors**	▷ Our local data supports this as an area of focus.
	To improve our **care of patients whose condition deteriorates** and to deliver time critical care – (to include Stroke care, VTE and sepsis).	▷ National drivers – The Long Term Plan. ▷ Local data supports that we need to fully embed our NEWS2 system and that we appropriately respond to our patients.

Priority quality indicator goals 2019/2020		Why we have chosen this indicator
CLINICAL EFFECTIVENESS / RESPONSIVENESS	To improve our **learning into action systems** – including learning from national investigation reports as well as learning from our own local investigations (learning from deaths, complaints, Duty of Candour, serious incidents and legal claims).	▷ National driver after Gosport Independent Panel findings. ▷ Our staff tells us that this is an area where they would like to see an improvement.
	To improve our care for **patients with diabetes**	▷ National Driver – Long Term Plan. ▷ Our local data supports that this is an area that we should focus on improvements.
	To improve our care of patients with **dementia** (including diagnosis and post diagnostic support)	▷ National drivers – Long Term Plan. ▷ Our local data supports that this is an area that we should focus on.
	To improve our **nursing care standards** with continuation of Nursing Assessment and Accreditation Scheme (NAAS)	▷ Local data supports this as an area for improvement.
	To improve our **infection prevention and control standards** (reducing our Gram negative blood stream infections by 50% by 2021)	▷ National driver
	Rolling out of **Getting It Right First Time** standards in targeted standards	▷ National driver
	Delivering the 10 standards for **seven day services** (especially 2, 8, 5, 6)	▷ National driver
	To deliver the programme of **Better Births** (maternity care)	▷ National driver
	To improve our care of children **transitioning** to adult care	▷ National driver ▷ Local data supports this as an improvement area

Appendix 4: Quality Governance Structure

Quality Governance Structure

EXECUTIVE DELIVERY



ASSURANCE

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality Strategy

V1, October 2019