

PROUD2CARE

NHS
Stockport
NHS Foundation Trust

Our Quality Improvement Plan 2018-2020



Contents

Page No

Foreword	3
1. Introduction to our Quality Improvement Plan	4
- Purpose of our Plan – who benefits	4
2. Trust Values and Behaviours	6
3. Trust Strategy	6
4. Trust Profile	6
5. How We Have Developed Our Plan	7
- Stakeholder Engagement	8
6. CQC Inspection Findings 2017	9
- Concerns and Key Areas for Improvement	9
- Trust Board Response	10
7. Developing a Culture of Continuous Improvement	10
- Strong Leadership	10
- Being Bold – <i>getting on at pace</i>	11
- Approach to Quality Improvement	11
8. The Seven Themes of our Quality Improvement Plan	12
8.1 High Quality Safe Care Plan	13
8.2 Reducing Unwarranted Variation in Clinical Practice	14
8.3 Urgent Care Delivery	15
8.4 Safety Collaboratives	16
8.5 Quality Improvement Initiatives	17
8.6 Safe Staffing	19
8.7 Quality Faculty	20
9. Governance and Assurance	21
10. Reporting Arrangements	21

Foreword

I am delighted to be introducing the Quality Improvement Plan for Stockport NHS Foundation Trust. The trust was rated as 'Requires Improvement' in March 2016 and October 2017 by the Care Quality Commission. In the months since we have seen a tremendous commitment from our staff who, no matter where they work in the organisation, have come to work every day to contribute to, or deliver, high quality care in order to secure the best outcomes and experience for our patients.

Improving quality is essential to us all. Patients want to feel safe and secure when they receive care and treatment in our Trust. Our patients' families and carers want to know that we are taking the best possible care keeping them safe. We know that staff want to provide the highest quality care and treatment possible, and as a Trust we want to be recognised locally as a great place to work and as a health-care organisation that we can all be proud of.

We need to recognise this commitment and set a clear direction and approach to continuously improving quality recognising that everyone has a role to play and can contribute.

We are going to do this through being innovative and in developing a culture which supports continuous learning, improvement and develops compassionate leadership which inspires individuals, teams and services to be the best we can be.

Our goal is to be recognised as an outstanding organisation, and we aim to demonstrate that the care and treatment delivered by all of our staff is of the best quality possible. We want to make sure that the high quality and safe care we aim to provide is recognised externally by our partners and colleagues because it has become *business as usual*. This plan describes the blueprint for our journey, it makes our objectives clear and sets timescales and performance indicators along the way.

Our staff and key stakeholders have helped shape this plan, which is designed to be the golden thread in the direction of travel for quality improvement for the next two years

Best wishes

Helen Thomson

1. Introduction to our Quality Improvement Plan

We want our Quality Improvement Plan to take us from 'Requires Improvement' by being bold in taking us further on a trajectory to 'Good' and 'Outstanding'. Of course we must address areas of concerns relating to patient safety that have been noted externally by the Care Quality Commission (CQC) and NHS Improvement, and those that we have recognised ourselves. We all want our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us to become the employer of choice in the region.

The CQC rated the trust as 'requires improvement' overall, but also as 'inadequate' for *safe* in Medicine and in Urgent and Emergency Services, and as 'inadequate' in *well led* for Urgent and Emergency Services. Our status with NHS Improvement is that of a Trust challenged for quality, performance and finance in September 2017.

The dedication and efforts of all our staff has led to many improvements since the CQC reports were published in March and October 2017.

Quality Improvements include:

- Consistent approaches to reporting incidents, with a significant and sustained increase of 20% in reporting – leading to a greater opportunity to share immediate lessons learned and embed safer practice
- 60% improvement in the reporting of 'no and low harm' incidents – demonstrating an evolving safety culture and a passion to get things right
- Reduction in the number of complaints received and in those returned where the complainant did not feel the complaint was resolved
- Reduction in pressure ulcers, especially across surgery and critical care, although we did not achieve our stretch trajectory
- Introduction of our ward accreditation scheme – Accreditation for Continuous Excellence (ACE), resulting in immediate improvements in MUST scoring compliance
- Achievement of our 'no lapses in care' target for C-difficile cases that are healthcare acquired
- Every ward has a nurse on every shift who has up to date Basic Life Support training, meaning we are assured that our wards and departments have the right staff with the right skills on duty to respond if a patient were to suddenly deteriorate.
- In our Emergency Department we have improved patient experience by ensuring that privacy and dignity for patients who attend in an emergency is maintained.
- Introduction of a new Quality Governance Framework where assurance is monitored from 'ward to board'.

The delivery of our Quality Improvement Plan, underpinned by good governance and staff development, will ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes.

The Board of Directors are committed to provide full support, leadership and apply focus and rigour to ensure the delivery of the plan. The Board of Directors intend to ensure continuous focus on creating the conditions that allow staff to do their job well by removing blocks to success and making sure we are managing any risks to delivery.

Partner agencies have kindly offered their support to the Trust and this is warmly welcomed. We know that the Clinical Commissioning Group, Greater Manchester Health and Social Care Partnership, Local Authority, Health-Watch, NHS Improvement, NHS England and

Page 4 of 21

others will play a key role in scrutinising assurance processes to ensure they are sufficiently robust.

A core facet of the Quality Improvement Plan is the engagement of frontline staff in the improvement journey, with everyone being able to influence and contribute and feel empowered to change and improve. We know that when our clinical, non-clinical support staff and managers work together then our patients get the best care possible.

We intend to continue to listen to our staff; making the most of their enthusiasm, expertise and knowledge and signalling a common purpose and priority for the organisation that is owned by everyone whether front-line staff providing direct patient care, human resource teams, staff working in information management and technology, estates and facilities, or finance and quality governance.

Delivery at pace

The Board of Directors is committed to ensuring that the Quality Improvement Plan is delivered at pace. Working with all staff in the Trust and with the support of partner organisations and agencies, the Board is confident that the plan will deliver an improved outcome at the next CQC inspection. Furthermore, by developing and embedding a culture of continuous improvement and supporting frontline staff to improve services through innovation, we have set our ambition to be rated “Good” by 2019 and “Outstanding” by 2020.

Our plan will help us to:

- improve quality and safety
- reduce variation and patient harm
- ensure every member of our staff has access to and has undertaken core learning and appraisal
- ensure all CQC Must Do actions and concerns are fully addressed and become the way we provide care for every patient every day
- act smart in the way we use our resources and prioritise safety and quality improvement to gain maximum impact
- work in conjunction with partner organisations to improve quality and safety for our most vulnerable patients

Purpose of the Quality Improvement Plan:

Patients will benefit from our Quality Improvement Plan

Successful delivery of our plan will mean that *patients will have increased confidence in local services, that they have a better experience with better outcomes.*

Staff will benefit from our Quality Improvement Plan

Successful delivery of our plan will mean that staff will have increased pride and job satisfaction and knowing they have made a difference. We will become an employer of choice.

The Trust itself will benefit from our Quality Improvement Plan

Regulators will see our compliance improve and future inspections will focus on the improvements we have made. Stakeholders will know they are working with an organisation which is committed and has a clear plan for improvement. All of our community will see:

- Achievement of the Trust strategic objectives
- Delivery of sustainable, safe, effective, and high quality services for patients
- Lessons are learned and shared across the trust thus reducing the risk of incidents and improving responsiveness, quality of care and experience for patients

- Robust systems and processes in place thus reducing clinical and reputational risk
- Compliance with CQC regulations
- Compliance with NHSI Provider Licence
- Well trained and valued staff
- Sustainable trust-wide process and governance arrangements in place to move programme work into business as usual at local level when appropriate
- Senior oversight and scrutiny on progress and any slippage allows executives to re-prioritise work

2. Trust Values and Behaviours

Quality and Safety

- We deliver safe, high quality and compassionate care
- We ensure a clean and safe environment for better care

Communication

- We treat our patients, their families and our staff with dignity and respect
- We communicate with everyone in a clear and open way

Service

- We provide effective, efficient and innovative care
- We work in partnership with others, to deliver improved care, in the right place at the right time

3. Trust Strategy

The new strategic view for the Trust is one of cohesion and cooperation. We have taken into account the overarching priorities of; quality improvement, financial resilience, partnership working, operational effectiveness and leadership development and the drivers of change impacting the Trust. The following strategic view has emerged as critical to focus on and vital to now plan for in detail;

- Resilience and improvement (getting the basics right) such as Quality & Safety, Finance and Operational performance;
- Stockport integrated service solution (Stockport Together);
- Healthier Together implementation;
- The Trust's role in the Greater Manchester Sustainability and Transformation Plan and emerging Integrated Care System; and
- Preparation for future organisational form and function.

4. Trust Profile

The Trust provides acute hospital and community care for children and adults predominantly across Stockport and the High Peak area of Derbyshire. We employ over 5,200 staff working across hospital and community premises. Our major hospital is Stepping Hill Hospital situated on the A6, south of Stockport town centre. We also provide services from the Meadows, Swanbourne Gardens, the Devonshire Centre and in peoples' homes and the community within Stockport.

Services are delivered through our Business Groups which are led by a 'triumvirate' comprised of a Business Group Director, an Associate Medical Director (AMD) and an Associate Director of Nursing (ADN). Our Business Groups during 2017/18 were:

- Women's and Children's and Diagnostics
- Integrated Care
- Medicine and Clinical Support Services
- Surgery, Gastro-enterology and Critical Care

Our Business Groups are supported by corporate services which include:

- Finance
- Workforce and Organisational Development
- Learning and Education
- Corporate Quality and Governance (Corporate Nursing)
- Estates and Facilities
- Information Management and Technology and Communications

Some of our recent successes include:

- Opening of a new £20m Surgical & Medical Centre in October 2016, on time and within budget
- Reconfiguration of the Emergency Department to provide an additional seven cubicles and improve flow through to the hospital
- Introduction of primary care streaming from A&E facilitating G.P. treatment of patients who do not require specialist care
- Introduction of an Ambulatory Care Unit to treat patients direct from the Emergency Department together and patients directly referred by GPs
- Implementation of a multi-agency Crisis Response Team to respond to patients at risk of hospital admission within 2 hours
- Commencement of the hospital Electronic Patient Record (EPR) project and implementation of a Community EPR
- Hyper Acute Stroke Service officially rated 'best in the country'
- Stockport ranked in the top seven in the country for cancer care
- The national Bowel Cancer Audit shows high survival rates for patients who undergo surgery and treatment at Stepping Hill Hospital
- Data from the National Joint Registry shows Stepping Hill Hospital to be one of the best places in the country for knee and hip replacement surgery

5. How did we develop our Quality Improvement Plan?

Our Quality Improvement Plan has developed with the support/contribution/inputs from our key partners and stakeholders and not in isolation. It builds on the foundations and achievements from previous strategies; and was developed in collaboration with members of staff and local stakeholders. Staff from all areas of the organisation, along with Governors, the Clinical Commissioning Group (CCG) and HealthWatch were invited to provide their thoughts on key areas the organisation should focus its quality improvement efforts.

We have listened to feedback from the rich sources of information provided by our patients, their families and carers.

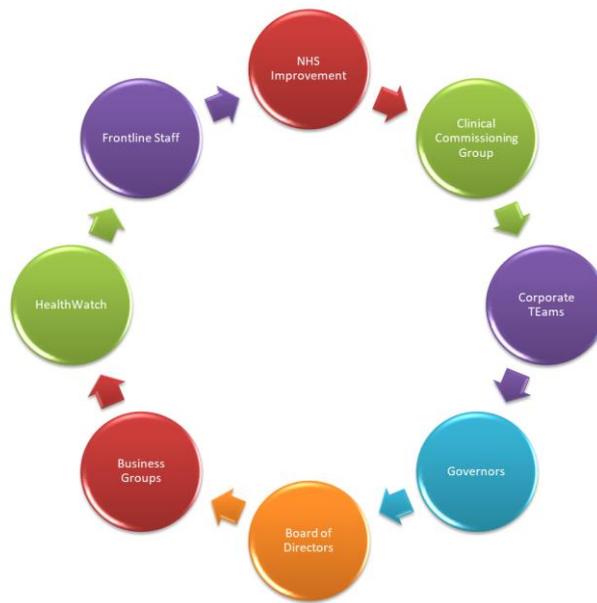
- In-patient surveys
- Staff surveys

- Complaints themes and trends
- Incident reports

The improvement work-streams in place to support urgent care delivery have been refreshed and aligned with GM Urgent Care Strategy. This has been an iterative process with support and engagement from Local Authority, Stockport Neighbourhood Care, CCG's, and NHSI improvement teams working alongside the Trust. All information and plans have been collated and merged to provide a clear map for our journey, based on the delivery of success of **seven themes**.

Stakeholder engagement

Through a series of engagement events, planned walkabouts, workshops and meetings, we listened to our stakeholders to ensure their views helped shape our Quality Improvement Plan.



6. CQC Report Findings 2017

The report was published following CQC unannounced inspections of Urgent and Emergency Services and Medical Care at Stepping Hill Hospital on March and June 2017. The report was published on 3rd October 2017 and followed a letter from the CQC received in June 2017 relating to immediate findings from the June unannounced visit.

The following ratings have been applied for Stepping Hill Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The following ratings have been applied for Stockport NHS Foundation Trust:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Concerns and key areas for improvement

A number of persistent concerns have been identified, recognised both by us as a Trust, and also by external agencies, which this plan intends to address:

Board governance and oversight

The need for a strategic plan reflecting Stockport Together and acute hospital services across Greater Manchester

Valuing the fundamentals of care such as Medicines management, Care of vulnerable patients, management of deteriorating patients and diabetes care

Safe staffing, access to mandatory training and Staff morale

The pressure or demand in emergency services and persistent problems with patient flow

Gaps in governance and risk management

Education and training opportunities for junior doctors

Recognising the importance of privacy, dignity and patient experience

Trust Board Response

The CQC reports made difficult reading for all of us working at the Trust. The Board of Directors have accepted the findings, acknowledging that the Trust had clearly fallen short in some key areas.

Since the inspections in March and June 2017, the Trust has made some significant and important infrastructure changes, including strengthening the joint working of our doctors and nurses in the emergency department and medical care. We have also developed a clear medical leadership structure under the Medical Director. We have developed and introduced our Quality Governance Framework, and our Risk Management Strategy is soon to be launched.

The Board of Directors have made it clear that a culture of being open and honest, speaking up and working together for the good of patients and staff is vital to the success of the Trust.

We have a strong belief in our staff – we know that we have the skills, dedication and ambition to address issues raised by the CQC and ensure we give the best possible care we can to every patient.

We believe that by ensuring there is clarity of our aim and ambition through a Quality Improvement Plan which is deliverable, then our staff will make sure it is delivered. We want to celebrate success whilst we deliver the aim and ambition, at the same time as developing a culture of continuous improvement.

7. Developing a Culture of Continuous Improvement

Patients are at the heart of everything we do at Stockport NHS Foundation Trust and we are committed to improving quality and achieving excellence in all that we do. Our aim is to be one of the most successful NHS trusts. We are committed to developing a culture of continuous learning and supporting continuous Quality Improvement (QI), as advocated within NHS Improvement's 'Developing People, Improving Care' document (2016).

For QI to be successfully embedded by all staff at all levels, a culture of improvement that spans the organisation is required. Importantly too, is the knowledge that a clear QI approach/methodology which is simple, effective and can be used by everyone.

The Trust has adopted the Advancing Quality Alliance QI methodology as our chosen QI approach. It is simple for all staff to use and is a widely understood methodology that has been successfully used in many healthcare settings. Furthermore it builds on the existing knowledge and skills of many of our staff, and harnessing that enthusiasm and knowledge from frontline staff will enable us to make progress faster.

Strong Leadership

Strong leadership is key to the development of an improvement culture, and organisations that have successfully implemented QI strategies have demonstrated improvements in standards and outcomes across all aspects of care. QI is distinctly different to quality strategies and audit and has been shown to bring about more sustained improvement as it enables those with the experiences to explore and co-create the process, resulting in it being more likely that the whole organisation will 'own' the approach.

Being bold – getting on at pace

The Quality Improvement Plan brings together all the actions that the Trust believes to be the most important. We want to be bold, though, and to deliver our aim and ambition at pace. Gaining traction quickly will deliver the improvements necessary to achieve the short-term goal of an overall Trust CQC rating of at least 'Good' by January 2019 and the longer-term ambition of an overall Trust CQC rating of 'Outstanding' by 2020.

We have already started with our weekly Quality Summit, where all staff are invited and the enthusiasm/attendance is growing exponentially.

We have already started our Quality Improvement Initiatives, with nine projects started in April 2018, all set to deliver demonstrable differences in areas where we knew we wanted to make changes. The nine projects align to the Trust Quality Account Priorities for 2018/2019 and to the Operational Plan 2018/2020.

The development of a virtual 'Quality Faculty' will support the delivery of the agreed Quality Improvement Strategy using QI training to build capability and capacity amongst the workforce. The vision of the 'Quality Faculty' is to oversee a 'hub' of QI Facilitators whose role will be to train, mentor and support staff working through QI projects.

We have already commenced work on a number of safety collaboratives providing a focused review of critical areas of patient care. The Pressure Ulcer Collaborative commencing ahead of time in March 2018.

We will approach our Quality Improvement Plan through:

- Board of Directors leadership, oversight and governance making quality are core aspect of our strategy and everything we do
- Executive Accountability for delivery of improvement plans
- Building strong leadership at all levels within the Trust
- Extensive staff engagement and clinical leadership to drive innovation
- A rigorous QI ethos and approach throughout the organisation
- Delivery supported through programme and project management
- Involving our patients, service users, membership/Governors and the public
- External support from experts to address capability

We will be evidence-based and will systematically monitor and test progress as well as look to outstanding organisations elsewhere to see how they do things and learn for our own development.

8. The Seven Themes of our Quality Improvement Plan



Underpinned by Trust Strategy and Quality, Finance and Operational Governance Frameworks



8.1 High Quality Safe Care Plan



The Trust has delivered to address gaps where fundamental standards relating to CQC regulations were not being fully met during the inspections of March and October 2017:

Regulation 10 – Dignity and Respect
 Regulation 12 - Safe Care and Treatment
 Regulation 17 – Good Governance
 Regulation 18 – Staffing

The plan included our response to **Must and Should Do** actions, and was developed into 16 themes.

We knew when we had succeeded by measuring what matters, and by monitoring those measures:

<i>What matters</i>	By when	Monitoring arrangements
Safe Staffing	Monthly monitoring	Quality Committee
Identifying the deteriorating patient	Monthly monitoring	Quality Committee
Medicines Management	Monthly monitoring	Quality Committee
Training and Development	Monthly monitoring	Quality Committee
Records Management	Monthly monitoring	Quality Committee
Cleanliness and Infection Prevention and Control	Monthly monitoring	Quality Committee
Privacy and Dignity	Monthly monitoring	Quality Committee
Mental Capacity Act	Monthly monitoring	Quality Committee
Incident and Risk Management	Monthly monitoring	Quality Committee
Mortality and Morbidity	Monthly monitoring	Quality Committee
Learning Organisation	Monthly monitoring	Quality Committee
Environment	Monthly monitoring	Quality Committee
Care of the Patient with Diabetes	Monthly monitoring	Quality Committee
Access and Flow	Monthly monitoring	Quality Committee
Emergency Department and Medicine Specific findings	Monthly monitoring	Quality Committee

8.2 Reducing Unwarranted Variation in Clinical Practice



We aim to improve patient care and increase efficiency by **reducing variation** in practice across the Trust.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:		
Topic	By when	Monitoring arrangements
Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and performance in the top quartiles	March 2019	Bi-monthly performance meetings
Ensuring clinical service needs where required are delivered equitably across 7 days	March 2019	Bi-monthly performance meetings
Introduction of the Accreditation for Continued Excellence (ACE) programme	Launch in April 2018 for inpatient adult wards only. All wards to have undertaken assessment in the first 18months.	Monitored roll-out plan <ul style="list-style-type: none"> - Results & Action Plans to address short falls monitored by Business Group Quality Boards - Results reported to Quality Committee - Gold accreditation awarded by Quality Governance Group - Work will also be undertaken to develop ACE standards for specialist areas including Paediatrics, Maternity, Community, Theatre, ICU & OPD
Implementing advances in Information Technology, centred on a single electronic patient record across health and social care, which will support our journey of continuous improvement	Date to be confirmed	Electronic Patient Record Programme Board
Delivering the efficiencies identified through the model hospital and reduce unwarranted variation across a range of productivity and clinical effectiveness measures, including: GIRFT programme, NATSIPPs, LOCSIPP's	March 2019	Bi-monthly performance meetings Operational Management Group

8.3 Urgent Care Delivery



Our system is under pressure and we want to improve the urgent and emergency care system so patients get the right care in the right place, whenever they need it. We are working hard with our partners to embed good practice to enable appropriate patient flow, including admission avoidance, better and more timely hand-offs between the emergency department and clinicians and wards, streamlined continuing healthcare processes, better discharge processes and increased community capacity.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:

<i>Topic</i>	By when	Monitoring arrangements
Urgent Care Access: All patients to be seen by the most appropriate clinician for their needs within 2 hours and if they do not require inpatient specialty care to be discharged within 2 days.	30 June 2018 (GM Improvement Trajectory)	Urgent Care Cabinet, Urgent Care Access Daily touch point meeting
Patient Flow: Reduce to 35% the proportion of General & Acute beds occupied by patients staying longer than 7 days (Stranded Patients).	30 June 2018 (GM Improvement Trajectory)	Urgent Care Cabinet, Patient Flow Steering Group.
Complex Patients: To ensure that medically optimised patients are discharged home or an alternative community facility within 48 hrs.	30 June 2018 (GM Improvement Trajectory)	Urgent Care Cabinet, Borough Wide Keeping In Touch meeting
Community Capacity: To re-commission 60 fit for purpose Intermediate Tier beds.	31 March 2019	Urgent Care Cabinet, Bed configuration core action group

8.4 Safety Collaboratives



We want to introduce five Safety Collaboratives through 2018/20, to focus on delivering definitive and measurable improvements in specific patient safety issues that have been identified through incident reports, complaints, serious incidents or nursing care indicator reports.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:		
Topic	By when	Monitoring arrangements
Pressure Ulcers: 50% reduction in avoidable stage 2, 3 and 4 pressure ulcers (in both acute and community)	31 March 2019	Quality Safety and Improvement Group Quality Committee
Falls: 10% reduction in in-patient falls (tbc following end of year figures) to be monitored quarterly	31 March 2019	Quality Safety and Improvement Group Quality Committee
Nutrition and Hydration: Improved nutrition and hydration (based on NHSI collaborative outcomes tbc)	31 March 2019	Quality Safety and Improvement Group Quality Committee
Deteriorating Patient: Deteriorating Patient and NEWS introduction (metrics to be determined through AQuA program)	30 September 2018	Quality Safety and Improvement Group Quality Committee
Safe Discharge: Delivery of Safe Discharge (metrics to be determined through AQuA program)	31 March 2019	Quality Safety and Improvement Group Quality Committee

8.5 Quality Improvement Initiatives



Our information tells us that we must make improvements in the quality of care and treatment in some areas. We have agreed our quality improvement methodology. Our ambition is that, across a range of identified areas, improvements are clinically led and managerially supported so that they are embedded in practice and focussed on getting the best outcomes for our patient, by the right staff and the right time.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:		
Topic	By when	Monitoring arrangements
Improvement Methodology Training: Deliver workshops with key clinical and management teams to agree success measures. Stakeholders to agree Quality Improvement Priorities for 18/19 Quality Account	March 2018 October 2018 January 2019	N/A
Palliative Care: Improve team caseload flow (by an agreed number of days) for the Specialist Palliative Care team to deliver responsive equitable services and to support other professionals in delivering ace standards of general palliative care by end of March 2019	31 March 2019	Quality Safety and Improvement Group Quality Committee
Fracture Neck of Femur Pathways: To reduce the length of stay for our fractured neck of femur patients to below the national average by the end of March 2019.	31 March 2019	Quality Safety and Improvement Group Quality Committee
Intravenous Therapy (IV) in the community: 100% of AMU patients identified as socially and medically fit for discharge on the Acute Medical Unit who require IV therapy will be referred to the community IV team by the end of September 2018	30 September 2018	Quality Safety and Improvement Group Quality Committee
Optimising our discharge planning process: To reduce the number of adverse events (reported discharge incidents) from Medical wards by an agreed % from the 2017/18 baseline, by the end of March 2019	31 March 2019	Quality Safety and Improvement Group Quality Committee
Effective Management: By the end of March 2019 length of stay on ward A11 will be reduced by 50% from the January 2018 - March 2018 baseline	31 March 2019	Quality Safety and Improvement Group Quality Committee

<p>Reducing variable care reviews in respiratory and endocrine areas:</p> <p>By end of March 2019 to reduce patients not reviewed by a doctor to 0% on any day</p> <p>By the end of March 2019 to increase daily senior reviews by 100% from 2017/18 baseline.</p>	31 March 2019	Quality Safety and Improvement Group Quality Committee
<p>Learning from deaths:</p> <p>30 deaths per month will be subject to learning from deaths reviews by end of March 2019.</p> <p>100% of all outcome 1 + 2s identified in the LFD reviews will be escalated for either Mortality and Morbidity review or investigation in line with Trust policies and procedures</p>	31 March 2019	Quality Safety and Improvement Group Quality Committee
<p>Reviewing our use of EWS and how we monitor and escalate deteriorating patients:</p> <p>To reduce by 5% the number of Stockport Foundation Trust inpatient cardiac arrests from the 2017/18 baseline by the end of March 2019</p>	31 March 2019	Quality Safety and Improvement Group Quality Committee
Quality Improvement Practitioner	1 programme each quarter	Quality Safety and Improvement Group Quality Committee
Medical Clinical Leadership Programme – report to be produced	31 October 2018	People and Performance Committee
Nursing and AHP Clinical Leadership Programme - report to be produced	31 October 2018	People and Performance Committee

8.6 Safe Staffing



We aim to ensure safe staffing and a reduction on reliance on temporary staffing through a series of schemes associated with recruitment and retention.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:		
Topic	By when	Monitoring arrangements
Recruitment programme – reduce vacancy rate	31 March 2019	People and Performance Committee
Retention Programme – reduce turnover rate by 1.5%	31 March 2019	People and Performance Committee
Improved efficiencies in e-rostering against a range of measures	30 November 2018	People and Performance Committee
Development of a suite of measures with NHS Professionals	30 June 2018	People and Performance Committee

8.7 Quality Faculty



We recognise improvement is more likely to succeed and be sustained if it is designed and led by the staff doing the job. In order to enable staff to make change happen they will be supported by improvement experts with quality improvement methodologies employed. We want to develop a hub of quality improvement champions working across the Trust, supporting and enabling the delivery of high quality, compassionate and continually improving care for all of our patients, their families and carers. The Faculty will encourage the sharing of best practice, improvement methods and approaches as widely as possible through the systems we work in.

We will know when we have succeeded by measuring what matters, and by monitoring those measures:

Topic – What matters	By when	Monitoring arrangements
Agree the Trust Quality Improvement Methodology	31 March 2018	N/A
Scope feasibility of development of faculty	30 September 2018	Quality Committee
Describing what 'good' looks like in a quality faculty	30 September 2018	Quality Committee

9. Governance and Assurance

We want to extend from our emphasis placed on monitoring the Quality Improvement Plan and evaluating the impact and outcomes of the quality improvements made. From both a patient and staff perspective we intend that reports and updates about the plan will describe and evidence how we are safer, and how the improvements made are maintained and is sustainable.

We will use triangulation methods that involve describing how the improvements have made a difference for stakeholders or third parties; these will complement the usual range of business intelligence through a rigorous reporting programme both internally and to key stakeholders is now in place.

The Trust has established a series of groups that meet weekly or monthly to provide oversight and seek assurance against operational delivery of improvement plans:

Patient Safety Summit (weekly, chaired by Chief Nurse)

Patient Quality Summit (weekly, chaired by Chief Nurse)

Urgent Care Delivery Group (weekly, chaired by Chief Operating Officer)

Quality Safety and Improvement Strategy Group (chaired by Deputy Chief Nurse)

Sitting alongside the internal governance arrangements is the NHS Improvement Board, that is responsible for ensuring that as a health system there is ownership of issues and action taken to deliver system-wide improvements. Whilst this group has no formal reporting line into the Trust it provides external assurance to the Chief Executive and Executive Management Team.

10. Reporting arrangements

The ability for our organisation to deliver on all aspects of this plan also depends on our ability to measure progress against clear timeframes.

We have developed a mechanism for reporting on each of the seven themes to the Board of Directors and also to our external partners that will demonstrate delivery of our Quality Improvement Plan. We will do this by developing our Organisational Development accountability and compassionate leadership programmes; by improving our communication and engagement with staff and stakeholders via our safety bulletins, excellence awards and the introduction of our own annual Patient Safety Conference.

It is important to measure performance for improvement purposes as it enables us to fully understand the processes we are looking to improve, but also allows us to provide evidence that ideas for improvement work in practice and as a result increases the appetite for improvement amongst our staff toward helping us to realise successes.