NHS

Cambridge University Hospitals
NHS Foundation Trust

Quality plan
2018 – 2023

Together-**Safe** | **Kind** | **Excellent**   Addenbrooke's Hospital | Rosie Hospital

Contents

Foreword and executive summary

Quality care is what all our patients expect from Cambridge University Hospitals NHS Foundation Trust (CUH). This plan shows how we give that care and what we are doing where standards need to be improved.

In September 2015 CUH received the results of the Care Quality Commission's (CQC) inspection which rated our overall quality as '*inadequate*' – the lowest CQC rating. As a result, we began an 18-month hospital-wide campaign to identify where and how we needed to improve. A delivery plan kept us on track, focusing on the areas for improvement. We reviewed progress, adjusted the plan to achieve our goals, and by May 2016 our quality rating improved to '*requires improvement*' and in January 2017 our rating improved again to '*good'*.

This plan sets out how we will make sure that quality is the standard at CUH with patients at the heart of everything we do. Within the next five years we aim to achieve the top rating from the CQC as an '*outstanding'* organisation.

'Every member of staff has a significant and crucial contribution to make CUH the safest, most effective, responsive and caring hospital for our patients, carers and families.'

Everyone – staff, volunteers, patients and relatives – have a part to play in achieving our standards for quality. Every member of staff has a significant and crucial contribution to make CUH the safest, most effective, responsive and caring hospital for our patients, carers and families.

Our Trust values 'Together – Safe Kind Excellent' – chosen by staff and patients – support this journey of continuous improvement.

The quality plan draws on our close working relationships with partners both inside and outside the National Health Service (NHS) to help deliver our vision:

To improve people's quality of life through innovative and sustainable healthcare.

Performance against the five-year plan will be measured and monitored as part of CUH's routine business, ensuring our commitment to sustained improvement and high-quality patient care.

The quality plan now replaces the quality strategy 2013-18.

Ann-Marie Ingle
Chief Nurse
Cambridge University Hospitals NHS Foundation Trust

What is quality?

Quality is at the heart of CUH. Patient care is about staff living our values – 'Together – Safe Kind Excellent'. Quality underpins each of CUH's four programmes of work in the Trust's overall strategy.

These four programmes of work are:

- **improving** patient journeys
- **working** with our communities
- **strengthening** the organisation
- **contributing** nationally and internationally

This quality plan sets out how all our patients will receive high quality care. We'll do this by working together as colleagues in the Trust and also with other NHS hospitals, commissioners, higher education institutions, third party providers, patient groups and charities. As part of our commitment to improve services for 2017/18 we have set **quality priorities** under key descriptions.

Quality priorities

- **Safe** – reduce avoidable harm to our patients by improving our safety culture, safety systems and how we learn from past harm.
- **Effective/responsive** – consistently deliver high quality care that is effective, timely, patient-centred and efficient.
- **Caring** – give compassionate care which reflects our values and is based on good communication skills.
- **Well-led** – further improve the health and well-being of our staff to ensure we have a fit-for-purpose workforce and leadership team, with a supportive organisational culture.

The chief nurse and medical director will co-ordinate the annual implementation plan for the quality priorities. This will be shared with patients, carers and relatives, staff, executive colleagues, governors, and other stakeholders and will outline priority areas for each coming year. Governance will be monitored by the Trust's Management Executive (ME) and operational performance through the Quality Steering Group (QSG). The Quality Committee (QC) will receive a progress report update quarterly, which in turn will be reported through to the Board of Directors (BoD).

Quality Case Sudy – Antimicrobial app

With almost 40 per cent of CUH inpatients receiving prescribed antibiotics at any one time, a new app which provides prescribers with information whilst at the patient's bedside is revolutionising the stewardship of antibiotics throughout the Trust.

Lead antimicrobials pharmacist, Reem Santos, said: 'After managing a shortage of antibiotics across the Trust and battling to keep prescribers updated with information, we'd been talking about the possibility of introducing an app for a while and this really kick started the development stage.'

The result is an antimicrobial app which can be downloaded onto the prescriber's mobile phone or accessed via a desktop. It contains the latest information and guidelines around prescribing and in the case of serious illness, such as sepsis, the instant information can save vital minutes in getting a patient the appropriate treatment. The application also includes options for penicillin allergic or MRSA positive patients, as well as IV and oral options and the recommended duration of therapy.

Reem Santos added: 'We are now focusing on getting as many prescribers as possible to use the app. The greater the user number, the quicker the antibiotic delivery, which will in turn help to reduce delays of care and hence improve outcomes for patients.'

CUH microbiologist, Dr Michael Murphy, said: 'We will be auditing antibiotic use to see how it's going and will be able to respond and change the app accordingly – which will then update in real time. It's so important that we make the most of this application, not only does it help us to show the extent of our stewardship around prescribing but it also means we are doing our bit to contribute to a brighter future for local and global healthcare.'

Figure 01: Governance structure for quality accountability

\We know we need to be flexible in the coming years, so we can respond to external issues, events and new regulatory requirements. Through our annual quality account – published as a standalone report, and also as part of our Trust's annual report – we'll carry out an annual review of the previous year's priorities, review progress, and then set key priorities for the following year. Each year we'll work with our commissioners to agree meaningful and stretching CQUIN (Commissioning Quality and Innovation) measures that support our quality priorities.
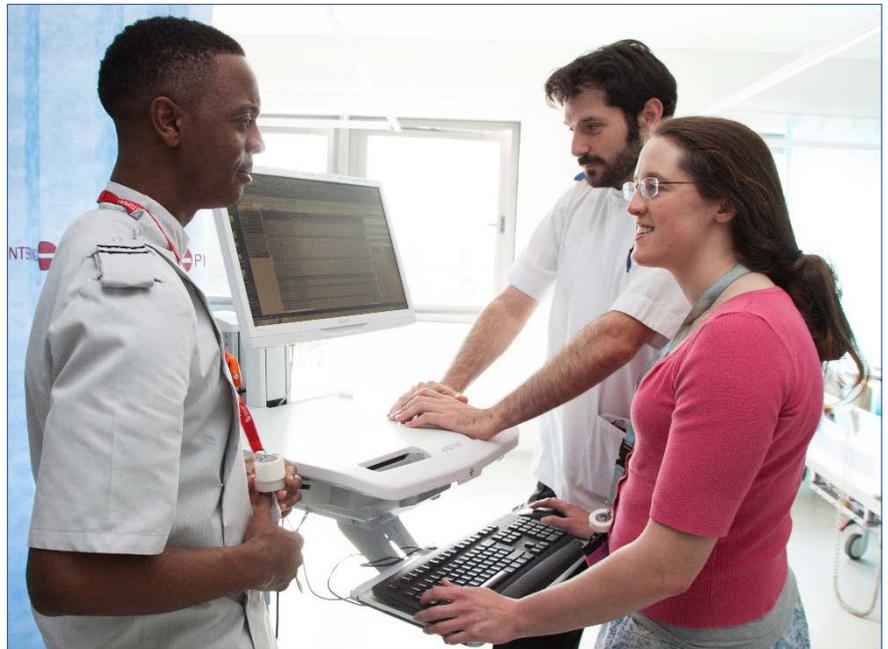
What is quality improvement?

Quality is a complex issue that can mean different things to different people, but what we are all agreed on is that quality matters. Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. We believe that the proposals put forward by the Health Foundation* – shown below – clearly outline how quality can be improved:

- **Enhance** the importance of internal motivators (such as skills development, organisational development, professionalism and leadership), alongside external ones (such as economic incentives, performance management and regulation).

- **Ensure** that quality is aligned at every level so that all parts of the system are interlinked in the pursuit of improving quality.

- **Build** knowledge, skills and new practices, including learning from other sectors nationally and internationally that have improved their performance and reliability in highly complex areas.

- **Develop** an integrated approach to quality improvement, ensuring that there is a purpose for building capability and all strategic aims, structures, work-streams and performance management structures are aligned with the programme.

'Quality is a complex issue that can mean different things to different people, but what we are all agreed on is that quality matters.'

- **Ensure** that the approach to quality improvement reflects the culture and personality of the organisation – the values and vision of an organisation aspiring to continuous improvement need to be clearly articulated and visible at every level.

- **Dedicate** time to introducing quality improvement to the workforce and patients/service users – do not assume that the organisation knows about quality improvement and its potential benefits. Make every effort to promote and describe the value that such a programme will provide to patients and staff.

By following these parameters, we can achieve better performance, improved patient outcomes and more effective professional development for staff.

*the Health Foundation is the independent charity committed to bringing about better health care for people in the UK – www.health.org.uk

What is our approach to quality and improvement?

As part of our organisational values we put quality first. To help us provide high-quality services we'll apply the best practice and methods from other national and international healthcare and business organisations to help us with our improvement work. We'll always be patient-focused and responsive, because our values are lived by each and every staff member.

Together-Safe | Kind | Excellent

Staff will be provided with training and support in improvement methodology so they are able to lead and contribute to the Trust's improvement initiatives. Underpinning these key values are expectations (ways of working) for everyone who works at CUH, to ensure our values are realised whilst working with a common goal – improving outcomes for our patients and ensuring that we all deliver safe, effective and responsive care.

'We will always be patient-focused and responsive, because our values are lived by each and every staff member.'

CUH Together

CUH Together is our overarching approach to improvement within the Trust. We know we need to give our staff the ability to choose to improve. Our aim is to build the Trust's capability for quality improvement by creating a movement amongst our 9,000-strong workforce to improve services and embed change. This work is being led by the executive director for improvement and transformation supported by the improvement and transformation team. There will never be an end-point; CUH Together will frame the journey of continuous improvement.

Building on internal capability, education and training in improvement skills will be provided throughout CUH. We'll adopt a coaching approach that supports and encourages staff to improve.

We have staff whose focus is to support teams in developing their capability in quality improvement methods. There'll also be improvement champions within all areas to support and encourage other staff. Clinical staff who've already led improvements will support others to improve so we can build and grow our movement together.

Staff awareness of CUH Together will be regularly measured to make sure that we're embedding a process of continuous improvement and that it is far reaching and understood by all. To ensure that benefits from improvement are sustainable, we'll continuously analyse, monitor and evaluate progress.

We'll actively celebrate improvements inside and outside the Trust and hold regular celebration events. We'll be open and honest when things have not gone well and use this learning to further improve the experience and outcomes of our patients.

We'll welcome and encourage involvement from patients, carers and families in our improvement work. This should be the norm across the Trust rather than the traditional top-down approach to changing systems and practice. We'll actively capture lessons learnt and make sure they're shared throughout CUH.

'Digital enablers' will be encouraged and supported, eg using real-time data on our wards and clinical areas so we can respond effectively to potential patient safety issues.

Staff appraisals will include quality improvement so staff have the chance to deliver on quality improvement projects as part of their personal development plans (PDPs). We'll encourage our core medical trainees and chief residents to be involved in, and lead improvements, so that there's a co-ordinated approach to improvement to support the delivery of our strategy.

Quality Case Sudy – Capacity

Working together across the Trust to deliver better patient care sits at the heart of our improvement programme, CUH Together. This is evident in a recent project involving the operations centre, contact centre and the EPIC team which is transforming the way we monitor capacity and patient flow on a daily basis.

Traditionally, capacity meetings were held in the operations centre three times a day and involved 20-30 people leaving their department for up to 30 minutes at a time. The meetings are vital for reviewing bed numbers both currently and in the future, to ensure that patients are safely placed and discharged as soon as they are clinically fit. However, they also took people away for their work areas at busy times for lengthy periods.

The operations centre realised the toll this was taking on staff and were keen to improve things, so the solution was for one operational matron to meet each divisional lead separately. The conversations became more timely and relevant and meant the information gathered was more detailed and accurate.

The one thing missing from the new system was a Trust overview which assisted staff in understanding where the pressures are in the system. On hearing this the hospital's contact centre team got in touch to suggest they introduce a DAKS broadcast system, on which you can record a short update which colleagues can then dial in to hear and can be updated as necessary.

To support the new system the operations centre worked with the EPIC team to develop a new capacity dashboard that contains live information which can then be used for planning and managing flow. This means the data being used is increasingly more patient-focused rather than bed-focused. More accurate data means better care and it has also made a huge difference to staff.

Improvement tools

So we can move to a preferred set of tools to support staff in delivering outstanding care, CUH has undertaken a year-long exploration of the various quality improvement methodologies available. These tools will be nationally and internationally evidence-based. Examples include:

- D5
- clinical microsystems
- model for improvement (including PDSA cycles)
- Lean methodology
- human factors awareness
- clinical research projects
- clinical audit
- deep dives
- root cause analyses
- experience-based co-design and co-production

D5
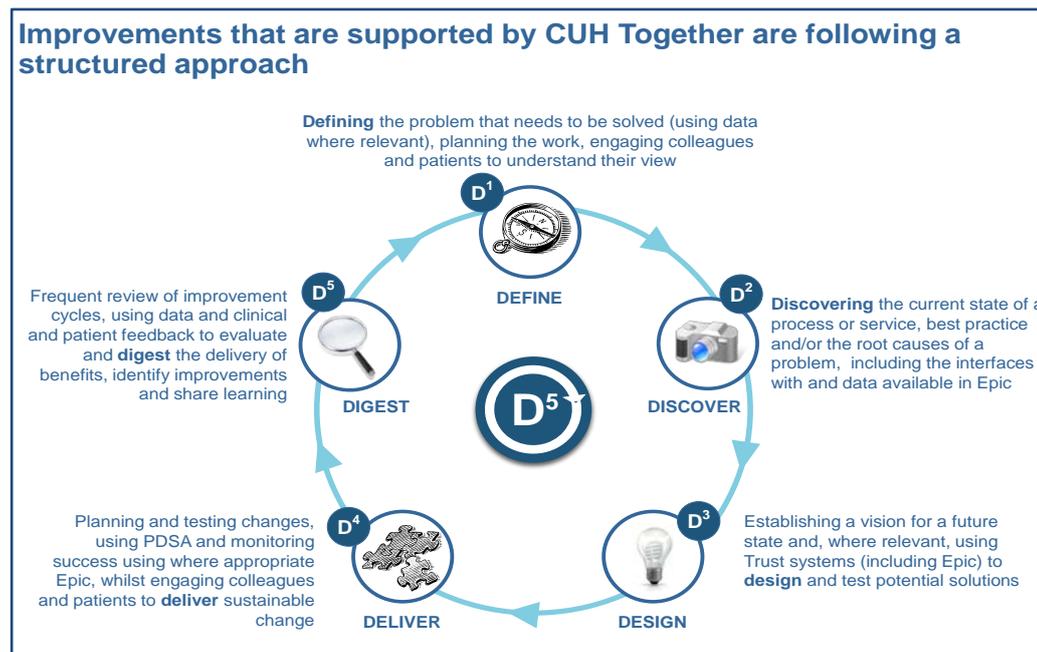
Figure 02: D5 methodology tool

The purpose of D5 is to provide staff with a simple management framework so they can:

- define the scope and challenge of their improvement
- discover the scale of the opportunity through an assessment of baseline quality metrics
- design the approach to delivering improvement
- deliver improvements through testing and analysis of changes using Plan Do Study Act (PDSA) cycles of improvement
- digest the learning and share expertise to identify next stage designs for improvement

A high reliability organisation/culture

To help us deliver the quality plan we need to develop a 'high reliability culture'. This means that systems are in place to make sure we are consistent in accomplishing our goals and avoiding error.

To make this happen we will insist upon:

- **Preoccupation with failure** – **viewing** near-misses not as proof of effective safeguarding, but as evidence that systems need to be improved to reduce potential hard to patients.

- **Reluctance to simplify interpretations** – **avoiding** overly simplistic explanations of failure – unqualified staff, inadequate training, communications failure – so the true reasons patients are placed at risk are fully understood.

- **Sensitivity to operations** – **ensuring** management and staff are responsive and sensitive to the state of the systems and processes that affect patient care so the risk can be prevented.

- **Commitment to resilience** – **recognising** the need for leaders and staff to adapt to variations, disturbances, disruptions and surprises so safe services are maintained.

- **Deference to expertise** – **listening** to and involving staff regardless of their seniority or hierarchy to use their insights and experience of the processes and risks affecting patients.

We'll share these standards with staff in an easily accessible format and align them to our existing set of Trust behavioural standards. This will support our ambition for everyone to be clear that we all have an opportunity to be part of improving the quality of care and services, not only through action, but through how we work with each other with a common goal to provide high quality care for our patients.

Developing our approach to quality improvement

We are already working to make CUH a world-class learning organisation. This work will be continued and enhanced so that transformation and continual learning is embedded throughout the Trust. Our culture must be one that continually looks for, and implements, improvements. Everyone has a role to play in improvement and innovation.

How will we do this?

- **continually enhance** our safety culture – where patients and staff can raise concerns easily, and action will be taken
- **encourage** and invest in local quality improvement champions supported by the central quality improvement team
- **human factors** – developing expertise
- **engage** with our staff to understand their perspective on improvements
- **engage** with patients and encourage their involvement in service improvement
- **embrace** and maximise the opportunities we have with our eHospital programme
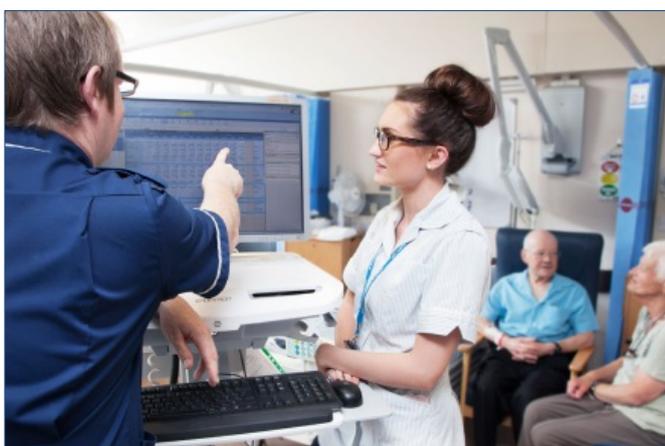
eHospital and being a global digital exemplar

Our eHospital programme helps us to continually develop and improve our practice and services. The integrated electronic patient record (EPR) captures, analyses and reports data which we use to review and evaluate practice, incorporating new practice and service changes back into the EPR. Staff adopt these changes and so they become part of the system.

Our ambition, as one of the UK global digital exemplars, is to achieve:

- higher levels of staff support and training
- use of cloud computing approaches to underpin universal access to information and applications
- access and use of further mobile technology solutions
- access to a range of enhanced analytics for clinical decision support and research

In practice this means that we will work together to ensure we make the best use of technology and Epic functionality. This will involve:

- **adopting** new ways of working including bar-coded medication administration and bar-coded donor breast milk administration
- **rolling** out of MyChart – the patient portal – to support patients in managing their care and treatment

What does the quality plan mean for our staff?

There's a very important relationship between an open and safe culture in CUH, our patients' expectations and priorities, and the values, aspirations, creativity and skills of our staff. Organisations whose staff are engaged and have job satisfaction deliver better care; there is compelling evidence that staff well-being and experience correlate with patient experience and outcomes.

We want our staff to feel listened to, valued and empowered in delivering the quality improvements essential to achieving our ambition of delivering world-class quality care that is consistent with our values.

The quality plan ensures:

Safety

CUH will seek to learn from other organisations and work in line with national safety requirements.

Staff will:

- **understand** their individual professional responsibilities and their corporate responsibility to raise concerns so they can provide high-quality, safe care
- **make** decisions about care and safety and be prepared with back-up plans for when system failures occur
- **focus** on learning lessons and improving quality when things do not go as planned, rather than assigning blame
- **be** supported to raise concerns

Effectiveness

CUH will support staff to improve the effectiveness of clinical services and pathways of care

Staff will:

- **focus** on the effectiveness of their teams and outcomes for their patients
- **receive** recognition for their contribution to improving quality outcomes against formal performance targets and where they go the extra mile in delivering excellence
- **contribute** to front-line continuous quality improvement through their appraisals and personal development
- **improve** the effectiveness of their services and evidence-based practice through research and development
- **take part** in clinical audit to improve quality outcomes

Experience

CUH will focus on improving the experience of care for patients, and the quality of the working environment for staff.

Staff will:

- **respond** to feedback from patients, relatives and carers so that experience can be improved
- **share** improvements and information on quality, equality and diversity so others can learn
- **learn** lessons when things go wrong and share them with others to prevent recurrence
- **include** patients and their families as partners in the delivery of care so that the patient's voice is heard in clinical care decisions

Compassionate leadership

All staff in CUH are encouraged to lead change. The King's Fund (2016) notes we are all the carriers of our culture, therefore to stimulate innovation and quality improvement we must embody compassion in our leadership.

We'll use examples and methods from national and international partners to ensure that our leadership is compassionate, focuses on solving problems and fosters innovation in practice. We'll do this through the creation of a culture that embodies the Trust's vision, values and ways of working, using tools that are evidence-based, meaningful and appropriate for the services we wish to transform.

However, we expect leadership to be consistent across the whole organisation, clearly focused on delivering high-quality care to patients. This will develop the Trust's national and international reputation as a leader in new ways of working and delivering healthcare to our local, regional and national populations.

We'll drive the values of collective leadership, modelled by leaders at all levels in the organisation, with a specific focus on:

- **collective** responsibility for ensuring that there is high-quality, continually improving and compassionate care
- **shared**, rather than dominant, leadership in teams
- **teamworking** being continually developed
- **interdependent** leadership – leaders working together across boundaries, prioritising patient care overall, not just in their areas of responsibility
- **consistent** approach to leadership, characterised by:
  - o authenticity
  - o openness
  - o curiosity
  - o kindness
  - o appreciativeness
  - o compassion

The Trust has agreed the values and expected leadership behaviours.

Our leaders:

- **create** a safe environment for everyone
- **create** a compassionate and positive culture built on trust, where people can be their best
- **aim** high and inspire through their words and actions

There are quality improvements that we've already identified (such as the quality priorities that follow), and others that we'll need to address as they are identified. Our plan for how we monitor and manage continuous quality improvement is detailed later in the plan. The quality and safety priorities for 2018/19 are shown in the following pages.

Quality Case Sudy – Spotlight on stroke

As a Trust, we are working with partners from across Cambridge and Peterborough in relation to a wider sustainability and transformation partnership (STP). One aspect of this has involved the creation of a system-wide stroke network to ensure that we collectively improve the care and outcomes of our stroke patients, numbers of whom are increasing, whilst managing the demand on our staff and service.

Clinical leadership is key and the work is being led by CUH stroke consultant, Liz Warburton. The network itself has representation from across the system and, crucially, it also includes stroke survivors and the Stroke Association. Having all those involved in discussions to design the pathway from the start has been a key part in making the proposals for improved patient care and outcomes a reality.

A major milestone for the network was the launch of an Early Supported Discharge (ESD) service in January 2018, allowing patients to be more appropriately managed in their own home by enabling a team of stroke-skilled therapists (physiotherapists, occupational therapists, speech and language therapists and neuropsychologists) in the community to work more seamlessly with stroke unit therapists to deliver intensive rehabilitation. This will allow appropriate discharges earlier on, reduce length of stay and decrease long-term dependency on healthcare resources as well as providing career development opportunities for staff.

Clinical lead, Liz Warburton says, 'This will be transformational for our patients as their rehabilitation can be carried out in a familiar environment, with the same team of specialist staff from the stroke unit looking after them in their own home.'

'It means they can work on things that are relevant to their lives, such as the steps to their front door and using their own kitchen – these benefits cannot be underestimated.'

Quality priority one

Safe – reduce avoidable harm to our patients by improving our safety culture, safety systems and how we learn from past harm.

We're committed to respond quickly and appropriately when things go wrong, and continually improve the safety of services for our patients. We recognise that healthcare is not risk-free and that weaknesses in processes may lead to errors or adverse events, that sometimes, tragically, result in serious consequences for our patients, staff and the organisation as a whole.

We all have a responsibility to strive continually to reduce the rate of avoidable harm.

The considerable progress made in improving our reporting systems by investigation processes such as root-cause analysis and supporting staff in recognising and reporting events, has been a testament to the commitment of our staff to learn and improve. We're able to evidence that we have consistently shown reductions in avoidable mortality and that over 96% of our patients receive harm-free care. However, if we are to realise our ambitions to be a national and international leader in patient safety, then we have more work to do.

The Trust's patient safety improvement programme will continue to drive the Trust's strategic priorities to reduce avoidable harm and strengthen the Trust's patient safety systems and culture. This work is being led by the director for clinical quality, supported by the safety and quality support department.

To help a healthcare organisation keep individual patients safe in a hazardous environment, it's essential to constantly monitor, reflect and take action. Measuring and monitoring safety drives this cycle of improvement. However, to be effective, we need to look at this from different perspectives.

The Trust will support this continuous drive to improve patient safety by using the Health Foundation's framework for measuring and monitoring safety (2013). This model will help the Trust provide a framework to measure and monitor safety across the board. Data will be used to support improvement by using run charts/statistical process control (SPC) charts. This means data is available in 'real-time' rather than using historical data. Staff are then able to respond quickly to any emerging risks to patient safety using data through our information management systems.
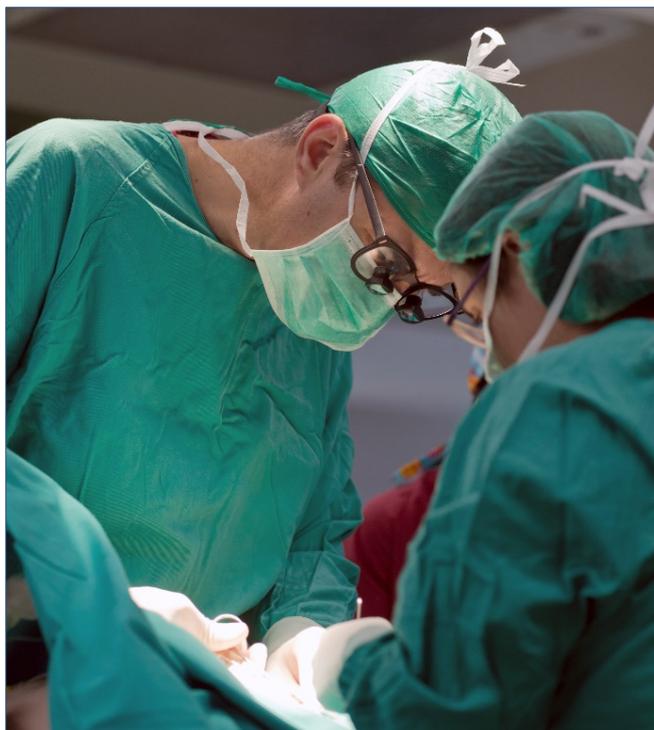
Figure 03: A framework for measuring and monitoring safety

© Health Foundation, 'The Measurement and Monitoring of Safety'

As part of our quality improvement work we will ensure that we consistently measure and monitor our patient safety metrics so that we become an integrated and learning organisation. This means that we will respond early to areas of concern and improve rapidly.

Specific ways in which we will measure and monitor our quality goals are outlined below:

Table 01: Key performance indicators for the safety quality priority for 2018/19

Our measures for 2018/19	
Trust-wide compliance with the Sepsis 6 care bundle (ED and inpatient wards)	≥ 90% by March 2019
Percentage of areas defined as a NatSSIPs working group with a document-controlled policy in place	≥ 90% by March 2019
Average patient safety incident rate per 1,000 bed days	> 5% increase on baseline

Quality Case Study – Tackling blood culture contamination

Blood cultures are taken from patients with suspected bacterial sepsis. During sampling, these can become contaminated with bacteria on the skin. Microbiology and acute paediatrics are working together with a team from EPIC to reduce or even eliminate such contamination across the Trust, reducing anxiety for patients and saving the Trust valuable resources.

Across the Trust there are around 85 false positive blood culture cases every month. Each case is reviewed before a decision can be reached that they are contaminated, rather than being a true positive from patients with bloodstream infection. A minor change in procedure is reducing this number. The Aseptic No Touch Technique (ANTT) keeps equipment as sterile as possible, reducing the opportunity for the introduction of contaminants.

Microbiologist, Dr Nick Brown, explains: 'The first thing we check when a blood sample is found to be growing bacteria is that the patient is on an antibiotic. Treatment of a genuine bloodstream infection should start as soon as possible. It will then take several days to complete our tests and clinical assessment to decide if this is a genuine infection or a contaminant. This can mean that patients with contaminated blood cultures are treated with antibiotics unnecessarily, and even called back to hospital if they have already been discharged to begin a course of antibiotics.'

Dr Ruth Clay, acute ED paediatrician, said: 'Blood cultures taken from infants are particularly prone to contamination. We retrained all our nursing staff and began to hold audits every two months to ensure continued good practice. We also focused on making sure staff had access to the appropriate equipment in order to adhere to the new technique.'

'In the first six months there was only one contaminated culture taken by doctors who had received the additional training and central line infection rates also dropped to less than one per cent on those wards which had received training. This certainly indicates that a change to our procedures is making a difference.'

Learning from mortality – achievement in 2017/18

'Learning from mortality', one of our clinical quality improvement priorities was identified last year as the first programme of work to improve safety.

Over the past 12 months, the Trust implemented the National Quality Board's mandated guidance for learning from the deaths of all patients within the Trust's care. This became part of the contractual arrangements for all NHS trusts in England from April 2017. A 'Learning from mortality' policy was agreed by the Trust, which clarifies the systems and processes needed to ensure we review and learn from all our patient deaths. Learning how to improve patient care was the key purpose of the mortality review process. A standardised mortality case review tool was introduced to help clinicians achieve this key aim.

The standardised mortality case review tool is designed to identify any potentially avoidable deaths. The data for the percentage of avoidable deaths is collated and reported externally to our commissioners, NHS Improvement, and internally to the Trust Board. Once baseline data of the Trust's avoidable deaths was identified, a goal to reduce the percentage of avoidable deaths was set by the Trust. The new Mortality Surveillance Committee led the implementation of this programme and was responsible for reporting on the data for avoidable deaths.

Sepsis management

National guidance (NICE CG51) recommends the use of the sepsis six bundle, which should be delivered within the first hour of recognising significant sepsis triggers (red flag sepsis). The 'Sepsis Six Care Bundle' is a standardised set of elements distilled from evidenced-based guidelines that, when implemented as a group, have a more positive effect on outcomes than when implementing the individual elements alone. Its use in sepsis has been shown to significantly reduce mortality from sepsis.

The Trust's sepsis action group rolled-out the 'Sepsis Six Care Bundle' from the emergency department to inpatient ward areas. Whilst significant improvements have been achieved in the application of the 'Sepsis Six Care Bundle' in inpatient areas, we have set a sustainable improvement target of managing more than 90% of patients with severe sepsis, septic shock, or both, with all six elements of the 'Sepsis Six Care Bundle' within 60 minutes by March 2019.

National Safety Standards for Interventional Procedures (NatSSIPs) – priority for 2018/19

One of our clinical quality improvement priorities focuses on the National Safety Standards for Interventional Procedures (NatSSIPs).

The introduction of the WHO 'Safer surgery checklist' was the first step towards the delivery of safer care for patients having operations. The benefit of the checklist has shown that it can be extended beyond surgery to all invasive procedures performed in hospitals. However, checklists in themselves cannot be fully effective in protecting patients from adverse incidents.

The NatSSIPs programme provides the framework for the production of Local Safety Standards for Invasive Procedures (LocSSIPs) created by multi-professional clinical teams and their patients, and implemented with training in human factors and teamworking.

During 2018/19 we'll be implementing a programme of work within specific pilot sites to develop a risk-based approach. The development of our local standards will be supported by an established quality improvement methodology.

We have identified that the first pilot site will be in our theatre teams, building on the established WHO surgical safety checklists. The second pilot site will focus on a patient pathway, specifically analysing the journey of an adult patient being cared for within critical care.

Quality priority two

Effective/responsive – to consistently deliver high quality care that is effective, timely, patient-centred and efficient.

Improvements in quality are delivered first and foremost by frontline teams (both clinical and managerial) and it is these teams who often identify and develop quality improvements. To improve outcomes for patients, quality should be at the core of all teams.

Frontline teams have the biggest impact on patient experience. Although there have been significant improvements in the management of our patients through the hospital, we readily acknowledge that there's still room for improvement to enhance the quality of our patients' experience.

Patients who remain in a bed beyond 14 days not only increase the risk to their on-going rehabilitation, they also affect people who are waiting to be admitted.

Table 02: Key performance indicators for the effective/responsive quality goal for 2018/19

Our measures for 2018/19	
Number of discharges before midday	> 5% improvement on baseline
Patients that remain in an acute Trust bed for seven days or more	10% reduction on baseline
Accuracy of clinically fit dates	10% improvement on baseline

Quality priority three

Caring – deliver patient care against our values in relation to compassion and communication**.**

A positive patient and family experience is a priority for everyone working in CUH. We understand that many of our patients often experience life-changing diagnoses and treatments, and it's our ambition to make their experience the best it can possibly be. To do this, we recognise the need for our staff to feel valued and supported.

We were rated overall as '*Outstanding*' by the Care Quality Commission in relation to how our staff provide a caring service. However, we are determined that we will drive further quality improvements, firstly, through local actions by leaders at ward level addressing concerns and issues raised through patient feedback in a timely way; and secondly, through corporate actions ensuring that systems and processes are efficient and responsive in supporting patients, and their families and carers, throughout their care.

Table 03: Key performance indicators for the caring quality goal for 2018/19

Our measures for 2018/19	
Number of specialties activated to use My Chart	100%
Compliance with ReSPECT programme across all adult inpatient specialties	95% compliance by March 2019
Percentage of complaints responded to within 30 working days or within extension agreed by complainant	>85%

eHospital developments for 2018/19 – My Chart

My Chart is part of our eHospital programme, where patients use a portal to access key parts of their healthcare record. Patients will be able to take an active role in their health and care and be partners in the process. There are also plans for My Chart to let patients have a 'virtual consultation' which will hopefully improve patient experience and make excellent use of Trust resources.

Quality priority four

Well-led – further improve the health and well-being of our staff to ensure we have a fit-for-purpose workforce, leadership team, and organisational culture.

We'll actively encourage all staff to participate in the quarterly staff engagement surveys with follow-up discussion of the results in the Trust and in local forums. Action plans are formulated to address identified issues. While our overall engagement score has improved each year for the last three years and is above the national average, we take our bottom ranking scores very seriously and will focus on equality of opportunity and discrimination. A Workforce Race Equality Standard (WRES) action plan sets out our ambitious aims for improvement.

We aim to deliver our plan for a sustainable senior workforce focused in the first instance on gaps in recruiting to senior roles including – executive and divisional directors and their direct reports (deputy directors, associate directors of operations, divisional lead nurses, clinical directors). Our approach will consider:

- talent identification
- talent conversations
- East of England and national talent pools
- development opportunities
- succession planning

Table 04: Key performance indicators for the well-led quality goal for 2018/19

Our measures for 2018/19	
"I would recommend my organisation as a place to work" (Q21c)	2% improvement against previous year
"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again" (Q12c)	2% improvement against previous year
"I would feel confident that the organisation would address concerns about unsafe clinical practice" (Q13c)	2% improvement against previous year

Organisational development (OD)

Our OD programme aims to improve culture, climate, leadership and engagement and has moved forward significantly over the last 12 months. This helps to strengthen the organisation, enables our senior team to strengthen the contribution they make, and ensures that we are best placed to achieve our Trust strategic goal to create a sustainable future.

Key parts of the programme include a detailed governance review, CUH Together – strategy, culture and improvement (as outlined above) and investment in leadership at all levels. With significant investment and support from the Trust Board, we have also embarked on a senior leaders' programme, including operational, clinical and corporate colleagues.

The programme is a real opportunity for leaders to have time and make sense of the gap between their intentions to improve things and keep people safe versus operational realities. It's an opportunity to develop useful, practical know-how to narrow the gap, and to help colleagues

to do the same. Additionally, to develop our strategic leaders and strategic know-how, we have chosen partners who we think can help us provide the leadership support and development people have said they want.

Their objective is to offer challenging, supportive, practical useful programmes of learning, aligned to the real work challenges we face. The King's Fund and Cambridge Judge Business School, in collaboration with Cambridge University Health Partners (CUHP), will deliver a series of leadership modules and masterclasses focused on the strategic and business imperatives for leaders.

The focus of work outlined within the quality plan relating to staff, leadership and improvements in developing a patient safety culture, supports the proposed improvements to be measured against this quality goal.

Working with our partners

At CUH we are committed to ensuring the delivery of quality improvement is undertaken through the development of sufficient capacity and capability. However, we recognise that we cannot do this alone, and so we'll be looking to our partners to walk alongside us in our improvement journey over the next five years.

Eastern Academic Health Science Network (EAHSN)

EAHSN have developed the quality improvement (QI) curriculum framework to support an integrated and planned approach to develop QI capacity and capability across the health and care system in the East of England. It addresses the need to build knowledge and practice of improvement methods.

Alongside work undertaken within the Trust (led by the executive director for improvement and transformation) as a key partner within the Network, the Trust has committed to engage with the framework of skills acquisition and learning to help develop our staff. This will equip and encourage staff to deliver continuous improvement across local healthcare systems and gain pride and joy from their work. The framework aims to guide staff at every level of the Trust to develop a critical set of improvement and leadership capabilities.

University of Cambridge (Institute of Public Health)

Critical thinking and evidence-based practice are essential to improving quality of care, and partnership with researchers at the University of Cambridge is a key component of the quality plan. To this end, the Trust committed to support the joint post, between the University and the Trust, of the Florence Nightingale Foundation Professor of Clinical Nursing Research. The remit is to develop research capacity and capability among staff.

Staff will be encouraged to be research aware, to question practice and base practice on evidence. Staff will be developed as independent investigators who can generate evidence for improving practice. Members of staff studying for a National Institute of Health Research (NIHR) MSc in clinical research, and more recently for doctorates, are conducting research to answer questions from clinical practice which has the potential to improve care.

Programmes are in place to support staff in developing their research skills and knowledge. These include: internal research fellowships funded by Addenbrooke's Charitable Trust (ACT) and Cambridge Biomedical Research Centre (CBRC); the Cambridge Nurses in Research

Group (a support group for nurses, midwives and allied health professionals); individual mentoring; the Cambridge Research Leadership group, which is tasked with implementing the CUH Nursing, Midwifery and Allied Health Professional (NMAHP) research plan; and secondment opportunities in research.

Professor Mary Dixon Woods, Rand Professor of Health Services Research and Wellcome Trust Investigator, has been awarded a grant from the Health Foundation to establish and run a new improvement research institute, the first of its kind in Europe. Seeking to strengthen the evidence-base for how to improve health care, it will produce practical, high quality learning about how to improve patient care and will grow capacity in research skills in the NHS, academia and beyond. The Institute will offer tremendous opportunities for staff to be involved in innovative improvement research and training, including doctoral and post-doctoral fellowships.

Other researchers within the University of Cambridge School of Clinical Medicine and other schools and departments are a valuable resource for staff seeking to develop their research knowledge and skills, and ultimately to improve the quality of care and patient outcomes.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

All NHS, social care and public health organisations have a shared commitment to quality focused on learning and continual improvement. Cambridgeshire and Peterborough CCG undertake required quality assurance activity under the NHS contract, but the work they carry out is more than a framework for assurance; it is a mature relationship with the Trust and other organisations that seeks to improve care and the experience of patients and families.

This relationship will inevitably change as the health system moves towards Accountable Care Systems (ACS); however, this will be underpinned by the shared national definition, the national framework, the local quality and patient safety culture and strong leadership.

Measurement, monitoring and awareness

It's essential that the strategies mentioned within this document include robust mechanisms for monitoring and managing the quality of care.

Clear measurable key performance indicators have been identified against each quality improvement initiative described in the quality plan. Indicators will be monitored and managed by frontline teams in their local quality and performance meetings, by divisional leadership via divisional governance forums, and horizontally across the organisation via the Quality Steering Group. The Trust Board will receive regular updates throughout the year with regards to progress against the key performance indicators for these quality improvement priorities.

The Trust's continuous patient safety improvement plan will drive the introduction, over the next five years, of the Health Foundation's 'Measuring and Monitoring Framework for Safety'. This framework is designed to help an organisation measure and monitor the diverse dimensions of safety.

The five dimensions of safety within this framework are relevant in all areas of healthcare and any unit, department or organisation can use the dimensions to structure its own approach to safety measurement and monitoring. The implementation of the framework within the Trust will widen the scope of safety measuring and monitoring. This more in-depth view of safety is designed to integrate formal and local intelligence thereby helping the Trust integrate and learn from its internal safety information.

This model strongly promotes the need to balance the focus of collecting and integrating safety information, along with appraising how it is used to deliver meaningful feedback, action and improvement.

Stakeholder feedback
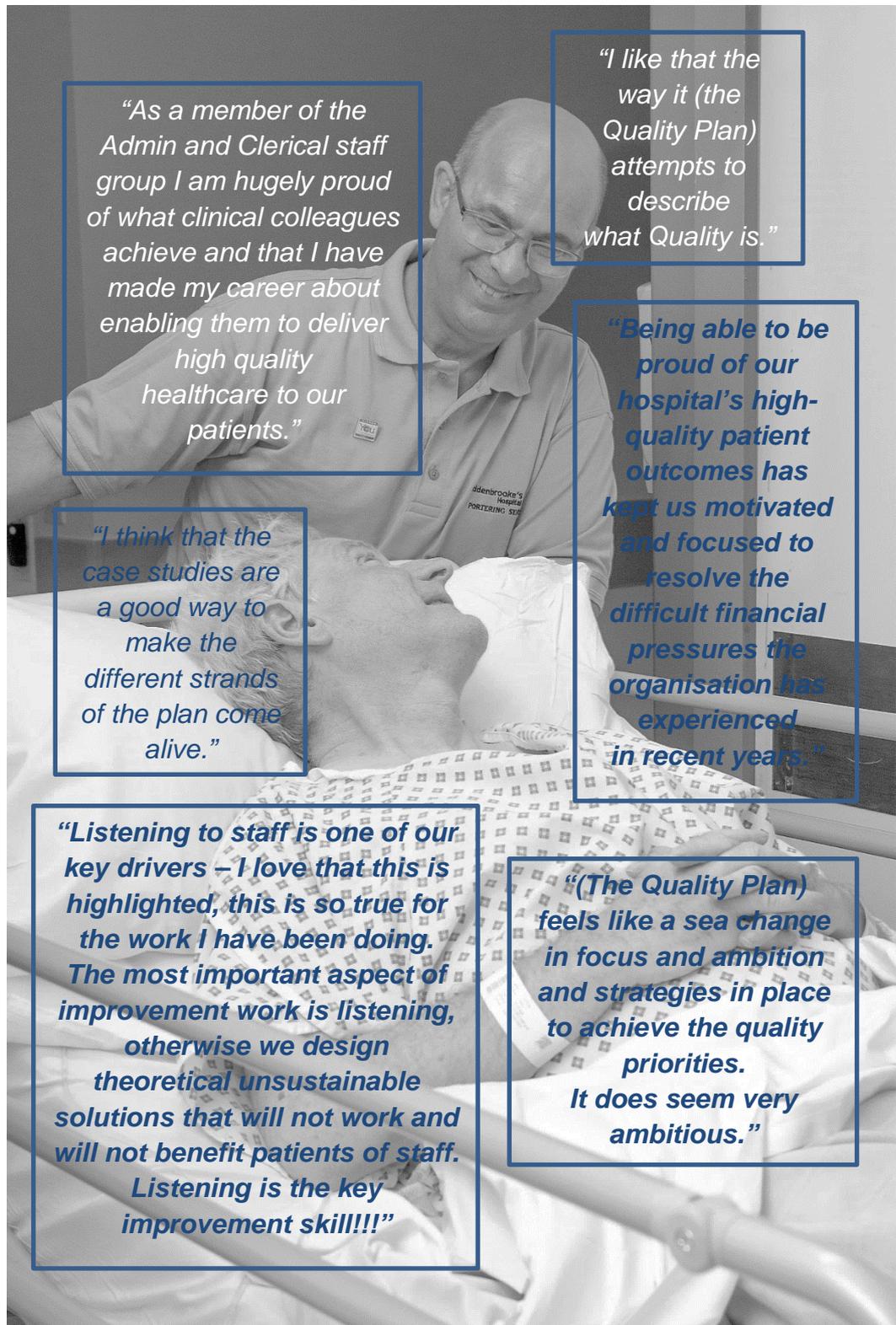
"As a member of the Admin and Clerical staff group I am hugely proud of what clinical colleagues achieve and that I have made my career about enabling them to deliver high quality healthcare to our patients."

"I like that the way it (the Quality Plan) attempts to describe what Quality is."

"Being able to be proud of our hospital's high-quality patient outcomes has kept us motivated and focused to resolve the difficult financial pressures the organisation has experienced in recent years."

"I think that the case studies are a good way to make the different strands of the plan come alive."

"Listening to staff is one of our key drivers – I love that this is highlighted, this is so true for the work I have been doing. The most important aspect of improvement work is listening, otherwise we design theoretical unsustainable solutions that will not work and will not benefit patients of staff. Listening is the key improvement skill!!!"

"(The Quality Plan) feels like a sea change in focus and ambition and strategies in place to achieve the quality priorities. It does seem very ambitious."

Appendix 1: Measurable outcome data for 2018/19

Priority 1: Safe

Measure	Definitions	Baseline	Target	Rationale
Lead KPI Deteriorating Patient: Trust-wide compliance with Sepsis 6 care bundle (ED and inpatients)	Percentage of patients with severe sepsis/septic shock or both, who received all six elements of the Sepsis Bundle within 60 minutes	70% in August 2017	≥90% by March 2019	• Escalating deteriorating patients, links to incident data and management of sepsis across all wards
Average reported patient safety incident rate per 1,000 bed days	Increase by 5% above the 2017/18 average	35.25	5% increase on baseline	• Evidence of continuing improvements in relation to patient safety and supporting the cultural shift to a 'just culture' with enhanced reporting capabilities to support learning
NatSSIPs % of named leads appointed % of NatSSIPs groups with a NatSSIPs policy on Merlin	Percentage of areas (defined as a NatSSIPs working group) to have a lead appointed Percentage of areas (defined as a NatSSIPs working group) with a document-controlled policy	TBC 0	100% 90%	• Prioritises the roll-out of NatSSIPs across the Trust in 18/19. The standards have been developed to set out the key steps necessary to deliver safe care for patients undergoing invasive procedures and allow NHS providers to standardise the processes that underpin patient safety

Priority 2: Effective/Responsive

Measure	Definitions	Baseline	Target	Rationale
Number of discharges before midday	% of patients discharge from inpatient setting before 12pm (noon) from adult inpatient wards	15.3%	20%	• NHSI/E introduced this metric in 2015 as part of the SAFER patient flow bundle. • Early discharges help to maintain patient flow in the Trust and support patient experience
Patients that remain in an acute trust bed for seven days or more	Number of patients that remain in an acute trust bed for seven days or more	453 patients	10% reduction	• NHSI/E introduced this metric in 2015 as part of the SAFER patient flow bundle. • Nationally, this group of patients is termed 'stranded' and is treated as a measure of delays to patient flow • The rationale for including this measure in the quality accounts is that the Trust can use it to monitor levels of patient delays. The timeliness of patient treatment is a key indicator of quality and supports patient experience
Accuracy of clinically fit dates (CFDs)	% of CFDs which accurately predict the date of patient discharges	35%	40%	• The Trust uses CFDs to predict patients' likely date of discharge (when they are clinically fit to be discharged) • The accuracy of CFDs is important because it enables the Trust to better manage patient flow and on-time discharges

Together-**Safe** | **Kind** | **Excellent**

Priority 3: Patient experience/caring

Measure	Definitions	Baseline	Target	Rationale
Percentage of complaints responded to within 30 working days or within extension agreed with complainant	The number of complaints which are answered within 30 working days or within an agreed timescale set by the complainant	80%	≥85%	• Ensuring that complaints are responded to within a timely manner is a key requirement of provider Trusts • Furthermore, the Trust wishes to continue to improve the patient experience through enhanced complaints response practices. A programme of work is in place to support continuous improvement
Introduction of MyChart	Number of adult specialties that MyChart is available to (GDE metrics) Number of specialties using (local metrics) Number of patients activated (local metric)	March 2018 source: ehospital data	My Chart available to all adult specialties by 2019	• Alignment to Global Digital Exemplar contract: As part of the eHospital programme, patients are now being offered access to the patient portal where they can access key parts of the record. This empowers patients to take an active role in their health and care, treats them as partners in the process. Advanced functionality also offers the potential to complete screen surveys within MyChart and have a virtual consultation. This offers potential to improve patient experience and demonstrate excellent use of resources
Compliance with 'ReSPECT' programme across adult specialties		n/a	95% compliance by end of Q4 2018/2019	• In 2018 CUH will make the transition from UFTO to ReSPECT, the new national tool. This metric will reflect the implementation plan to ensure that decisions made relating to End of Life Care are fully and robustly explored.

Together-Safe | Kind | Excellent

Priority 4: Staff experience/well-led

Measure	Definition	Baseline	Target	Rationale
'I would recommend my organisation as a place to work (FFT).'	These measures are all included in the yearly national staff survey. 21 a – Care of patients/service users is my organisation's top priority 21 c – I would recommend my organisation as a place to work 21d- if a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	(71% Q3 2017)	2% improvement against previous year	• Reflects staff perception of the organisation, work on-going relating to improved relationships between managers and staff, inclusive decision-making and support provided by managers
'When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.'	These measures are all included in the yearly national staff survey. 13 b- I would feel secure raising concerns about unsafe clinical practice 13 c – I am confident that the organisation would address my concern	TBC	2% improvement against previous year	• Reflects staff perception of the organisation, and the quality of care provided by the Trust and the decisions made by the organisation
'I would feel confident that the organisation would address concerns about unsafe clinical practice.'	These measures are all included in the yearly national staff survey. Q11c – if they witnessed an error, near miss or incident that could have hurt staff or patients (YES to Q11a or YES to Q11b), % saying the last time this happened, either they or a colleague had reported it	TBC	2% improvement against previous year	• Reflects the responsiveness of the organisation to concerns • This metric also aligns to improvements in patient safety culture across the Trust

Together-Safe | Kind | Excellent

Appendix 2: Improvement programmes for 2018/19

Our new improvement areas for 2018/19 and supporting governance

Our next wave of improvements will focus on priority areas that are aligned with the Trust's strategic objectives and ensure the best possible value in terms of outcomes, patient and staff experience.

The Improvement Oversight Group prioritises improvement projects which will have central improvement and transformation support. Improvement areas will be identified throughout the year to facilitate continuous improvement. Our initial centrally supported improvement areas for 2018/19 are:

- **Productivity and efficiency of the medical take**

A recent snapshot assessment of medical productivity in the emergency department (ED) revealed wide variation between individuals in terms of work rate. By providing feedback on the productivity of junior staff and developing a tool within Epic, this has the potential to significantly increase flow within the ED, as well as developing an approach to medical productivity that could be deployed elsewhere within the Trust. Key will be to positively engage with our medical staff, so that they can be involved in helping to reduce non-value-added tasks, improving supporting processes and hence reduce blockages.

- **Improving ward processes**

The focus will be on engaging our frontline staff to make sustainable improvements to improve outcomes and the experience of our patients and staff. We will use two approaches:

o Use of the SAFER bundle, which blends five elements of best practice. When followed consistently, length of stay is reduced and patient flow and safety improves.

o Improvement huddles which facilitate ward teams to drive improvements for themselves, by identifying ideas for change and using simple processes to implement them.

Completion of 2017/18 improvements

Our 2017/18 centrally supported improvements are importantly led by our staff, and are delivering tangible benefits that, as well as delivering better outcomes and experience for patients and improving the working experience for our staff will support delivery of our £49m CIP challenge. Teams are being supported to deliver these by receiving improvement training using a structured approach and agreed ways of working, together with mentoring support. These are key to ensuring successful delivery of the following improvements:

- **Improving** discharge processes for patients with simple discharge needs on our cardiology ward K3, so that we move discharges to earlier in the day and reduce overall length of stay on the ward.

- **Reducing** time to recruit staff and improving the efficiency and effectiveness of our recruitment function to impact positively on candidate experience and service provision to staff.

- **Improving** processes and ways of working within the stroke team to both improve the quality of service for patients and to improve our Sentinel Stroke National Audit Programme

(SSNAP) performance. (SSNAP aims to improve the quality of stroke care by measuring both the structure and processes of the care against evidence-based standards.)

- **Reducing** blood culture contamination rates across CUH by monitoring and providing standardised training in aseptic non-touch techniques (ANTT) for accessing central lines and taking peripheral blood.

- **Improving** waiting times for vascular and diabetic inpatients who require an angiogram or angioplasty and reducing delays and cancellations that interventional radiology experience in respect of inpatients from our vascular and diabetic wards.

- **Developing** an enhanced recovery pathway for oesophago-gastric cancer resection patients to improve their experience and to reduce length of stay and improve recovery.

- **Improving** patient flow to and from one of our care of the elderly ward's, C4, by enabling patients to be cared for in the right place, whilst minimising ward moves and improving staff satisfaction on C4.

Glossary

Cambridge University Health Partners (CUHP)

CUHP is an academic health science centre. Its mission is to improve patient healthcare by fostering partnership between the NHS, industry and academia.

More info? www.cuhp.org.uk

Care Quality Commission (CQC)

The CQC regulates all health and social care services in England ensuring the quality and safety of care in hospitals, dentists, ambulances, care homes, and the care given in people's own homes. The commission publishes what it finds including a rating of the organisation.

More info? www.cqc.org.uk

Commissioning for Quality and Innovation (CQUIN)

Introduced in 2009 this system makes a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

More info? www.england.nhs.uk/nhs-standard-contract/cquin/

Health Foundation (HF)

An independent charity committed to bringing about better health and care for the people in the UK.

More info? www.health.org.uk

Judge Business School

Part of the University of Cambridge, the Cambridge Judge Business School was established in 1990 as the Judge Institute of Management Studies, a focal point for management teaching and research in the University.

More info? www.jbs.cam.ac.uk/home

King's Fund

The King's Fund is an independent charity. It works to improve health and care in England with a vision that the best possible health and care is available to everyone.

More info? www.kingsfund.org

National Institute for Health and Care Excellence (NICE)

NICE provide national guidance and advice to improve health and social care.

More info? www.nice.org.uk

National Institute for Health Research (NIHR)

The NIHR funds health and care research. It translates discoveries into practical products – treatments, devices and procedures. It actively involved patients and public in its work.

More info? www.nihr.ac.uk

National Quality Board (NQB)

The NQB was set up to deliver high quality care for patients throughout the NHS and at the interface with health and social care.

More info? www.gov.uk/government/groups/national-quality-board

National Safety Standards for International Procedures (NatSSIPs)

These national standards of operating department practice help NHS organisations develop their own standardised local procedures to provide safer care and reduce patient safety incidents.

More info? www.improvement.nhs.uk/resources/national-safety-standards-invasive-procedures

Rand

The RAND Corporation is a non-profit institution that helps improve policy and decision-making through research and analysis.

More info? www.rand.org

Wellcome Trust

The Wellcome Trust is a global charitable foundation and is both politically and financially independent. It funds biomedical research and works to support public understanding of science.

More info? www.wellcome.ac.uk

World Health Organisation (WHO)

WHO has 194 member states across six regions and works to achieve better health and a healthier future for people all over the world.

More info? www.who.int/en