

# **Our Quality Plan**

## **2019-2022**

**Sustaining, developing and enhancing our culture of  
continuous learning, innovation and improvement**

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## Foreword

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To be completed by Bryan Gill and Karen Dawber

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# Introduction to our Quality Plan

The starting point, basis and success criteria for our Quality Plan 2019-2022 are our Vision, Mission, Objectives and Values as described in the Trust's Clinical Service Strategy (2017-2022), and those described in our Quality Plan 2018-2019

Our Quality Plan (2019-2022) has been written to support the Trust's Clinical Service Strategy and bring our plans in line with the Care Quality Commission's regulatory framework. The Quality Plan provides a 'pen portrait' of our current approach to quality, our approach and objectives for quality improvement and the Quality goals and targets that we need to meet over the next three years to ensure that we achieve our vision and deliver our strategic objectives.

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# Our Mission, Vision, Strategic Objectives and Values

**Our mission is to provide the highest quality healthcare at all times.**

**Our vision is to be an outstanding provider of health care, research and education; and a great place to work.**

We have set five strategic objectives to help us achieve our vision. These are

To provide outstanding care for patients  
To deliver our financial plan and key performance targets  
To be in the top 20% of NHS employers  
To be a continually learning organisation  
To collaborate effectively with local and regional partners

Structuring the delivery of our strategic objectives we have developed a core strategy: our Clinical Service Strategy for 2017-2022. Our Clinical Service Strategy, which is “a commitment to our patients” describes how our Trust will meet the changing needs of the community we serve. There are four themes

- High quality care
- Research-led care and learning
- Collaborative hospital care
- Connected local care

Our Clinical Service Strategy (2017-2022) is supported by a number of other core strategic plans, including our Financial Plan and our People Strategy. Our Quality Plan is designed complement these other strategic plans to support the delivery of our Clinical Service Strategy.

**We care**  
**We value people**  
**We are one team, striving for excellence**

Our organisational values drive the way we influence, how we interact with each other, and how we work together to achieve our vision. These values are not descriptions of the work we do or the strategies we employ to accomplish our mission, they are the unseen drivers of our behaviour, based on our deeply held beliefs that drive decision-making. The collective behaviours of all our people make up our organisational culture - “the way we do things around here” - the “*We are Bradford*” – ensuring we fulfil our commitment to our patients and stakeholders. This commitment lies at the core of who we are, the essence of our identity.

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# What is our Quality Plan?

**Our Quality Plan 2019-2022 describes our approach to sustaining and enhancing our culture of continuous learning, innovation and improvement. It is rightly ambitious and is designed to re-affirm the commitment described in our other core strategic plans that quality is central to all that we do.**

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## What is our Quality Plan?

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Our People Strategy makes it clear that our vision for our people is that they feel valued, motivated, engaged and well led. This plan has been developed to capture that vision. Our Quality Plan therefore makes it clear that:

- Our people should feel confident and proud of the care that we provide, the implementation of this strategy should strengthen their confidence and their pride.
- Our people should feel valued and listened to
- Our people are key to the delivery of our potential

Our Quality Plan also makes it clear that

- Our focus is on embracing new ways of working to improve the care that we provide for our patients and their families, learning from everything that we do and supporting innovative solutions as we work with our partners to integrate care across primary care, community services and social care.
- Our patients should feel confident that we are committed to providing them with the safest, most effective, most caring and most responsive care possible

We understand quality using the Care Quality Commission's 2014 framework<sup>1</sup>, which draws on the Francis, Keogh and Berwick reviews and recommendations, and incorporated wide public and staff consultation. We therefore define quality by seeking to understand whether our services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

***We have worked hard to understand what quality means to our staff, patients and partners and to define what we expect from our senior leaders***

### How we developed this plan

After the implementation of our Clinical Service Strategy (2017-2022) we recognized that it was the right time to publish a 12 month Quality Plan. This Quality Plan served to

- describe the current approach to quality and quality improvement within the Trust
- clearly align that approach to the early delivery phase of the Clinical Service Strategy
- describe an approach to consultation, development and implementation of a comprehensive Quality Strategy, to be published during 2019.

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<sup>1</sup> [https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/inspection-frameworks-hospital-ambulance-core-services#NHS\\_acute\\_hospitals](https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/inspection-frameworks-hospital-ambulance-core-services#NHS_acute_hospitals)

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Our revised plan was developed using the experience and views of senior clinical leaders from our Clinical Care Groups, senior leaders from our corporate teams and was discussed with our commissioners and the Care Quality Commission. Our approach to Quality Improvement has been described to our Board of Directors and Council of Governors. In addition we used national strategic publications (for instance the NHS Patient Safety Strategy<sup>2</sup>) to help ensure our planned strategic actions had the correct focus.

***We have consulted with our staff, our patients and our stakeholders to develop our plans***

We know that our staff and our patients believe that the following principles should drive the delivery of our quality plan 2019-22:

**We have insight**

**We manage risk**

**We engage and involve**

**We collaborate**

**We care**

**We learn**

**We improve**

**We innovate**

**We are confident**

We recognise that meaningful consultation with our people and our patients and their carers is vital in the continued development and evaluation of our Quality Plan.

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<sup>2</sup> <https://improvement.nhs.uk/resources/patient-safety-strategy/>



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## Delivering our Quality Plan

We have insight  
We manage risk  
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We are confident

As well as our individual responsibility to question why we work the way we do and to work with each other to improve what we do; we have several teams across the Trust that work together to maintain and improve high-quality patient care, whilst faced with the pressures of a changing population with more complex needs, changing expectations and unprecedented financial constraint. We will integrate and co-ordinate the functions of these teams to ensure that they effectively support the delivery of this Quality Plan

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## Delivering Our Quality Plan

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### 1. Our learning, innovation and improvement culture

*We will continue to work throughout our Trust delivering Our People Strategy and embedding our values and behaviours, focusing on five key cultural priorities to support the delivery of our Quality Plan<sup>3</sup>*

**Our willingness:** we recognise that positive transformation requires a state of readiness for change

**Our humility:** we will listen to each other and our patients and value first hand experiences

**Our curiosity:** we will 'go see' and use curiosity driven problem solving approaches

**Our perseverance:** we will persist in addressing problems or issues that we face

**Our discipline:** we will develop and follow a system of assurance and quality improvement that helps and supports everyone involved and reduces second-guessing regarding what others need, allowing for better-informed decision-making and problem-solving at the frontline of care delivery

### 2. Integration and consolidation

*We have integrated, consolidated and co-ordinated the function, focus and approach of the Trust-wide teams and structures to ensure they are effectively supported to deliver our Quality Plan.*

#### **Our approach to quality oversight and learning**

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We have a well-established, systematic approach to understanding the quality of the care that we are providing. Our quality management system ensures that we are continuously and contemporaneously reviewing all aspects of the quality of care we are providing, correlating information and intelligence from a range of sources, when things have gone wrong, but increasingly, from when things have gone well.

This enables us, for instance through our Quality Oversight, to ensure

- we can act at pace to ensure the safety of our patients if required
- we can evaluate themes and trends as they emerge and take action
- we make sure that we are investigating incidents, claims and complaints effectively

It also enables us to ensure we are learning effectively and continuously through our Learning Hub

#### **Our approach to patient experience**

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Our patient experience strategy 'Embracing kindness' describes our intentions and ambition in relation to understanding and improving patient experience. (**Link to**

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<sup>3</sup> <https://catalyst.nejm.org/five-changes-great-leaders-improvement-culture/>

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**strategy).** The strategy describes 5 core commitments that we have to our patients, families and carers

- To be kind and treat others as we would want our loved ones to be treated
- introduce ourselves by our first name and explain what we do
- make eye contact, use open body language and smile
- we value patients' time, if something is delayed we will explain and give realistic timescales
- We will always communicate with patients in a way that is honest, easy to understand and kind

### **Our approach to measuring for improvement**

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Measurement for improvement (MFI) is embedded in operational practice and culture throughout the Trust. A rolling programme of internal Quality Improvement (QI) training, engagement in the national Quality Service Improvement Redesign (QSIR) programme and close links with the Improvement Academy are building skills in MFI at all professional levels, both clinical and non-clinical. Data is recorded as a by-product of clinical activity, stored, transformed and utilised as an aid to decision-making in near real time for operational and quality activity. Automated reporting and analytics is enabled through the Trust's digital infrastructure and Business Intelligence (BI) tools, driving a 'right first time' approach to data capture with minimal manipulation in end to end data flows. A robust Data Quality framework promotes the quality of data used for; patient care, performance monitoring, financial planning and service transformation as everyone's responsibility and sets out the governance, assurance mechanisms and controls to maintain information quality to a high standard. Statistical Process Control (SPC) visualisations and benchmark comparators are used as standard for managerial oversight at Quality Committee along with other Committees and Board of Directors enabling informed discussion regarding historic, current and predicted positions in relation to over 70 key metrics.

### **Our Approach to digital technology**

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We are implementing our digital strategy, 'From Going Digital to Going Virtual to be an outstanding provider of healthcare, research and education and a great place to work'. The Focus of our strategy is virtualising care and working within our Trust and with our partners, taking advantage of 'now' and preparing for the future. The approach we are taking to digital technology will underpin this plan.

**(Link to digital strategy)**

### **Our approach to engagement**

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Curiosity, learning and a commitment to safety improvement are all tangible across our Trust. We use our established networks, internally (for instance through quality improvement collaboratives and Trust –wide safety huddles) and externally (for instance through relationships with partner and third sector organisations) to ensure that we are sighted on, and can learn from latent risk to the quality of care we provide.

### **Our approach to Risk Management**

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Our Risk Management Strategy (2019-2025) describes our commitment to establishing an organisational philosophy that ensures risk management is aligned to

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strategic objectives, clinical strategy, business plans and operational management systems.

We recognise that the specific function of risk management is to identify and manage risks that threaten our ability to meet our strategic objectives. We are clear, therefore, that understanding and responding to risk, both clinical and non-clinical, is vital in making the Trust a safe and effective healthcare organisation.

We will identify risk as either an opportunity or a threat, or a combination of both, and will assess the significance of a risk as a combination of probability and consequences of the occurrence.

All of our staff have a responsibility for identifying and minimising risk. This will be achieved within a progressive, honest and open culture where risks, mistakes and untoward incidents are identified quickly and acted upon in a positive way.

***(link to risk management strategy)***

### **Our approach to Clinical Audit and Effectiveness**

We actively develop our clinical services and audit their outcomes to provide assurance in relation to clinical quality across all our services. We do this by ensuring that we implement the right things, in the right way; our teams make sure that they base their practice on the best available evidence. Evidence of effectiveness is assessed using established resources such as National Institute for Health and Care Excellence (NICE) guidance, National Audit outcomes and the Get it Right First Time programme.

***(Link to CE and Effectiveness strategy)***

### **Our approach to Service Improvement and Sustainable Quality Improvement**

Our Service Improvement Programme supports colleagues and teams to encourage behaviours designed to improve the quality of healthcare provided. The Programme is a balanced portfolio of actions aimed to improve against the CQC standards such as patient outcomes, patient experience, staff satisfaction and financial sustainability. Our Improvement Programme recognises that quality without efficiency is unsustainable; equally, efficiency without quality is equally unsustainable. Before undertaking a change, either at the outset of a new programme of work or during a project, colleagues consider the impact upon the quality of care currently provided and first, do no harm but equally importantly how can the current quality of healthcare be improved. Specifically the Service Improvement Programme uses a Combined Impact Assessment Tool to consider the potential impact upon the quality of care provided. Our quality improvement work supports the use of a range of quality improvement approaches to improve the care that we provide to patients depending on what we are focusing on. However, the principle methodology (which we refer to as the most basic building block for improvement) is the Model for Improvement, this is described in more detail in section 5. Our leadership and management development framework addresses these areas with Quality Improvement included as a module in Leadership Essentials (for all staff); Leading Others (for those who lead a team) and Leading High Performance (for all senior leaders).

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### **Our approach to organisational development**

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Our People Strategy (2017-2022) explains how we will foster a culture where our people feel valued, motivated, engaged and well-led, and are truly representative of the community that we serve. Getting this right for our people will, in turn, mean that we get it right for our patients too. Our OD priorities this year include bringing our values to life and developing our leaders and managers; this work directly supports our quality improvement approach. As a member of the NHS QUEST Best Employer Brand, we are committed not only to delivering continuous improvement and focus relentlessly on quality, we are committed to be in the top 20% of NHS employers through encouraging, developing, enabling a supportive, compassionate and forward thinking organisational culture.

*([link to people strategy](#))*

### **Our approach to Assurance**

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We routinely use an integrated dashboard, with our data presented in Statistical Process Control Charts to help us understand and assure our overall safety performance. This dashboard tells us how effective our clearly defined systems, processes and standard operating procedures are that we have in place to ensure the quality of care that we provide. In addition our **Assurance Framework** is designed to help us have confidence in our operational working. It ensures assurances are effectively and appropriately gathered, reported and provides evidence that our quality governance infrastructure is working as intended. It helps us identify any potential gaps in assurances relating to our key risks and their key controls, and makes sure that these are understood and accepted, addressed as necessary. We use a range of assurance tools to help us, and use an **assurance directory** to make sure we understand the level of assurance we can use to make sure we are confident we are managing risks and improving the quality of care we are providing in a sustainable way. To help us even further we have an **assurance map**, which helps us make sure we apply the different assurance techniques to areas where need to be confident we have the right systems and processes in place

*([link to assurance framework](#))*

### **Our approach to Collaboration**

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Collaborating with our local and regional partners is fundamental to how we seek to improve our organisation, and by extension our ability to deliver our quality plan. The Trust is engaged in several different areas of collaborative activity that help us improve our clinical quality:

- We have established a comprehensive programme of collaboration with our nearest secondary care provider, Airedale NHS Foundation Trust. This clinically led programme is looking at opportunities across all our shared specialities to see how we can jointly improve both the sustainability and quality of our services.
- The Trust works closely with partners in the local Bradford District and Craven “place”. This has included recently signing a new “Strategic Partnering Agreement” which outlines an integrated approach to leading performance development and culture change, including improvements in quality and outcomes. BTHFT and the local partners are in the process of creating a local system wide quality committee.

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- The West Yorkshire Association of Acute Trusts (WYAAT) is collaboration between all of the secondary care providers across West Yorkshire including BTHFT. It has a range a large range of programmes looking at improving service sustainability, but also acts as a forum for adopting quality improvement. For example WYAAT Medical Directors are implementing a process for shared learning across WYAAT for Serious Incidents and Never Events and sharing best practice.

### 3. Quality Goals and Targets

***We will continue to challenge, review and confirm our quality goals in light of our Clinical Strategy and feedback from our people, our patients and our partners***

Our Quality Plan (2019-22) will be delivered through the achievement of our current quality goals (See Appendix 1). For each goal identified we have, or will be identifying a target. These goals were chosen, in part with direct reference to CQC standards, to ensure that we focus on making improvements where they are most needed, and on sustaining improvements that have already been made. If we achieve our goals in the priority areas identified, we believe that we will achieve our ambition of providing highest quality healthcare. The targets are reported through our Integrated Board Dashboard to enable oversight and assurance from our wards to the Board of Directors. Our goals are set out under each of the five CQC quality domains. The targets which help us understand delivery of these goals have been developed for this year. The implementation of our Electronic Patient Record in September 2017 has enabled us to begin to capture real time data. This enables us to learn, intervene and make timely changes and drive real improvements to achieve our quality ambition and ensure learning and recognition when our goals have been achieved.

### 4. Initiatives directly aligned to CQC domains

***It is important that we develop the governance infrastructure that supports staff to achieve success by allowing us to measure and monitor the milestones, outcomes and timeframes of the initiatives, with clear lines of accountability and responsibility to the project owners.***

We have developed a programme of measurable and structured quality improvement initiatives (See appendix 2). These projects have been informed by analysis of a number of measures of the quality of our services including:

- current performance against national and local targets
- our quality account
- areas of known risk
- our compliance with CQC Fundamental Standards
- review of the key lines of enquiry that the CQC publish.

These initiatives will be further developed to deliver improvements through a structured consistent improvement methodology described throughout this plan.

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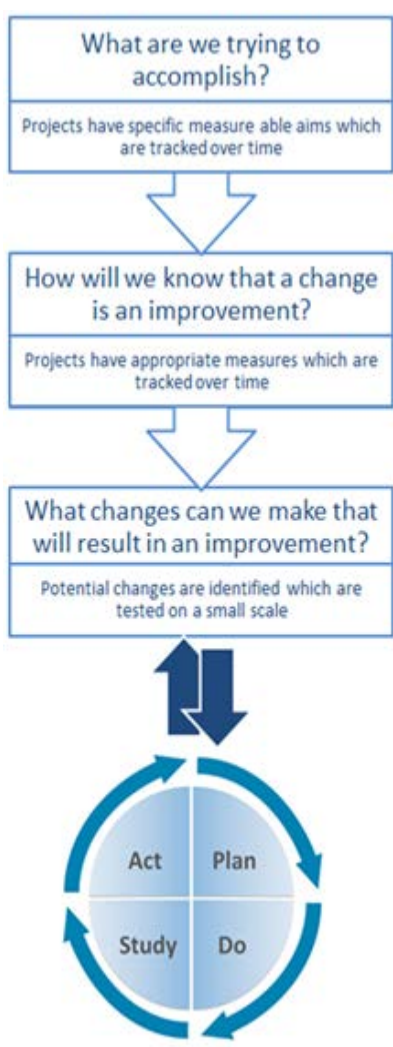
## 5. Our approach to Quality Improvement-building capacity

*We will continue to implement our Quality Improvement Programme for 18/19 and work with our people, our patients and our partners to develop the QI programme for the future.*

Our people are key to delivering this plan, and helping us further develop our strategic approach to quality during 2018-2019. We therefore must make sure that we are training and supporting our people to make improvement continuously, as part of their role in our Trust. We want our people to feel confident in planning and implementing new ways of working to improve our processes, systems and services with transparent ways of measuring progress.

**Common Language  
Engagement  
Support  
Emotional  
Intelligence  
Improvement tools  
and techniques  
Partnerships**

We have developed a Quality Improvement Programme (See Appendix 3) that defines our approach to Quality Improvement and is designed to support the delivery of our Quality Plan. The Quality Improvement Programme makes it clear that organisational culture is key to its delivery.



We want curiosity, learning and improvement methodology to be tangible throughout the Trust. We will use a range of quality improvement approaches to improve the care that we provide to patients depending on the issue to be dealt with, however, the principle methodology (which we refer to as the most basic building block for improvement) will be the Model for Improvement. We will provide our people with the tools that they need to make sustained improvements.

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## 6. Our strategic 'to do' list 2019-2022

We will

- Adopt and promote the key national safety measurement principles across our organisation from ward to Board, and work to ensure culture metrics are used to better understand the safety of the care we provide
- Continue to deliver and focus on our safety targets
- Continue to use our digital technology and maximise the benefits of our digital maturity to support our learning and our system design
- Review and improve our response to, and investigation of, incidents, aligned to nationally defined best practice
- Continue with our work to support staff involved in incidents through Schwarz rounds and collaboration with the Institute of Health Research in relation to 'second victims'
- Participate in a regional research project exploring the meaningful involvement of patients and carers in patient safety investigations
- Review and improve our approach to scrutinising and learning from deaths in light of the introduction of the medical examiner system
- Review and improve our proactivity in relation to actual and latent risk as the national Patient Safety Alerts Committee is established
- Ensure that principles and expectations in relation to the involvement of patients, families, carers, and indeed our local population, in providing safer care
- Ensure our staff are trained consistently, and aligned to the new training and education framework for patient safety in the NHS
- Refine and revise our quality management system to ensure we are geared up to effectively learning from what goes well as well as being able to learn from what goes wrong
- Work within our 'place' and our system to ensure collaboration about safe care is meaningful and effective
- Engage with national programmes as they are implemented, exploring the opportunities, where they arise for early involvement or adoption, ensuring we have the appropriate infrastructure in place to effectively learn and implement changes
- Continue to work with our research partners, exploring the opportunity for further innovation
- Develop further metrics to support the assurance we are delivering effective care
- Continue to deliver and focus on our effectiveness targets
- Work within our 'place' and our system to ensure collaboration about effective care is meaningful and effective
- Develop new metrics in relation to the caring domain:
- Co design and engage with patients to develop services and make improvements – Patient Experience Collaborative
- Develop a series of locally owned and departmental assurance assessments across all patient areas
- Utilise and further develop a suite of validated improvement tools in the caring domain
- Ensure continued multidisciplinary drop-in and engagement sessions across the organisation
- Ensure that we have the appropriate staff and skills to enable us to drive the principles of our mental health strategy forwards
- Ensure that we have the appropriate staff and skills to enable us to develop and implement a learning disability strategy, building on the work the Trust has done to implement our learning disability policy through the recruitment of a specialist nurse



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- Continue to use evidence based methodology (for instance through PLACE assessments) to understand the quality of our facilities and estate.
- Develop and implement a public engagement strategy to describe how we will build on the links we strengthened and established with our local community through our community fun day in partnership with Well Bradford
- Develop a work programme to ensure and assure our compliance with the accessible information standard
- Ensure that we respond to the findings and recommendations of the national End of Life Care Audit.
- Continue to implement our improvement programmes which reflect the opportunities for change and improvement that we have identified in relation to the timeliness of care that we provide.
- Ensure our strategies and plans were fully aligned with plans in the wider health economy, we have already demonstrated a clear commitment to system-wide collaboration and leadership.
- Review our governance frameworks following the organisational restructure, ensuring that sustainable improvement is seen as the way to support performance and for the organisation to learn.
- Continue to develop and enhance our use of timely information through integrated performance and quality dashboards to both hold people to account but to ensure we are continuously learning and sustainably improving
- Continue to ensure improvement methods and skills are available and used across the organisation
- Through the implementation of our new public engagement strategy strengthen the way we seek the view of the public and relevant stakeholders regarding service development and performance.
- Through the implementation of our new public engagement strategy, strengthen our systems to ensure public engagement including the governor patient and public experience register, public led assessments of care and environment and input in proposed plans, including running events to engage with our local population and stakeholders
- To continue to develop and implement staff well being events/groups, for example Schwarz rounds and our staff networks

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## Conclusion

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**Our Quality Plan for 2019/22 provides us with a clear strategic focus on our approach to quality including how we engage with our people, how we measure to demonstrate we are improving care and how ultimately we continuously improve the care that we provide.**

**We are actively supporting the development of our people into a modern workforce, with the skills, flexibilities, values and behaviours to deliver new models of healthcare, to be constantly seeking out ways of identifying risk and taking steps to improve the care that we provide. We look forward to working with them, our patients and our partners over the next twelve months to deliver the goals and targets described in this Quality Plan, and to help us further develop our strategic approach to Quality.**

## Appendix 1: Our goals and targets

### ARE WE SAFE?

Are our patients  
protected from  
abuse and  
avoidable harm?

**GOAL: To eliminate avoidable harm to patients in our care evidenced through a reduction in the number of avoidable incidents which cause serious harm and for there to be no serious incidents where the root cause is repeated.**

<b>Target 1</b>	<b>We will have sufficient staff in place to deliver safe care to our patients as shown through the vacancy rate for staff groups and the percentage of shifts meeting planned safety levels</b>
<b>Target 2</b>	<b>We will have no avoidable infections</b>
<b>Target 3</b>	<b>We will have no Never Events</b>
<b>Target 4</b>	<b>We will reduce avoidable hospital acquired pressure ulcers</b>
<b>Target 5</b>	<b>We will assess 95% of eligible patients for their risk of developing Venous Thromboembolism and prevent avoidable death as a result of VTE</b>
<b>Target 6</b>	<b>We will reduce avoidable falls with harm</b>
<b>Target 7</b>	<b>We will reduce catheter acquired infections</b>
<b>Target 8</b>	<b>We will stop non-clinical transfers of patients at night</b>
<b>Target 9</b>	<b>We will ensure the effective implementation of the National Safety Standards for Invasive Procedures (NatSSIPs), by achieving 100% compliance with the WHO procedural safety checklist in all relevant areas</b>
<b>Target 10</b>	<b>We will demonstrate our reporting culture through increasing our incident reporting numbers to remain in the upper quartile of Trusts</b>

## Are we effective?

Is the care and treatment that we provide achieving good outcomes, helping our patients to maintain quality of life and based on the best available evidence?

**GOAL: To perform the same as or better than the national average in all standards of all National Clinical Audits that we are eligible to participate in**

<b>Target 1</b>	<b>We will demonstrate implementation of 95% of NICE Guidance within 12 months of its publication</b>
<b>Target 2</b>	<b>We will not be reported as a negative outlier for any national clinical audits</b>
<b>Target 3</b>	<b>We will maintain our mortality rates as measured by the Standardised Hospital Mortality Index (SHMI) and the Hospital Standardised Mortality Ratio</b>
<b>Target 4</b>	<b>We will improve the care of the deteriorating patient by reducing out of ICU and A&amp;E cardiac arrest calls</b>
<b>Target 5</b>	<b>Our elective and non-elective readmission rates will be the same as or better than the national average</b>
<b>Target 6</b>	<b>We will ensure that 80% of our patients respond to the Patient Reported Outcome Measures (PROM) survey and will report health gains that are better than the national average</b>
<b>Target 7</b>	<b>We will use a standardised approach (Structured Judgement Review) to the review of 20% of deaths which occur whilst the patient is in our care</b>
<b>Target 8</b>	<b>We will discharge .....% of patients who are clinically fit for discharge before 1pm</b>
<b>Target 9</b>	<b>We will demonstrate an length of stay for elective and non elective patients that is below the national average</b>
<b>Target 10</b>	<b>We will ensure that 95% of our trust-wide and local clinical policies and guidance are in date, reviewed and compliant with agreed standards</b>
<b>Target 11</b>	<b>Research indicator TBC</b>

## Are we caring?

Do our people  
involve and treat  
people  
with compassion,  
kindness,  
dignity and  
respect

**GOAL:** To demonstrate that our patients feel that they are treated with compassion, kindness , dignity and respect through *tbc*% of them recommending our Trust to their friends and family. None of our services will perform in the bottom 20% of Trusts in a national survey

<b>Target 1</b>	<b>We will not have any responses to the national inpatient survey that reflect our performance as being in the bottom 20% of Trusts</b>
<b>Target 2</b>	<b>We will achieve and maintain a response rate of <i>tbc</i> for inpatients and <i>tbc</i> for outpatients in the Friends and Family Test</b>
<b>Target 3</b>	<b>We will improve our scores in the National Cancer Survey</b>
<b>Target 4</b>	<b>We will improve our scores in the National Maternity Survey</b>
<b>Target 5</b>	<b>We will improve our scores in the National Paediatric survey</b>
<b>Target 6</b>	<b>We will improve our scores in the national Outpatients survey</b>
<b>Target 7</b>	<b>We will reduce the number of formal complaints that we receive and increase the number of Patient Advice and Liaison queries that we receive and manage effectively</b>
<b>Target 8</b>	<b>We will improve our responsiveness to formal complaints</b>
<b>Target 9</b>	<b>We will demonstrate 100% compliance with our Always Events</b>

## Are we responsive?

Services are organised so that they meet peoples' needs

## GOAL: We will organise our services so that we meet the needs of our patients and our place

<b>Target 1</b>	<b>We will ensure that no inpatient is waiting over 52 weeks for elective surgery and ensure that a clinical validation and assurance system is in place for those waiting over 18 weeks</b>
<b>Target 2</b>	<b>We will improve our National Patient Led Assessment of the Care Environment (PLACE) to be in the top 25 per cent nationally where possible.</b>
<b>Target 3</b>	<b>We will ensure that 90% of patients receive treatment for cancer within 62 days of an urgent GP referral or National Screening Service referral for suspected cancer.</b>
<b>Target 4</b>	<b>We will adhere to the Equality Act and ensure that we make reasonable adjustments whenever we are required to do so</b>
<b>Target 5</b>	<b>We will manage the timeliness of our responses to complaints to ensure that we meet the expectations of those who have complained about our services</b>
<b>Target 6</b>	<b>We will involve families, patients, carers and our wider community through the implementation of our Public Engagement Strategy</b>
<b>Target 7</b>	<b>End of life care standard????</b>
<b>Target 8</b>	<b>We will demonstrate compliance with the Accessible Information Standard</b>

## Are we well led?

The leadership, management and governance of our organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

**GOAL: To increase the percentage of our people who would recommend our Trust to friends and family as a place to work or a place for treatment and to be in the top 20% of places to work as measured by the NHS staff survey through a year on year improvement in engagement scores**

<b>Target 1</b>	<b>We will fully implement and evaluate the Freedom to Speak up Guardian initiative</b>
<b>Target 2</b>	<b>We continue to implement and refine our ward accreditation programme</b>
<b>Target 3</b>	<b>We will reduce our sickness absence rate to.....</b>
<b>Target 4</b>	<b>We will achieve a non-medical appraisal rate of 95%</b>
<b>Target 5</b>	<b>We will obtain a minimum score of 0.5 for placement satisfaction for all medical student placements as measured by Student Online Evaluation (SOLE) feedback.</b>
<b>Target 6</b>	<b>We will deliver a NHS Improvement Use of Resources rating of at least “2”</b>
<b>Target 7</b>	<b>To deliver good performance on recruitment fill rates and turnover as benchmarked against other acute hospitals</b>



We have insight • We manage risk • We engage and involve • We collaborate • We care • We learn • We improve • We innovate • We are confident • We are Bradford •

## Our Initiatives:

Safe	Effective	Caring	Responsive	Well Led
Back to basics campaigns	Mortality review process	Embracing Kindness: Our patient experience strategy (link)	Urgent and emergency care improvement programme	Delivery of our People Strategy
Breakthrough series collaboratives	Clinical guideline assurance programme	Breakthrough series collaborative	Elective Care Improvement Programme	Building quality improvement capability within our People
Safer Procedures	Clinical Audit Programme	We are Bradford – bringing our values to life	Outpatient Improvement Programme	Publication of our quality account
Urgent & Emergency Care Improvement Programme	Counting & Coding Improvement Programme	Always Events		Measurement for improvement
Elective Care Improvement Programme	“Fit to sit” campaign	Back to Basics campaigns		Board development programme
Outpatient Improvement Programme	“PJ paralysis” campaign			Clinical Services Strategy implementation
				Workforce Improvement Programme
				Delivery of our Leadership Strategy – developing our leaders and managers
Quality Impact assessments for Improvement programmes				

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## Appendix 3: Our Quality Improvement Programme 2019/20

**Management of the deteriorating patient:** To reduce avoidable deterioration on the collaborative wards by 50%. Improving the care of the deteriorating patient continues to be a key focus for 2019/20. We are committed to ensuring patient safety for deteriorating patients is maintained, sustained and spread across the organisation.

**Pressure ulcers:** To reduce the number of patients acquiring category 2 hospital acquired pressure ulcers by 40% by March 2020 across Bradford Teaching Hospitals. Pressure ulcer prevention remains a key priority for 2019/20 as we work at improving the quality of care we provide by reducing the risk of patients developing a pressure ulcer whilst in hospital. Preventing pressure ulcers is a priority because not only can they cause harm and distress to the patient, they can reduce quality of life, increase the length of stay in hospital and complicate treatment.

**Safer procedures:** To improve the delivery of safe care for patients and reduce the number of incidents for patients who have an invasive procedure in non-theatre areas across the Trust by 20% by September 2019. This priority will continue for 2019/20. Extensive work has been undertaken in theatres with WHO checklists, working with the Improvement Academy and NHS Quest to embed standards. The focus has now shifted to run a collaborative with wards/departments where invasive procedures happen outside the theatre environment. We will continue to embed the NatSSIPs guidance that set out broad principles of safe practice and advise healthcare professionals on how they can implement best practice, such as a series of standardised safety checks and education and training.

**Patient Experience:** In line with the new Patient Experience Strategy, aim to promote kindness across the Organisation. Patient experience will be a key priority area for 2019/20. Patient experience is core to everything we do in the NHS. We want to provide the best possible experience for patients, their relatives and carers. Patient experience encompasses a wide range of both clinical and non-clinical aspects of a patient's journey; this means that improving patient experience requires the involvement of every member of staff.

**Medication safety:** To reduce the number of avoidable omissions of critical medications on SAU and AMU wards by 10% by March 2020 Medicines should be administered at the prescribed time and for most this can be considered as plus or minus two hours from the time prescribed on the inpatient prescription. An omitted dose is a failure to administer a dose before the next scheduled dose is due or a failure to prescribe a drug in a timely manner. Omitted medicine remains the highest category of medication errors reported to the NRLS. The UK National Patient Safety Agency has reported that up to 20% of medication errors were omitted doses.

**Learning from each other:** To increase showcasing, sharing and learning from improvements/good changes by 50% by December 2019 v This is a new priority for 2019/20. As part of being a continuously learning organisation, we recognise the importance behaviours, culture and values have on Quality Improvement. The

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concept of “learning from each other” is to help celebrate, recognise and share improvements that are successful.

**Sustainable Quality Improvement Training:** To have 10% of the workforce actively engaged/involved in QI projects in their workplace with evidence they are applying QI methodology to them by 31st March 2020 across Bradford Teaching Hospitals NHS Foundation Trust