University Hospitals Bristol NHS
NHS Foundation Trust

We are proud to care:
Quality Strategy 2016-2020

1. Quality – our number one priority

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is one of the country's largest acute NHS Trusts with an annual income of half a billion pounds. We provide general hospital services to the population of central and south Bristol and the north of North Somerset - a population of about 350,000 patients. The Trust provides specialist services to a wider population throughout the South West and beyond, serving populations typically between one and five million people.

The Trust employs more than 8,000 staff who deliver over 100 different clinical services across nine different sites. With services from the neonatal intensive care unit to care of the elderly, we provide care to the people of Bristol and the South West from the very beginning of life until its end.

The quality of service that we provide is our overriding priority and the common purpose that brings all of our staff together, no matter what roles they do and where they work, and this is rightly central to both our mission and vision as an organisation. In common with the rest of the NHS, we face a significant challenge: delivering the highest quality of services for our patients whilst ensuring future financial sustainability. This means doing more for less, doing it better and doing it smarter.

We are also writing this strategy at a time when our Board is continuing to digest the findings of the independent review of children's cardiac services in Bristol. The review has affirmed the Trust's record on clinical outcomes, whilst raising important questions about transparency and how we communicate effectively with patients and their families. The review report acknowledges that much has changed for the better in the time which has passed since the period under scrutiny: this strategy makes an important contribution to the Trust's ongoing learning.

This strategy has been developed by the Board in discussion with Governors, staff and members of our Involvement Network.

2. Purpose

The purpose of the Quality Strategy is to articulate our ambitions for quality in a way that is meaningful and serves as a statement of intent that patients, carers, staff, commissioners and other stakeholders can use to hold the Trust Board to account for the delivery of high quality services. To this end, we have also produced a quick-read summary of this strategy which will be available on the Trust's web site and around our hospitals.

By implementing this strategy, we want to enhance our reputation for providing the best possible treatment, delivered with care and compassion.

3. Strategic alignment and drivers

The quality strategy sets out our ambitions for improving quality for the next four years, whilst also recognising that quality is a constantly moving target. Research knowledge is ever-expanding. The state of our local health and social care economy is also likely to change significantly during the lifetime of this strategy as our Sustainability and Transformation Plan (STP) is developed and implemented: our ambitions may not always be within our own gift to deliver and we will need to review them on an annual basis. In addition, we will agree set a set of annual quality objectives, published via our Quality Accounts, which will determine where we direct our focus and energy.

Our **mission** as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research, every day.

Our **vision** is for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.

This strategy supports achievement of the Trust's strategic priorities, namely:

- We will consistently deliver high quality individual care, delivered with compassion
- We will ensure a safe, friendly and modern environment for our patients and our staff
- We will strive to employ the best and help all our staff fulfil their individual potential
- We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation
- We will provide leadership to the networks we are part of, for the benefit of the region and people we serve
- We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supported this goal
- We will ensure we are soundly governed and are compliant with the requirements of our regulators

This strategy also supports delivery of the delivering best care 'pillar' of the Trust's Transforming Care programme, whilst also contributing to delivering of the pillars for improving patient flow and leading in partnership.

Our desire to deliver the highest quality care is driven by a range of local and national factors, some of which are described in the table below:

Meeting regulatory requirement, e.g. CQC Fundamental Standards	Providing evidence to support appraisal and revalidation of clinicians	Sign up to Safety initiative
Quality as a driver of reputation and patient choice	Quality as a source of income (CQUINs)	Knowing what matters most to patients and the public
Implementing the NHS Quality Framework	Quality as the check and balance to necessary efficiency savings	Implementing recognised best practice, e.g. NICE standards and guidance
The need to learn from our mistakes	Meeting quality standards agreed with our commissioners	Being open, transparent and candid about quality (Duty of Candour)
Underpinning the transformation of our hospitals	Supporting the Government's Mandate to the NHS	Responding to patient feedback and concerns

4. Defining quality and our ambitions

4.1 'What quality means to me'

'Rising to the challenge', the Trust's 2020 vision, has previously laid the groundwork for this strategy, committing the Trust to addressing the aspects of care that matter most to our patients. These include improving the hospital environment, a focus on individual needs and ensuring that they achieve the best clinical outcomes possible for them. This message is affirmed every year when members of our Involvement Network convene to help the Trust shape its annual quality goals, published in our Quality Accounts. It's vital that patients can see their priorities for healthcare within the pages of this document.

We also want this strategy to mean something to every one of our staff. Its success will depend upon on our staff being able to recognise their own contribution to quality. As part of developing our strategy, we invited our staff to tell us what quality means to them. More than 400 people replied: their inspirational words have been used to create the word cloud on the front page of this document.

This is what some of our staff said quality meant to them:

> "Safe, compassionate and efficient care of every patient and their families" (staff nurse)
>
> "That everything I do and say should be contributing to the greater good to improve people's lives" (senior manager)
>
> "The contribution of every member of the team" (executive director)
>
> "Providing the best service possible and utilising all our resources to their full potential" (clinical photographer)
>
> "Making patients feel comfortable, welcome and well cared for" (newly qualified nurse)
>
> "The best service – whatever the time of day or day of the week" (trainee nurse)
>
> "Safe and effective care that puts the patient at the centre" (pharmacist)
>
> "An open and honest experience for patients" (staff nurse)
>
> "A professional service with highly skilled professionals" (referrals co-ordinator)
>
> "Caring for others when they are at their most vulnerable" (senior nurse)
>
> "Making every encounter with patients or staff meaningful and productive, and aimed at delivering the best possible outcome" (consultant)
>
> "Quality means doing that little bit extra every day that makes a difference to someone's life" (clinical chair)
>
> "Providing the highest standards of care, taking into consideration the specific needs of each patient and their family" (staff nurse)
>
> "Delivering effective, evidence-based care to patients that also encompasses their needs" (consultant)
>
> "Everything we do!" (radiographer)

> "Giving your all to meet individual needs" (paediatric staff nurse)
>
> "It's in the small things - the way we do things as much as the safety and effectiveness of what we do" (senior manager)
>
> "Getting it right for everyone, every time" (senior manager)

We asked our chief executive too. He said:

> "For me, quality means doing our best at all times to make a personal, human connection, and to recognise the enormous privilege of being able to help people in their hour of need"

The message from these quotes, and hundreds more like them which we received, is that there is a range of diverse, but equally important, facets to quality:

- defining and meeting measurable standards of care
- attitudes and behaviours
- professionalism
- empathy and compassion
- working as a team
- giving of your best at all times
- transparency and honesty.

At the beginning of 2016, we met with members of our Trust's Involvement Network to hear what patients and members of the public had to say about quality priorities. The overriding message from this event was that we cannot divorce the concept of quality from the process of waiting to access health services as somehow being an 'administrative' process, be that in one of our emergency departments, in an outpatient clinic, or whilst waiting on a list for cancer treatment or planned surgery.

We have listened to these messages from our staff and the people who use our services, and used them to shape this strategy, beginning by embracing a wider view of what quality means.

4.2 A wider view of quality

The Trust's previous quality strategies adopted the model of quality proposed by Lord Darzi: first and foremost, ensuring patients are safe in our care; secondly, providing patients with the best possible clinical outcomes for their individual circumstances; and thirdly, delivering an experience of hospital care which is as good as it possibly can be. In our last strategy, we recognised that access to services is integral to, not separate from patient experience, and also that great patient experience happens when staff feel valued, supported and motivated. In this revision of our strategy, we have gone a step further by making this wider view of quality integral to our definition.

Our strategy is therefore structured around four core quality themes:

- **Ensuring timely access to services**
- **Delivering safe and reliable care**
- **Improving patient and staff experience**
- **Improving outcomes and reducing mortality**

Quality at UH Bristol:

Threads running through each of these core quality themes are research, education, innovation and improvement.

And underpinning the strategy are our Trust's values – respecting everyone, working together, embracing change and recognising success.

The commitments we make in this strategy also need to be financially deliverable. In July 2016, the 'reset' publication *Strengthening Financial Performance and Accountability in 2016/17 in the NHS* underscored the responsibilities of individual NHS bodies to live within the funding available. Although there will be increased resources available for the NHS in 2017/18 and 2018/19, the level of growth is significantly less than has previously been available to the NHS. Therefore, our relentless focus on quality must be accompanied by an equally relentless focus on efficiency – the message is "affordable excellence".

4.3 A summary of our ambitions

In the next part of our strategy, you will read about the commitments we are making against each of our four core quality themes.

In summary, we will:

- Cancel fewer operations
- Reduce patient waiting times
- Improve the safety of patients by reducing avoidable harm

- Strengthen our patient safety culture
- Create new opportunities for patients, families and staff to give us feedback about their experiences, and in a way which enables concerns to be addressed in real-time
- Develop a customer service mind set across the organisation, including how we handle and respond to complaints
- Take a lead role in the development of a new national system of rapid peer review of unexpected patient deaths, implementing learning about the causes of preventable deaths
- Significantly improve staff satisfaction, making UH Bristol an employer of choice

Our plans will be built on a foundation of:

- The patient-centred principle of "nothing about me without me"
- Partnership working
- Evidence-based treatment and care derived from high-class research – some of it led by us
- Effective teamwork
- Systematic benchmarking of our practice and performance against the best
- Learning when things go wrong
- Intelligent use of clinical audit and quality improvement activities
- Learning from internal and external review

5. Ensuring timely access to services

The national Strategy and Transformation framework sets out a clear direction for trusts' priorities for timely access to services. Four key areas are expected to form the basis of the Oversight Framework for NHS trusts, which are:

- A&E 4-hour maximum wait
- Incomplete pathways Referral to Treatment (RTT) standard
- 62-day GP day referral to treatment cancer wait
- 6-week diagnostic waiting times standard

These four national access standards, along with other standards that measure waiting times for specific parts of a patient's pathway or different groups of patients, apply to a very high proportion of the patients who come through our doors. Our Trust has an absolute commitment to achieving these national standards.

However, over and above these standards, our patients consistently tell us that two things really matter to them:

- reducing cancelled operations – particularly at the last minute
- reducing cancelled clinics and delays in-clinic when attending an outpatient appointment

For the last two financial years, the Trust has set corporate quality objectives, via its annual Quality Accounts, to address these challenges. During the lifetime of this strategy, we will continue to set stretching annual targets to reduce cancellations and waiting times.

As part of this strategy, we are also committing ourselves to ensuring timely access to mental health services for people who are seen in our Trust's emergency departments.

5.1 Reducing cancelled operations

We recognise that the cancellation of a patient's operation can be very distressing for patients and their families and detracts from the high quality patient experience that we want to deliver. It is also very frustrating for our staff who have worked alongside the patient in preparation for their surgery to have to cancel at short notice. The Trust continues to work to minimise the number of occasions on which a patient's operation is cancelled for non-clinical reasons, taking into consideration all the steps across the patient's pathway from initial listing through to admission. Alongside the national target of operations cancelled on the day, we are also recording and trying to reduce the number of operations or admissions cancelled the day before the patient was due to be admitted. One of the areas of greatest challenge is the availability of an appropriate specialist bed on the day of admission, pivotal to which is the way we use our annual planning cycle to ensure that our capacity meets demand. Our plans for addressing variation in emergency demand are another crucial determinant of success in reducing cancelled operations during the lifetime of this strategy.

In our Quality Accounts, we will set stretching but achievable annual targets for reducing numbers of cancelled operations for each year of this strategy.

Improvement goals:

- We will achieve the national target of no more than 0.8 per cent of patients operations cancelled on the day of admission.
- We will agree yearly performance targets to reduce the number of patients who are cancelled the day before their 'To come in' date. This is not a nationally mandated requirement, but we recognise that the impact of this form of cancellation is equally significant for patients. Our target is the same as for operations cancelled on the day of admission, i.e. no more than 0.8 per cent of elective admissions cancelled the day before.

5.2 Reducing outpatient appointments cancellations and in-clinic waits on the day of the appointment

Nearly all patients will have outpatient contact with our services, often on multiple occasions. In total, we deliver approximately 650,000 outpatient attendances every year. It follows that outpatient services must form a key part of our ambitions for quality over the next four years. Ensuring timeliness of appointments, easy and clear communication and a responsive interface between the patient and our services, are essential components of our ambitions for improvement and will have a positive impact on a huge number of our patients.

The Trust coordinates its improvements for outpatients through its Outpatient Steering Group, delivering a programme of transformation work whilst dealing with trust-wide operational issues. Partnership working with our Information Management and Technology team is embedded into our programme to enable improvements in processes for booking and scheduling clinics, and in identifying and acting upon delays in clinic when they arise. We recognise that we can improve usage of the national Electronic Referral System to reduce the amount of times patients are moved to different clinic slots, resulting in cancellations and the risk of miscommunication. As well as improving the visible display of any in-clinic delays, we are developing tools within the patient administration system allowing real-time tracking of how clinics are running.

We will set stretching but achievable annual targets for reducing outpatient clinic cancellations and clinic waiting times for each year of this strategy, published in our Quality Accounts.

Improvement goals:

- We will reduce the percentage of outpatient appointments cancelled by the Trust to less than 6 per cent by 2020.
- We will achieve year-on-year reductions in the percentage of patients waiting more than 30 minutes after their clinic appointment time.
- We will achieve year-on-year reductions in the percentage of patients who report a delay in their clinic start time through patient reported measures.

5.3 Timely access to mental health services

Ensuring timely access to mental health services for adults and children who are seen in our emergency departments and maternity services at times of acute personal distress is a key priority for the Trust. Psychiatric liaison services provide mental health care to people of all ages who are being treated for physical health conditions. This service is a vital element of the delivery of a modern, responsive and integrated service to patients. We will work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimize the delays and maintain the patient's safety while they await their transfer.

However some adult and paediatric patients who do not require treatment for their physical health are brought to the hospitals under section 136 of the Mental Health Act, as a place of safety. This can result in them being cared for by staff who are not trained to manage patients with mental health needs. We will therefore be working closely with commissioners and other agencies to ensure they understand the risks of the current system and to influence the provision of mental health crisis care and support.

6. Delivering safe and reliable care

By 'safe', we mean that no avoidable harm should come to patients whilst they are in our care. And by 'reliable', we mean the delivery of consistent care to a standard that patients can trust. At its simplest, we want as few things as possible to go wrong and as many things as possible go right.

6.1 Our overall aims and targets

We want to improve the safety of patients by building on the successes of our previous Trust patient safety improvement programmes and developing and embedding a mature safety culture at every level of the organisation. Our strategic direction for the next four years will continue to be the reduction of avoidable harm to patients and the proactive implementation of improvements to keep patients safe.

Our overall target is to reduce avoidable harm to patients by 50 per cent[1] and to reduce mortality by a further 10 per cent by 2018[2] (also see section 8 of this document). We are setting this stretching target in the context of promoting an open and transparent culture when things go wrong and a mind-set of seeking continuous learning and improvement.

[1] The Trust implemented a new global trigger tool in Quarter 1 of 2016/17. Data gathered in the first six months of the year will be used to establish a baseline and to set our improvement goal.
[2] Note that this target is the subject of review at the time of writing due to the challenges of measurement.

6.2 Our priorities for improving safety of patients

a) Developing our safety culture to help us embed safety and quality improvement in everything thing we do

Our aim, by March 2018, is to develop the Trust's safety culture using the Manchester Patient Safety Framework continuum, moving from the baseline assessment towards a generative safety culture.

In 2015/16, we conducted baseline safety culture assessments of clinical teams, divisional boards and the Trust Board of Directors, seeking their assessment of their culture as a team and of the organisation as a whole. The majority of staff who participated in safety culture assessments considered that their team and the Trust's safety culture was proactive, the second highest level on the scale of maturity below:

1 – Pathological ("Why do we need to waste our time on patient safety issues?")
2 – Reactive ("We take patient safety seriously and do something when we have an incident")
3 – Bureaucratic ("We have systems in place to manage patient safety")
4 – Proactive ("We are always on the alert / thinking about patient safety issues that might emerge")
5 – Generative ("Managing patient safety is an integral part of everything we do")

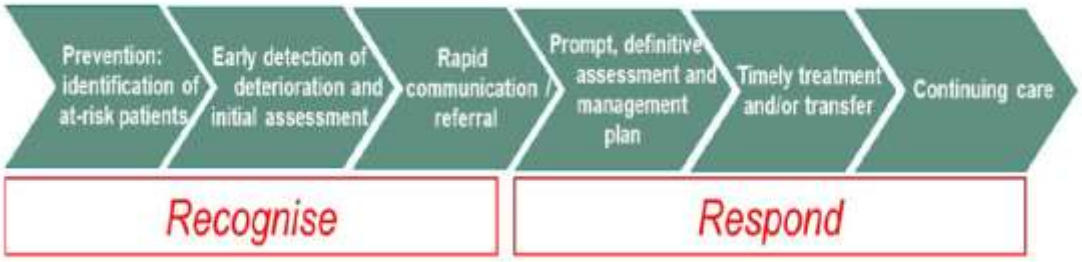
Improvement goals:

- We will achieve a 5 per cent improvement in the number of staff assessing the safety culture of the Trust as a whole at 'proactive' or 'generative' in each of the ten domains of the MaPSaF safety culture assessment.
- We will sustain upper quartile rate of reported incidents per 1,000 bed days: an indicator of an open reporting and just culture.

b) Early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and acute kidney injury (AKI)

Early recognition and prompt management of deteriorating patients is a national priority, with a particular focus on two of the commonest causes of unrecognised deterioration, sepsis and acute kidney injury. Deterioration generally (and due to these two specific causes) has been prioritised as one of the key work streams of our Trust's patient safety improvement programme, working with our local partners in the West of England Patient Safety Collaborative

There are six key points in a deteriorating patient's pathway that provide opportunities for action by healthcare professionals to improve the patient's chances of a good outcome.



Our improvement activities will be based around: reviewing systems for recognition and escalation of deteriorating patients, thereby making it easier for staff to do the right thing; staff education and training, with a specific focus on the use of National Early Warning Scores (NEWS) and screening and

treating patients for sepsis, use of the 'SBAR'[3] structured communication tool for escalation and structured ward rounds. Our efforts to improve the recognition and management of sepsis and AKI will also centre on the local adoption of national guidance.

Our aim is to reduce harm arising from lack of recognition and management of the deteriorating patient by 50 per cent by 2018.

Improvement goals:

- Our target is for there to have fewer than seven cardiac arrest call incidents from general ward areas each month.
- By the end of 2016, we will also set specific improvement targets for:
    - Unplanned admissions to ITU from general ward areas due to deterioration not recognised and acted upon
    - Worsening AKI e.g. deterioration from stage 1 to stage 2 or 3
    - Mortality due to sepsis

c) Medicines safety including at the point transfer of care (medicines optimisation)

Medicines are used to treat the majority of patients, so it is vital that the most effective medicines are used, and that patients are kept safe. Nationally, up to 600,000 (11 per cent) non-elective hospital admissions are due to medicines and 20 per cent of people over 70 years old take five or more medicines.

Our aim is to work with patients to deliver safer and better outcomes from medicines, with a primary focus to improve medicines safety at the point transfer of care. Our improvement activity will focus on medicines reconciliation ('getting the medicines right'), the quality of medicines information shared a points of handover, and the safety of high risk medicines processes (e.g. insulin, anticoagulation). This will require staff training, appropriate use of new technology coupled with patient involvement.

Improvement goals:

- Zero medication incidents involving insulin resulting in moderate or severe harm.
- By the end of 2016, we will also set a target for the number of patients with complex medicines referred for a post discharge community pharmacy review.

d) Preventing peri-procedure never events

Never events are a type of incident which should never happen, providing that the known controls to minimise the chance of them happening have been fully implemented. Nationally, the three most common never events all relate to surgical procedures: wrong site surgery, retained foreign object and wrong implant (peri-operative never events)[4]. Nationally-driven work to reduce such never events was initially focussed on the operating theatre environment, the main preventative measure being the implementation of the World Health Organisation surgical safety checklist. Through analysis of reported incidents at a national level it has been recognised that these never events occur in other invasive procedures conducted outside the operating theatre environment. New National Safety Standards for Invasive Procedures have been produced to inform the development of local standards for both "in" and "out of" theatre invasive procedures.

Our aims are to eliminate peri-operative never events and to increase the quality of engagement with the World Health Organisation (WHO) checklist in all theatre/interventional environments. We want

[3] Situation, Background, Assessment, Recommendation

[4] NHS Improvement Never Events data

to reduce the level and frequency of inattention at the 'time-out' section of the WHO checklist across all theatre/interventional environments to less than 1 per cent (Baseline: September 2014 mild inattention in 16 per cent of staff in time-outs in the main theatre suite).

Our approach will be to develop and implement local safety standards for invasive procedures which align with national guidance. This will include invasive procedures which take place in 'out of theatre' environments such as wards and departments.

Improvement goals:

- Zero peri-procedure never events for a year
- We will also sustain 95 per cent compliance in the use of the WHO surgical Safety Checklist

e) Learning from patient safety incidents

Incident identification, reporting, analysis and learning is a key pillar of keeping patients safe which informs improvement actions and harm reduction. This is supplemented by other systematic measures such as adverse event identification and safety thermometer audits to help us know and understand when things have gone wrong, where risk reduction measures need to be focussed and to monitor the effectiveness of improvement actions.

Improvement goals:

- We will review our processes for working with patients and their families when things go wrong, i.e. ensure that patient safety incidents, complaints, mortality and morbidity reviews are joined up from the patient/family perspective and they have a key and clear point of contact.
- We will review and strengthen our arrangements for learning from serious incidents. We will also continue to focus on encouraging incident reporting and systematic incident analysis, implementation of risk reduction actions.
- We will increase the breadth of our Safety Bulletins and to review and strengthen our systems for sharing organisation-wide learning.

7. Improving patient and staff experience – developing a customer service culture

We aspire to be an organisation that treats people differently: in the sense that there is something tangibly special about how we care for people – whether they are patients or members of staff – and also because we treat people as valued individuals, rather than as sets of presenting symptoms, diagnoses or as job titles.

Patient experience is an established cornerstone of an NHS understanding of quality, however it is becoming increasingly recognised that great patient experience doesn't happen without happy, motivated staff who take pride in their work. Patients notice when staff are dissatisfied – this impacts on how patients feel about our hospitals and undermines reputation. As one of our matrons has said, "As staff, we want to be good at what we do, but we also want to *feel* good about what we do". So we believe that improving staff experience is integral to our quality strategy and will be reflected in way we prioritise annual quality objectives during the lifetime of this strategy.

7.1 Patient Experience

Patient experience can be described as the sum of all interactions and 'touch points' that the patient and their family has with our organisation: it's about what happens at those touch points and how it makes patients feel. The Department of Health has described patient experience as:

> "Getting good treatment in a **comfortable**, **caring**… environment, delivered in a **calm** and **reassuring** way; having **information** to make **choices**, to feel **confident** and feel **in control**; being **talked to** and **listened to** as an **equal** and being treated with **honesty**, **respect** and **dignity**".

Before we can improve patients' experiences of our care, we firstly need to engage and involve them. We need to maximise channels of communication with patients and the people who care for them. Our strategy for improving patient experience is underpinned by a commitment to four core principles: creating new opportunities for patients and the public to get involved with our Trust; actively seeking and responding positively to feedback; actively encouraging patients to raise questions and concerns at point of care, and; handling and resolving complaints effectively.

Although we already do all of these things, we want to see an organisational step-change during the lifetime of this strategy. We understand that patient experience is subjective and that we won't always get it right, but we want to develop a culture of partnership working and customer care where the slogan "nothing about me without me" is truly reflective of the way we work and communicate. We want to develop our listening ear – as an organisation, and as individuals – to ensure that the patient's voice is heard at every level of our organisation.

a) Creating new opportunities for patient and public involvement

Patient and public involvement helps us to understand people's experiences, as well as being *part of* a good experience. Over the next four years, University Hospitals Bristol is committed to building a new and dynamic relationship with patients and the public – helping us to deliver the right services both now and in the years to come. Strengthening our engagement model is a key priority and we recognise

that significant ongoing focus is required in this area to build trust and confidence with the communities we serve.

It is important that we make it easier for patients and the public to navigate and understand the different access points and roles they can play along the involvement and engagement pathway. For example, these currently include:

- Playing an active role in Healthwatch
- Taking part in Involvement Network events
- Becoming a member of UH Bristol
- Becoming a volunteer
- Taking part in the 15 Steps Challenge
- Joining our *Face2face* interview team
- If you've made a complaint, helping to create the solution
- Sharing your story of care with the Trust Board

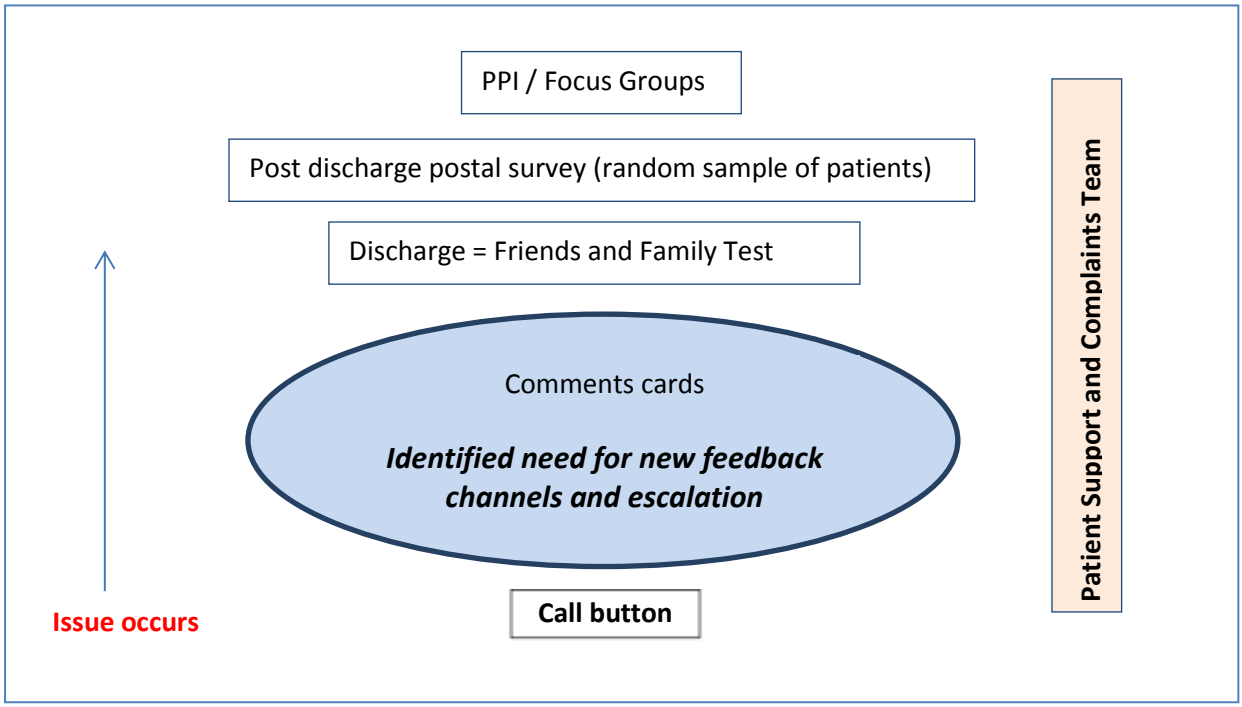
Improvement goals:

- We will create new opportunities including a patient and community leaders' programme.
- We will create new touch-points including mystery shopping and 'You Said We Did' events where we share changes and improvements that have resulted from listening to the patient voice.
- We will use social media as a tool for involving patients and the public in our work.
- We will continue to develop the role of our Involvement Network as the 'go to' way for local communities of interest to engage with our Trust: we will develop a planned programme of events and 'big conversations', including key questions about how the Trust can best serve its diverse population.
- We will develop a Trust patient and public involvement toolkit, and train and empower staff to carry out effective involvement activities using a core set of methodologies and resources; these include the 15 Steps Challenge, *Face2face* interviews and Patient Experience at Heart workshops.

b) Actively seeking and responding positively to feedback

As a result of implementing our previous patient experience strategies, the Trust already has access to a huge amount of patient feedback data that allows us to understand how people experience our services. However, it currently takes too long to receive the feedback – the majority of which comes from a post-discharge survey – and too long for the feedback to be shared with wards and clinics. We need to make feedback more accessible, meaningful and usable for our staff, and we need to do it faster. We also need to ensure that our feedback systems are accessible to everyone, regardless of language or disability. This will enable us to identify and act upon emerging themes in a more timely way and to know that we are hearing a broad and representative patient voice.

The figure below describes our core feedback systems and the current 'hole' in real-time feedback, currently filled only by on-ward comments cards plus access to the Trust's Patient Support and Complaints Team (or the LIAISE service in the Bristol Royal Hospital for Children).



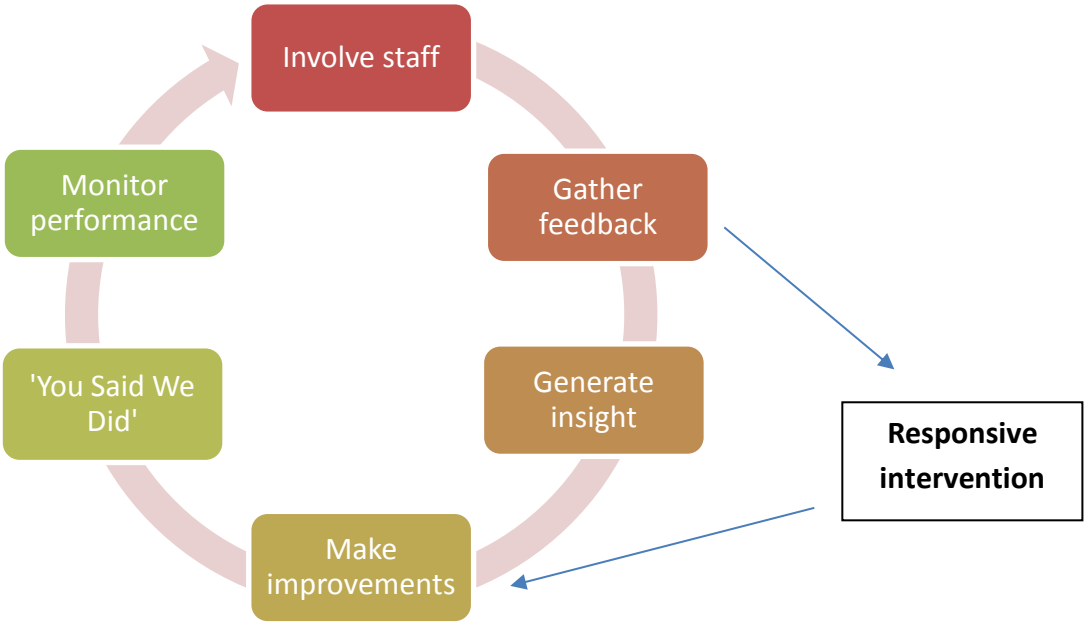
During 2016/17, we will begin the process of procuring a new information system for gathering, analysing and responding to patient feedback. We want to maximise opportunities for people to give feedback, where possible in real-time at point of care. However, more than simply being an advanced 'number cruncher', the new system will need to contribute significantly to our ambitions for achieving a step-change in developing a customer service culture within UH Bristol: a culture where staff understand the importance of providing a great patient experience and take personal responsibility for making this happen. So the way we gather feedback needs to move from merely being a process to becoming a core part of what we do and who we are.
Our new feedback system will therefore need to:

- Enable people to give us feedback at the time that suits them best.
- Present feedback in a way which creates positive competition and drives service improvement.
- Facilitate multi-professional engagement in seeking, hearing and acting upon patient feedback: the new system must enable medical staff to become fully engaged in this process – we want see patient feedback becoming a routine part of how doctors measure success, not just an activity linked to five-yearly revalidation.
- Support transparency, putting feedback directly into the public domain, allowing people to make informed choices about their health care, inspiring confidence in our organisation and, where necessary, holding the Trust to account.
- Deliver or facilitate a clearly recognisable corporate brand articulating our desire to hear from patients: patients coming into our hospitals or visiting our web site, will get a clear sense that we value and use their feedback and that we take pride in being a listening organisation.
- Enable us to identify and celebrate successes as well as highlight problems.
- Support the message to our staff that **every patient encounter matters**.

Most of our current surveys are retrospective and not at point of care. There are good reasons for this. For example, some patients may take a different view about their care (either positively or negatively) having had time to reflect on their experience; and other patients may be reluctant to speak frankly whilst they are in a position where they are still receiving care. For this reason, we will continue to run a post-discharge postal survey in order to guarantee a consistent flow of reliable, robust, feedback, which we can use to measure progress.

However, we will shift our primary focus to asking patients about their experiences at point of care. Critically, we hope that this will give us the opportunity to put things right – if we can – for anyone who gives us negative feedback or raises specific concerns. A further key attribute of our new system will therefore be the added ability not just to capture feedback in real-time, but to create the potential for staff to respond positively and to feed this back personally and publicly.

'Breaking into' the patient feedback cycle to respond to individual concerns in real time:



We also remain committed to maximising learning associated with the Friends and Family Test (FFT) in its various forms. This includes continuing our recently established practice of publishing any negative comments received via the FFT, with a considered response from the Trust.

Through the programme described here, we will continue to find out what kind of service people received from our organisation, how they feel about this, and what we can learn about delivering great customer service. The aim is that our new programme will also enable us to respond, not just to patterns and themes of feedback, but to feedback from individual patients and family members in real-time. This will represent a step change in two-way communications.

Improvement goals:

- We will improve our overall ratings of care in the national inpatient survey, becoming one of the ten highest-scoring trusts nationally (this means moving from a current overall score of 84 points to a projected requirement of 90 points).
- We will also achieve an NHS top-ten rating for the proportion of patients who say they are asked about the quality of their care whilst in hospital (this means moving from a current score of 15 points to a projected requirement of 35 points).
- We will achieve Friends and Family Test scores and response rates which are consistently in the national upper quartile, meeting and exceeding any targets agreed with our commissioners.
- We will achieve the widespread use patient experience insight at all levels of the organisation – personally, within teams, and as an organisation – to shape and improve care. This will be recognised by a top-ten rating for the proportion of UH Bristol staff saying that patient feedback is used to inform decision making in their department (this

means moving from a current score of 55 per cent to a projected requirement of 65 per cent).

c) Encouraging patients and families to raise concerns and seek help at point of care

One of the central themes of our strategy for patient experience is responsive care – enabling and encouraging patients to raise questions and concerns about their care, here and now. Patients occasionally give negative feedback about our services after they have gone home from hospital. When this happens, there is always a sense of regret that we missed the opportunity to talk, and perhaps, to put things right. We have described how one of the requirements of our new patient feedback system will be the ability to bring negative real-time feedback to the attention of staff to create the possibility of having conversations and addressing concerns as they arise. However, this is just one of the ways in which we need to be connecting with patients.

During the lifetime of this strategy, as part of developing a recognisable brand for patient experience at UH Bristol, we will publicise to patients and the people who care for them the different ways that they can seek help if they are unhappy, concerned, or worried about any aspect of treatment and care. We will do this in a way which *gives patients permission*, and it becomes *what staff expect* – "it's OK to ask". In practice, this covers a wide spectrum of activities from on-ward/in-clinic conversations with staff, to the use of call bells, to access to the Trust's Patient Support & Complaints Team and the LIAISE service at the Bristol Royal Hospital for Children (our PALS services). Our plans for real-time feedback will be developed with the concept of 'ePALS' in mind, so that the same system that the Trust uses to elicit feedback will also a route for patients to seek help.

Improvement goals:

- We will achieve a top 10 score in the national staff survey for the proportion of staff saying that the Trust acts on concerns raised by patients (this means moving from a current overall score of 72 per cent to a projected requirement of 80 per cent).

d) Handling and resolving complaints effectively

We have recognised how engagement and involvement activities are a way of understanding the 'what' and 'how' of patient experience, as well as *themselves* being part of the 'what' and 'how'. The same is true of how we handle complaints about our services: complaints enable us to learn about patient experience, but how we enable people to complain, and how we respond when they do, is itself a vital part of patient experience; it speaks volumes about our values and the kind of organisation we aspire to be. We will be considering carefully the findings of the recent independent review of children's cardiac services in Bristol insofar as they relate to lessons about the complaints process and what they tell us about how we can become a more patient-focussed organisation. As part of our conscious move towards a customer service culture, more than ever we want to convey the message that patients and their families are encouraged to raise concerns without prejudice. In particular, we want to look at ways of involving patients in helping to design the solutions to the concerns they raise, and in wider quality improvement activities in the Trust. We are also committing to explore how we might offer appropriate independent review of patient concerns and what the trigger points for this would be.

Over the last year, we have seen a slow but steady shift towards informal resolution of complaints. We want to see this pattern continue, with as many concerns as possible identified and resolved swiftly at point of care. We understand and respect that 30 working days (or standard timescale for formal complaints investigations) can be a long time for patients and family members when they are seeking answers to important questions.

Finally, recent ground-breaking NHS research by the London School of Economics suggests that healthcare providers who receive higher than average levels of low-severity complaints have fewer than average high severity complaints, as well as lower levels of patient mortality: in other words, the same patterns that are now well recognised and embraced in the reporting of patient safety incidents. During the lifespan of this strategy, we therefore also want to develop a more intelligent approach to how we monitor complaints. By opening doors and encouraging feedback, we enter into our new strategy expecting that we will receive more complaints – as such, developing routine measurement of severity of complaints will become particularly important as we attempt to discern success.

Improvement goals:

- We will achieve a top 10 score in the national inpatient survey for the proportion of inpatients saying that they saw information about how to complain (this means moving from a current overall score of 23 points to a projected requirement of 40 points)
- 95 per cent of complaints will consistently be responded to within 30 working days, with extensions to deadlines made by exception only.
- Less than five per cent of complainants will tell us that they are dissatisfied with our response to, and the resolution of, their concerns.

7.1.1 Customer service training and accreditation

As well as being supported through the plans described in this chapter, our step-change towards a customer service culture will also need to be supported by training delivered throughout our hospitals. The Trust currently provides customer service training which is accessible to all staff groups and is available on a monthly basis. As part of our quality strategy, we are committing ourselves to extending the reach of this training to all staff groups and to making attendance compulsory. We recognise that 'great customer service' will mean different things to different staff groups, and this will be explored as part of the course.

Improvement goal:

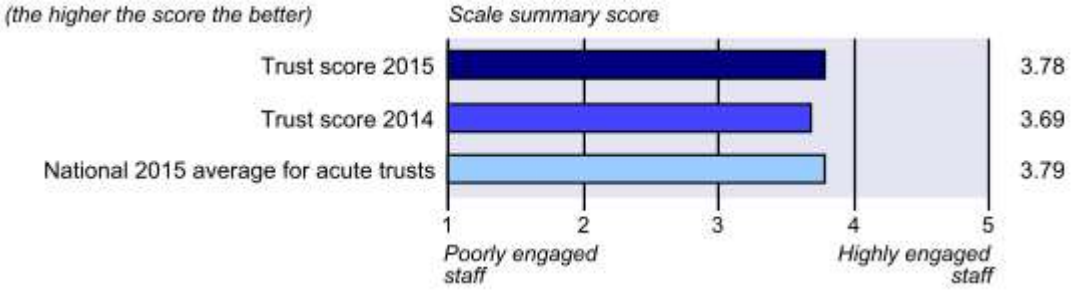
- To achieve a recognised customer service accreditation within the lifetime of this strategy

7.2 Improving staff experience

UH Bristol already has a highly skilled workforce, committed to delivering compassionate, high quality individual care, but we know from successive NHS staff survey results that there is more we can do to support and engage our staff. The figure below shows that, for 2015, the Trust's staff engagement score in the national survey was similar to the NHS average[5]. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.78 was also average when compared with trusts of a similar type.

In response to this challenge, key initiatives have already begun include developing a culture of 'collective leadership' through staff listening events, leadership development masterclasses, regular surveys and 'pulse' checks to monitor staff morale and job satisfaction, and focussed activities aimed at reducing work-based stress and bullying and harassment.

[5] Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.78 was average when compared with trusts of a similar type.



It is also important to recognise the challenges we face recruiting to specialist areas/roles, set in a national context of a diminishing supply of trained and experienced professionals, and recognising that our turnover rates are slightly above average within the NHS. It is vital that we focus on key areas of improvement to attract and retain staff.

Earlier in this strategy, we shared a quote from one of our executive directors, who described quality as "the contribution of every member of the team". In 2015, the Trust established a partnership with Aston OD, an organisation which exists to promote the benefits of team-based working. Based on research evidence that effective team-based working improves staff morale, patient satisfaction, and overall patient mortality, the Aston Team Journey is a team assessment and development tool for team leaders to use with their teams: it improves performance by giving teams a structured, evidence-based experience they value and enjoy. In 2015, the Trust trained and commissioned twenty coaches to facilitate the Aston team journey at UH Bristol. These coaches have been working with various teams in the organisation to improve their ways of working and to ensure all of their outcomes are related to improving the patient and staff experience. The Trust recognises that the team journey is time and resource intensive, both for coaches and teams. As part of this quality strategy, the Trust is making a commitment to create the environment which enables staff to participate in what we believe could be a transformational process.

Finally, the Trust also understands the important role that physical and psychological initiatives can play in creating a healthy workplace. We will continue and broaden a range of local initiatives to support our staff: from building resilience, to pregnancy workshops and seasonal flu vaccinations.

Improvement goals:

- By 2020, we will be recognised as being in the top 20 NHS trusts to work for, as measured by the following aspects of the NHS staff survey:
    - Staff engagement (rising from a score of 3.78 in the 2015 NHS staff survey to a projected minimum score of 4.00 by 2020[6]).
    - Quality of staff appraisals (rising from a score of 2.99 to a projected minimum score of 3.4 by 2020[7]).
    - Incidents of bullying and harassment towards staff by other staff (reducing by a quarter, from 26 per cent to 20 per cent by 2020[8]).
- We will also achieve year on year improvements in the following areas:
    - The Friends and Family Test, measuring whether staff would recommend UH Bristol as a place to work.

[6] We will review this target annually, in line with national data, to keep us on track to achieve our 'top 20' ambition. Based on the 2015 survey, a score of 4.00 would place us third in the league table of NHS trusts (best score 4.02).

[7] Based on the 2015 survey, a score of 3.4 would place us first in the league table of NHS trusts for this indicator (best score 3.39).

[8] Based on the 2015 survey, a score of 20% would place us seventh in the league table of NHS trusts for this indicator (best score 16%).

- Turnover rates, reducing this by a minimum of 2 per cent by 2020 (from 13.1 per cent to no more than 11.1 per cent).
- Leadership behaviours, measured through 360 degree feedback at appraisal (we have identified over 800 leaders with management responsibilities who will receive this feedback annually).

- During the lifetime of this strategy, we want to see at least 20 teams undertaking the full Aston team journey and a minimum of 100 teams in total experiencing supported Aston interventions.
- By 2020, we will have rolled out the use of the 'Happy App' to measure real-time staff experience in all clinical areas of the Trust.

8. Improving outcomes and reducing mortality

We recognise that, for some patients, life cannot be extended and clinical outcomes cannot be improved. In these situations, quality is about compassion, dignity and the way share bad news. For other patients, however, the totality of the activity described in this strategy has the potential to make a profound impact on outcomes of care, including our efforts to extend life. This section of our quality strategy describes how we will measure, monitor and seek to reduce patient mortality and morbidity during the lifetime of this strategy. In particular, we will:

- Participate in all relevant national clinical audits, registries and PROMs
- Implement evidence-based clinical guidance, supported by a comprehensive programme of local clinical audit, and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning
- Use benchmarking intelligence to understand variation in outcomes
- Focus on learning from unexpected hospital deaths
- Deliver programmes of targeted activity in response to this learning

8.1 National audits, registries, confidential enquiries and PROMs

In our 2015/16 Quality Account, we published details of the Trust's participation in national clinical audits. We took part in all 41 of the audits, registries and national confidential enquiries which were relevant to services provided by the Trust. This ongoing commitment to benchmarking and learning forms an important part of our quality strategy, in particular enabling the publication of consultant-level clinical outcomes data[9].

Patient reported outcome measures (PROMs) can help us understand the outcomes which matter most to patients (including quality of life), highlight areas with significant variation in outcome and indicate potential areas for service improvement. Since 2009, PROMs data has been collected by all NHS providers for four common elective surgical procedures: groin hernia surgery, hip replacement, knee replacement and varicose vein surgery. Only one of these procedures - groin hernia surgery - is currently carried out at the Bristol Royal Infirmary, part of UH Bristol. At the time of writing, NHS England is in the process of renewing the national PROMs programme to possibly include further surgical specialties.

[9] The Consultant Outcomes Publication (COP) is an NHS England initiative, managed by the Healthcare Quality Improvement Partnership (HQIP), to publish quality measures - primarily mortality - at the level of individual consultant doctors using national clinical audit and administrative data.

8.2 Evidence-based practice and local clinical audit

Our aim is to ensure that clinical care is delivered in accordance with patients' preferences, and in line with the best available clinical evidence, including NICE[10] standards, royal college guidelines and recommendations arising from national confidential enquiries. By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (such as Bristol Health Partners and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

UH Bristol has developed regional and national influence and leadership in the field of clinical audit practice over a period of more than 15 years. Over the course of the next four years, we will continue to develop the way we use participation in local clinical audit to drive improvement in clinical services.

Improvement goals:

- All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity during each year of this strategy).
- 95 per cent of relevant published NICE guidance[11] will formally reviewed by the Trust within 90 days of publication.
- We will develop and implement new internal systems for identifying and monitoring compliance with national guidance other than those published by NICE and NCEPOD[12] (for which systems already exist).

8.3 Using benchmarking intelligence to understand variation in outcomes

Understanding the impact of our care and treatment by monitoring mortality and outcomes for patients is an important element of improving the quality of our services. Our strategic approach is two-fold:

- To conduct routine surveillance of our quality intelligence information at Trust, divisional and speciality level to identify, investigate and understand statistical variation in outcomes, taking action to improve services where required; and
- To respond to any alerts regarding the quality of our services identified by external sources and to investigate in a similar manner as described above.

We have constituted a Quality Intelligence Group (QIG) whose purpose is both to identify and be informed of any potential areas of concern regarding mortality or outcome alerts, to commission appropriate investigations and to receive the outcomes of such investigations. The investigation will comprise an initial data quality review followed by a clinical examination of the cases involved if required. QIG will either receive assurance regarding the particular service or specialty with an explanation of why a potential concern has been triggered or will require the service or specialty to develop and implement an action plan to address any learning. The impact of any action is monitored through routine quality surveillance. QIG also retains the option to commission an external or independent review where required.

[10] The National Institute for Health and Care Excellence
[11] i.e. clinical guidelines, quality standards and technology appraisal guidance
[12] The National Confidential Enquiry into Patient Outcome and Death

8.4 Understanding, measuring and reducing patient mortality

Approximately half of all deaths in the UK take place in hospital. Many deaths that occur in acute hospitals are predicted: the conclusion of natural disease processes, frailty of old age, and complex patients with multiple comorbidities. However, we know that in all healthcare systems, things can, and do, go wrong. Research tells us that around three per cent of hospital deaths are potentially preventable.

8.4.1 HSMR and SHMI

There are two main tools available to the NHS to compare mortality rates between different hospitals and trusts: the Hospital Standardised Mortality Ratio (HSMR) produced by Dr Foster Intelligence, and the Summary Hospital Mortality Indicator (SHMI) produced by the Health and Social Care Information Centre. The HSMR includes only the 56 diagnosis groups (medical conditions) which account for approximately 80 per cent of in-hospital deaths. Our Trust tends to lend greater weight to the SHMI as it includes all diagnosis groups as well as including deaths occurring in the 30 days following hospital discharge whereas the HSMR includes only in-hospital deaths. SHMI data published in our 2015/16 Quality Account suggests that fewer than expected patients die in the care of our hospitals.

Taking 2015 as a whole, SHMI data shows that UH Bristol had 1,721 deaths compared to 1,761 expected deaths, when compared against rest of England: a SHMI score of 97.7.

The latest HSMR data available at the time of writing is for the period June 2015 to May 2016. This shows 1,091 patient deaths, compared to 1,211 expected deaths: an HSMR of 90.1.

8.4.2 Local mortality review

Because the vast majority of deaths are expected and are 'acceptable' outcomes, at best, the SHMI and HSMR provide only a broad measure of the quality of care provided at a hospital. As the inherent limitations of global measures of death rate become more apparent, our desire to continually improve the care we provide has led us to focus our efforts on achieving a better understanding of unexpected and potentially preventable death. The way we are doing this is through individual case note review of deceased patients: a personalised approach which facilitates broad base organisational learning.

If a hospital knows and understands the common causes of potentially avoidable mortality in the patients for whom it is responsible, it can also use this knowledge to direct clinical audit and quality improvement activity. Furthermore, this information can form the basis of integrated learning with partners in primary care and can be used as an effective learning tool, in combination with the Deanery, to support post graduate education. This cross system involvement allows the construction

of an integrated healthcare programme, where understanding and preventing potentially avoidable death becomes the highest safety and quality priority

The Trust's current process for adult mortality review was established for adult inpatient deaths in May 2014 with the aim of reviewing all inpatient deaths occurring in the organisation. The review is carried out by the lead consultant for each patient. However, this is now being revised and relaunched, with a new emphasis on peer review, in line with national guidance. UH Bristol has been selected as one of seven pilot sites for early adoption of the Royal College of Physicians' model of structured judgement case note review. Questions are based on the findings of the Preventable Incidents and Survivable Mortality study (PRISM2). Through the pilot, UH Bristol will play a lead role in shaping and developing this important quality and safety process at national level.

Given that the majority of hospital deaths are expected, rather than review all deaths, we will instead develop a process of rapid and full review of potential high risk cases. This will include all deaths of elective admission patients and all deaths of patients with learning difficulties.

This process will also allow us to co-ordinate and integrate already established pockets of excellence such as the ICNARC[13] data which demonstrates we have one of the safest intensive carer units in the country. This co-ordinated approach will allow us to accurately identify areas where improvements will save lives.

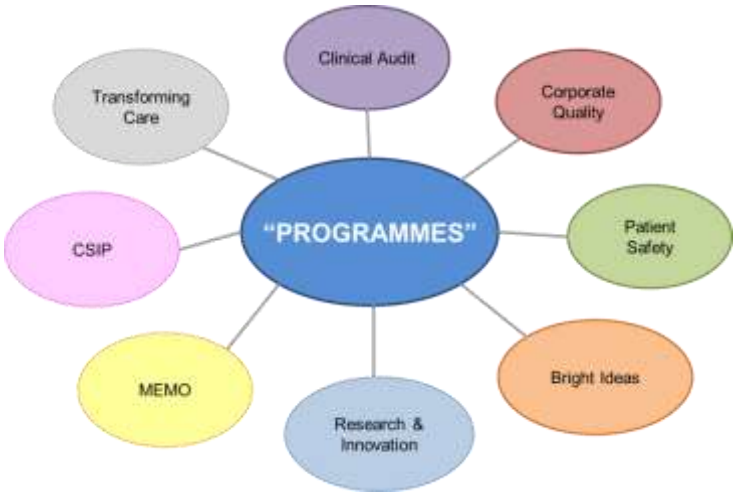
Full integration with the Coroner's office will be established so that pertinent information from patients undergoing Coroners' post mortem is fed back into our mortality review group to maximise the learning. In addition, we already have an established process of reviewing both child and maternal deaths. All three of these processes will be fully integrated across the organisation, particularly where there is overlap or transition from childhood to adult.

Improvement goals:

- We will identify the top ten causes of adult mortality within the organisation.
- From this, we will develop multi-disciplinary learning to support and enhance our patient safety and quality improvement programmes.

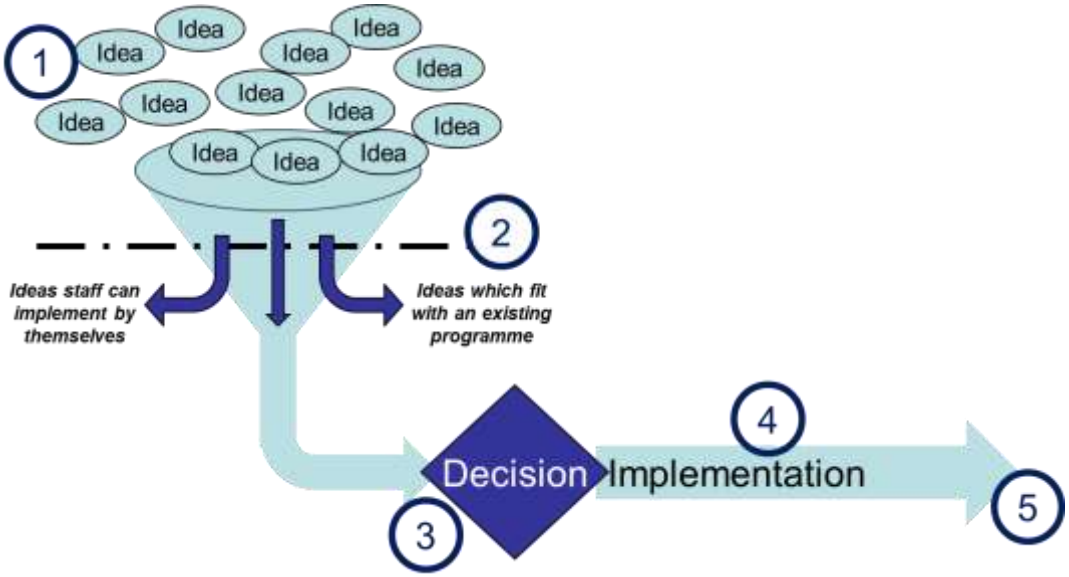
9. Working together to innovate and improve

This strategy is testimony to UH Bristol's investment in a wide range of programmes and approaches to innovate and to improve, some of which are highlighted in the figure below.



[13] Intensive Care National Audit and Research Centre

We therefore propose to establish a new innovation and improvement support programme based on the model shown below: a 'one stop shop' approach where staff can bring their ideas for improvement and be directed to the most appropriate support.



1. We encourage and capture ideas for innovation and improvement
2. We sort and classify ideas – encouraging staff who can implement themselves to do so, or helping them connect to an existing programme
3. Where ideas need support, we decide which to prioritise
4. We provide support in implementation of the best ideas. Support could include resource capacity, capability development, coaching in tools/methods, or support in developing a case for funding.
5. We publicise and celebrate implementation of good ideas

Part of this approach will involve the creation of a new multi-professional quality forum where representatives from these programmes meet to review proposals, exchange ideas, and seek opportunities to add value through collaborative working.

10.Monitoring our progress

The Trust Board's responsibilities in respect of quality are:

- To ensure that minimum standards of quality and safety are being met by every service within the organisation;
- To ensure that the organisation is striving for continuous quality improvement and excellence in every service, and;
- To ensure that every member of staff is supported and empowered to deliver our vision for quality

In discharging these responsibilities, the board has an absolute commitment to the vision set out in this strategy.

Each month, our board will receive a range of performance data demonstrating progress towards achieving our goals, enabling the board to exercise challenge where necessary. In seeking continuous improvement, the Board will constantly be guided by five key questions:

- Are we targeting and measuring what matters most to patients?
- Do we know how good we are?
- Do we know where we stand relative to the best?
- Do we know how much variation in practice we have and where that variation exists?
- Do we have the right capabilities, tools and engagement to deliver the changes we need to make?

Our board will also continue its existing practice of receiving a patient story at the start of its meetings – where possible, from the patient in person. The purpose of the story is to remind the board about the people it serves and to create a context for the vital discussions and decision-making that follows.

At the end of 2016/17, 2017/18 and 2018/19, the Board will review and, if necessary, adjust our 2020 goals. The board will also agree a set of annual quality objectives to keep us moving towards our vision. We will do this in consultation with staff, patients, members, partners and governors. The objectives, which will relate to the four core themes of our strategy, will be published in our annual Quality Account; and every quarter, the board will receive a report detailing the progress we have made towards achieving them.