
Building a Brighter Future
**Quality and Patient Safety Long Term
Plan**
2021-2024



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Introduction

Torbay and South Devon NHS Foundation Trust (TSDFT) has made significant advances over the years in leading and innovating care across a range of clinical services. As a well-established integrated care organisation, we know the value of working in partnership with others and the positive impact this has for the community we serve. We have an unrelenting focus on quality and patient safety and through progressing our quality agenda, we are committed to placing the needs of our people and community at the heart of our ambitions.

There is no doubt the quality and safety of care has been tested in the last 2 years, we have seen a dramatic change in the way we understand and respond to quality issues, accelerated by COVID19. The impact of COVID-19 has not only increased the pressure across all aspects of health and social care, but those who live in our most deprived parts of the community have seen an increasing gap in health inequalities.

What is also clear is that the pandemic has had a significant impact on the quality and safety of healthcare. Our patients are experiencing delays in treatment and accessing services, all of which is having an adverse impact on their experience and clinical outcomes in a way that will require us to organise and deliver services differently in the future. Never has our vision and strategic plan for quality and patient safety been more important. Responding to the current challenge will require a step change in how we approach the quality agenda.

Fundamentally, we are committed to reinforcing and enhancing our culture of safety, enabling our people to feel safe and confident to speak up. In progressing the quality and patient safety challenge we will adapt and revitalise our approach to the management of quality. At the centre of our Quality Plan is the continued focus on building meaningful partnerships, with our patients, community, our staff and colleagues across the Devon Health and Social Care system.

This 3-year Quality Plan outlines our approach to quality, setting out our ambition for excellence and outstanding care through a set of strategic quality goals and improvement priorities. It is important to consider this plan in conjunction with the wider Organisational Strategy and other key enabling plans including, the People Plan, Building a Brighter Future, the Estates Plan, the Finance Plan, and the Digital Strategy.

Drawing on the NHS Patient Safety Strategy 2019, and international best practice, this document sets out our ambitions for the next three years. Key to our success is the requirement to renew and revitalise our approach to quality management and leadership, ensuring that we enable front line clinicians to deliver outstanding care.

Our Organisation Vision and Values

Our purpose is “to support the people of Torbay and South Devon to live well”, and our organisational goals below make clear this commitment.

We have adopted the NHS Constitution values which apply across the NHS in England. Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything we do.



Our Vision of Excellence

We are committed to delivering outstanding care, ensuring excellence in experience and outcomes for our patients and the wider community we serve. While there is no universal definition of ‘excellent care’, it is important to be clear about what we are aiming to achieve – providing clarity on our purpose enables us to know when we are not delivering against our ambition for patients and staff.

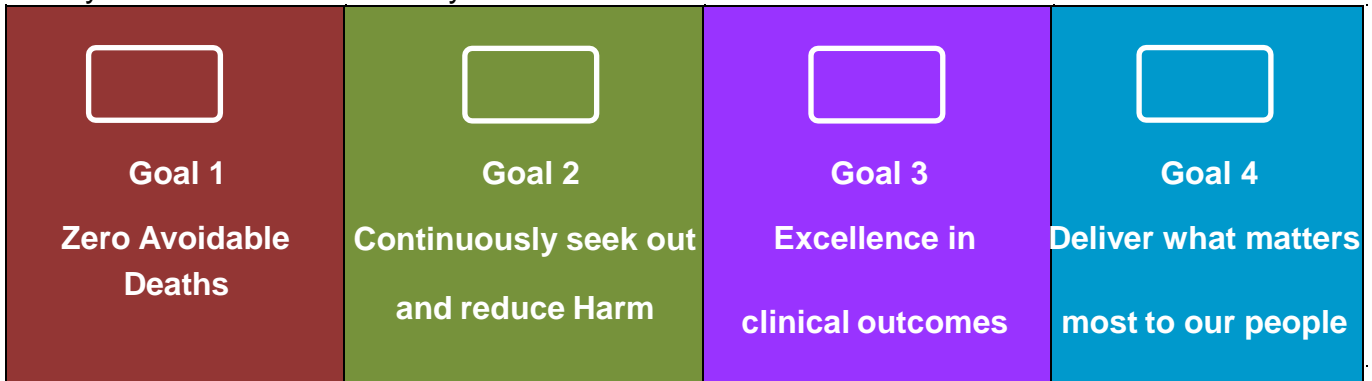
Our vision of Excellent Care involves the following deliverables:

- We meet the needs of the people we serve, ensuring care is compassionate and person centered focused on what matters to patients, families and carers
- That the care is free from harm and the clinical outcomes are comparable with the best in the world
- Our People are empowered and enabled to deliver the very best quality care
- We establish the infrastructure and foster the culture that empowers and enables our talented staff to focus on the things that matter most to them
- Work in partnership to continually improve the quality of care and reduce health inequalities with patients our staff and partners across the Devon Health and Social Care system

Clarity to Our Quality Goals

Our understanding of quality reflects the description of quality as set out in the ‘*High Quality for All, NHS Next Stage Review*’ (2008). The three components of quality; safety, effectiveness and patient experience are linked. A service cannot be judged to be excellent because it is safe whilst ignoring its effectiveness or people’s experience.

Torbay and South Devon Quality Goals are as follows:



Building Our Long-term Plan

We have developed the Quality Plan with our staff, patients, service users and community, and while the level of engagement has been restricted to some degree, a picture of quality improvement has emerged as a consequence of the pandemic. Wide engagement has been undertaken with a number of groups involving internal and external events and meetings. We have partnered with key leads within the Integrated Service Units (ISU's) over several months and with Healthwatch, to ensure we capture what matters most to patients and our people.

The voice of patients and families has been central to our approach. We are committed to building a culture whereby patients and families are not just beneficiaries of high-quality care but play a crucial role in delivering it. A key focus of the plan will be how we will enable this to happen, reflecting the national drive to establish a cadre of Patient Safety Partners (PSP) and the implementation of the Patient Safety Partner Framework.

Our Approach to Quality and Patient Safety

It is important for our staff to recognise and believe that quality is everyone's business, and we need to ensure staff feel empowered to speak up when they feel patient care is unsafe or the patient doesn't receive the care they deserve. Furthermore, staff at all levels need to feel supported by the organisation to act and make a change.

In recent years taking a more holistic and integrated approach to quality based on the principle of 'whole system quality' (WSQ) has evidenced demonstrable improvements for patients. The fundamental principles underpinning WSQ are the principles as the foundation to our approach.

Definition of Whole System Quality

The Institute of Improvement defines WSQ as ‘the organisation-wide pursuit of quality through management practices that facilitate knowledge exchange and leadership principles that foster a culture of learning’ as illustrated in figure 1.



Figure 1. Reference: IHI Whole System Quality 2021 p8

This Quality Plan will adopt WSQ approach and methodology to how we will strengthen and enhance our culture, governance and leadership in the next 3 years.

Implications of WSQ for how we will do things across the ICO

To enable WSQ, we will strengthen our understanding of and clarify roles, responsibilities and accountabilities across the quality management spectrum, at Board, Corporate and ISU level. This will be undertaken through the lens of our revised operating model and by enhancing the systems of control and oversight within and across the ISU structure and wider clinical governance framework.

Through the application of WSQ, we will focus our efforts on strengthening all aspect of our quality and patient safety systems, ensuring that we enhance key WSQ practices across three essential domains outlined below.

- 1. Quality planning (QP)** – In building this plan we have undertaken wide consultation to define our goals and designed a program to reliably meet prioritised needs.
- 2. Quality control (QC)** - Building on the national quality standards and our own local standards, we have established explicit quality goals and improvement priorities. In the coming weeks we will ensure we are well placed to measure performance through robust information and data to track performance, identifying gaps between actual and desired performance.
- 3. Quality improvement (QI)** – Through the application of our Quality Improvement and Innovation Plan (2022), we will ensure a structured approach to system redesign to achieve new levels of performance through the science of improvement.

Quality Improvement Priorities

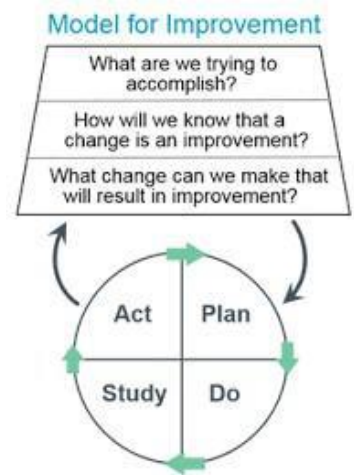
To deliver against our goals and align to the NHS National Patient Safety Strategy and CQUIN program (March, 2019,2021) a number of quality improvement (QI) priorities have been agreed with our people (see Appendix 1). These will be set annually and co designed with staff and patients, crucially, they have been informed by a range of information and data including Patient and staff feedback, PALs and Complaints, reported incidents and serious adverse incidents, and the 2019 and 2021 CQC inspections.

Our commitment to continuously learn and improve is a collective effort, it involves every one of us being aligned to the overarching quality goals.

To enable our people to sustain the excellence and to ensure continuous improvements, a number of initiatives will be progressed as part of the Quality Improvement and Innovation plan 2022-2025. This sets out how we will build capacity and capability across the organisation to ensure that staff and patients are well placed to identify and respond to opportunities for quality improvement.

Each Quality Improvement Priority will have an Executive sponsor and nominated clinical leads across the ISUs.

The QI priorities will be reviewed annually and the expectation will be that all services and departments mobilise around these to ensure we are achieving the improvement trajectories set at both organisational and service level.



Building Capacity and Capability around Patient Safety and QI

Patient Safety

Patient Safety is everyone's business, we are committed to ensure that our and our patients are well placed to respond to and manage the essential requirements of a patient safety system. A key objective will be to ensure that all staff access and complete the national training framework around patient safety. The syllabus represents a new approach to patient safety incorporating an emphasis on a proactive approach to identifying risks to safe care and including systems thinking and human factors.

In the coming months we will work with the Education and Patient Safety leads to develop the strategy and infrastructure to deliver this program. The syllabus provides a common language and framework for all patient safety

Quality Improvement

Alongside the Patient Safety Syllabus, we will be taking forward a program of work that builds capacity and capability around quality improvement. We will create the conditions for people to

thrive, and deliver exceptional integrated health and care, whatever essential role they play. We will harness local knowledge, expertise and passion to successfully support the delivery of our objectives.

We will support bringing together our learning potential and the practical application of improvement science so that all our staff and volunteers develop their skills to deliver improvements that matter to them and their patients ultimately achieving our quality and safety goals. To achieve this, we will:

- Provide a systematic framework and methodology which will build confidence and foster a collaborative approach to the co-design of service improvement, ultimately improving quality and patient safety. Everyone will understand and recognize that this will be **the ICO Way**. (TSDFT Improvement and Innovation Strategy 2022)
- Building Capability Framework (Sept 2021), supported by the Improvement & Innovation Prospectus and underpinned by a clear resourcing structure sets out the full ambition for creating a culture of continuous learning and improvement.
- Set out a clear competency framework that is aligned to national standards A clear, competency ladder will provide relevant level of training, so that there is a universal understanding of improvement which provides the link between improvement and better outcomes for patients

Leading Change adding Value

As we progress our quality improvement journey, we do so in a financially challenged environment with increasing focus on quality, efficiencies and outcomes. Although we (among other organisations in the region) are financially challenged, we have a plan to achieve a financially sustainable position while continuing to meet the needs of our local population.

We have ambitious estates and digital plans led through our Building a Brighter Future Strategy, a key focus will be to build a culture whereby discussions around efficiency are built on a foundation of adding 'value' to opportunities to improve outcomes for patients.

How will we achieve our ambition?

Our People

Our people are at the heart of our journey to excellence. Evidence shows that where staff feel empowered and safe to speak up, enabled to make decisions and treated with dignity and respect, the better the outcome and experience for patients. By improving the experience of our people, we improve the experience for patients.

There is no doubt that the last 2 years have had a significant impact on our people. The 2021 NHS Staff Survey, demonstrates staff feel strongly about being heard and are clear about the issues that matter to them. Sadly, staff have not always felt valued and listened to and this is a crucial area of improvement if we are to establish a culture whereby they feel safe to speak up. In addition, the feedback was clear that there is more to do in how we respond to concerns raised by patients and service users. Staff also tell us that the care of patients is not seen as a top priority.

In terms of supporting staff to progress the delivery of the very best care, there are a number of measures and interventions already being vigorously progressed and others that over the next 3 years will be strengthened.

- Our 'People Plan' sets out our commitment to ensure that we are inclusive, compassionate, safe and listening.
- Significant progress has been made in recruitment and retention so minimises the ongoing disruption around redeployment and bank and agency - creating stable teams where staff feel valued is crucial. We will have a relentless focus on ensuring that our workforce plans deliver against 95% recruitment target, ensuring the *'right people are in the right place at the right time'*.
- We will implement an Education and Development plan that fosters equity, inclusion and enables staff to build life long career pathways.
- We will deliver against the planned recovery and restoration of services, ensuring the moral and emotional conflict our staff are experiencing is relieved.
- We will strengthen our workforce plans with colleagues across the ICS to ensure long term sustainable pipeline of talent is attracted and retained in the organisation.
- Through Building a Brighter Future and wider Estates Strategy, we will enhance the infrastructure that empowers and enables our talented staff to focus on the things that matter most to them.
- Through the ICS and emerging partnerships across Devon, we will focus on those services where there are significant and emerging risk to patients.

Patients as Partners

The impact of the pandemic over the last two years has significantly disrupted opportunities to proactively seek feedback from patients and service users, on their experience of our services and care. One of our key strategic priorities in the next 3 years will be to enhance our partnerships with patients, families and carers.

This will involve strengthening the fundamentals around patient engagement and feedback, as well as transforming the way we build relationships to achieve the best outcomes and experience. Our focus will be to act on feedback from patients provided through complaints, we know the experience of care over the last two years has not always been at the standard we would wish.

We are proud of the innovative work we are progressing around partnering with patients. There are many examples of progressive collaboration with patients and families around service and care improvement. At the forefront of this work, examples such as Digital Futures Hub, where

patients and clinicians work together through digital solutions to enhance care, are leading the way for future collaborations.

Our focus will be to continue this journey of building collaborative relationships at all levels and while we continue to innovate at the patient facing level, we will also be developing a platform of Patient Safety Partners through the adoption of the National Patient Safety Partners Framework (2019)

In 2021/22, we undertook a comprehensive program of engagement and codesign of our Patient Experience and Engagement Plan. Through the invaluable support of Healthwatch, our purpose was to establish a set of clear priorities around the issues and concerns that matter most to our patients. Our patients and the community we serve set out 8 core priorities for the next 3 years, these include the following:

- Priority 1** To develop robust partnerships with the voluntary sector and local community to enable us to engage and reach our local community and hear their views
- Priority 2** To improve our communication and partnership with people in receipt of our services across care pathways, their carer's and loved ones focusing on what matters to individuals.
- Priority 3** To improve our communication and partnership working with our health and care partners locally
- Priority 4** To improve the range, access and use of digital technology and solutions alongside established methods of providing and receiving feedback.
- Priority 5** To reinstate our volunteer workforce that support unbiased opportunities to achieve real-time feedback of health and care experiences.
- Priority 6** To enhance the capability and capacity our Feedback and Engagement Team and wider workforce
- Priority 7** To continually learn, improve and enhance our services through feedback and celebrate and share success and service improvements
- Priority 8** To develop a culture in our workforce that embraces and values feedback to strive for a consistent positive experience of our health and care services

Our 3-year Patient Experience and Engagement Plan, *'What Matters to you, Matters to Us'* 2022 - 2025, sets out a clear message from our community and outlines how we will achieve our ambition of excellence in patient experience, and ultimately to deliver what matters most to our patients.

Establishing a Culture of Safety

The key ingredients for health and social care organisations that want to be safe are: staff who feel psychologically safe; valuing and respecting diversity; a compelling vision; good leadership at all levels; a sense of teamwork; and openness and support for learning.

Culture is local and each member of the team needs to understand their role in supporting and contributing to a positive culture and work environment for everyone, every day. Leaders must drive the culture change by demonstrating their own commitment to safety culture and providing the resources to achieve a culture of safety.

We strive to deliver a cultural change programme that brings together quality improvement, research, innovation, global health and patient safety specialists to become leaders in delivering safe, innovative patient care. We encourage and require all our staff to report adverse events and unsafe conditions, to take immediate action when it is needed and to seek assistance when concerned about the quality and safety of care being delivered.

Our staff survey tells us that we need to improve the fairness and effectiveness of our reporting procedures and take more action in order for staff to feel confident in reporting unsafe clinical practice. The below figure 6 demonstrates the direct impact of culture on staff and patients

Improving our Safety Culture through the lens of staff safety

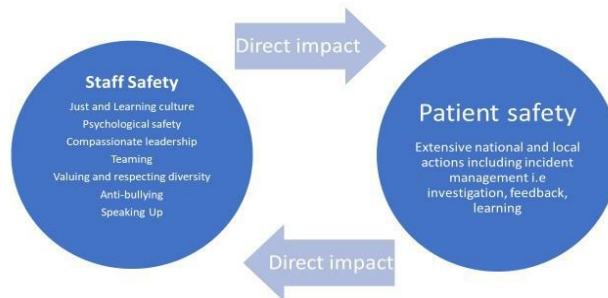


Figure 6

Our aim is to promote an open culture as openness and transparency is crucial to learning. Staff should be aware that they are accountable for their actions, we want to develop and maintain an environment that feels safe. To better understand our journey of improvement in establishing a psychologically safe culture, we will undertake a Patient Safety Culture Survey in 2022/23. This will enable us to better define our goals, taking into consideration the is multi-dimensional elements of what constitutes a psychologically safe culture and how culture influences patient safety outcomes.

Speak up to Safety Program

Feedback from our staff emphasises the need to enhance our culture and create the environment whereby speaking up is celebrated and rewarded. Over the next 3 years we will implement a Speak up for Safety Program that ensures our approach is both proactive and reactive. In doing so, we will implement a number of interventions that incorporate the following;

- Adoption of the Patient Safety Syllabus, providing the foundation to our staff with the knowledge and skills to identify risks.
- We will Implement the Learning from Excellence Program
- Introduce reward and recognition for staff who speak up through the 'Speak up for Safety Awards'
- Introduce the 'Always Event' framework, focusing on the aspects of patient experience that are so important to patients and families, that we will aim to perform them consistently for every individual, every time.
- Develop and enhance our system for feedback and crucially our learning from incidents through enhanced Safety Huddles, and the development of Patient Safety weekly bulletin and monthly Quality and Patient Safety newsletter.

Leadership Principles and Practice

As we imbed and transform our approach to quality, it is essential that we build capacity and capability around quality and patient safety leadership. Crucially, we are committed to the culture and practice of compassionate leadership.

Through the application of the Patient Safety Syllabus, the WSQ approach and wider organisation plans, we are confident our leaders will be enabled to deliver against the quality and patient safety goals set out in this plan. The way leadership is practiced through our organisation is critical to the success of this plan, with clinical leadership being particularly important to safety. In our pursuit and application of WSQ, the IHI sets out 4 key leadership principles that we will adopt, these include:

1. Building a sense of purpose
2. Practice systems thinking as set out in the Patient Safety Syllabus
3. Engage in collective dialogue and learning
4. Practice personal reflection and inquiry

Measuring Success

Our approach to managing and delivering against the quality goals set out in this plan requires us to continuously measure and re-evaluate our performance. We will ensure that our progress and achievements are underpinned by a transparent and open reporting framework of agreed metrics, providing the golden thread of communication and assurance from Patient to Board.

We will ensure that a baseline assessment to measure where we are now, and to set key improvement trajectories for improving performance will happen in Quarter 1. This will be measured through the Quality Dashboard and reviewed at the Quality Improvement Board, with exception reporting through to the Quality Assurance Committee. These key metrics will be aligned to the organisations Integrated Performance Report (IPR) and will be reviewed at Trust Board to provide assurance.

Digital technology is a key enabler to deliver and measure the impact of this strategy. Torbay and South Devon NHS Foundation Trust is proactively engaging in a digital transformation program to help staff deliver timely and effective care. As we transform our digital platforms, we will make good use of existing software to enable clinicians to better monitor our progress against the quality goals and priorities, through the development of a revised quality dashboard,

underpinned by robust audit and monitoring framework.

Each clinical area will display their performance against key indicators to better inform staff and patients, and will set their own aligned quality priorities using benchmarking data to set a baseline and establishing clear measures to ensure continuous improvement.

Appendix 1: Quality Improvement Priorities for 2022-2023

| Quality Goal | Improvement Priority | Objective | Rational | Outcome Measure | Process Measure | Baseline | Target |
|---------------------------------------|--|--|---|---|--|-------------------|----------------------|
| Zero Avoidable deaths | Sepsis To achieve full compliance with national sepsis bundle across key critical areas | The identification and management of patients with sepsis and to reduce the mortality rate from septic shock. | Sepsis accounts for 1 in 5 deaths in the UK with an overall mortality rate in England of 28% in all age groups. NHS hospitals treat around 150,000 cases of severe sepsis each year and many more with uncomplicated sepsis. Mortality from septic shock increases rapidly for each hour that treatment is delayed. This led to the development of the Sepsis 6 Bundle in 2017. | 1. % Improved Hospital Standardised Mortality ratio (HMSR and SHMI) | 1. % Compliance with Sepsis Bundle | TBC | 100% |
| Continuously seek out and reduce harm | To achieve full compliance around key elements of Fundamentals of care | <ol style="list-style-type: none"> 1. To achieve 100% compliance with all patient risk assessments on admission 2. To reduce the number of Falls, specifically those identified as preventable 3. To ensure all patients are assessed | Fundamentals of care are the principles to which nurses and midwives must aspire in the delivery of care to patients. These principles for the basis of the standards of practice expected of all registrants at the point of entry to the NMC register and all Health care support workers on completion of the Care | <ol style="list-style-type: none"> 1. % compliance with all admission 2. % risk assessments and care plans 3. % Compliance | <ol style="list-style-type: none"> 1. % Compliance with Nutrition and Hydration Bundle 2. % Compliance with Falls Bundle 3. % Reduction in incidents reported with harm | TBC TBC TBC | 100% 100% 100% |

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|---------------------------------|-----------------------|---|--|---|--|-----|-----|
| | | for risk around nutrition and hydration within 24 hours of admission with appropriate care planning and referral. | Certificate. The quality of nursing and midwifery care can be assessed against these minimum standards of practice. The fundamental standard of care should be delivered in line with the Future Nurse; Standard of proficiency for registered nurses and midwives. (NMC 2018) | with Nutrition and Hydration Bundle 4. % Compliance with Falls Bundle 5. % Reduction in incidents reported with harm specifically falls and nutrition | | | |
| Excellence in Clinical Outcomes | Deteriorating Patient | All patients to have physiological observations recorded at the time of admission or initial assessment and a clear written plan that specifies which observations should be recorded and how often. A physiological track and trigger system such as the National | There are clear guidelines in place to describe how patients should be monitored to identify those whose health may become worse suddenly and the care they should receive. The guidance aims to reduce the risk of patients needing to stay longer in hospital, not fully recovering or dying. | %Compliance with Vital signs being completed within the specified timescale 2. %Compliance with completion of EWS | 1. % Unexpected admission to Intensive Care 2. % Number of cardiac arrest calls when no previous escalation made. | TBC | TBC |

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|--|--|---|---|--|---|--------------------------------------|--------------------------------------|
| | | Early Warning Score (adults) should be used to monitor all adults in hospital. | | | | | |
| Delivering what matters most to our people | Improvement in experience of patients around discharge | We will implement safe and compassionate discharge for all patients in our care seven days a week, by embedding a more person-centred approach to safer discharge processes and eliminating avoidable delays. | Patients and care partners have told us that their experience of discharge is not compassionate and safe. Patients have told us they have waited too long for their operations and treatments and we are listening and acting on that information. Delays in discharge has caused a rise in concerns showing that the experience of patients is not of the standard we would wish to deliver. All patients will have an Expected Date of Discharge (EDD) set on the day of admission. Families and carers will be involved in the discharge planning process. | <ol style="list-style-type: none"> 1. % patients with EDD 2. % delays to discharge | <ol style="list-style-type: none"> 1. % reduction in concerns raised by patients 2. % of patients who provide positive feedback on discharge 3. % improvement in NHS Patient survey 4. % FFT as a top quartile of surveyed Trusts for FFT | TBC TBC TBC TBC | TBC TBC TBC TBC |
| Delivers what matters to | Improvement in Experience of staff | We ensure all staff feel valued, | Details from NHS Staff Survey to be included | 1. % Baseline NHS Staff Survey | 1. % Baseline NHS Staff Survey | TBC | TBC |

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|---------------------------|--|---|--|---|--|--|--|
| <p>most to our people</p> | | <p>supported and cared for. We will ensure staff feel safe to Speak Up and empowered to share decisions</p> | | <p>2. % NHS Staff Survey 3. Quarterly Pulse 4. Freedom to Speak Up Guardian 5. Staff Stories and Feedback</p> | <p>2. % NHS Staff Survey 3. Quarterly Pulse 4. Speak Up Guardian 5. Staff Stories and Feedback</p> | | |
|---------------------------|--|---|--|---|--|--|--|

Appendix 2: Overarching Quality and Safety Plan

| Goals | Year 1 2022-2023 | Year 2 2023-2024 | Year 3 2024-2025 |
|------------------------|---|---|---|
| Culture | <ul style="list-style-type: none"> ✓ Establish a baseline Safety Culture position against the Patient Safety Culture survey and develop a program of survey data collection (SCORE survey) ✓ Safety Culture guide developed implementing specific improvement activities ✓ Floor to Board alignment around key areas for improvement ✓ Speak up for Safety Awards in place ✓ Always Event Framework in place ✓ Role and Function of the QI Hub strengthened ✓ Quality and Patient safety newsletter providing feedback and learning in place | <ul style="list-style-type: none"> ✓ Adoption and implement the NHS England and NHS Improvement 'A Just and Learning Culture Guide' ✓ Strengthen the Patient safety culture program aligned to key findings | <ul style="list-style-type: none"> ✓ National Patient survey results demonstrate TSDFT in top 10 for safety culture |
| Continuous Improvement | <ul style="list-style-type: none"> ✓ ICO Way around Quality competency framework into local processes rolled out ✓ Reporting framework to ensure all staff have visibility of key QI priority areas ✓ QI Improvement Training (4-day course) in place ✓ Co - Designed Quality and Safety Boards for all areas developing the digital infrastructure in place ✓ Patient safety syllabus within core stat /man training with delivery targets agreed | <ul style="list-style-type: none"> ✓ Develop faculty of improvement alumni ✓ Embedding of competencies into recruitment and Personal Development Review (PDR) documentation ✓ Ensure all staff have watched induction video ✓ Clarify and signpost to Expert level training | <ul style="list-style-type: none"> ✓ Ensure all staff have achieved Foundation level Improvement ✓ Develop coaching faculty from improvement alumni |
| Leadership | <ul style="list-style-type: none"> ✓ ISU clinical governance structure strengthened with – roles and responsibilities defined ✓ Patient Safety Specialist Role to be recruited to ✓ Shared governance framework rolled out ✓ Training strategy for the organization inclusive of patient safety syllabus for Board and leaders across the TSDFT rolled out ✓ Patient Safety Partners (PSP) program designed. | <ul style="list-style-type: none"> ✓ Embed well-led framework within practice ✓ Ensure every area has a patient safety champion and shared governance council ✓ Recruit into PSP roles | <ul style="list-style-type: none"> ✓ Quality and Safety Team infrastructure reviewed to ensure in line with national patient safety strategy |

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|-----------|---|--|---|
| Processes | <ul style="list-style-type: none"> ✓ Good Governance review of clinical governance framework completed ✓ Clinical Governance systems to deliver against identified improvements revised ✓ Medical examiner system strengthened to reflect national requirements ✓ Transition from NRLS to the Learning from Patient Safety Events System completed ✓ Patient Safety Incident Response Plan developed | <ul style="list-style-type: none"> ✓ Implement the new Patient Safety Incident Response Framework (PSIRF) ✓ All staff are able to access and utilize safety incident management system | <ul style="list-style-type: none"> ✓ Develop and improve systems and processes in place as part of the national patient safety strategy agenda |
| Education | <ul style="list-style-type: none"> ✓ Review of investigation process in line with overall messages and learning from Ockenden review complete applying 'human factors' to improve safety, efficiency, creativity and productivity ✓ Learning framework that encompasses access to the patient safety syllabus | <ul style="list-style-type: none"> ✓ All staff to have completed the patient safety syllabus levels required ✓ Competency framework is embedded and utilized for all staff | <ul style="list-style-type: none"> ✓ Develop and implement an education platform that enables staff to access patient safety practices. |
| People | <ul style="list-style-type: none"> ✓ Define the role of the Patient Safety partners | <ul style="list-style-type: none"> ✓ Implement patient safety partners ✓ Adopt and implement 'Always Events' | <ul style="list-style-type: none"> ✓ Evaluate effectiveness of patient safety partners |