



**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust



# Quality

Enabling plan 2023 to 2027

Doncaster and Bassetlaw Teaching Hospitals



# Contents

<b>Introduction</b>	<b>3</b>
<b>National drivers</b>	<b>4</b>
<b>Patient safety</b>	<b>5</b>
<b>Patient experience</b>	<b>6</b>
<b>Clinical effectiveness</b>	<b>7</b>
<b>Fundamentals of care</b>	<b>8</b>
<b>Care of our most vulnerable patients</b>	<b>9</b>
<b>Care planning and documentation</b>	<b>10</b>

# Introduction

Welcome to our new NMAHPS Quality Strategy for all colleagues at DBTH!

Our NMAHPS Quality Strategy 2023-27 has been developed over several months at the start of 2023 commencing with a Senior nursing/midwifery and AHP time out to develop the first draft. The strategy builds on previous engagement taken prior to the COVID19 pandemic. Collaboration of the Nursing, Midwifery and AHP teams and sharing across the Trust has led to this final version.

This strategy supports the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts vision to be the safest trust in the country, outstanding in all we do, which in turn supports our true north objective to provide outstanding care and improve patient experience. Each strategic theme of the strategy is supported by a collectively agreed "we will" statement outlining the ambition of the underlying objectives.

The Strategy will be supported by a robust

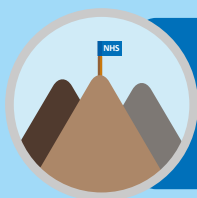
quality architecture, quality assurance framework and governance processes. The strategy will be supported by a children and young people delivery plan and a maternity delivery plan. Each strategic objective will have a detailed delivery plan with a dedicated senior responsible person aligned to each strategic aim.

As a multi-site Trust, we work collaboratively with partners in both the South Yorkshire and Nottinghamshire systems. We are also proud of our role working with and supporting our local communities as an Anchor organisation and a Cornerstone employer.

I'd like to thank everyone for their hard work developing this strategy and I'm looking forward to seeing it's objectives come to fruition over the next few years.



Karen Jessop, Chief Nurse



**Our vision**  
The ambition of the Trust

**To be the safest trust in England,  
outstanding in all that we do.**



- W**e always put the patient first
- E**veryone counts – we treat each other with courtesy, honest, respect and dignity
- C**ommitted to quality and continuously improving patient experience
- A**lways caring and compassionate
- R**esponsible and accountable for our actions – taking pride in our work
- E**ncouraging and valuing our diverse staff and rewarding ability and innovation





# National drivers

NHS Long Term  
Plan 2019

National  
Quality Board  
Shared view of  
Quality 2021

Patient Safety  
Strategy 2019

Patient Safety In-  
cident Response  
Framework sup-  
porting guidance  
Engaging and in-  
volving patients,  
families and staff  
following a  
patient safety  
incident 2022

Patient Safety  
Incident  
Response  
Framework 2022

South Yorkshire  
Integrated Care  
System Five Year  
Plan

Just Culture

Health and Social  
Care Act 2022.  
Establishment of  
Integrated Care  
Boards and  
Integrated Care  
Systems

# Strategic theme 1: Patient Safety

We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

## Objectives:

- Implement the Patient Safety Incident Response Framework and embed its principles.
- Implement learning from patient safety events (LFPSE).
- We will review and learn from incidents and patient deaths.
- Implement national patient safety initiatives.
- Reduce healthcare acquired infections.
- Increase the numbers of patients screened for, and where relevant, treated for sepsis.
- Patients who deteriorate will be recognised and treated promptly.
- Professional ownership of ward and department modelling and annual workforce review process to meet acuity and dependency requirements.
- Evidence of embedded practice and utilisation of Safe Staffing decision support tools to monitor compliance and professional judgement in regards to maintaining safe staffing.
- Embed Just culture principles.
- Review patient safety governance structures, ensuring board oversight of patient safety risks.
- Ensure staff have appropriate Patient Safety training.
- Recruit Patient safety partners.
- Ensure safeguarding policies in place and implemented.
- Develop and implement a 'Care Excellence' quality framework which increases oversight and accountability.
- Increase the number of no harm incidents reported to identify greater learning.
- Ensure procedures in place to acknowledge,

review and act on National safety alerts

## Success measures

- Increased proportion of staff reporting increasing safety culture in local and national surveys.
- Increased proportion of staff who would recommend the Trust as a place to work or receive care in staff survey.
- Consistently achieving peer median care hours per patient day and submitting nationally required safe staffing reports. Aligning AHP workforce against recommended guidance in specialist areas.
- Proportion of staff who have undertaken the patient safety syllabus training.
- Evidence of shared learning from incidents.
- Patient Safety Partners in post.
- Increase in proportion of clinical incidents with no harm or minimum harm reported.
- Safeguarding policies in place and practice embedded.
- Quality Framework in place.
- Reduced number of patient harms/impact of harm.
- Reporting feedback.
- Establishment/Workforce reduction in vacancy/skill mix reviews.
- Learning from feedback/outcomes.
- CARE and Excellence review meetings.
- Audit and Compliance with Emergency Care Standards.
- Introduction of Quality and Safety seminars

# Strategic theme 2: Patient Experience

We will provide compassionate and personalised care which meets the individual needs of our patients. We will listen to and engage with our patients and their families ensuring their feedback is reflected in new or changes to services.

## Objectives:

- Provide a wide variety of ways for patients to feedback to us.
- Hold community engagement events and work with Health-watch and Voluntary Sector organisations in the community to gain insight and feedback from the community including those groups who are seldom heard or affected by health inequalities.
- Launch carers charter/contract.
- Relaunch of the DBTH commitment to John's campaign John's Campaign which recognises the important role of family members who care for people living with dementia and people with complex needs, including learning disabilities and or autism, and welcomes carers into our hospital.
- Embed, patient involvement and co-design into our organisations policies, procedures and Governance. Integrating the patient, family and carer voice within our everyday business.
- Review our complaint handling process for opportunities to provide swifter resolution for people when they raise concerns.
- Review Patient Experience reporting and escalation procedures to ensure the Chief Nurse and Board have oversight of patient experience.
- Establish patient forums and engagement panel.
- Achieve compliance with Accessible Information Standard.
- Implement "we care to talk" across all inpatient areas.
- Introduction of Family Liaison Officers.
- Introduce "relative ward rounds" across inpatient areas.
- Celebrate success stories when we've engaged with patients/families to change services and feedback on changes is positive.

## Success measures

- Continued increase in Trust's response rates in Friends and Family Test.
- Where services utilise additional patient satisfaction/ feedback, that results are audited and actioned.
- CQC patient survey results.
- Establish a youth forum and develop a patient engagement programme to include parental experience post discharge from neonatal services.
- Earlier resolution of complaints.
- Incremental reduction in complaint resolution times until most are resolved within 40 days and only the most complex take up to 90 days to resolve.
- Support our teams to resolve concerns at the earliest opportunity, through improved processes and training opportunities.
- Co-produced complaints policy developed and in place.
- Increasing positive score in patient satisfaction survey data including recommending DBTH as a place to receive care.
- Evidence of Board oversight of patient experience feedback and reports.
- Policy and processes in place to ensure patient/ users/carers are involved in every service change.
- Citizens panel in place.
- Evidence that Accessible Information Standard requirements are met and SMART Action Plan in place to address any areas of non-compliance.
- Developing greater insight into patient, family and carer experience, including real-time feedback, and acting on trends in all care delivery areas.

# Strategic theme 3: Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence based practice, continuous improvement and the monitoring of clinical outcomes.

## Objectives:

- Participating in National audits and create a programme of local audits.
- Use of Quality Improvement (QI) methodology to improve care.
- Procedures in place for implementation of Nice Guidance and technology appraisals within 6 months of implementation.
- Plan and implement care in all settings in line with national guidance and evidence base.
- Fulfil our responsibilities in line with the Trust research and innovation strategy.
- Use our digital systems to ensure we gather and use data to inform improvements in care, by the use of Tendable, quality dashboard and other technology.
- Roll out ward accreditation across all inpatient wards.
- Develop and monitor quality measures across outpatient and community services
- Explore opportunities (external and internal) to promote contribution and leadership to practice transformation and research impacting on patient care.
- Establish a shared governance framework in line with the Magnet for Europe (M4E) principles.
- Implement M4E Shared Governance and Nurse, Midwife, Allied Health Professions Council model.
- Contribute to the financial stability of the Trust by ensuring services are effective and outcome driven.
- Individual accountability, capability and competence to be factored into the development of a framework for professional practice at both fundamental and advanced levels.

- Links to leadership and relevant competencies.
- link with partners (patient/ carers/ communities/ voluntary/health and social care sectors across Place and System to maximise resources

## Success measures

- Evidence of Quality Improvement methodology being implemented and improvements in quality.
- Roll out of audit and NICE dashboard.
- Agree the principles of ward accreditation programme
- Utilising digital information and technology enabling triangulation of both data and narrative.
- Agree criteria for Shared Governance Councils remit and responsibilities.
- Number of developed shared governance councils.
- Develop and agree the principles of a framework for professional practice.
- Launch the Framework for Professional Practice and embed into practice
- Audit and Compliance with Emergency Care Standards.



# Strategic theme 4: Fundamentals of Care

We will recognise and deliver fundamentals of care to ensure our patients receive the quality of care we would wish for our own loved ones.

## Objectives:

- Implement evidence based approaches to reducing the numbers of inpatient falls.
- Implement evidence based approaches to continue to reduce the number of hospital acquired pressure ulcers.
- Reduce the number of hospital acquired infections.
- Evaluate safe transfer of care, both internally and externally.
- Provide person centred care involving patients and their carers / families within across all of our settings (inpatient, outpatient and community).
- In all of our contacts encourage, support and promote patients to maintain independence to avoid deconditioning.
- Follow best practice and evidence based principles of care to ensure the fundamentals of care are embedded, particularly:

- Continence
- Nutrition and Hydration
- Oral Care
- Medicines Management
- Hygiene Care
- Medicines Management
- Pain Management
- Falls
- Skin Integrity
- Psychological support.

## Success measures

- CARE & Excellence Review Meetings as part of the ward to board assurance and quality framework.
- Improved patient experience and outcomes.
- Reduction in complaints concerning the fundamentals of care.
- Reduction in incidents due to failure to implement fundamentals of care.
- Reduced length of stay.
- Quality Dashboard implementation improvements in metrics.
- Roll of out deconditioning QI project Trust-wide.
- Reduction in falls, pressure ulcers, VTE and infections.
- Reduced number of medication incidents.





# Strategic theme 5: Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues and other health inequalities.

## Objectives:

- Work with experts through experience to determine and further develop flagging of vulnerabilities including clinical vulnerabilities.
- Improve the recording of vulnerabilities within patient administration and incident reporting systems.
- In partnership with Education colleagues, develop a training strategy to support staff in recognising and assessing vulnerabilities of our patients across all settings.
- Ensure reasonable adjustments are implemented and documented.
- Embed the role of the Named Practitioner Safety in Caring.
- Understand and apply the relevant principles of the Mental Capacity Act, Deprivation of Liberty Safeguards, Mental Health Act and the Best Interest process including the least restrictive options and safeguarding principles.
- Assess, plan, implement and review personalised plans of care for the vulnerable patient.
- Review and embed Violence Prevention and Reduction Standards to support risk management maximise safe and secure working environments.
- Ensure our people have access to the resources and specialist inputs required in a timely way.
- Monitor incidents and complaints. Collating themes to promote shared learning and improve patient outcomes.
- Implement evidence based approaches to reduce the number of incidents related to behaviour that challenges.
- To reduce health inequalities by promoting equitable access to healthcare.

## Success measures

- Robust flagging system across all systems to support identification of vulnerabilities.
- Robust care planning documentation audits.
- Learning needs analysis and training programme for vulnerable patient skills.
- Completion of Oliver McGeown mandatory training.
- Launch Vulnerable Patient Steering Group.
- Audit results from clinical effectiveness.
- Reduced number of incidents of violence towards staff.
- Audit of enhanced care request by wards.
- Reduced number of incidents of restraint used on patients.
- Engagement and feedback from people using services and colleagues.
- Reduced number of incidents related to behaviour that challenges.
- Reduced number of staff who experience physical violence at work.



# Strategic theme 6: Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and that their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

## Objectives:

- Ensure care plans feature person centred care goals agreed with the patient – ‘what matters to you’.
- Embrace and embed digital technology such as electronic patient record.
- Patient and Carer involvement in planning and evaluation.
- Nothing about you, without you approach to factual documentation.
- Care planning from initial consultation/ appointment and at the bedside - contemporaneous records.
- Discharge planning from initial consultation/ appointment and point of admission.
- Meaningful documentation/respectful/factual.
- Supportive of innovation, eg. clinical photography.
- Implement National documentation standard guidance to ensure consistent and accurate recording of patient information and care plans incorporating Information governance and GDPR principles.
- To facilitate the timely and efficient delivery of care by streamlining documentation processes and reducing unnecessary paperwork.
- Effective handover and Transitions across pathways (Therapies)
- Effective "board rounds".
- Effective "safety huddles".
- Effective Multi- Disciplinary meetings / approaches.

## Success measures

- Personalised care plan review/evaluate once per shift.
- Audit - Quality of plans.
- Completion of assessments within the agreed timeframes.
- To ensure that all nurses, midwives and AHPS are trained in best practices related to care planning and documentation and have access to ongoing education and support.
- Robust documentation audit.
- Transition to digital.
- Reduction in patient harms due to lack of handover/transfer/care planning processes.
- Reduce length of stay.
- Improved staff and patient satisfaction.
- Reduction in complaints around care planning/ involvement.





**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust

