

# Quality Priorities

Overview 2020-21 and our priorities for 2021-22

8 March 2021



# Purpose of the session

- **Update on progress against the quality account priorities 2020-21**
- **Discuss and provide any feedback on the proposed quality account priorities for 2021-22**
- **Discuss the wider quality and safety priorities outlined in the Quality and Safety Strategy 2019-24**

# Background and Executive Summary

- The purpose of this session is to outline the progress made to date against the ten quality priorities in the Quality Account 2020/21 published in June 2020, look at the Quality Account Priorities for 2021/22, and discuss the wider quality and safety priorities outlined in the Quality and Safety Strategy 2019-24
- There are two specific pieces of legislation governing NHS healthcare providers (Foundation Trusts) to publish a quality account each year: The Health Act 2009; and The NHS (Quality Accounts) Amendment Regulations 2017 ('the quality account regulations')
- The quality account is an important way for providers to report on quality and show improvements in the services they deliver to local communities. It helps Trusts to improve public accountability for the quality of care provided. The quality account is a document in its own right. However, NHS England and NHS Improvement also require all NHS Foundation trusts to produce a quality report as part of the Trusts annual report. Our quality account will also form the quality report within the Trusts annual report.
- The pandemic has resulted in the Trust not being where it expected to be with reference to the delivery of its quality priorities. Progress has been made across all priorities however the data supporting the measures for success reported in the monthly Integrated Quality and Performance to the Board demonstrates limited impact apart from two indicators: maintaining the Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals; and a reduction in complaints compared with 2019/20.
- With reference to the development of the Quality Account 2020/21 (including the quality priorities for 2021/22) National guidance is awaited on the timeframe for Quality Account submission and the mandated and local indicators for external audit. However, the intention is for the Trust to follow the 2019/20 timetable and to commence development of the Quality Account with a view to submit in June 2021. However, there will be significant gaps in available data due to the pause of national audit and quality surveillance programmes.
- The Trust has continued to progress its objectives against priorities set out in the year 1 plan for the Quality and Safety Strategy. A high level summary position for quarter 3 2020-21 is provided together with the year 1 implementation plan at Appendix 2.

# Identification of the quality priorities

- The quality priorities were informed by reviewing the progress against the 2020/21 Quality Priorities and the themes highlighted from ward and departmental accreditation scheme and the following quality and safety information:
  - External assessments
  - Local and national audit
  - National priorities for sepsis, safe staffing, falls, and infection control
  - Analysis of incidents
  - Analysis of complaints
  - Feedback from national and local in-patient surveys
  - Healthwatch 'Enter and View' visits
- We also considered the priorities set out in the Quality and Safety Strategy 2019-2024 approved by the Trust Board in January 2020 to ensure that the quality priorities were aligned. We categorised each quality account priority under one of the three required quality themes and identified the following specific improvement initiatives
- The quality priorities also align to three of Trust's Strategic Objectives: Treat the patient, treat the person; Right care, right place, right time; and Champion Team St Georges; and align with priorities in the 2020/1 Corporate Objectives: Care, Culture and Collaboration.

# Quality Account Priorities 2020-21

## 1. Improving patient safety

- **Timely escalation and response to deteriorating patients:** Ensure all non-elective adult inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission
- **Patients who lack mental capacity will have proper protection and care:** Demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly, and have proper protection and care
- **Consent for treatment:** All patients will be supported to give consent for treatment
- **Learn from deaths:** Embed medical examiner service and learning from deaths processes

## 2. Improving patient experience

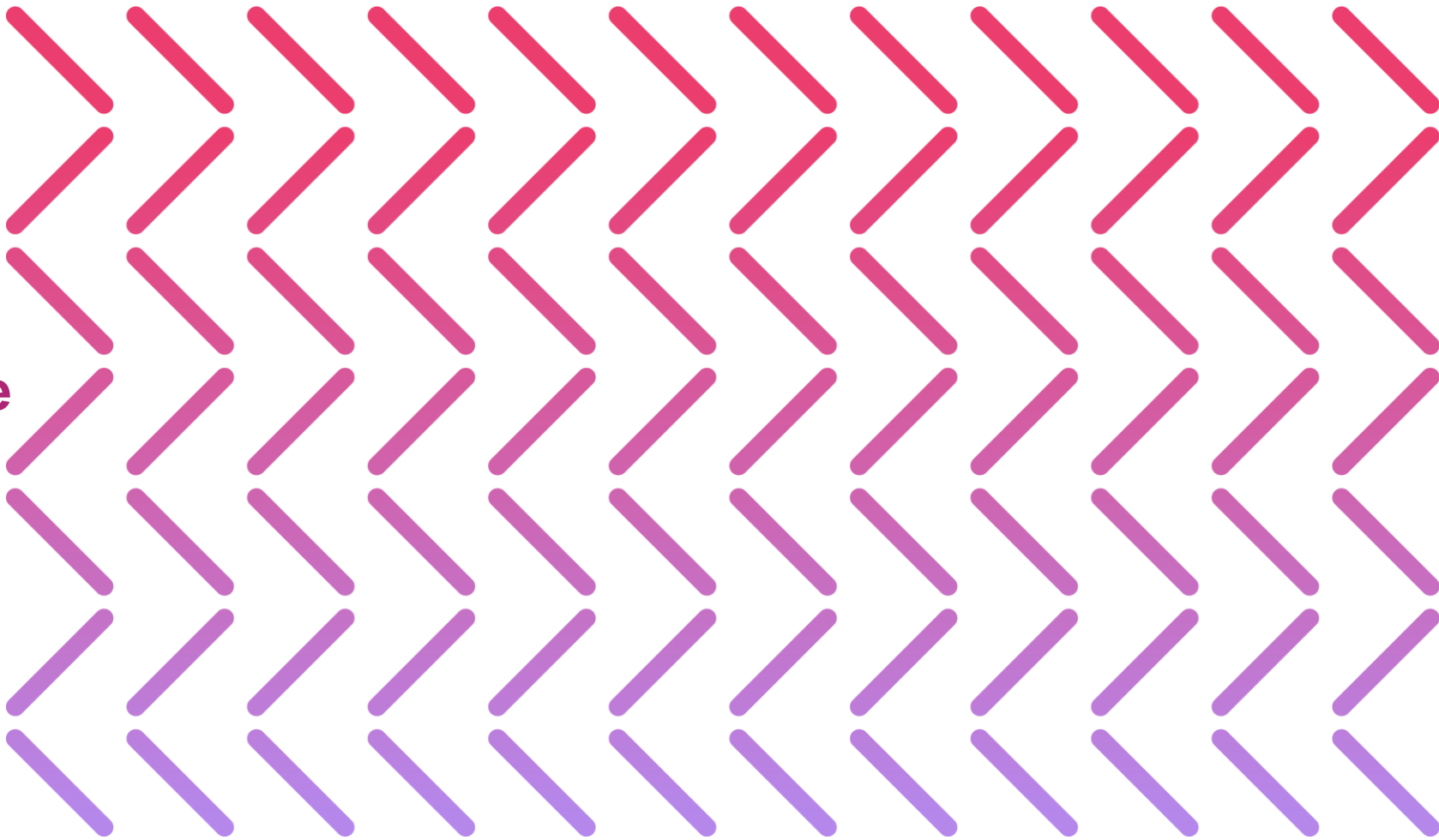
- **Learn from complaints to provide patients with an excellent experience:** Undertake thematic analysis of our complaints to identify recurrent themes and share the findings
- **Provide an equitable experience for patients from vulnerable groups:** Undertake self-assessment against the National Learning Disability Standards
- **Improve patient flow particularly with reference to improved discharge processes:** Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs; Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge; Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support; and Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required

## 3. Improving effectiveness and outcomes

- **Develop and implement an integrated training and education framework:** With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting
- **Embed a culture of quality, safety and learning:** Implement the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care
- **Patients will not wait too long for treatment:** Deliver care in line with activity plans

**Quality Priorities 2020/21:**

**High level progress to date**

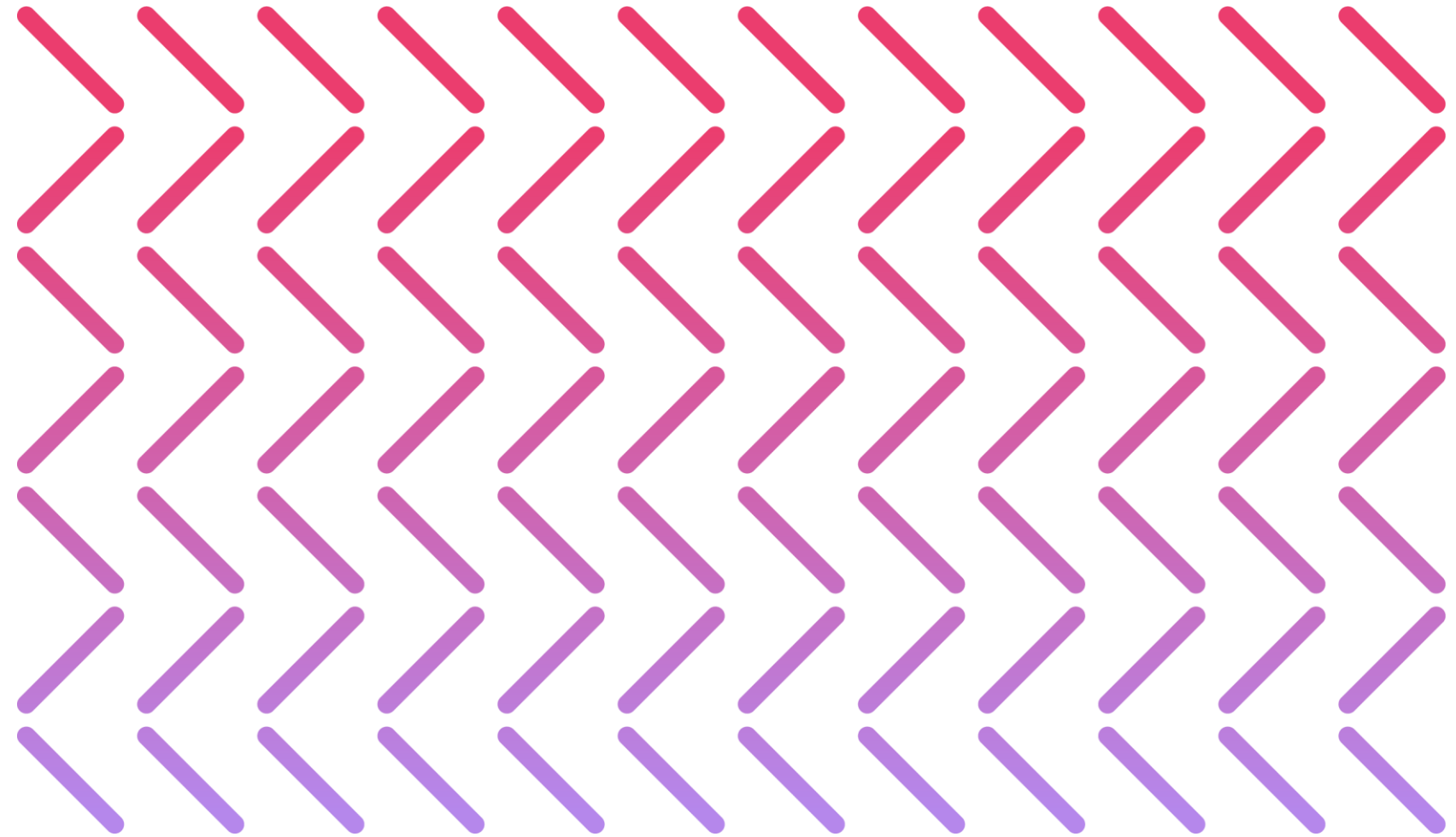


# Quality Account Priorities 2020-21: High level progress to date

Improving Patient Safety	Our measures for success	RAG	IQPR slide
<b>Timely escalation and response to deteriorating patients</b>	<ul style="list-style-type: none"> <li>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20</li> <li>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20</li> <li>All adult inpatients will have a TEP</li> <li>Reduction in the number of cardiac arrests compared with 2019/20</li> </ul>	A	13-14
<b>Patients who lack mental capacity will have proper protection and care</b>	<ul style="list-style-type: none"> <li>Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit</li> </ul>	A	17
<b>Consent for treatment</b>	<ul style="list-style-type: none"> <li>All adult inpatients will have a TEP</li> <li>Audit of consent demonstrates an improved position when compared with 2019/20</li> </ul>	A	13
<b>Learning from Deaths</b>	<ul style="list-style-type: none"> <li>Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals</li> </ul>	G	23
Improving Patient Experience			
<b>Learn from complaints to provide patients with an excellent experience</b>	<ul style="list-style-type: none"> <li>Reduction in the number of complaints when compared with the 2019/20 baseline</li> </ul>	G	20
<b>Provide an equitable experience for patients from vulnerable groups</b>	<ul style="list-style-type: none"> <li>Improvement in our self-assessment when compared to baseline with reference to the NHS benchmark against national standards for Learning Disability Patients</li> </ul>	A	N/A
<b>Improve patient flow particularly with reference to improved discharge processes</b>	<ul style="list-style-type: none"> <li>Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline</li> <li>See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20</li> <li>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20</li> <li>Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20</li> </ul>	A	N/A
Improving Effectiveness and Outcomes			
<b>Develop and implement an integrated training and education framework</b>	<ul style="list-style-type: none"> <li>We will have an integrated education and training framework with SWL and St Georges Mental Health Trust for our staff to support the care and treatment of mental health patients in an acute setting</li> </ul>	A	N/A
<b>Embed a culture of quality, safety and learning</b>	<ul style="list-style-type: none"> <li>Improvements in related questions in the NHS Staff Survey</li> </ul>	A	N/A
<b>Patients will not wait too long for treatment</b>	<ul style="list-style-type: none"> <li>Achievement of targets for: Referral to Treatment (RTT) within 18 weeks; Diagnostics within six weeks; Four hour operating standard; and Cancer standards</li> </ul>	A	32-38

➤ Proposed  
Quality Account  
Priorities 2021-22

➤ Our Strategic  
Quality and Safety  
Priorities 2019-2024





# PROPOSED - Quality account priorities 2021-22

Improving Patient Safety	Our measures for success	Quality and Safety Strategy 2019-24 and Corporate Objectives 20-21
<b>Review local and system wide learning from Covid-19 nosocomial infection (wave 1 and 2) and revise Infection Prevention and Control practices accordingly</b>	<ul style="list-style-type: none"> <li>Reduction of nosocomial infection rate for Covid-19 when compared with 2020/21</li> </ul>	<b>Minimise Avoidable Harm Care</b>
<b>Timely escalation and response to deteriorating patients</b>	<ul style="list-style-type: none"> <li>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20</li> <li>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20</li> <li>All adult inpatients will have a TEP</li> <li>Reduction in the number of cardiac arrests compared with 2019/20</li> </ul>	<b>Minimise Avoidable Harm Care</b>
<b>Patients who lack mental capacity will have proper protection and care</b>	<ul style="list-style-type: none"> <li>Achieve compliance with our training targets for Mental Capacity Act (MCA) training and target specific areas based on analysis of notes audit</li> </ul>	<b>Minimise Avoidable Harm Care</b>
<b>Consent for treatment</b>	<ul style="list-style-type: none"> <li>All adult inpatients will have a TEP</li> <li>Audit of consent demonstrates an improved position when compared with 2019/20</li> </ul>	<b>Minimise Avoidable Harm Care</b>
<b>Learning from Deaths</b>	<ul style="list-style-type: none"> <li>Maintain Summary Hospital Level Mortality Indicator (SHIMI) within confidence intervals</li> </ul>	<b>Minimise Avoidable Harm Care</b>
Improving Patient Experience		
<b>Learn from complaints to provide patients with an excellent experience</b>	<ul style="list-style-type: none"> <li>Reduction in the number of complaints when compared with the 2019/20 baseline</li> </ul>	<b>Provide Patients with an Excellent Experience Care</b>
<b>Provide an equitable experience for patients from vulnerable groups</b>	<ul style="list-style-type: none"> <li>Improvement in our self-assessment when compared to baseline with reference to the NHS benchmark against national standards for Learning Disability Patients</li> </ul>	<b>Provide Patients with an Excellent Experience Care</b>
<b>Improve patient flow particularly with reference to improved discharge processes</b>	<ul style="list-style-type: none"> <li>Reduction in the number of patients awaiting external assessment, repatriation or external care when compared with the 2019/20 baseline</li> <li>See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20</li> <li>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2019/20</li> <li>Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20</li> </ul>	<b>Provide Patients with an Excellent Experience Care, Collaboration</b>
Improving Effectiveness and Outcomes		
<b>Develop and implement an integrated training and education framework</b>	<ul style="list-style-type: none"> <li>We will have an integrated education and training framework with SWL and St Georges Mental Health Trust for our staff to support the care and treatment of mental health patients in an acute setting</li> </ul>	<b>Provide Patients with an Excellent Experience Care, Collaboration</b>
<b>Embed a culture of quality, safety and learning</b>	<ul style="list-style-type: none"> <li>Improvements in related questions in the NHS Staff Survey</li> </ul>	<b>Improve Staff Experience Culture</b>
<b>Patients will not wait too long for treatment</b>	<ul style="list-style-type: none"> <li>Achievement of targets for: Referral to Treatment (RTT) within 18 weeks; Diagnostics within six weeks; Four hour operating standard; and Cancer standards</li> </ul>	<b>Minimise Avoidable Harm Improve Outcomes for Patients Care</b>

# Our Strategic quality and safety priorities for 2019 – 2024

1. We will **minimise avoidable harm across** our organisation, utilising the developments in technology and embedding further, robust quality assurance and learning processes
2. We will **improve outcomes for patients** through timely diagnosis, exceptional care and treatment and by working with our partners to ensure we contribute to developing the whole pathways of care for our patients
3. We will **provide patients with an excellent experience** through their journey with us, monitoring and acting on feedback to ensure continual improvements in the areas that matter the most to our patients
4. We will improve **staff experience**, enabling staff to feel valued, supported, and equipped to deliver high quality safe care and improve their work via quality improvement methodology
5. We will **provide patients with an equitable experience** by proactively reaching out with system partners to our communities and our vulnerable groups
6. We will **embed a culture** in which **quality, safety and learning** is embraced across the organisation, and is supported by robust systems of safety governance
7. We will be at the forefront of **providing and developing pioneering and leading edge treatments** for today and for the future

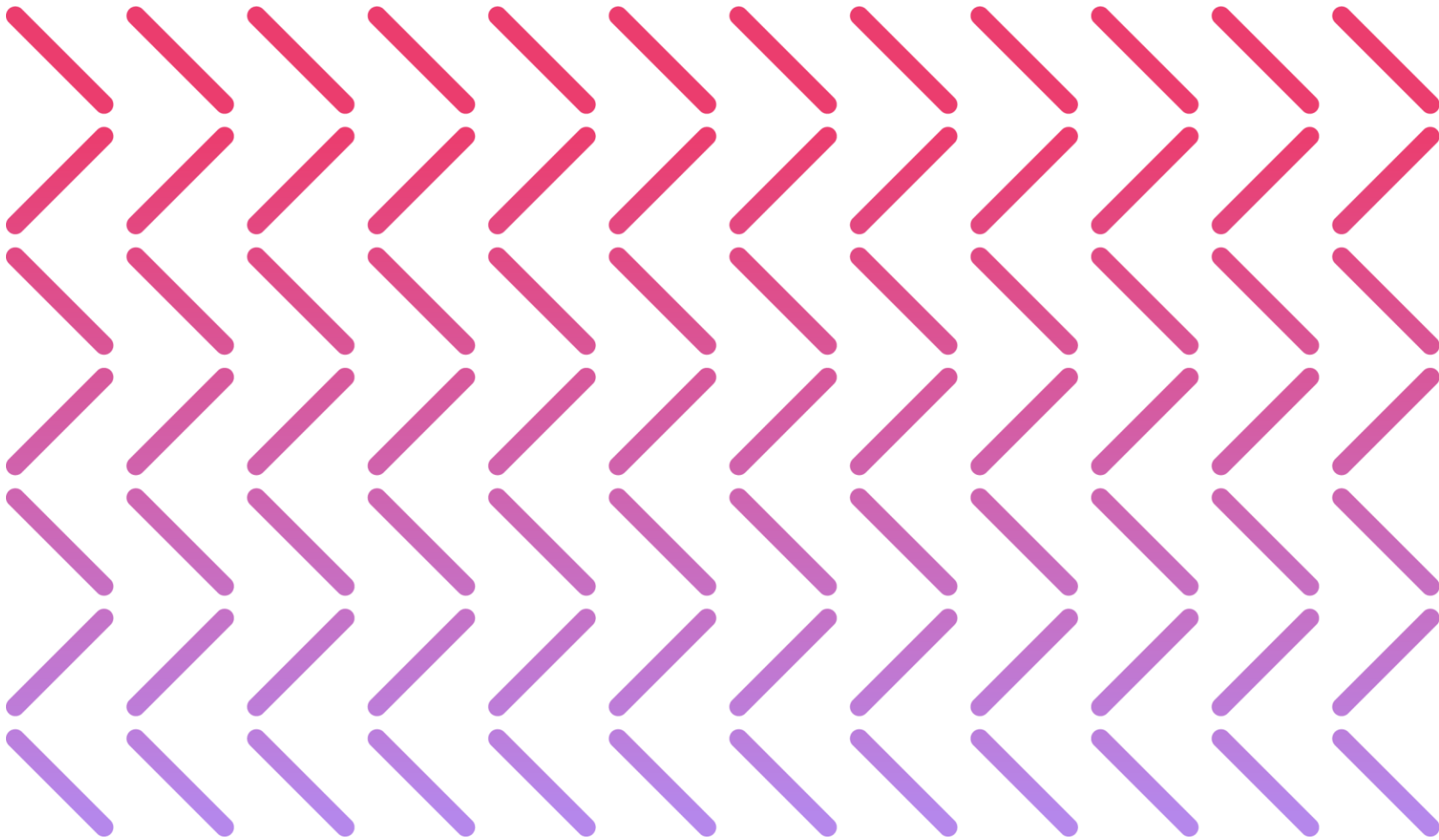
# Reflection on the session and Questions

- **Update on progress against the quality account priorities 2020-21**
- **Discuss and provide any feedback on the proposed quality account priorities for 2021-22**
- **Discuss the wider quality and safety priorities outlined in the Quality and Safety Strategy 2019-24**

# Appendix 1

## Quality Priorities 2020/21:




### Narrative on service improvement



# Quality Account Priorities 2020-21: service improvement

IMPROVING PATIENT SAFETY	OVERALL PROGRESS TO DATE	RAG
<p><b>Timely escalation and response to deteriorating patients</b></p>	<ul style="list-style-type: none"> <li>• Electronic Treatment Escalation Plan was built in the test domain of iClip and a baseline audit was undertaken</li> <li>• The updated national early warning score assessment process (NEWS2) was implemented in iClip</li> <li>• Inclusion of monthly TEP performance by ward in divisional reports to PSQG did not happen due to the number of ward moves and will be commenced in the next reporting cycle</li> </ul>	<p><b>A</b></p>
<p><b>Patients who lack mental capacity will have proper protection and care</b></p>	<ul style="list-style-type: none"> <li>• The MCA assessment template on iClip was launched in quarter 3, accompanied by supporting guidance</li> <li>• The integration of the guidance with Level 1 and 2 e-learning is pending as part of wider review of Level 1 training (scheduled for Q1 2021/22) and Level 2 (scheduled for Q 3 2021/22)</li> <li>• The Trust wide MCA staff knowledge survey was implemented in December 2020 and yielded 495 responses. Analysis of the findings is expected by end-March 2021</li> </ul>	<p><b>A</b></p>
<p><b>Consent for treatment</b></p>	<ul style="list-style-type: none"> <li>• Completion of the Trust wide Consent audit was delayed until December 2020. The interim results were presented to care group leads in December 2020 and implementation of the agreed improvement actions has commenced. Outcome report and resultant action plans to be presented to Health Records Group in February 2021 (January 2021 meeting cancelled due to extreme operational pressures)</li> </ul>	<p><b>A</b></p>
<p><b>Learning from Deaths</b></p>	<ul style="list-style-type: none"> <li>• Recruitment to the Mortality and Morbidity team leader completed. Interviews to be held for the M&amp;M coordinator roles (x 5 wtes) in February 2021</li> <li>• We continue to monitor and investigate mortality signals in discrete diagnostic and procedure codes from Dr Foster through the Mortality Monitoring Committee (MMC). There are currently investigations underway related to cardiology, intracranial injury and major trauma; the progress of each is being overseen by the MMC, with monthly reports on progress</li> <li>• Mortality as measured by the summary hospital-level mortality indicator (SHMI) is lower than expected for the year September 2019 – August 2020. We are one of 14 trusts in this category, and one of 11 trusts that also had a lower than expected number of deaths for the same period in the previous year. Our latest HSMR, for the 12 months from November 2019 to October 2020 also shows our mortality to be lower than expected</li> <li>• Looking specifically at emergency admissions, mortality is lower than expected for those patients admitted during the week and as expected for those admitted at the weekend. SHMI and HSMR have taken differing approaches to managing the impact of Covid-19, which is now included in the periods reported. Dr Foster, who produce the HSMR, include Covid-19 activity; whereas NHS Digital who are responsible for SHMI have excluded all Covid-19 activity</li> </ul>	<p><b>G</b></p>

# Quality Account Priorities 2020-21: service improvement

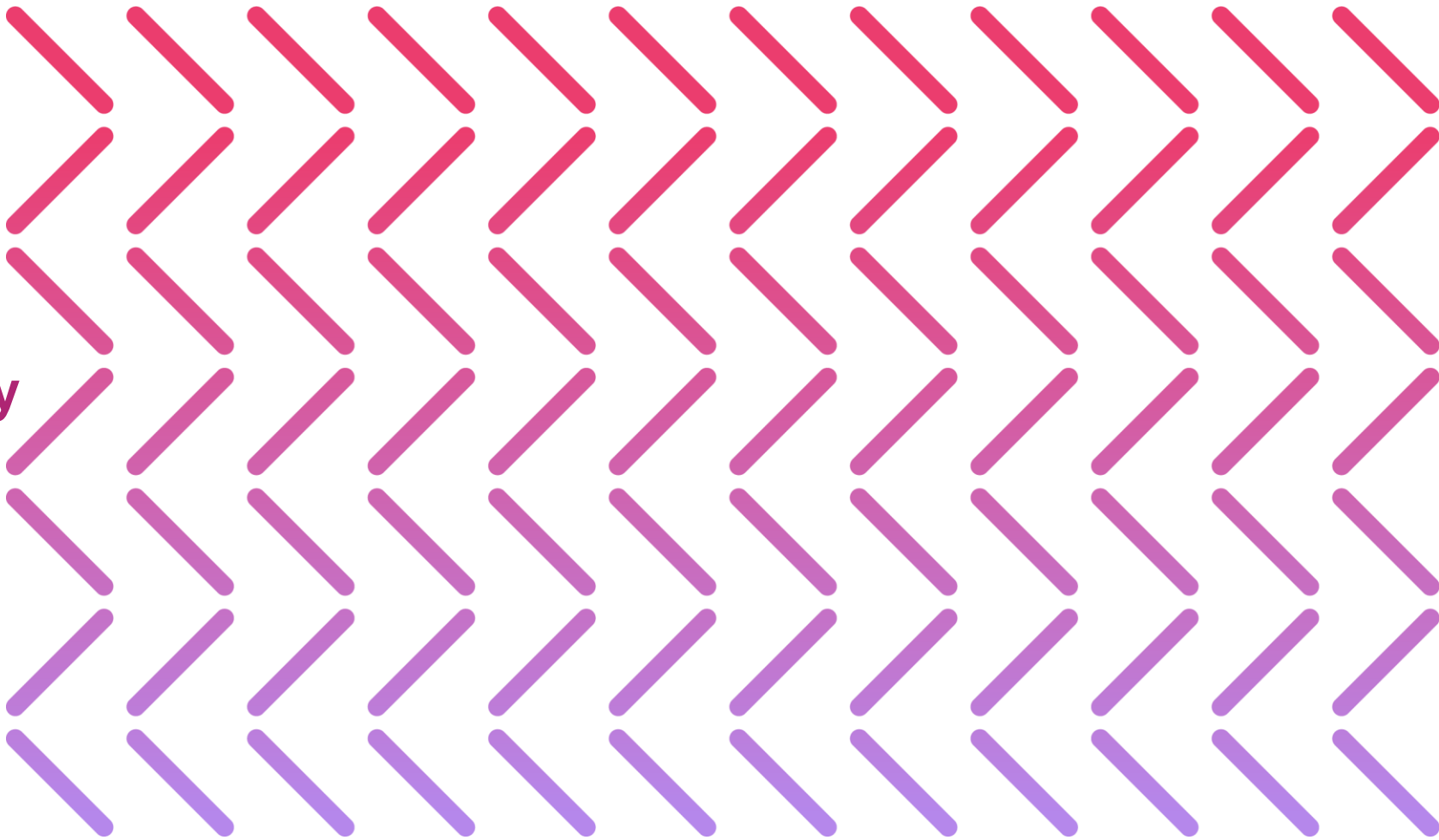
IMPROVING PATIENT EXPERIENCE	OVERALL PROGRESS TO DATE	RAG
<p><b>Learn from complaints to provide patients with an excellent experience</b></p>	<ul style="list-style-type: none"> <li>Apart from April 2020 our response rates for complaints has been above the 85% target for all categories since August 2019 and 100% for all categories since September 2019</li> <li>The learning from complaints is discussed at PSQG as part of the quarterly divisional performance reports and as part of the quarterly Complaints and PALs report</li> </ul>	
<p><b>Provide an equitable experience for patients from vulnerable groups</b></p>	<ul style="list-style-type: none"> <li>The NHS benchmark assessment was completed against national standards for Learning Disability patients</li> <li>An improvement action plan has been developed but due to exceptional demands on the service implementation has been slower than expected</li> </ul>	
<p><b>Improve patient flow particularly with reference to improved discharge processes</b></p>	<ul style="list-style-type: none"> <li>Discharge hub implemented and aligned to the site team to enable increased oversight of expected discharges. Implemented South West London system approach of agreed discharge to assess process</li> </ul>	

# Quality Account Priorities 2020-21: service improvement

IMPROVING EFFECTIVENESS AND OUTCOMES	OVERALL PROGRESS TO DATE	RAG
<b>Develop and implement an integrated training and education framework</b>	<ul style="list-style-type: none"> <li>Implemented a standard operating policy for the documentation of assessments completed by the psychiatric liaison team</li> <li>Reviewed leadership capacity and recruited to a new role commenced December 2020 Head of Nursing for Mental Health</li> <li>Head of Nursing for Mental Health now focussed on the development of the integrated training and education framework</li> </ul>	A
<b>Embed a culture of quality, safety and learning</b>	<ul style="list-style-type: none"> <li>Recruited to the majority of new posts recommended by the external governance review</li> <li>Commissioned a third external governance review to assess the effectiveness of quality and safety reporting and monitoring through the existing meeting structures up to the Quality and Safety Committee and to the Board. The report was received in the Trust in February 2021</li> </ul>	A
<b>Patients will not wait too long for treatment:</b>	<ul style="list-style-type: none"> <li>Achieved 88% elective activity: based on Elective and Daycase only and excluding COVID-19 activity</li> </ul>	A

**Appendix 2**

**Quality and Safety Strategy  
2019-24**





# Our Strategic quality and safety priorities for 2019 – 2024

1. We will **minimise avoidable harm across** our organisation, utilising the developments in technology and embedding further, robust quality assurance and learning processes
2. We will **improve outcomes for patients** through timely diagnosis, exceptional care and treatment and by working with our partners to ensure we contribute to developing the whole pathways of care for our patients
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5. We will **provide patients with an equitable experience** by proactively reaching out with system partners to our communities and our vulnerable groups
6. We will **embed a culture** in which **quality, safety and learning** is embraced across the organisation, and is supported by robust systems of safety governance
7. We will be at the forefront of **providing and developing pioneering and leading edge treatments** for today and for the future

# Summary: Our vision for Quality and Safety at St George's 2019-2024

**Quality is at the heart of our Clinical Strategy 'Delivering outstanding care every time' and by 2024 St George's will be an outstanding Trust delivering the best experience and outcomes for patients by happy staff who are fully equipped to provide high quality and safe services within a culture of continuous quality and safety improvement**

By 2024 we will know we have met our ambition because our:

- Patients will receive outstanding care every time from birth to end of life and palliative care
- Staff will have the training, development and resources needed to deliver outstanding care every time
- Trust will have an outstanding record of patient safety
- Trust will be soundly governed and compliant with the requirements of our regulators
- Trust will be rated Outstanding by the Care Quality Commission

## **Above all:**

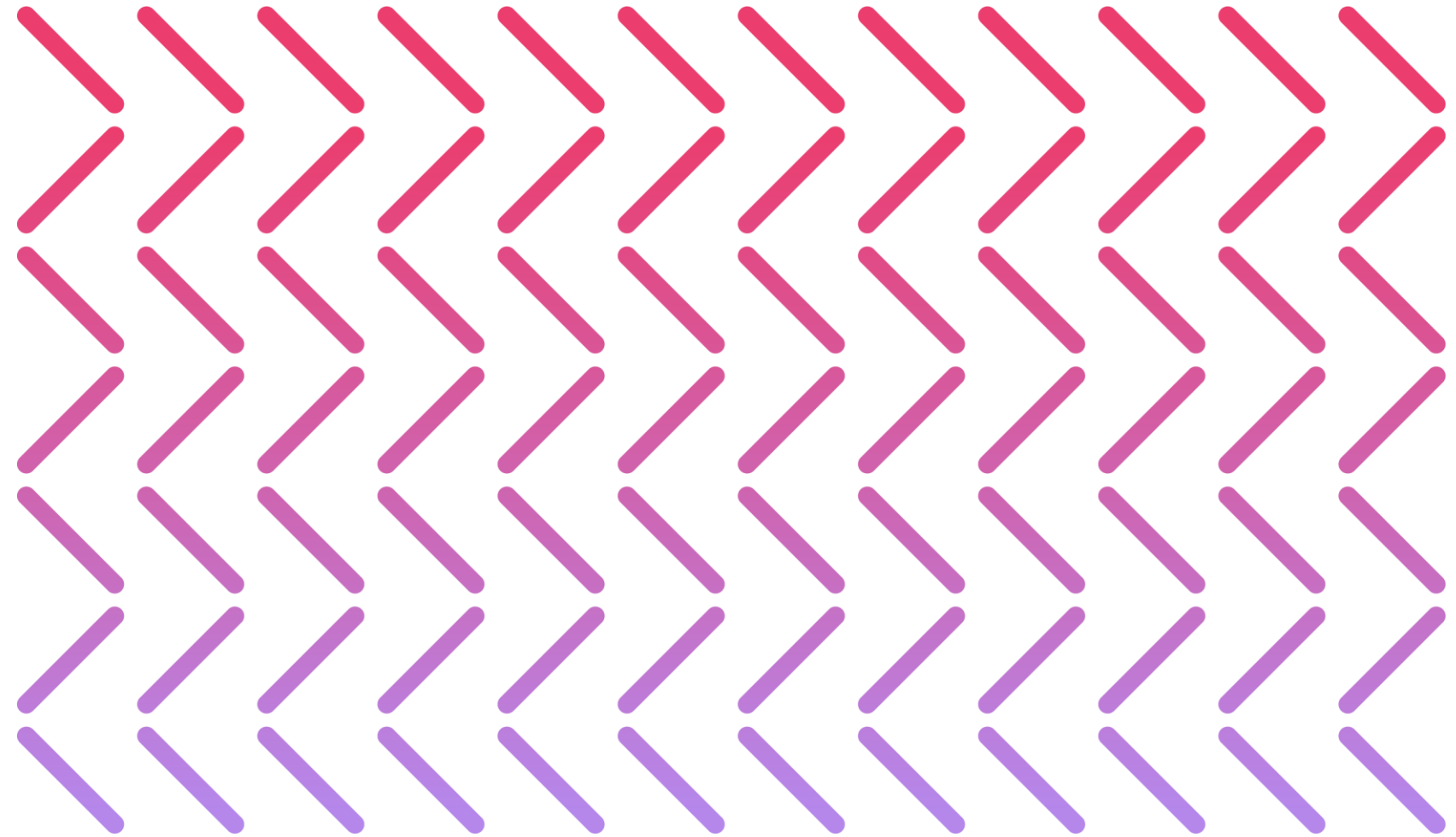
Our communities will have equal access to the best care and treatment when they need it and St George's will be among the best and safest places in the country to receive care.

## **Implementation:**

A plan was produced to deliver the year 1 objectives for each of the seven priority areas, setting out the actions to be taken with clear targets, Key Performance Indicators and an accountable owner. The progress of the year 1 plan has been monitored at Patient Safety Quality Group and the Quality and Safety Committee.

# Quality and Safety Strategy

- High level summary position for quarter 3 2020-21
- Implementation Plan 2020/21



	2020/21 priorities	Q1 RAG	Q2 RAG	* Q3 RAG	Number of objectives due for delivery in Q3, reason for slippage and mitigation
<p><b>Quality &amp; Safety Strategy 2019-24</b></p>	1. Minimise avoidable harm	G	A	A	<p><b>10 objectives due: 6 delivered; 2 in progress; 2 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ Achieved 88% elective activity against 90% target. Review PTL and elective caseload post wave 2</li> <li>➤ Recruitment to new posts recommended as part of the governance review was not fully completed. Required to go out to advert for the third time for Head of Risk and Compliance. Interviews for M&amp;M Coordinators to be held in February 2021</li> <li>➤ Monthly TEP performance by ward has not been included in divisional reports to PSQG due to the number of ward moves. To be commenced in the next reporting cycle. The re-scheduled re-audit of NEWS2 responsiveness did not happen due to the ICU workload. Re-audit date to be confirmed</li> </ul>
	2. Improve outcomes for patients	G	G	R	<p><b>3 objectives due: 1 delivered; 1 in progress; 1 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ Achieved 88% elective activity against 90% target. Review PTL and elective caseload post wave 2</li> <li>➤ External Quality Surveillance Programme (QSP) suspended by NHSE/I due to Covid-19. To recommence when QSP re-started</li> </ul>
	3. Provide patients with an excellent experience	A	A	G	<p><b>6 objectives due: 3 delivered; 2 in progress; 1 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ Red to Green initiative paused and Discharge to Assess implemented</li> <li>➤ ITU expansion plans remain under development</li> <li>➤ Co-creation of the Always Event for Sickle Cell patients in the emergency department is paused due to Covid-19. The plan for re-start with a revised timeline to be agreed</li> </ul>
	4. Improve staff experience	G	G	G	<p><b>1 Objective due and delivered</b></p>
	5. Provide patients with an equity of access and quality	A	A	R	<p><b>2 objectives due: 1 in progress; 1 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ Formal results of NHS Benchmarking currently in draft. Formal development of action plan delayed due to this and operational requirements of the team during Covid-19.</li> <li>➤ Development of integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting was paused due to operational requirements of Covid-19 wave 2. Scoping exercise and review of CQC guidance and NICE guidance undertaken to inform Trust training requirements</li> </ul>
	6. Embed a quality, safety and learning culture	A	A	R	<p><b>3 objectives due: 1 delivered; 2 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ Recruitment to new posts recommended as part of the governance review not fully completed. Required to go out to advert for the third time for Head of Risk and Compliance. M&amp;M Coordinators interview to be held in February 2021</li> <li>➤ Phase 3 governance review report not received as expected due to impact of Covid-19. (Received in Q4: February 2021)</li> </ul>
	7. Provide and develop pioneering and leading edge treatments	G	G	R	<p><b>3 objectives due: 1 delivered; 2 not delivered</b></p> <ul style="list-style-type: none"> <li>➤ The review and implementation of new care models aligned with Divisional, Clinical and Research Strategy Implementation plans was paused due to the need to respond to Covid-19 wave 2</li> <li>➤ Connection of smart pumps with WiFi capability to a central system was dependant on the receipt of upgraded (newer model) pumps to replace all pumps across the Trust, ordered in January 2020. However, manufacture of smart pumps is currently suspended</li> </ul>

\* In quarter 3 a revised RAG assessment has been applied to the summary progress position to reflect the impact of Covid-19 wave 2

RAG rating – proportionate assessment of overall progress

G = > 80% quarter 3 objectives delivered and/or in progress

A = < 80% quarter 3 objectives delivered and/or in progress

R = < 70% quarter 3 objectives delivered and/or in progress

# Implementation plan (1 of 4)

Objective	SRO	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	End of year success measure
<b>1. Minimise avoidable harm: Improve patient safety</b>	CMO	Embed roll out of Treatment Escalation plan (TEP) supported by monthly point prevalence audit: <ul style="list-style-type: none"> <li>Develop electronic version of Treatment Escalation Plan on iClip</li> <li>Develop and implement monthly point prevalence audit</li> </ul>	Include monthly reporting on TEP performance by ward in Divisional reports to PSQG  Review impact on NEWS2 responsiveness	Evaluate progress to date and re-set performance trajectory for 2021/22	<ul style="list-style-type: none"> <li>Reduction in avoidable harm and death associated with missed opportunities when compared with 2019/20</li> <li>Improved response to the National Early Warning Score (NEWS2) when compared with 2019/20</li> <li>Non-elective adult patient admissions have a TEP in place within 24 hours in line with the agreed trajectory</li> <li>Reduction in the number of cardiac arrests compared with 2019/20</li> </ul>
	CNO	Build Mental Capacity Act (MCA) assessment template in iClip in test domain  Re-launch MCA questions within ward accreditation programme  Finalise staff MCA knowledge survey	Implement MCA iClip assessment template supported by training  Implement Trust wide MCA staff knowledge survey  Develop level 3 training e-training module	Undertake audit of healthcare records  Continue to develop level 3 training e-training module ready for launch in Q1 2021/22  Evaluate and re-set plan for 2020/21	<ul style="list-style-type: none"> <li>Demonstrate patients who lack mental capacity have proper protection and care</li> <li>Achieve compliance with our training targets for Mental Capacity Act (MCA) training and evidence of targeting specific areas based on analysis of notes audit</li> </ul>
	CMO	Undertake Trust wide Consent audit and develop targeted improvement plans	Analyse results and implement improvement actions	Re-audit and evaluate	<ul style="list-style-type: none"> <li>Improved position when compared with Q2 audit findings</li> </ul>

# Implementation plan (2 of 4)

Objective	SRO	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	End of year success measure
<b>1. Minimise avoidable harm: Improve patient safety</b>  <b>(contd)</b>	CMO	Embed new medical examiner system (MES)  Finalise job evaluation process for M&M and MDT coordinator roles	Recruit to M&M and MDT coordinator roles  Develop process to share the learning from M&M and MDT meetings	Implement process to share the learning from M&M and MDT meetings	<ul style="list-style-type: none"> <li>Medical examiner system in place</li> <li>Maintain SHIMI within confidence levels (&lt;1%)</li> </ul>
	CNO	COVID-19: In line with national requirements undertake root cause analysis of nosocomial infections in the Trust using agreed SW London assessment template	In conjunction with SW London apply identified learning to future sector wide and Trust COVID-19 infection control planning	Evaluate learning and re-set	<ul style="list-style-type: none"> <li>Retrospective RCAs for all nosocomial infections, identified learning and revised COVID-19 infection control plans</li> </ul>
	CMO	COVID-19: Implement the Trust's Clinical Safety Strategy to recommence identified services, for example restarting endoscopy for national bowel screening and use of the independent sector	Achieve 90% of elective activity compared with 2019/20 activity levels		<ul style="list-style-type: none"> <li>RTT performance and waiting list reduction</li> </ul>

# Implementation plan (3 of 4)

Objective	SRO	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	End of year success measure
<b>2. Improve outcomes for patients</b>	CNO	Extend Get set for Surgery to include Trauma and Orthopaedics and Breast surgery	Extend Get set for Surgery to remaining surgical specialities		<ul style="list-style-type: none"> <li>Get set for Surgery business as usual</li> </ul>
	CMO	Participate in external quality surveillance programme for highly specialised services	Develop and implement improvement plans as appropriate following feedback from Quality Surveillance Programme	Review quality and safety activity across the Trust and develop and publish Quality Report [Account] 2021-22	<ul style="list-style-type: none"> <li>Local and national audit outcomes</li> <li>Quality Surveillance Programme outcomes</li> </ul>
	COO	COVID-19: Deliver care in line with Clinical Safety Strategy and revised activity plans	Achieve 90% of elective activity compared with 2019/20 activity levels		<ul style="list-style-type: none"> <li>Achieve revised targets for:                             <ul style="list-style-type: none"> <li>➤ RTT within 18 weeks</li> <li>➤ Diagnostics within six weeks</li> <li>➤ Four hour operating standard</li> <li>➤ Cancer standards</li> </ul> </li> </ul>
<b>3. Provide patients with an excellent experience</b>	CNO	Develop and implement Always Events for Sickle Cell patients attending the Emergency Department	Develop and implement Always Events for Sickle Cell patients attending the Emergency Department	Develop and implement a child friendly complaints process	<ul style="list-style-type: none"> <li>Positive feedback from sickle cell patients</li> <li>Children's complaint process in place</li> </ul>
	CNO	Implement the improvement actions from the National Inpatient Survey 2019	Finalise and commence delivery of improvement action plan	Continue delivery of improvement actions and participate in 2020 survey	<ul style="list-style-type: none"> <li>Friends and Family Test</li> <li>Inpatient Survey results</li> <li>Reduction in the number of formal complaints</li> <li>Increased patient participation in improvement projects</li> </ul>
	CNO	Review and re-set Patient Partnership participation agenda	Implement recommendations from review of Partnership participation agenda		
	COO	Improve patient flow particularly with reference to improved discharge processes to support patients with complex discharge needs	Re-start red to green	Revise the process and implement updated version as part of the operational plan in Q1 of 2022	<ul style="list-style-type: none"> <li>Upward trend in our patients reporting involvement in their discharge arrangements when compared with 2019/20</li> <li>Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2019/20</li> </ul>
	CFO	Improve ward and departmental environments: Rodney Smith, Marnham, Emergency Floor, McIntee Ward	Finalise ITU expansion plans Finalise Emergency floor development plans	Revised deadline from NHSE 2022. Work to maximise the number of ITU-equipped areas before winter 2021/22.	<ul style="list-style-type: none"> <li>Refurbished wards and environments</li> </ul>
	CNO	COVID-19: review and implement revised Visiting Policy and implement SW London patient information leaflet			<ul style="list-style-type: none"> <li>Revised visiting policy in place including access to models for virtual visiting</li> </ul>

# Implementation plan (4 of 4)

Objective	SRO	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	End of year success measure
<b>4. Improve staff experience</b>	CPO	Encourage staff to attend recommended staff networks and to access health and well-being initiatives	Deliver focussed health and well-being programme		<ul style="list-style-type: none"> <li>Improved NHS Staff Survey scores</li> <li>Improved engagement with staff networks</li> </ul>
<b>5. Provide patients with an equity of access and quality</b>	CNO	Receive outcome of NHS benchmark against national standards for Learning Disability patients	Develop and implement improvement action plan	Participate in self assessment 2020/21	<ul style="list-style-type: none"> <li>Improvement in NHS benchmark when compared to baseline</li> </ul>
	CNO	Recruit to new post for Head of Mental Health	Together with SWL and St George's Mental Health Trust develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	Commence delivery of integrated education and training framework	<ul style="list-style-type: none"> <li>Integrated education and training framework in place</li> </ul>
<b>6. Embed a quality, safety and learning culture</b>	CMO	Implement the improvement actions from the external governance reviews: cardiac surgery; maternity services; mortality & morbidity meetings and MDT meetings; and clinical governance capacity and resilience	Complete recruitment to new posts  Receive phase 3 external governance review report and develop and implement management action plan		<ul style="list-style-type: none"> <li>Improvement actions from all external reviews completed by due date</li> <li>Increased use of the Freedom To Speak Up Guardian and Champions</li> <li>Improved NHS staff survey scores</li> </ul>
	CNO	Re-commence ward and departmental accreditation programme			<ul style="list-style-type: none"> <li>Improved NHS staff survey scores</li> </ul>
	CMO	Deliver be-spoke human factors training	Review delivery model for human factors training to meet requirements of social distancing		<ul style="list-style-type: none"> <li>Increased incident reporting, with a decrease in the proportion of incidents causing harm</li> </ul>
<b>7. Provide and develop pioneering and leading edge treatments</b>	CIO	Vital signs monitoring to be sent directly to the electronic patient record	Covid-19 recovery programme and returning to the new normal: review /assess and implement new care models aligned with Divisional, Clinical and Research Strategy Implementation plans		<ul style="list-style-type: none"> <li>Our patients report positive experience (Compliments)</li> <li>Improved patient reported outcome measures (PROMs)</li> <li>Improved number of patients participating in research trials</li> <li>Evidence of 'Get set for Surgery' available for other surgical specialities</li> </ul>
	CMO	Use of virtual reality in day case	Connect all pumps across the Trust to a central system  Develop Medical Devices training database		<ul style="list-style-type: none"> <li>Able to demonstrate pioneering and leading edge treatments across a wide range of services</li> </ul>