

Quality Strategy 2019 - 2024



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Introduction

As the Executive Director of Nursing & Governance and professional lead for Allied Health Professionals and the Medical Director, we are proud to work at The Walton Centre and would be happy for any of our friends or families to receive the quality care here.

This Quality Strategy sets out our ambitions for the next five years to ensure that quality continues to exceed patient and family expectations, as well as internal and external targets. We have aligned this with the Trust Strategy, so that we can combine long term goals and give them a high level of focus to make a positive difference. Our aim is to be the number one Trust across the UK for delivering “Excellence in Neuroscience” by ensuring we deliver the best quality care to our patients and their families.

Quality encompasses such a wide span of care delivery and this strategy sets out clearly our ambitions. We believe it is important to be open and transparent about our plans and recognise quality in all its facets, for patients, their families and our staff. Our patients expect a quality service and so should their family members / carers. We see ourselves as visitors in a patient’s journey and we endeavor to deliver quality healthcare and encourage a high level of engagement and communication with families and carers.

We believe that staff must be supported in order to deliver outstanding care. Our values and behaviours are set out in the ‘Walton Way’ and underpins our strategy. The Quality Strategy is aligned to our Trust quality accounts, quality improvements and the five CQC domains: Safe, Caring, Responsive, Effective and Well Led – key measurements that enable us to measure our success.

Patient and Family Centred Care (PFCC) and feedback regarding experience is very important to us. This strategy will focus on PFCC feedback, as research shows that by achieving PFCC, quality care and satisfaction increases.

Several reports, guidance and reviews have been written to encourage organisations to learn from the mistakes of others and ensure that Trusts are continually improving. Such reports include The Francis report, The Berwick review, Cavendish review, and the National Quality Board, “Learning from deaths” (2017). The “Learning from Deaths” 2017, which followed on from the Francis report, set out how organisations need to review deaths to ensure that any lessons learned are identified and acted upon to prevent reoccurrence. The Walton Centre wholeheartedly takes part in reporting such as this and makes them available to everyone on the Trust’s website.

This year, The NHS Long Term Plan was published which has quality improvement and future sustainability at its heart. The Walton Centre is always striving to achieve ‘Excellence in Neuroscience’ and believes the strategies identified will enable this success.

In addition, The NHS Patient Safety Strategy has been published and will focus on continuously improving the safety culture. The Walton Centre has incorporated the points from this document into the strategy. Following the Francis report, Freedom to Speak up Guardians were put in place to enable a more positive culture across the NHS which works well within our hospital.

All Trust employees have a responsibility to deliver “Excellence in Neuroscience” which is continually monitored and is documented as part of yearly appraisals. Implementation of this strategy will be supported by the Executive Directors and Divisional Triumvirate teams (comprising Divisional Director, Divisional Nurse Director and Divisional Clinical Director), including clinical and operational leaders as well as finance, HR and IT support. As Director of Nursing & Governance and Medical Director we will be jointly delivering this strategy and ensuring the delivery of work involved. Trust Board will oversee and seek assurance on the effectiveness of its’ delivery.



Lisa Salter
Director of Nursing & Governance



Andrew Nicolson
Medical Director

What is Quality?

At The Walton Centre, we see quality within our vision as “Excellence in Neuroscience”. This excellence is incorporated into how we deliver patient and family centred care, ensuring that we meet and exceed our clinical outcomes to benefit patients. Whilst we have measurements for quality indicators, we believe that ‘softer’ measures are also important to capture patient and family feedback related to their experience, which helps us continually improve.

Quality should meet the triple aim: better care, whilst improving the health of our patients in addition to saving money. Our key focus for the next five years is to further improve the care we deliver to our patients and enhance the support we give to families.



Governance is a key part of how quality is managed. Good governance has several major characteristics. “It is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law” (Governance Pro, 2019). We plan to continue evaluating and analyzing decisions made in the interests of patients, and also continue engage with patients, families, our staff and external stakeholders to check we are on the right track. It’s also very important that we document these decisions and monitor progress so we can identify and implement improvements where appropriate.

The Trust is committed to delivering outstanding care for patients and monitors quality and safety on a daily basis. Safety is reviewed each morning at the Trust safety huddle meeting, which allows all staff (regardless of role and seniority) to escalate any concerns relating to patient, visitor or staff safety. This forum allows staff to act swiftly, address issues and reduce risks. Themes and actions are then shared regularly with Quality Committee that reports into Trust Board.

The portfolio of the Director of Nursing now incorporates Governance and Patient Experience alongside the nursing agenda which enables a stronger approach to excellent clinical outcomes and patient and family centred care. The Governance and Patient and Family Experience Department has continued to review and enhance its staffing structures to further strengthen areas of health and safety, personal safety, fire safety, major incident and business continuity plans. A recent key focus was the development of the Governance Assurance Framework (GAF), which identifies emerging risk themes every quarter. The GAF is informed by a number of Trust stakeholders, assessing themes, trends and

learning from incidents, concerns, complaints and staff engagement. They constantly inform action planning and puts recommendations to the Trust Quality Committee, which in turn reports to Trust Board.

To ensure compliance with the Care Quality Commission (CQC) registration regulations, each regulation is part of a planned schedule of reviews, which works alongside internal quality inspections. The clinical area accreditation scheme, CARES (communicate, assess, respect, experience and safety) Quality Review is an example of how standards of care can be assessed. The review is designed around 15 standards, with each standard subdivided into four categories: patient experience, observations, documentation and staff experience. The outcomes of these are reviewed and shared with Trust Board. The aim is to further increase quality care and experiences and the outcomes will be signposted outside of each clinical area.

As a specialist hospital, The Walton Centre believes that quality is delivered by working in partnership with other organisations to enhance patient care. We support partner hospitals across the region in effectively dealing with acute neurology admissions, in addition to our existing ward consultation services in other hospitals. We have started ambulatory care services at the Royal Liverpool University Hospital and St Helens & Knowsley Hospitals, with plans for support at Aintree University Hospital and the Countess of Chester in the near future. These will provide patients and clinicians with prompt access to specialist advice and guidance without requiring prolonged inpatient stays for appropriate patients. As a consequence this will reduce pressure on acute beds, improve the patient and family experience, outcomes and delivering care closer to home.

Following the Getting it Right First Time (GIRFT) neurology review, we will continue to evolve our acute neurology provision to regional hospitals to make sure patients admitted with neurological conditions receive the best care even when admitted outside of The Walton Centre.

- The CQC rated the hospital as 'Outstanding' in August 2019 for a second time. Inspectors found that the Trust was an exemplar in several areas, including patient care. The CQC described: The high level of culture and innovation. There was a medical innovation group, a dedicated director lead and the Trust was only the second in the country to have a clinical lead for innovation. There were examples of how the Walton Centre Charity was supporting a current development to acquire a Computer Assisted Rehabilitation Environment System.
- The Trust was the first hospital in the north treating adult patients using intra-operative MRI scanning. This allows surgeons to visualise tumours more easily and patients being scanned during surgery reduces the requirement for further surgery

- Within critical care the service introducing the use of transcranial doppler in the monitoring of patients. This was a non-invasive monitoring process. Clinical leads told inspectors it enabled them to identify issues early, so that intervention could be made as soon as possible.



The Director of Nursing & Governance and the Medical Director will review the strategy at the end of each financial year and confirm plans for the following year. Regular reviews will mean the strategy remains relevant, appropriate to the local and national health environment and overall Trust strategy. Information pertaining to Quality will be incorporated into the Quality Account and report.

What is Patient & Family Centred Care

Patients and families are at the heart of everything we do at The Walton Centre. Our aim is that all patients and families receive outstanding care and have an excellent experience when they use our services. Their voice is central to how we monitor performance and identify ways in which we can improve. A central component of our Trust Strategy and vision is the implementation and development of Patient and Family Centred Care (PFCC).

PFCC is an approach to the planning, delivering and monitoring care that is based on mutually beneficial relationships between staff, patients and families. The central focus is on staff working in partnership with patients and families in all aspects of care. Research by the Institute for PFCC has shown that this approach leads to better health outcomes, improved experience of care, better staff satisfaction and a more effective use of resources. Our staff are proud of the care they provide and PFCC provides a valuable way in which we can align excellent patient and family experience with excellent staff experience.

At The Walton Centre, we have adopted a structured approach to implementing PFCC. It has been incorporated into our governance structure and a PFCC Champions Group comprising clinical and non-clinical staff from across the organisation has been introduced. The Group identifies and monitors ways in which we can improve patient and family experience and is a sub-group of the Patient Experience Group, which in turn reports to the Quality Committee. The aim of this group of staff is to take forward work identified by the Patient Experience Group in addition to discussing ideas with patients and their families.

An essential element of our approach is embedding methods that enable us to understand what it is like for patients and families to use our services. We do this through 'soft' indicators such as engagement events with patients and families, patient and family stories, patient and family shadowing and Executive 'walkabouts' in wards and departments.

Through feedback, we have developed a shared vision for the ideal patient and family experience at The Walton Centre. The 'Six WALTON Steps' highlight our vision of an excellent Patient and Family Journey at The Walton Centre.



The Walton Centre
NHS Foundation Trust

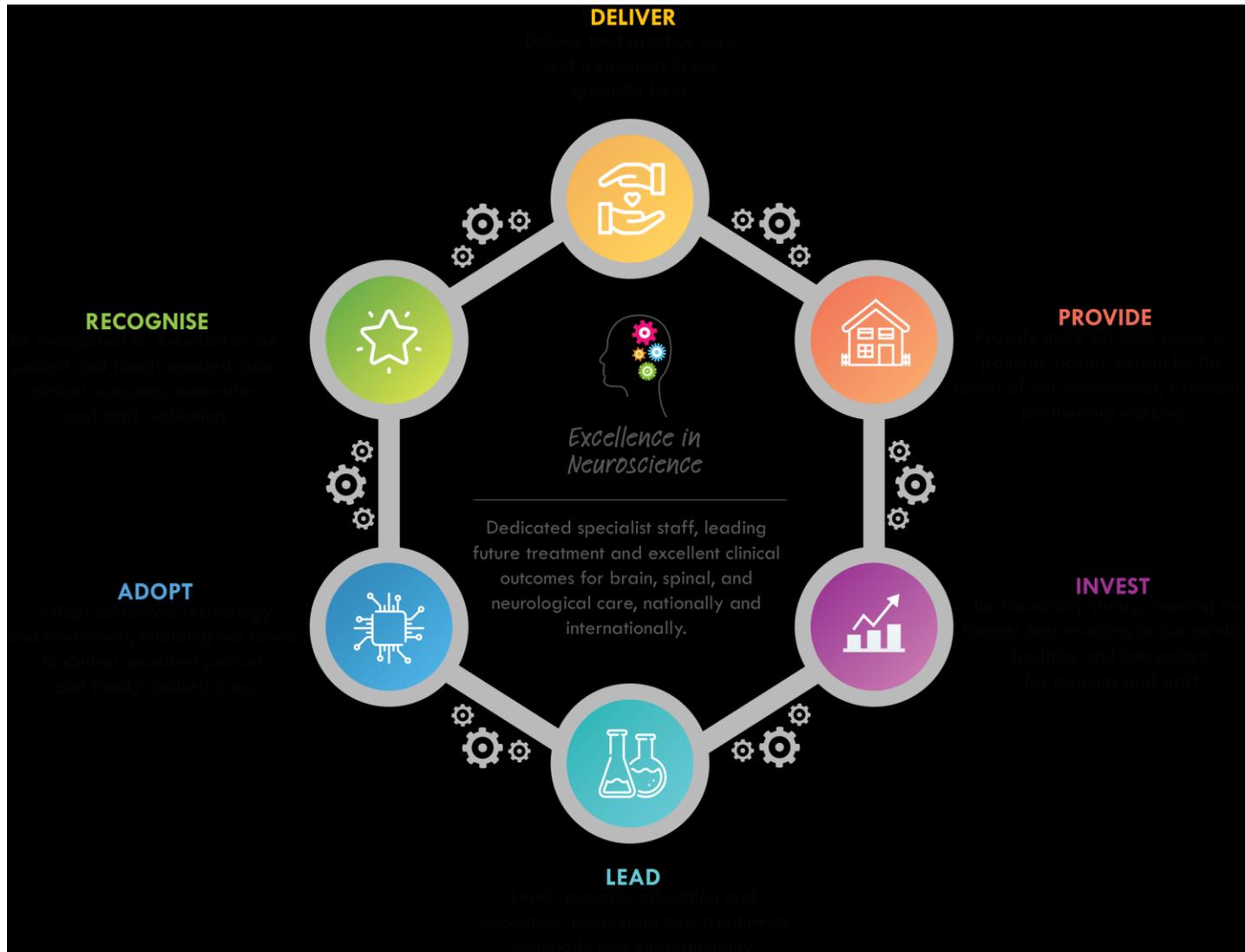
The Walton Centre Patient and Family Journey

The six key stages of the patient and family experience at The Walton Centre.



Vision and values

In 2018, extensive work was undertaken to work with staff Trust-wide and our external stakeholders to determine what was important to the Walton Centre and what our ambitions might be. This work culminated in our vision: “Excellence in Neuroscience”. From this work, we were able to identify our 6 ambitions:



Our vision will be achieved through our values within The Walton Way



The five Walton Way values are:

- **Caring** - caring enough to put the needs of others first
- **Dignity** – passionate about delivering dignity for all
- **Openness** – open and honest in all we do
- **Pride** – proud to be part of one big team
- **Respect** – courtesy and professionalism – it's all about respect

What have we achieved at The Walton Centre

Since our last Quality Strategy (2015-2018), significant improvements to quality have been completed. Below are some of the improvements / initiatives that we have undertaken:

Patient & Family Centred Care

- Improved patient and family feedback and information – Significant engagement undertaken and increased use of social media
- Oral hygiene training – Enhanced training delivered to all ward areas for this new UK-wide initiative
- Chatterbox project – Therapy led initiative to encourage communication.
- Intracranial pressure monitoring – Monitoring patients at home to enhance patient experience.
- Garden room in ITU / moving sky – To enhance patient experience / enable patients to comprehend day / night and reduce delirium
- Paging system for families of patients in ITU – To support timely contact with families to be with their loved one
- Open visiting – To encourage better communication and enhanced patient and family experience

Innovation

- Hayley's huddle / Trust safety huddle – Meetings to enhance communication and patient, family and staff safety
- Cultural ambassadors – To encourage support of BAME staff with HR processes
- Introduction of iMRI – to undertake iMRI scan during specific procedures and reduce the possibility of these patients having to attend theatre for a second time
- Walton Surgical Assist role – To support patient care delivery in a safe and competency assessed manner.
- Life link clinics – Rehab Network have introduced a clinic for inpatients to seek advice for life after illness eg benefits advice
- Digital Apps for Multiple Sclerosis Service– Enables the recording of symptoms and clinical outcomes
- Developed our e-obs nursing observations system to the NEWS2 standard and added automated prompts to ward staff and SMART team about deteriorating patients.
- Developed our clinical systems across several domains to improve quality of clinical documentation, efficiency and reduce our dependence on paper processes.
- Patient & Family Centred Care – To maximise patient and family experience and support initiatives that support this.
- Robotic Arm for treating epilepsy – Used to support pre epilepsy surgery
- Launch Walton CSF Biobank – To support research both national and internationally into neurological conditions
- Expanded our provision of nurse advice lines across specialities – To support patient care delivery and experience.
- Shiny Mind resilience app – App to support staff 24/7 both at home and work

New Services / Accreditations

- Anaesthesia Clinical Services Accreditation – National standards for Anaesthesia
- Hyper Acute Stroke – Recognition for research in hyper acute stroke management
- 7 day Thrombectomy service – to treat patients from across the region who require a clot to be removed following a stroke.
- Research Centre Accreditation – Recognised standards for research dept.
- Centre of Excellence by Eurospine – European recognition of standards.
- Navajo Accreditation – Accreditation of equality
- Advanced practice in radiology providing x-ray guided lumbar punctures – New service

We are proud that our staff not only want to deliver our Quality Account priorities but are also keen to take forward other initiatives that have positive impacts on patients, families and carers.



Our Ambitions



Deliver

Ambition: Be compliant with all of our quality key performance indicators and patient and family feedback to enable us to deliver outstanding quality care to our patients and their families.

Links to: CQC Key Lines of Enquiry:
Safe, Effective and Caring

Key Measures: National Inpatient survey, KPIs, FFT, incident reporting, balance score card

Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> Deliver excellent standards of patient care to all patients at all times. 	Undertake senior nurse walkabouts. Undertake WCFT CARES assessment. Matron rounds. FFT. Patient and family feedback	SNT	year 1	CARES assessment undertaken in all areas 9 areas awarded gold 3 Silver 0 bronze COMPLETE
<ul style="list-style-type: none"> Deliver excellent quality harm-free care to our patients, having a year on year reduction in hospital acquired infections, pressure ulcers and never events. 	Hand hygiene audits. Infection prevention KPIS and reviews at Committee and benchmarking against national trends	IPC/SNT	yearly	Regular hand hygiene audits continue including independent audits. Results fed back at Infection Control Committee Meetings (IPC). High impact interventions audits are also completed to monitor evidence based practice. Education sessions for staff on-going.

				Achieved reduction in all HCAI (with the exception of MSSA) at the end of Q4 (2019/20) COMPLETE YEAR 1
<ul style="list-style-type: none"> Deliver aseptic non-touch technique to ensure infection prevention and control standards are the best they can be 	Undertake training and monitor of completion of training at Infection Prevention Committee	ANTT being rolled out SNT/IPC/ DIV	year 2	HO - ANTT theoretical and practical competencies are progressing. There is an ambition for each clinical area to achieve >85% completion of competencies by the end of Q3. Progress against this ambition monitored via IPC. HO – competencies to be reviewed by end of Q4. Observation of practice to be undertaken during Q1
<ul style="list-style-type: none"> Reduce surgical site infections year on year. 	Implementation of electronic patient records to improve compliance and facilitate appropriate monitoring and targeting of specific areas. Hand hygiene audits. IPC KPIs.	IPC	year 2	CC Surgical site reporting is now electronic within ep2. This will increase compliance therefore giving the Trust more reliable data. This is presented to IPC COMPLETE
<ul style="list-style-type: none"> Fully implement OPAT (Outpatient Parenteral Antimicrobial Therapy). An opportunity for patients to be treated at home and be closely monitored. 	OPAT in use for patients following spinal neurosurgery and to be further utilised for patients post cranial surgery.	Specialist Nurses	years 1-2	OPAT service is now fully implemented. The Trust also holds quarterly antimicrobial stewardship meetings. COMPLETE

<ul style="list-style-type: none"> All nursing staff and medical staff to be compliant with training requirements enabling the delivery of safe practice and care delivery. 	<p>Managers to ensure staff compliance and monitor via Divisional Risk & Governance Committee Targets – yearly</p>	<p>Triumvirate</p>	<p>year 2</p>	<p>MR Practice Educators embedded in all areas. MW All training requirements for all staff are discussed as a standing item each month at Risk & Governance Meeting. Also discussed at weekly Divisional catch up meeting.</p> <p>SIM centre relocated to Sid Watkins – in house ILS agreed and due to commence 2021 post covid COMPLETE</p>
<ul style="list-style-type: none"> No preventable deaths. 	<p>Mortality meeting and Divisional Risk & Governance Committee to oversee and identify any learning. Share information on Trust website</p>	<p>Triumvirate MMcL</p>	<p>yearly</p>	<p>Mortality & Morbidity meeting learning & outcomes are discussed at Risk & Governance Mtg 7 information shared on website. Mortality dashboard is on the website. Full mortality process being reviewed this year. Minuted mortality outcomes will be undertaken from 03/2021. Automating morbidity process through EP2 and BI</p>

<ul style="list-style-type: none"> All areas completing the CARES accreditation scheme will be gold standard. 	Wards and departments to be assessed as per plan. Ward managers and Matrons to oversee standards and ensure these are actioned in a timely manner.	DNDs SNT	Years 3-4	MR - Awaiting outcome from review. Therapies - still awaiting assess of CARES April 20 (delay due to Covid19) this will be undertaken as soon as possible. Restarting in Q1 21
<ul style="list-style-type: none"> Deliver 100% compliance with WHO checklist. 	Monitor compliance and challenge accordingly at Theatre User Group/Radiology Meeting/Divisional Risk & Governance Committee. Education to be delivered as required.	TUG	year 1	On-going via monthly audit. Standing agenda item on TUG. Compliance n Jan 20 =99.5 % Feb = 99.52% but on hold due to Covid19. Assisting challenge with introduction of FOCUS this year. COMPLETE
<ul style="list-style-type: none"> All clinical staff to be trained in end of life care to support patients and families, particularly for palliative discharge 	Collaborative working with bed management team, discharge planner and palliative care team. Education to ward / dept staff	AC Oncology	year 3	EB - Staff training is being progressed through the End of Life Committee and Operational Group. This is an objective within the new End of Life Strategy.
<ul style="list-style-type: none"> Increase in nursing clinical audit 	Nurses to be encouraged to undertake clinical audit by Divisional Nurse Directors	DNDs	year 3	MR - Theatres have adapted audits based on AFPP recommendations and registered these with audit committee. PF Discussion with nurse specialist teams in Neurology to

				register audits undertaken within the services. Falls audits registered as part of Falls work plan.
<ul style="list-style-type: none"> There will be a robust clinical outcome collection in all areas possible and results will be regularly reviewed to ensure continuous learning and improvement. 	Divisional operations manager to identify core set of outcomes for each procedure, and or clinical service identifying a minimum dataset and resources required	Triumvirate	year 3	<p>MR - Continued WHO monthly audit. AFPP registered audits. Matron rounds CARES assessment Walk arounds Complaint reviews Patient satisfaction survey FFT Surgical site infection is now monitored by digital input from surgeons</p> <p>MW – Clinical outcomes for Neurology are determined for conditions not procedures. Results are reviewed at the Risk & Gov mtg</p>
<ul style="list-style-type: none"> All clinical practice to be standardised (where appropriate). 	Divisions to map out pathways to determine standardised approach	CDs	year 3	<p>MW – Pathway development in progress and monitored via Neurosciences Programme Board National MS optimum pathway being implemented PD excellence framework in place.</p>

<ul style="list-style-type: none"> Implement same day discharge where clinically appropriate. 	<p>Divisions to scope out and pilot / implement opportunities for this to happen. Divisional risk and governance committee to oversee and support</p>	<p>LA RP</p>	<p>year 2</p>	<p>MR - When able to restart same day discharge project. Currently due to National escalation this isn't being progressed. Day ward part of escalation planning. Therapies – assisting with these projects/developments as they arise On patient flow work plan – revisiting previous work with a view to re-introducing.</p>
<ul style="list-style-type: none"> Implement buddy ward managers 	<p>Divisional Nurse Directors to implement and monitor to support managers</p>	<p>DNDs</p>	<p>year 2</p>	<p>MR - Theatres and ITU supported with band 7 structure PF To implement in ward areas. Some buddies in place – need to formalise.</p>
<ul style="list-style-type: none"> Matron audits to monitor the quality of care to achieve a green RAG rated standard across all areas. 	<p>Matrons to oversee standards at ward level, celebrate successes and manage areas of non-compliance</p>	<p>Matrons DNDs</p>	<p>year 2</p>	<p>JR Monthly Matron audits completed which feed into BSC & Divisional Risk & Gov mtgs New ITU Matron looking at Matron's Audit with view to updating New Theatres' Lead to review for theatres with ITU Matron</p>

<ul style="list-style-type: none"> Support religious beliefs and cultures pre-operatively and within the Theatre Department. 	Specialist team to be engaged and work to agreed pathway / advice, as per patient preference	LV PFCC	year 2	MR - As part of pre-op questionnaire conducted by Recovery staff. Jehovah's pathway and use of blood products developed and now implemented. LV – Pathway for Jehovah Witness completed & approved by PFCC – doc is being used in theatres. Further work underway to adapt for all religions. COMPLETE
<ul style="list-style-type: none"> Implement the A3 methodology for all quality improvement projects / initiatives. 	Service Improvement (SI)Team to support Trust staff in completing A3s. Project teams to present to Executive Team as per protocol	SI team	year 1	On-going There have been 10 Service Improvement projects to date presented to Exec Team on the SI wall. COMPLETE
<ul style="list-style-type: none"> Implement a journal club for non-medical staff to review articles. 	Divisional Nurse Directors to introduce a joint Advanced Practice Forum to enable peer support and challenge Collaborative being established with LJMU (R. McCarthy) – WCFT are part of this.	DNDs	year 3	Therapies have well established journal clubs in place MW journal clubs in place for many disciplines Nurses and AHPs to be invited
<ul style="list-style-type: none"> Deliver a conference in-house pertaining to “excellence in neuroscience”. 	AHP, nursing and medical teams to plan a conference in house	Triumvirate SNT	Year 3	MR - had planned launch of FOCUS with day of external speakers in May – this has been deferred due to coronavirus. Neuroscience course AHP Planning for

				Autumn 20 has been deferred until COVID crisis resolved. MW – A National Neurology Managers network is in place led by Div. Director of Ops for Neurology. This can be replicated in house.								
<ul style="list-style-type: none"> Reduce patient falls with harm year on year. 	Falls group to undertake feedback and RCAs, learning and sharing lessons with each area via the safety huddle and various meetings	SNT	year 2	Reduction in moderate harm falls achieved in 2019/20 YEAR 1 COMPLETE								
<ul style="list-style-type: none"> The Trust to have a clear vision and contact plan for all patients with learning disabilities and their families 	Safeguarding Matron and Divisional Nurse Directors to identify a vision and streamline the pathway to enable and support patients with learning disabilities. Monitor via Safeguarding Group	S/G Team DNDs	year 2	PF –Specialist Nurse for safeguarding appointed. Pathway to be implemented in year 2 L D risk assessment draft to be approved via sub-committee group at LUHFT in April 21. Current eP2 risk assessment is being reviewed.								
<ul style="list-style-type: none"> Year on year reduction in complaints with clear timescales for completion <table border="0"> <thead> <tr> <th>Year</th> <th>Number of Complaints</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>95</td> </tr> <tr> <td>2019/20</td> <td>129 (35% inc previous yr.</td> </tr> <tr> <td>2020/21</td> <td>65 complaints year to date have been received, investigated, responded to within set response time frame</td> </tr> </tbody> </table>	Year	Number of Complaints	2018/19	95	2019/20	129 (35% inc previous yr.	2020/21	65 complaints year to date have been received, investigated, responded to within set response time frame	Patient & Family Experience Team and the Divisions to monitor and present progress and themes to Quality Committee. A review of complaints and their management to be undertaken	Triumvirate PFET	year 2	MW – All complaints and concerns are monitored through the Div. leadership team and learning outcomes discussed at monthly There has been as significant decrease of 46 % (at the time of completing this report) year to date in the number of complaints received for 2020/21
Year	Number of Complaints											
2018/19	95											
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2020/21	65 complaints year to date have been received, investigated, responded to within set response time frame											

				<p>compared to the previous year. The covid-19 pandemic gave rise to reduced activity within the Trust in line with complaints received but concerns have risen indicating that they are being successfully resolved at this level. Complaints in 2020/21 had clear response timescales set which were adhered to following the introduction of a more robust process and weekly meetings between Patient Experience Team/Divisional Management Teams. COMPLETE</p>
<ul style="list-style-type: none"> All patients to receive pre and post visits by a theatre staff member to monitor experiences in the department. 	<p>Theatre staff to work with the Specialist Nurses and the Divisions to coordinate visits. A3 to be completed to progress work and share with the Trust staff.</p>	<p>Theatres Surgical Triumvirate</p>	<p>year 2</p>	<p>MR - The post-op visits have proven to be difficult to achieve due to staffing - will see if we can develop a new method to achieve this. We have revised this approach to focus on the experience of patients in SAL (pre-op) and look to improve this experience using collected audit data to guide us. There has been a pain nurse employed by the Trust alongside a medically</p>

				<p>led follow up for pts on PCA</p> <p>Pre op collection of patients for all patients first on list.</p> <p>Theatre recovery manager to review post covid.</p>
<ul style="list-style-type: none"> Introduce a Patient and Family Centred Care (PFCC) group to focus on innovations to improve patient and family experience. 	<p>Identify leads in each area and seek feedback from staff and the Patient Experience Group to identify themes for innovation. Present work as A3 projects and support to be given by Executive Team.</p>	<p>Triumvirate PFET DNDs</p>	<p>years 1-2</p>	<p>MR - Leads identified & part of PFCC group – meet bi monthly.</p> <p>MW – Bid submitted to Health Foundation to support the continuation of patient involvement in the emotional and psychological needs of patients in partnership with West Cheshire CCG On-Going</p> <p>Head of Patient Experience set work plan set for next 12 months including updates on projects from all areas including FOCUS and hospital food improvement. Regular volunteer updates and initiatives.</p> <p>All areas are required to present patient stories.</p>

<ul style="list-style-type: none"> Deliver annual Quality events pertaining to excellence in specialist Rehabilitation 	<p>CMRN Quality group will organise an annual event for AHPs, nursing and medical teams to showcase and celebrate success quality improvement projects and support roll out/replication across the pathway</p>	<p>CRMN</p>	<p>Year 2</p>	<p>JR Projects identified from annual service level and network level quality plans</p>
<ul style="list-style-type: none"> Facilitation of tracheostomy patients to use the voice and eat/drink and reduce length of time for safe de-cannulation, enabling the delivery of safe practice and care delivery; supported by access to specialist therapist lead FEES (endoscopy) service and daily MDT trachy ward rounds. 	<p>Audit tracheostomy care quality for Speech & Language Therapy, learning shared with staff and any actions undertaken.</p>	<p>CMRN</p>	<p>year 1</p>	<p>Audit completed and action plan implemented.</p> <p>COMPLETE</p>

<p><u>Neurology Divisional Triumvirate</u></p>	<p><u>Neurosurgery Divisional Triumvirate</u></p>
<p>Martin Wilson/ Julie Riley/ Pippa Fisher</p>	<p>Sandeep Lakhani/ Emma Burraston/ Michelle McLeod</p>



PROVIDE

Provide

Ambition: Provide quality care, staff training and development to support more services closer to patients' driven by the needs of our communities

Links to: CQC key lines of enquiry:
Caring, responsive, safe, effective and well-led

Key Measures: KPI monitoring, Divisional performance reviews, patient and family feedback, Committee papers

Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> All clinical departments to identify and display 'always events'. 	<p>Ward / dept managers to identify what these are and agree at Divisional Risk & Governance Committee</p>	DNDs	years 2-3 Delayed slightly due to Covid-19	<p>MR - Possibility to change always events to "Focus Points" to bring in line with FOCUS project – the teams are looking to re-launch the FOCUS initiative in the coming months.</p>
<ul style="list-style-type: none"> Further develop relationships with Universities and consider academic potential for new posts. 	<p>Work closely and collaborate with local universities.</p> <p>Looking at specialist neuroscience pathway with LJMU – planning work starting from May 2021</p>	Education Team Triumvirate	years 2- 3	<p>MR - This year we have been able to implement WSA through close working with AFFP. Currently looking at band 4 in pain Clinical Fellows project evaluated as a success. The Division is looking to replicate this model for the future</p> <p>MW – Business case being developed for clinical fellows.</p>

<ul style="list-style-type: none"> Implement and embed the new diabetes service. 	Engage with patients and families, all Trust staff and Aintree University Hospital to agree KPIs in line with best practice	Dep DoN	year 2	LV – The diabetes post will be advertised in June 2020 with a revised SLA with Aintree to ensure we deliver an effective service to our patients. Vacancy filled and work is underway COMPLETE
<ul style="list-style-type: none"> Support the Divisions in working as a clinical triumvirate (Divisional Directors of Operations, Medicine and Nursing) to lead teams and service delivery. 	Ensure job plans and diaries are organised to work in this way. Executive Team to ensure this is monitored via Divisional Performance reviews	Executive Team	year 3	Monthly Divisional catch up undertaken as triumvirate
<ul style="list-style-type: none"> Increase the contacting of patients who require telemetry tests prior to admission to reduce the rate of DNAs (appointments where patients do not attend). 	Patients with suitable history on lengthy long term monitoring list are now offered an appointment for an activation clinic which increases chances of having typical event and better yield.	Neuro-physiology Manager	year 1	COMPLETE
<ul style="list-style-type: none"> Offer neurovascular follow up patients the opportunity to receive scan results via the post. 	Radiology Department to engage with patients and monitor via Divisional Risk & Governance Committee	SN YS N/S Triumvirate	Years 1-2	Patients were being offered this opportunity prior to the COVID 19 outbreak. Telephone follow-up has now taken over for the time being. COMPLETE
<ul style="list-style-type: none"> Develop a spinal neurosurgery clinic in North Wales. 	Divisional teams to collaborate with Welsh Commissioners and seek patient & family feedback.	Triumvirate	year 2	EB - This development is planned following the launch of the C&M single spinal service in Autumn 2020 due to the resulting increase in

				consultant capacity. COMPLETE – Mr Wrath attends North Wales fortnightly, SLA in place
<ul style="list-style-type: none"> Develop 'ambulatory care' neurology clinics in local partner Trusts to provide more timely neurological input for patients presenting acutely. 	Neurology Division to engage with other Trusts to implement a standardised approach to service delivery.	Neurology Triumvirate	year 5	MW – ambulatory care is part of a service model under review in relation to RightCare and GiRFT RANA implemented Feb 2021 COMPLETE
<ul style="list-style-type: none"> Work with Right Care / National Audit of Seizure management in Hospitals (NASH) to enhance local care for patients with epilepsy. 	Neurology Division to engage with Right Care and identify solutions, monitoring via Divisional Risk & Governance Committee.	J. Riley Prof Marson	year 3	MW – This is currently in place led by the Div. Dir. of Neurology & Prof of Epilepsy via the NASH implementation group supported by UCB (name of pharma company). Regional and national meetings arranged for dissemination of findings
<ul style="list-style-type: none"> Enable Consultant remote access to increase clinical time available. 	Training and IT technology to be arranged for all consultants who require remote access. Monitor via Divisional Risk & Governance Committee.	I.T	year 1	In place via Attend Anywhere COMPLETE
<ul style="list-style-type: none"> All guidance and pathways in neurology to guide local Trusts and GPs is in place to ensure standardisation. 	Neurology Division to collaborate and educate GPs and local trusts. Monitor via Divisional Risk & Governance Committee.	Neurology Triumvirate	years 3-4	MW – Plan already in place led by Dr. Nick Fletcher, monitored by Neuroscience Board
<ul style="list-style-type: none"> Review the Therapy service and explore the further opportunities within the community service. 	Therapy team to review the current service and future provision requirements and present to Divisional Risk & Governance Committee for review and consideration.	Therapies Manager	years 2- 3	MW – Community therapy in place for Rehab. Discussion to commence for the wider Neurology service.

				<p>JR Review planned to identify gaps in service & funding.</p> <p>Therapies Due to the pandemic it has not been possible to continue developing these plans. Therapies has been able to focus upon development needs for critical care and spinal in patient services and a business case has been developed to seek investment that will bring the current therapy provision to critical care in line with GIRFT / CCU recommendations and to support additional activity for spinal services.</p>
<ul style="list-style-type: none"> • 'Road to recovery' initiative to be implemented across wider areas to support patients closer to home. 	<p>Divisional teams to work with Welsh Commissioners and other various stakeholders and implement. To monitor via Divisional Risk & Governance Committee.</p>	<p>AP Neuro-vascular</p>	<p>year 3 due to Covid</p>	<p>EB – Due to the social distancing guidelines the planned 'road to recovery' initiative in Wales has been put on hold, however, in the process of producing a podcast and may develop further as a webinar.</p>
<ul style="list-style-type: none"> • Create a website that is fit for purpose and has accessible standards built in, to enable patients and their families to access this with ease 	<p>Identify website company and engage with staff, patients and their families to ensure that all relevant information is captured ensuring that it is in accessible formats.</p>	<p>Comms</p>	<p>year 2/3</p>	<p>Website in the process of being built with accessible standards. Engagement evens have taken place.</p>

				Further engagement planned later in the year regarding content
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Invest



INVEST

Ambition: Invest in the best staff and resources to improve quality for patients and families

Links to: CQC Key Lines of Enquiry:
Well-led, responsive, effective

Key Measures: KPI monitoring, Business plan completion, training and development compliance

Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> Minimise on the day clinical theatre cancellations. 	Neurosurgery Division to work with the surgical team to ensure this is managed effectively and they have the final say in patients being cancelled	Surgery Triumvirate	year 2	MR - Improved/ new ways of working and efficiency in partnership with "Theatre Efficiency" team. Audit data being collated. Identified co-ordinator and surgeon of the day, any likely cancellations are escalated to theatre manager and Division to review to minimise on the day cancellations COMPLETE
<ul style="list-style-type: none"> NEWS compliance to exceed 90% across all clinical areas (early warning score to notify staff that a patient needs further monitoring). 	SMART team to manage daily, providing education, support and challenge where KPIs not met.	DNDs SMART	year 1	PF NEWS scores presented daily at bed meeting and send to huddle email. Areas of concern identified and support and education provided from SMART team. Compliance has improved from 39.9% in July 2018 to 89.9% in July 2020. Updates to follow

<ul style="list-style-type: none"> Implement the Walton Nurse programme. 	Senior nursing team to manage and support the implementation.	DNDs SNT	Year 3	Work has recommenced on this.
<ul style="list-style-type: none"> Increase staff involvement in leadership programme year on year. 	Heads of department to support and enable attendance of staff members Build Rapport – evaluate and re-run September.	HR SNT	year 3	
<ul style="list-style-type: none"> Avoidable re-admissions year on year. 	Readmission data to be analysed at Divisional level and work undertaken to reduce this.	Surgery Triumvirate	years 1-2	EB - All surgical readmissions are reviewed
<ul style="list-style-type: none"> Theatre department to be productive and effective with capacity and the resources 	Theatre utilisation project to be undertaken and ownership taken at every level.	Surgery Triumvirate	year 3	MR Improved/ new ways of working and efficiency in partnership with “Theatre Efficiency” team. Audit data being collated”
<ul style="list-style-type: none"> Implement a Pathology order communication system within the Trust. 	Resources to be identified & IT to purchase or develop system required. Implementation of system to be monitored via Business & Performance Committee/Quality Committee.	IT Lab Manager	year 4	EB – Work ongoing by Neuroscience laboratories and IT to produce collaborative options appraisal for discussion at future Exec meeting
<ul style="list-style-type: none"> Develop an in-house track and trace system for monitoring consumables. 	Resources to be identified to implement the system. Implementation of system to be monitored via Business and Performance Committee.	B. Davies (S/I Team)	years 1-2	BD Due to Covid work on eDCGold has had to be delay as staff not allowed on-site. IPC have advised that we are now ok with the team to come back on site to complete the work. Aiming to get the work back up and running ASAP and individual plan being pulled together by procurement and NHS supply chain Quality Account priority for this year

<ul style="list-style-type: none"> • Deliver and finalise the electronic patient record. 	Close engagement with all staff disciplines and patient feedback to complete system build.	IT Triumvirate	years 2-3	Work on going and Monitored via the Digital Programme Board Justin Griffiths
<ul style="list-style-type: none"> • Continue to deliver outstanding care, with appropriate resources, as per CQC regulations 	Director of Nursing / Deputy Director of Nursing to manage outcomes of each CQC well led assessment and undertake action plan to enhance care delivery.	SNT Triumvirate Don DDoN	years 1-2	LV – The CQC action plan has been shared with the divisions and most actions have been completed. There is a plan for those actions not yet completed.
<ul style="list-style-type: none"> • Refurbishing of patient and family day rooms within the ward / departmental areas in line with patient and family centred care. 	Patient and family centred care group to manage and oversee the work being undertaken, in line with patient and family feedback.	DDoN	year 1	LV - Building works on the day rooms has been completed & kitchenette areas added. Furniture is on order and colour scheme for painting chosen by patients and staff. Post Covid, the rooms will be finished. COMPLETE
<ul style="list-style-type: none"> • Year on year reduction for patients that do not attend (DNA) outpatient appointments. 	Engage with patients and their families to identify causes and resolutions to reduce DNAs.	Triumvirate	yearly	SPSS charts show both divisions perform well against this target. Introduction of Mitel Call centre to allow better utilisation of unused slots and DNA rates COMPLETE
<ul style="list-style-type: none"> • The use of A3 methodology to be embedded for quality improvement to further enhance patient safety and quality care. 	The service improvement team, Divisional & Executive Teams to support and challenge improvement work and monitor progress.	S/I Team Triumvirate Execs	year 1	COMPLETE
<ul style="list-style-type: none"> • Review of nurse specialist teams to ensure we have the correct workforce to deliver our strategy for excellence 	Divisional Nurse Directors to review and present to Director of Nursing & Governance	DNDs	years 3/4	Review of neurosurgery pre op service has looked at capacity to facilitate generic pre op service. Pre op lead has recently been

in neuroscience.				appointed. Plan for implementation currently on hold as this staff member has been redeployed to support ITU. PF review of North Wales nurse specialists services to support neurological patients across the area.
<ul style="list-style-type: none"> Ensure all patient and family leaflets have a consistent approach and are in line with accessible standards. 	Review all documents Trust-wide and engage with a printing company to progress work.	SNT PEF DoN	years 1-2	<p>JMc – a translation panel has been added to the leaflet display. A review of all leaflets has been undertaken and leaflet re-design has been actioned. Business case accepted by Exec team and a new company supporting with leaflet provision in line with accessible standards.</p> <p>COMPLETE</p>
<ul style="list-style-type: none"> Develop/ implement a pathway for rehabilitation of patients with prolonged disorders of consciousness, with appropriate resources, to provide care in the right place and at the right time. 	Business Case to be developed to identify resources required to implement in line with Royal College of Physicians revised guidance 2020, and capacity and demand through collaboration with CCs and informed by patient and family feedback.	CRMN	Year 3	<p>JR – Current and future Service model under review</p>

Lead



LEAD

Objective: Lead and support staff to undertake training and education to be the best they can be to deliver quality care to patients and families

Links to: CQC Key lines of enquiry:
Well led, effective, responsive

Key Measures: KPIs, R, D&I reports, Faculty development

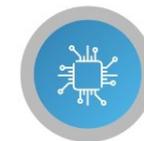
Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> Increased engagement of junior staff at the Trust safety huddle. 	Promotion of the safety huddle with various staff groups and encourage attendance from junior staff members.	Triumvirate	years 1/2	<p>MR - Staff to Buddy-up with theatre co-ordinator, Recovery Staff to attend huddle. Implementation of safety huddle via teams has enabled increase in representation from all groups COMPLETE</p>
<ul style="list-style-type: none"> Increase incident reporting (with reduced or no harm) year on year. 	Encourage an open culture to report incidents and support staff	Head of Risk Triumvirate SNT	year 2	<p>MR - Theatre / ITU high incident reporting rate indicating positive reporting culture. PF increased reporting of incidents across the division - On-going</p>
<ul style="list-style-type: none"> Advanced practitioners / specialist nurses / AHP staff to write and publish their research / audits (publications and papers). 	Divisional Nurse Directors and Divisional Clinical Directors to support staff in achieving this. Encourage teams to link with communications team for support.	Triumvirate SNT	year 3	<p>Hydrocephalus specialist nurse undertaking biopatch study. PF – Advanced Nurse Specialist in Epilepsy commencing a National Institute of Health funded study to develop a</p>

				preconception care pathway for women with epilepsy in the UK.
<ul style="list-style-type: none"> Raise awareness of excellent specialist work undertaken at the Walton Centre with other organisations. 	Benchmark with other Trusts. Submit applications for awards nationally and internationally. Attend meetings/ conferences locally and nationally.	Triumvirate	year 3	<p>MW – National Neurology Managers' Network led by Div. Dir. Ops & supported by Neurology Academy in place. Two successful meetings 2019/20 more planned for 2020/21.</p> <p>MR - Theatre projects completed will be submitted when pandemic has settled. WSA project award end last year – AFFP team of the year. SMART team presented model following acknowledgement from network about model of working</p> <p>PF Epilepsy Advanced Nurse Specialist member of NICE.</p>
<ul style="list-style-type: none"> An MDT approach taken to demonstrate learning from mortality reviews. 	Engagement with MDT to explain process required and support staff in completing these. Encourage sharing of learning across disciplines.	CDs MD Gov Team	year 3	Delay due to covid-19
<ul style="list-style-type: none"> Deliver a full Masters programme for neurosciences in house. 	Collaborate with local universities to plan a programme and have this validated. Communicate the Masters programme to all non-medical staff internally	DNDs	year 4	<p>MR - Theatre are part of this already</p> <p>PF Nurse specialists in Neurology part of the programme. Spinal Module in development and Neurosciences pathway is being developed to start 2022</p>

<ul style="list-style-type: none"> Develop and implement a pathway for using gait analysis. 	Clinical innovations lead to develop a protocol for the use of gait analysis and engage with staff Trust wide. Monitor through Research, Development and innovation group.	Research & Develop MD MG	year 2/3	Project underpinned by Charities' funding which have been repurposed during the covid-19 pandemic
<ul style="list-style-type: none"> Work with the University of Liverpool to develop a Department of Neuroscience. 	Medical staff to work closely with Liverpool University to develop the faculty.	P. May MG	years 1/2	Neuroscience Lead in place Conner Mallucci from Alder Hey
<ul style="list-style-type: none"> Work with Liverpool Heath Partners (LHP) on the establishment of the Joint research Office for clinical trials. 	Clinical lead for research to collaborate with LHP and engage with internal Trust staff. Monitor via Research, Development and innovation group.	Research Lead MG	year 2	LHP partnership established at system level SPARK (single point of access Research & Knowledge) as single shared resource.
<ul style="list-style-type: none"> Work collaboratively with partners on Phase 1 and 2 clinical trials in neuroscience. 	Clinical lead for research to collaborate with stakeholders and engage with Trust staff. Monitor via Research, Development & Innovation group.	Research Lead MG	year 2	External independent review completed and new action plan is being developed.
<ul style="list-style-type: none"> Increase recruitment to neuroscience clinical trials. 	Research Manager to identify and promote research via internal/external meetings/pathways.	Research Manager	year 2	MR - Currently ITU looking at registering with COVID trial Mike Gibney
<ul style="list-style-type: none"> Year on year increase in training provision for staff to support with patients who have brain injuries who demonstrate violent or aggressive behaviours. 	Governance team to work with Divisional Nurse Directors to identify a training plan and monitor via the Governance Framework at Quality Committee	DNDs Head of Risk MD AP Trauma Lead	year 2	PF - V & A working group to be reinitiated. Benchmark with other trusts. EB – New Clinical Support Worker recruited & will be in post in July 2020. This post will enable increased training provision.
<ul style="list-style-type: none"> Introduce the nurse associate programme for learning disabilities. 	Participate in the programme and support staff in their development	PEF S/G Matron	years 4/5	JMcE We are not progressing with this but are offering Pre Reg LD students & mental health students so that they can

				gain a wider experience of patients with physical health problems as well as LD and mental health. We can also share learning from them. COMPLETE
<ul style="list-style-type: none"> Look at opportunities to develop new and innovative clinical roles and ways of working. 	Divisions and the Senior Nursing Team to review at their regular meetings / Risk & Governance meetings	Triumvirate SNT	years 1/2/3	MW/JR – changes already made in nursing & therapies to support such services such as BoTox, infusions, immunoglobulin MR - WSA, Band 4 pain – previously described. EB – New spinal nurse post to support regional complex spinal on-call service commenced July 2020. New CSW in Trauma. COMPLETE

Adopt



ADOPT

Objective: Adopt advanced technology and treatments, enabling our teams to deliver excellent patient and family centred care

Links to: CQC key lines of enquiry:
Effective, responsive, caring and well led

Key Measures: KPI's, patient and family feedback (FFT), in-patient national survey, webinar feedback

Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> Patient and Family champions (PFCC) will be present in each area Trust-wide. 	Develop the PFCC group and educate staff regarding PFCC concept. Triangulate with patient and family feedback	PFET PFCC grp	years 1-2	<p>MR Staff identified via Theatre Health and Wellbeing group.</p> <p>MR SILs embedded in ITU. Additional workstreams also in network in developing services such as pet therapy.</p> <p>LV PFCC group has now been devised with a group of champions. Further engagement with the ward staff to promote PFCC has also been completed.</p> <p>Head of Patient Experience set work plan set for next 12 months including updates on projects from all areas including FOCUS and hospital food</p>

				improvement. Regular volunteer updates/initiatives. All areas are required to present patient stories. New Champions to encouraged from all areas including non-clinical
<ul style="list-style-type: none"> Achieve 100% of complaint responses within the agreed timescales and reduce the complaints year on year 	Ensure processes are in place for the monitoring of complaints and agree KPIs with the Patient and Family Experience Team and Divisional Teams	Triumvirate PFET	year 2	<p>JR – Process in place within the Division, all complaints monitored at the monthly Risk & Governance Meeting.</p> <p>EB – New complaints process is being trialled currently and all current complaints are in date.</p> <p>Fully Compliant- March 21</p> <p>Complaints Policy reviewed and robust complaints process in place.</p> <p>All complaints/concerns closely monitored in line with response times and quality of responses at weekly meeting with Head/PE Manager and Divisional Management Teams.</p>
<ul style="list-style-type: none"> Patient and family shadowing experiences to increase year on year using the WALTON 6 steps. 	Staff to be given the opportunity and education to enable them to undertake shadowing.	Triumvirate PFET	Years 3/4	On hold due to Covid-19

<ul style="list-style-type: none"> Ward rounds will meet service needs and patient and family centred care. 	<p>Shadowing of ward rounds will take place. Feedback from patients and families and staff will be collated to identify areas for improvement.</p>	<p>Triumvirate PFET/S/I Team</p>	<p>year 2</p>	<p>Covid outbreak necessitated a change in interaction with families due to hospital being within National Guidance on visiting in hospitals. Time was invested in utilising staff to provide relative update line, Message delivery for in-patients/Skype calls.</p> <p>Patient Experience Team (PET) available to visit long term patients upon request and facilitated zoom calls with patients & families.</p> <p>March 21- new initiative to purchase x3 interactive multi-functional activity touch screens which can also support life-size virtual visiting in addition to support patients under special observations.</p> <p>PET will consider re-introducing Patient Experience Rounds</p>
<ul style="list-style-type: none"> Webinars available for patients to access. 	<p>Communication team and Trust staff groups to identify with patients and their families which webinars would be most appropriate. Develop webinars for patients and family use.</p>	<p>Comms PFET</p>	<p>year 3</p>	

<ul style="list-style-type: none"> Explore opportunities for remote patient consultations using IT solutions. 	<p>Information Technology team with clinicians to explore options for remote consultation and develop a system and process to enable this.</p>	<p>IT Triumvirate</p>	<p>year 2/3</p>	<p>MW – In place MR Likely this has been brought forward in light of escalation of COVID-19. This has been expedited in light of COVID – remote consultations underway. Review to be undertaken to obtain patient feedback.</p>
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Recognise

Objective: Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing



Where we want to be?	How to get there	Owner	Timescale	Progress to date
<ul style="list-style-type: none"> Implement and embed HALT safety process to prevent harm to patients. 	Governance and human factors (HF) team to implement process and educate staff accordingly. Monitor progress through Divisional Risk & Governance Committee and Quality Committee	HF team Triumvirate	year 3 3	MR - - WCFT approach is FOCUS, this is currently also being adapted to work on wards for families and alongside call for concern workstream. FOCUS formal launch had been delayed due to COVID and inability of groups to meet and no outside speakers. To be launched in May 21
<ul style="list-style-type: none"> Implement and embed LAST LAP initiative (looking after staff to look after patients). 	Governance and HR teams to implement this process and Matrons to monitor effectiveness.	Head of Risk Triumvirate MD	year 2	LAST LAP implemented and awareness raised via Team Brief and Trust communications bulletin. Audit to be conducted in Q1 2021
<ul style="list-style-type: none"> Achieve and maintain top 5 status in Picker/CQC In-Patient survey. 	Implement all aspects of the Trust strategy in line with the Walton Way values. Implement patient and family centred care Trust-wide.	Triumvirate All staff	year 3	
<ul style="list-style-type: none"> All theatre staff, governance staff and leaders in all departments to have undertaken training in human factors. 	Learning & Development and Theatre Human factors team to work collaboratively to plan and fulfil required training for staff	HF team Triumvirate	year 3	MR - - On-Going via monthly workshop, Parachute sessions can be booked via Human Factors Group.

<ul style="list-style-type: none"> Year on year increase in patients being discharged home by midday. 	The Divisional teams to progress work to improve patient flow and a safe, planned discharge	Triumvirate S/I Team	year 2	Part of new patient flow group work plan
<ul style="list-style-type: none"> The Trust will host 4 engagement events per year to collate feedback to improve service provision and experience for patients and families. 	Patient and Family Experience Team (PFET) and the Divisions to organise the events and collate feedback to improve experience / discuss future service ambitions and present to Quality Committee / Patient Experience Group (PEG).	SNT PFET Triumvirate	year 3/4	Although this has not been possible during 20/21 remote engagement with external agencies continues to support patient experience eg, Spinal Association, House of Memories.
<ul style="list-style-type: none"> Freedom to Speak up Champions embedded and development of a link role. 	Freedom To Speak Up Guardian (FTSUG) and champions to promote the concept of a link role and support staff who wish to develop. Monitor via Quality Committee.	FTSUG & champions	year 1	FTSUG – staff survey undertaken. Meeting to take place with Raising Concerns Executive and Non-Exec Leads, HR and Staff Side to determine what is required. COMPLETE
<ul style="list-style-type: none"> The vision for equality, diversity and inclusion to be a reality for all staff and patients. 	Equality, Diversity and Inclusion (E,D&I) lead to work with the E,D & I group to identify work-streams and monitor via Staff Partnership Committee and Patient Experience Group.	AL PEFT Triumvirate	year 2/3	MR - - Cultural Ambassadors and BAME Champion already active in Theatre and ITU SBAC is now meeting bi-monthly and has established priorities and actions.
<ul style="list-style-type: none"> Resilience app, co-created with Shiny Minds to be embedded across the Trust to support staff with resilience training. 	Promote the app and ensure staff are enabled to use this. Encourage usage at promotion events	All staff Triumvirate HR	year 2/3	MR - Already in use. Health and Wellbeing Group to promote App further COMPLETE

<ul style="list-style-type: none"> Increase patient involvement in all staff recruitment of band 7s and above. 	HR and Patient and Family Experience Team to coordinate patient involvement in focus groups / recruitment opportunities.	HR PFET SNT	year 2/3 year 3	On hold due to COVID
<ul style="list-style-type: none"> Patient and family stories / shadowing to be part of annual appraisal and reflection process using the WALTON 6 steps. 	Education to be provided by the Governance / Patient and Family Experience Team / Senior Nursing Team to Trust staff. Monitoring of this process to be collated and monitored via Divisional Risk & Governance Committee.	Triumvirate PFET	year 3/4	<p>Patient/Family stories continue to be presented at committees/board in line with 6 steps.</p> <p>Patient/Family Story to support 6 steps developed with PFCC Group to highlight an ideal experience.</p>
<ul style="list-style-type: none"> Continue to be in the top quartile of all clinical outcome measures where benchmarking is possible. 	Identify lead for outcome measures and what these might be.	MD Triumvirate	year 3/4	
<ul style="list-style-type: none"> Enable reduction of waiting times for patients attending the Outpatient Department, ensuring a year on year improvement in waiting times. 	The Divisional Teams to ensure outpatient templates are appropriate and monitored via Divisional Performance meetings and Business and Performance Committee	Triumvirate S/I Team	Years 1/2/3	<p>MW/JR – Monitored on a daily basis</p> <p>Annual job plan reviews</p> <p>Therapies - Review of LTC Therapy staff job plans to optimise capacity</p> <p>EB – the virtual clinic offering will reduce patients waiting in OPD. This is continually monitored as part of Job Plans. As part of COVID-19 recovery and restoration clinics are being held virtually therefore reducing patients waiting in OPD. The future requirements</p>

				for outpatient clinic delivery methods are currently being devised.
<ul style="list-style-type: none"> Firm engagement with and implementation of recommendations following GIRFT neurology. 	Neurology Risk & Governance Committee to ensure this is monitored.	Neurology Triumvirate	year 2	MW/JR – Final GiRFT report not yet received. Service review underway RANA implemented following GIRFT